



## R.D. Laing (1927–1989): Existential Psychiatrist

R.D. Laing was a Scottish psychiatrist associated with the “anti-psychiatry” movement (although Laing rejected that description), along with David Cooper and Michael Foucault. His views on the causes and treatment of “mental illness” were influenced by philosophers like Hegel, Marx, Marcuse, and Wittgenstein but primarily the “existentialist or phenomenologist philosophers,” Nietzsche, Husserl, Heidegger, Sartre, Merleau-Ponty, Jaspers and Camus. In 1970 he travelled to Sri Lanka and India to study Theravada Buddhist meditation, which had a significant influence on his views about the nature of psychosis. On Laing’s view, the “psychosis” is the patient’s response to being forced to live in an impossible situation, often created by their family or social unit. The psychiatrist job is not to cure the patient of a “mental disease” by medical methods like electroshock, drugs, and confinement but to attempt to understand the “existential truth” in what the patient is trying to say about their life. Laing became a “counterculture” icon in the 1960’s because he used hallucinogenic drugs like LSD in the treatment of psychosis and believed in the legalization of cannabis. He was also associated with the “New Left” in the 1960’s but later became disenchanted with politics and adopted a more apolitical stance.

### Biography

Ronald David Laing was born in Glasgow, Scotland to a lower middle class Presbyterian family. His family life was marked by enormous tensions, and he had few friends in his youth. Both of his parents detested their fathers, leading to fierce arguments and occasional violence. His mother, Amelia, has been described as a troubled devious woman who engaged in character assassination. After her son Ronald became famous, she would sometimes take out her “Ronnie Doll” at family gatherings and stick pins into it. His father, David, took great pride in his military service although, later in life, he came to loath the military. David Laing was also the principle baritone for the *Glasgow University Chapel Choir* and Ronald himself received his license for piano from the *Royal Academy of Music* when he was 14 years old and is said to have played excellently. Laing entered the *University of Glasgow* to study medicine at the age of 17 later specializing in psychiatry. While there, Laing established a “Socratic Club” and convinced Bertrand Russell to be the president. Laing failed his final exams the first time, which he attributed to some unfortunate remarks he had made at a university function under the influence of alcohol. After working on a psychiatric unit for six months he passed the “re-sits” and

qualified to be a medical doctor in 1951. Laing next wanted to go to Basel to study with the Swiss-German medical doctor, psychiatrist and “existentialist” philosopher Karl Jaspers, but the Korean War intervened, and he became an army psychiatrist from 1951 to 1953 where he found that he possessed an uncommon ability to communicate with distressed people. In 1985 his former secretary, Margarite Romayn-Kendon, became his steady companion and they moved to Austria in 1987. In 1989, on a very hot day, the extremely competitive Laing had a massive heart attack while playing tennis and died. Laing’s most well-known books are *The Divided Self*, *The Politics of Experience*, and *The Self and Others*.

### **Kingsley Hall Group**

In 1965 Laing and some disciples created the “Philadelphia Association” in London and started an experimental psychiatric community at Kingsley Hall in which therapists and patients lived together. During this time Laing wrote *The Politics of Experience* inspired both by Sartre and by his use of hallucinogenic drugs to treat psychoses. He also during this period attended a conference on the “Dialectics of Liberation,” which was attended by many contemporary left-wing thinkers and activists that, as expressed in his next book, *Knots*, left him disenchanted with politics.

### **Trip to India and Sri Lanka**

Much of Laing’s 1970 trip to Sri Lanka and India to study Buddhist meditation was spent in *Uttar-Pradesh* with Swami Gangotri Baba who said little and lived half naked in a wooded valley. However, Laing’s experience with Buddhist meditation, along with his experience of hallucinogenic drugs, led him to view psychosis as a “journey” or “voyage” inside the self in order to achieve higher “mystical” states of consciousness that transcend personal identity and individual experience. Just as a meditative experience could be transformative, leaving the experiencing person wiser as a consequence, “madness” could be similarly seen as analogous to a positive transformative shamanic journey. Fritjof Capra reports that Laing stated that “mystics and schizophrenics find themselves in the same ocean but the mystics swim whereas the schizophrenics drown.” However, Laing did not hold that *all* “madness” must out positively.

