

IN MEMORIAM

An Interview on R. D. Laing

The following is a radio interview of Dr. Edward Podvoll, conducted by Mr. Joseph Rowe of KGNU, Boulder. Laing's life (1927-1989) and work are the topic of the interview. Dr. Podvoll and R. D. Laing dialogued on psychiatric treatment on numerous occasions.

KGNU: R.D. Laing, one of the most influential and controversial figures in modern psychotherapy, passed away in the summer of 1989 at the age of sixty-one. In the 1960's his books *The Divided Self* and *The Politics of Experience*, among others, burst upon the international milieu of psychotherapies like a shockwave. His writings influenced the popular movements of political protest and counter-culture as well as the professional psychotherapy community. He was a radical critic emerging from inside the establishment, an M.D. psychiatrist from Scotland who stated that the claim of Western psychotherapy to be beyond, above, or somehow separate from politics was a fraud. He challenged and exposed the politics inherent in the very definitions of sanity.

Laing himself embodied and lived out the challenge of his ideas. He was a charismatic, provocative, and eccentric speaker. Not content to merely empathize with the mentally ill, he believed that psychosis had at its root the potential of human consciousness which lies within everyone's mind, a potential which only turns to dysfunctional psychosis when thwarted and maimed by a repressive social order. For Laing, real madness was becoming a docile, adjusted citizen of an insane world. He experimented with altered states of consciousness and exhibited these in some of his public appearances, often to the delight of some and the scandal of others.

What do you remember most about Dr. Laing?

Dr. Podvoll: He was very funny, quite an odd sense of humor. There weren't very many things that he didn't find the tender spot of

humor about. It gave him an ability to relate to people who were stuck in the morbidity and dourness of extreme states of mind and I think that was one of his areas of genius, actually. A lot of things have been said about him and there are a lot of critiques of his work. But I think very few people actually saw R. D. in action in terms of how he related to people who were in the middle of an experience of psychosis. His ability to reach them, to reach out to them, to contact them and be thoroughly and utterly human with them was very unusual. There's a lot to learn from that. In many ways he was a very charming person, and in many ways he was not, as people know.

KGNU: He had a strong element of the prankster, the trickster. How did you see this come up?

DP: He always made fun of people who took themselves too seriously so I think that was one of the things that was always going on with him. This was true whether he was with clients or with students or with other psychiatrists or just about anybody. If he was given any kind of free rein in the conversation, his quality of making fun of peoples' earnestness would appear.

KGNU: What was Laing's relationship with Trungpa Rinpoche?

DP: Laing visited Trungpa Rinpoche when he was in the hospital after a serious auto accident. The doctors suspected that there would be quite a bit of paralysis on the left side of Trungpa Rinpoche's body. Laing consulted with him at that time and I heard that he was extremely helpful. He visited Trungpa Rinpoche several times and apparently gave him some valuable advice about how to work with his neurological condition and how he might arouse psychological energies to work with his body. So apparently they talked a lot about that. I know certainly that Trungpa Rinpoche was very grateful to Ronnie's consultations at those times. When Ronnie was in residence here in Boulder he visited Trungpa Rinpoche.

KGNU: As far as his ability to work with human beings who need help, is that essentially what's called anti-psychiatry, of which he was considered the prime exponent?

DP: Laing had a very conservative education and a classical training as a psychiatrist and psychoanalyst, but in the early mid-'60s he began to feel that alternative methods of treatment were essential to

the psychiatric industry. Certainly during the Second World War when he was a psychiatrist in the army he was definitely exposed to some of the more rigorous physiological and biochemical treatments, such as electro-shock therapy and insulin coma treatment, which were common at the time. These revolted him.

KGNU: In the autobiographical book, *Wisdom, Madness and Folly*, he relates an incident where he put a stop to some harsh treatment. Later, when the war experience seemed like a dream, he began wondering if this was a false memory. Then the phone rang and a soldier told him he remembered how grateful men were to Laing for putting a stop to it.

DP: His anti-psychiatry career probably started in the cradle. It's hard to imagine that he had any real major turning points in this direction because it seems to be so inherent in his character. For one thing, he said he had a crazy mother who was second to none in her ability to put people in the double binds that R. D. described so beautifully in *The Divided Self* and elsewhere.

