

Epilogue

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Call him Edgar. He is a prosperous, sixty-something executive in a large corporation who has taught at some of the finest universities in town. He is a practicing Roman Catholic and a rock-ribbed Republican with no prior history of mental disorder. Through a series of misadventures too complex to relate here, he was falsely charged with assaulting a member of his own family. While trying (unsuccessfully) to avert a complete family breakdown, and the acute embarrassment of having to sort the family laundry out in court, he suffered a brief fit of extreme bodily anguish, incoherence and inaccessibility, during which he writhed and moaned inconsolably, for about twenty minutes. This landed him in Pittsburgh's premier psychiatric facility, where he waited, sleepless, for twenty-four hours to see a psychiatrist in a ward filled with raving loonies – guys drooling, shouting incoherently, pants down around their ankles, the whole shebang. Finally, a psychiatrist arrived, and after some irrelevant pleasantries, said: "O.K. Let's cut to the chase. I'll be speaking to the judge about your case in court tomorrow. What is it you want to tell me? You have two minutes." Edgar protested that he could not possibly explain himself in the allotted time. And to his astonishment, the psychiatrist calmly replied that he now had a minute and a half. Alarmed and offended, Edgar nevertheless gathered his wits as best he could, and gave a hasty account of his ordeal. The resulting torrent of words – "pressured speech," as his psychiatrist later described it – actually lasted almost four minutes, resulting in a diagnosis of "bi-polar mood disorder," which the psychiatrist delivered to the court the following day. In addition to his breakdown, the fact that Edgar spoke so quickly during his whirlwind evaluation made this diagnosis almost certain, said the psychiatrist. To clinch it, however, he urged that all legal proceedings be suspended so he could "observe" Edgar for the next twenty days and refine his diagnosis.

At this point, Edgar was in total shock, and utterly incapable of explaining or defending himself. Fortunately, his eldest son was present, and vigorously contested the psychiatrist's diagnosis, attesting to his father's mental health with calm conviction. Unlike the court appointed psychiatrist, the presiding judge gave Edgar ample time to explain himself, and asked a few pointed questions about the nature and duration of his family conflict, the behavior that precipitated his hospitalization, and after a few minutes deliberation, wisely threw the whole case out of court.

Though the judge had scant respect for Edgar's psychiatrist, evidently, many psychiatrists, if pressed, would condone his approach to his prospective patient. Even if he "misdiagnosed" Edgar, they would say we should attribute his miserly attentions

to the fact that the poor man was overworked and underpaid, rather than to arrogance, indifference, or a furtive desire to recruit a new guinea pig for his current research on mood disorders. And even if he did mishandle the case, they would likely contend, one anecdote *proves* nothing. That is true. But though it cannot prove anything, this anecdote does illustrate an important point, and highlights an issue we'd prefer to forget, along with Laing, the prickly Scottish sage. Psychiatric invalidation affects marginal and disenfranchised people in a disproportionate way. They have no voice, no status and fewer resources to muster in their own defense and towards their own recovery. If they blow their gaskets, they are totally at the mercy of the authorities. But as Laing noted in *Wisdom, Madness and Folly*, no one, not even a pillar of the establishment is completely immune from this sort of thoughtlessness and abuse. It could happen to you or me. If the presiding judge had not offered Edgar some sympathy and encouragement, and listened patiently and respectfully to his sad tale of family dysfunction, Edgar would still be enmeshed in the coils of the psychiatric system, deprived of his civil liberties, and increasingly, of the power and persuasiveness to extricate himself from this surreal circle of hell. One shudders to think how many people find themselves in similar circumstances, without family or legal assistance to get them out of the maze.

In addition to raising disturbing questions like these, this anecdote illustrates all that is *still* wrong with mainstream psychiatry. Edgar's psychiatrist "examined" his patient without ever meeting him on a human level — and without even wishing to, obviously. He "assessed" Edgar's state of mind while ignoring his enveloping social context, his life history, and worst of all, his own explanation for the source of his distress. Thanks to his formidable training, his psychiatrist imagined that he could stand outside or above all that and give a quick and "objective" judgement. It never occurred that in acting on this misguided faith, he would become another persecutory entity haunting his patient's already nightmarish existence.