### **Transpersonal Psychology**

Psychology had traditionally been divided into three main areas, the psychoanalytic, the behavioural, and the humanistic each of which is concerned with the psychology of *individuals as such*. Even “social” psychology is traditionally understood to consider the psychology of

*individuals within a social group.* However, Laing's experience with hallucinogenic drugs and Buddhist meditation led him to the view of "transpersonal psychologists" that one must countenance an additional "fourth transpersonal force" that unites people at a level that transcends the individual ego. Such "transpersonal" views were traditionally the purview not of psychology but of "mystical" religions such as Buddhism, Hindu Vedanta, Yoga and Sufism.

Most traditional psychological schools acknowledge the existence of such states but deny their validity, seeing them as aberrations from the normal. In Freudian psychology such "awakening experiences" are seen as a type of regression back to the experience of the mother's womb. Many psychiatrists view them simply as a result of abnormal neural functioning. By contrast, transpersonal psychologists see such experiences not as sub-normal but as super-normal, that is, as a glimpse of a higher level of reality and a higher level of human potential not glimpsed by traditional psychology. For Laing, therapy should attempt to teach the patient to "swim" in the vast "ocean" of experience in which they find themselves rather than "drown" in it.

## **Humanizing Therapy**

Laing's view that a "psychosis" is not so much an illness to be cured as a "voyage" the patient must make inside their selves in order to discover existential truths about their life led him to make major changes in the way he conducted therapy. Whereas the use of electroshock and drugs may stop the bizarre behaviour, it may do so at the price of interfering with the internal "voyage" the patient *must* make to achieve personal enlightenment. For Laing, the therapist's aim should be to facilitate a successful internal journey rather than *forcefully* put a stop to it in the name of "normalcy."

One of the most striking illustrations of Laing's view that psychotic behaviour must be understood in terms of the patient's social situation is his diagnosis of the traditional psychiatric situation itself. Consider the normal situation! The patient is making bizarre seemingly incomprehensible statements of one kind or another (e.g., that they are Jesus) and, as a result, they find themselves sitting in a chair in the psychiatrist's office. The psychiatrist is an authority figure, with enormous power over them, sitting behind a large, impressive desk with numerous impressive looking degrees plastered all over the wall. The patient is scared. They know that the psychiatrist already regards them as having an "illness" ("mental illness"). They worry that s/he will drug them, send them for electroshocks, or order them to be confined in a mental hospital with other "crazy" people – most generally, they fear the psychiatrist will seek to *control* them. According to Laing, it is no wonder the patient says bizarre things in *this frightening situation*. Who wouldn't? That is, Laing views the patient's the bizarre statements and behaviour not simply as a function of the patient's alleged "illness" but of *the whole situation that includes the psychiatrist them self*. One of the first things Laing does in actual therapy is, therefore, to eliminate the massive power differential. The big desk is gone. If the patient sits in an ordinary

chair Laing sits beside them in the same kind of chair. These are just two people talking. If the patient sits on the floor Laing may sit on the floor beside them. If the patient says seemingly bizarre things, Laing listens respectfully. His aim is to let the patient know that he wants to let them express the “existential truth” about their life *as they, the patient, sees it*. After all, the patient knows much more about their life than the psychiatrist does. The psychiatrist may think they know about the patient’s life because they have talked to their parents, when, in fact, the family situation, involving the parents, may be part of the cause of the psychosis!

## **Influence**

Laing suffered from depression and alcoholism for almost his entire life. He fathered 10 different children with four different women and is accused by some of completely neglecting some of them, including one daughter, Susan, who died of leukemia at the age of 21. Partly because of his troubled personal life, his work has fallen out of favor in psychology. However, he is still referenced in psychiatric texts and some staunch defenders see him as a misunderstood genius. The argument that his views are irrelevant because of his bizarre personal life is an *ad hominem* fallacy. For, it may be that it is precisely his own troubling personal demons that offered him insight into the nature of psychoses closed to more “normal” mainstream psychiatrists. However, Laing’s views and methods remain highly controversial within the psychiatric community.

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*Did You Used to be R.D. Laing?* (1988). Documentary consisting of a series of lectures and interviews that took place at Simon Fraser University in Canada. URL: <https://www.youtube.com/watch?v=86t5GWB5qRY&t=592s>

*Mad to be Normal*. Directed by David Mullen. David Tennant plays R.D. Laing URL: <https://www.imdb.com/title/tt4687410/>

[Classic: Ronald D. Laing and \[Brazilian Researcher\] Leo Matos: Transpersonal Psychology 1982](https://www.youtube.com/watch?v=FiCOazoizjU&t=4096s)  
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