This kind of psychiatric omniscience, said Laing, is a product of schizoid intellectualization, of the splitting of the heart from the mind that pervades the whole culture of psychiatry. And while some say this episode is an aberration, others insist that this sort of thing is commonplace, especially as you descend the socio-economic ladder. Although Laing waxed eloquent on abuses like these, he stopped just short of wholesale condemnation of the psychiatric profession. In the preface to the Pelican edition of *The Divided Self*, he said:

Psychiatry could be, and some psychiatrists are, on the side of transcendence, of genuine freedom and of true human growth. But psychiatry can so easily be a technique of brainwashing, of inducing behavior that is adjusted by (preferably) non-injurious torture. (12)

Despite his varied reputation, Laing always refused to embrace the label of "anti-psychiatry" that was thrust on him by friends and critics alike. But when pressed by Richard Evans in 1976, Laing conceded that he felt deeply pessimistic about the future of psychiatry. He felt that psychiatry lacks a human heart, and seemed intent on becoming more heartless in the future.

April, 1998. After discussing his ordeal for an hour and a half, Edgar and I adjourn for a late lunch. I had contacted him through a mutual friend. He is not offended that I did so. Quite the contrary. You see, Edgar and I had not been speaking more than five minutes before he stated with considerable conviction that all psychiatrists are quacks, and that he wanted the whole world to know it. As it happens, I disagree, though I would not dream of saying so in the circumstances. I want to hear about his experience of diagnosis and hospitalization, rather than impart my own perspective on psychiatry, however judicious I think it may be. Besides, Edgar had just recently recovered his composure and reconnected with some of his estranged family, so if I tried to defend the profession that had robbed him of his dignity and imperiled his sanity, I would be guilty of extreme insensitivity. Although I disagree with him, in the final analysis, I sympathize unreservedly with his feelings on this matter. He is entitled to them, regardless of what I think.

Now, over lunch, we discuss his work, and I discover another one of Edgar's deep convictions. Global warming is a scam, a propaganda campaign instigated for political and economic advantage by an unlikely coalition of self-serving bureaucrats, opportunistic politicians and tree hugging eco-freaks. Just like the huge fuss the Canadians were making about *their* acid rain originating in the smoke stacks of American power plants a decade or so before. He was deeply involved in sorting out that mess, he confides. (He doesn't know that I'm Canadian, and that we still do not share the American version of reality on this particular issue).

Anyway, says Edgar, that controversy is over. And of course *we* won, he says.. He'll bet his (formidable) record as a research scientist that global warming is a fraud too. Some day, he continues, the truth will out, and there will be a lot of shame-faced scoundrels running for cover. People who wring their hands about it now either don't understand the scientific issues involved, or they are cynically misrepresenting them for political gain, or they simply *want* to be deluded by the current crop of government and eco-centric spin-meisters. Why? How should he know? That's my specialty, he says, implying that such people are not rational, but suffer from some deep character flaw.

Oops! I think. That would be *me*. But again, though I disagree, I don't say so. Our conversation is nearly over now, and if I spend a half an hour or so defending and explaining myself, we just might end up agreeing to disagree amicably on this

particular issue. But life is too short. Edgar and I have been talking for two and half-hours already. I need to get home, and get on with my life. So I don't take the bait. But I am left to ponder some deep and delicate ironies.

Though certainly sane, in my opinion, Edgar cherishes at least two beliefs that I regard as quasi-delusional. One is that all psychiatrists are quacks, the other is that global warming is a sham. I take a more sympathetic view of his feelings about psychiatry, though I don't share them. I am not an "anti-psychiatrist." On the contrary, some of my best friends are psychiatrists. (Some of them are even Jewish.)

The second issue is a thornier one, however. Reflecting on our disagreement on global warming at some length, I am reminded of Laing's insistence (in *The Divided Self*) that words like "sanity" and "madness" are deeply equivocal in our time, and that people who are judged normal by prevailing criteria may pose a much greater danger to society at large than those deemed "abnormal." And this, in turn, gives new meaning to Laing's somewhat awkward and improbable phrase, "the politics of experience." But how are "politics" and "experience" actually intertwined? Before I can even pose that question, I have to address another, more fundamental one. What *do* I experience, and what factors, in and out of consciousness, shape or determine what I experience (apart from the phenomena themselves)?

Unlike most Canadians, I was raised in a Labor-Zionist household. Like many teenagers during the seventies, I rebelled against my poor, distracted parents, who often wondered what would become of me. But thanks to their deep and abiding influence, my political sensibilities still hover somewhere left of center, as a rule. Although I haven't the scientific background to contend with Edgar on all the specifics, I know damn well he is deluding himself about global warming, and for just the kind of political and/or financial reasons he so freely attributes to others. He thinks of himself as a topnotch scientist, entirely above the partisan fray. But despite his impressive credentials, his funny, frail humanity, and his deep resilience in the face of adversity, I think of him, ultimately, as a hired gun, a spokesman for economic interests that will soon destroy the planet, if we don't rally to our senses in time. To be frank, he is precisely the kind of person I hated as a teenager, and still regard warily, though more charitably, now that I've crossed the threshold of middle age, and realized that growing up and thriving in our society inevitably entails making painful compromises.

Even so, I think Edgar is deluding himself about global warming. In my view, his politics dictate much – though by no means all – of what he experiences, and takes to be the case. But the same is true of me, presumably, and given the chance, Edgar would characterize my views on global warming as a symptom of weakness or stupidity. If he were conversant with Laing's writings, he would say that I am deeply

enmeshed in a "collective fantasy system," and a pretty silly one at that. Indeed, without actually saying so, his whole bearing and expression while he rattles on about global warming conveys the impression that I need to examine my thoughts and motives carefully, and learn to see others whom I currently respect quite differently, if I ever hope to extricate myself from this widely shared delusion. And in all fairness, if given the chance, I would say precisely the same thing to or about him.

In short, I reflect, there are seldom simple and impartial criteria by which we can adjudicate rival truth claims in the domain of political ideology. This isn't exactly news, of course. But I will be vindicated eventually, I know. This is, after all, a scientific as well as a political issue, and ten years from now, when Edgar is expiring from heat prostration in his air-conditioned living room in the middle of a Pittsburgh December, he'll suddenly remember our conversation and admit to himself that I was right. So there! But in the meantime, can I pretend that my views, and my distrust of Edgar, are free from bias? Of course not.

Having said that, of course, the same is often true of the most intimate interstices of our personal lives, in what Laing termed the "radical experiential disjunctures" that often characterize "the politics of the family." In cases like these, where issues of power and perspective color what we take to be the case, we often lack an impartial instrument or adjudicator, a reliable "thermometer," by which to measure truth, much less an accurate record of who did (or said) what, to whom and to what effect, in public, in private, and who forgot or denied it subsequently, and why? (All of these questions are germane to determining the patient's "situation" in Laing's social-phenomenology).

Mulling this over, it occurs to me again how easily one man's passionate conviction becomes a mere delusion when viewed from the standpoint of the other. And delusions are symptoms of mental disorder according to the DSM, are they not? So, I wonder, would I hospitalize Edgar if it were in my power? Certainly, the temptation is there. Now that Edgar (or others like him) are shaping the Bush administration's environmental policies, jeopardizing the future of the planet, I sometimes think we'd all be safer if guys like him had their sanity impugned and their civil liberties removed. But would we *really* be safer, in the long run? We have an arrangement in our society, a social contract. We agree to disagree about many things, and to give those with whom we disagree the benefit of the doubt, unless experience clearly indicates that this policy poses an immediate danger. And that's the way I like it. If we went around committing people whose social and political views are antagonistic to our own, we'd have a new reign of Terror, and nightmares like Edgar's would be much more commonplace than they are at present. In such circumstances, it wouldn't really matter whether the powers that be leaned Right or Left, or whether we were currently in or out of the loony bin. We'd all be slaves to Big Brother.

So, in keeping with this risky policy, we don't commit people for denying the existence of global warming, or saying that the CIA concocted the AIDS virus *deliberately* in some remote lab in central Africa. Hell, we don't even hospitalize people for claiming they saw Elvis, or were abducted by aliens – not anymore, as long as they seem reasonably functional in other respects. But significantly, we *do* hospitalize them for making apparently far-fetched claims about the intentions or activities of their own mothers and fathers, husbands and wives, teachers and priests, or when hallucinations make them an intolerable nuisance, or a real and present danger to themselves or others. And we delude ourselves into thinking that in all such cases – or most, at any rate – we *do* have a reliable thermometer, a built in reality check, namely the psychiatrist, who is authorized to adjudicate rival truth claims impartially. He (or she) knows what's what, and who needs treatment. And he (or she) invariably says the source of the patient's strange and disturbing assertions and experiences *must* be a disordered brain, or an overflowing unconscious, minus the normal controls. Obviously.

Well, perhaps. I don't rule it out. But the point Laing was making is that radical experiential disjunctures like the one between Edgar and me occur with great regularity in the families of people called schizophrenic, where various family members interpret and remember one and the same period of their collective history in ways that are so shockingly discrepant it is difficult to believe, much less to comprehend. Sometimes, someone is just lying, or there is a state of conscious collusion among several family members designed to obscure the truth from outsiders. But as often as not, for myriad reasons, people just experience things in radically different ways, and cannot credit the judgment or good intentions of those who construe them otherwise. They are saying, in effect, that he (or she) *must* be crazy, because if not, I am. Or, in other words: I cannot trust him. If I do trust him, then I cannot trust myself. And that is intolerable. So lock him up!

Admittedly, this is not the *whole* story. Dramatically divergent views of the course, constitution and meaning of the past and present occur in families where no one is flagrantly psychotic. We all know that. But if Laing's experience was any indication, they occur with greater frequency in the families of schizophrenics, and often surface in angry outbursts immediately before or after the typical signs and symptoms of the disorder. And if they don't surface in overt form, they are often hinted at obliquely in the delusions, hallucinations and ruminations of the patient. And we, in our collective wisdom, have decided that this fact is irrelevant or immaterial to the etiology and treatment of the disorder, and that the disturbances in the social field *must* be the product of a disorder that is internal to the patient, rather than vice versa. In every case. Research proves it. And there is nothing political entailed in this verdict. Oh, no!

Oh, yes. Laing and his lot have gone down to defeat, at least for the foreseeable future. So we can all heave big sigh of relief and get back to business as usual. Thanks to prevailing trends, there is now very little research on environmental factors in schizophrenia, and most of that is devoted to the impact of "expressed emotion" on recidivism rates, predicated on the assumption that schizophrenia is a neurological disorder, and the fact that environmental factors merely exacerbate a pre-existing condition, not contribute to its origins. The resurgence of neo-Kraepelinian psychiatry is used to dismiss the treatment of schizophrenia by psychotherapy, the bulk these cases go to poorly trained and ridiculously over-burdened mental-health workers who must comply with the psychiatrist's handling of the case, whether they agree with it or not. And that, we are told, is progress.

What is to be done? I have a modest proposal whose stubborn common sense is calculated to offend almost everyone except perhaps Loren Mosher, whose idea it was in the first place. I submit that in a better world we would try to effect a working alliance between the best that psychopharmacology has to offer (for those who want or need it, administered in a sparing and judicious way) and the best features of Laing's existential-phenomenological approach to psychotherapy, minus all the sensationalism, hoopla and the wildly expansive speculation in which Laing sometimes indulged. This is what Loren Mosher did, with great success, at Soteria House (Burston, 1996, chapter 11; Mosher, 1978, 1979, 1991).² It is also precisely what many patients want, most of them need, and all of them deserve. Unfortunately, the realization of this scenario on a broad scale isn't likely anytime in the foreseeable future. The ideological wars between psychiatry and its critics are so envenomed, the lines of cleavage so stark and categorical, that the barest hint of compromise on either side of the barricades elicits recriminations and reprisals that can do irreversible damage to someone's credibility or career in certain circles. We live in dangerous times, and as a result, psychiatrists with the realism and generosity of Prof. Jenner, who give Laing his due, are rare, and getting rarer. And conversely, the anti-psychiatry of the 1960's and 1970's has mutated and dispersed in so many different directions that it has solidified into new forms of dogma, reductionism and obfuscation that preclude co-operation, compromise and progress on a pragmatic level. Nevertheless, as we settle back wearily to await the next new development in the mental health field, we might entertain the wistful hope that things may *really* change one day. That can't hurt, can it?

Endnotes

¹ The question "What do I experience?" is raised somewhat rhetorically here, to facilitate a closer analysis of the political dimensions of the stark differences of opinion between Edgar and me on environmental matters. A deeper consideration, however, of this question would inevitably prompt another, even more fundamental question, namely: "What *is* experience?" For

a superb elucidation of Laing's concept of experience and its relevance to treatment issues, see Michael Guy Thompson's recent article "The Heart of the Matter: R.D. Laing's Enigmatic Relationship With Psychoanalysis," *The Psychoanalytic Review*, 87, 4.

2 In a recent letter, Mosher notes that he and his associates are still analyzing Soteria data, and have discovered that "it worked better than we had thought- especially for those persons thought to be most difficult to treat." He also notes that, as indicated in previous publications, "at six weeks the Soteria group had improved as much without medication as the hospital group-all of whom received neuroleptics." And as more recent publications attest, "patients who received no neuroleptics over the two year follow-up period did substantially better than those who did" (Mosher, Vallone & Menn, 1995; Mosher, 1999; Mosher & Bola, 2000). For a list of drug-free treatment programs for people in acute psychological distress see the appendix, below. For more on Mosher, visit www.mosherterria.com on the web.

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Appendix

The following is a list of drug free treatment programs in the U.S.A. Please note that these are not halfway houses; i.e. they function as alternatives to hospitalization for persons in acute crisis. They are not part of local public treatment systems so they are mostly private pay or individually negotiated with insurance companies.

Burch House
249 Main St.
Bethlehem, NH 03574
Phone: 603-444-6804
Email: info@burchhouse.org

Comment: Current focus is on detoxifying people who are trying to get off psychotropic drugs. Susan Brown is the executive director. The town is in mid-New Hampshire, quite rural.

The Healing Foundation
Lisa Pomeroy Ph.D.
1554 S. Sepulveda Blvd. #203
Los Angeles, CA 90025

Phone: 310-445-9691

Comment: This is a day program, so clients must have a living arrangement within commuting distance.

San Joaquin Psychotherapy Center

Kevin McCready Ph.D.

3114 Willow Ave.

Clovis, CA 93612

Phone: 559-292-7572

Fax: 559-292-7582

Email: KEVINSJP@hotmail.com

Comment: This is a day program so clients must have a near-by-living arrangement. This is very near Fresno, CA

Windhorse Associates Inc.

31 Trumbull Road

Northampton, MA 01060

Phone: 413-586-0207

Toll free: 877-844-8181

Email: info@windhorseassociates.org

Comment: A very unusual program that began in Boulder, CO in the 1970's. They use teams with the clients who are placed in apartments. Jeffrey Fortuna M.A. is the best-known person there and has been with it since Boulder. Located in eastern Massachusetts.

Spruce Mountain Inn

Box 153

Plainfield, VT 05667

Phone: 802-454-8353

Comment: Candace Beardsley is the director and Ed Levin the assistant. A behaviorally oriented program. It is not far from Burlington, VT.