He was definitely a warrior of the wards. I think it's important in order to understand Ronnie to understand more about the notion of anti-psychiatry. As you may know, he claimed, at least in later years, that the term anti-psychiatry was not anything that he coined, not anything that he particularly agreed with at the time. We think of anti-psychiatry as a kind of movement towards psychiatric reform, reform of abuses and reform of treatment that occurred in the '60s. But actually it was an upsurge of a movement. The movement towards reform in the psychiatric world began as soon as psychiatry began. There's ample documentation of the movement towards reform from the very beginning. There were even societies of ex-mental patients forming in the 1830s that were very powerful and very successful in England.

Generally, we think of hospital reform as something very recent. That's a mistake on our part and a telling mistake, actually. Outrage against inhumane care was happening from the origins of psychiatry and it naturally occurred as a counter-balance to the tremendous potential for psychiatric abuse of power. This potential for abuse of power exists just by virtue of the legal, cultural, symbolic power—power of all kinds—that accrues to medicine in any

age and any time. Certainly this happened with psychiatry, even when psychiatry was in its infancy and there was very little knowledge about how to work with people other than by having good intentions. The abuse of psychiatric power, which continues to the present, reached its peak at a time when Ronnie was beginning his alternative methods of treatment.

Take the use of lobotomy as a treatment, for example. In the past 150 year history of the rise of psychiatry, there is an habitual tendency to fall into traps of abusing people. There is a continual thread of abusing people: attitudinally in terms of thinking of such people as children, or as being defective, damaged, incompetent, incapable, and lacking intelligence. We disallow that they might have the wisdom to be able to heal themselves when put in proper and kindly situations. Laing's own movement towards alternative treatment seemed to be synchronized with the anti-psychiatry movement and certainly he hung out with a lot of the same people. But to the end he said he was not an anti-psychiatrist. In fact, I found him to be an extremely well-trained psychiatrist, and also a good neurologist.

It is interesting that he began to be accepted (or maybe tolerated is a better word) by the establishment psychiatrists. He was given a major award by the American Psychiatric Association. On the other hand, these very same people would hear Ronnie speak about psychiatry and then they would say that "he's not saying anything new." Or they would say: "I heard him say that ten years ago. Why is he playing the same old tape?" Well, from Ronnie's point of view he often gave similar talks, and a little more vehemently, each time, each year, because he felt that nothing very much had changed. In the '60s, at the age of thirty-one, he'd become something of a superstar, an international hero, a cultural hero. Then, more recently, even though for thirty years he'd been talking and making his point, not very much of it got through.

There's more electroshock now than when he started. It has become commonplace. There are university hospitals now that are actually prescribing electroshock for severe neurotic depression, even "maintenance" electro-convulsive treatment. There were

30,000 cases last year. The desperate turn towards biological treatment, especially drug therapy, is even more forceful than in Ronnie's working life. The overuse and misuse of medications in this country is already well-known.

So, how much effect did Ronnie really have on the day to day, conventional psychiatric world? Certainly he was discouraged about the effect. He was praised and his books did well and many people told him how much they had learned from his work. People came up to him after talks, or maybe especially before talks, expressing their appreciation of him and how they had read his work when they were in college, or something like that, and how much he affected them. But in terms of the world of psychiatry now, it's debatable how much effect he had. So he was forced to repeat himself a lot; he was bound to have to deliver the same message now tailored to an increasingly more conservative psychiatry.

KGNU: That's an extraordinary fact about how much electroshock is being used today.

DP: It's important to say that; Ronnie would want me to mention that.

KGNU: This whole issue has the aspect of a political struggle, an ancient one. What's needed to stop relying on drugs, electroshock...?

DP: This is a great debate in psychiatry now. Without Laing this debate might never have occurred. Traditional psychiatry might never have been questioned.

KGNU: Is part of the problem that the alternative is labor intensive?

DP: Yes, labor intensive and financially more demanding, and it's even more demanding of the education and the sanity of the people who are doing this kind of work. So it's more demanding in many different areas. Now that this so-called medication revolution has occurred, it's very difficult to make it more disciplined and currently that's a major challenge to psychiatry. At the most political levels of psychiatry there is a desperate turn towards medications because no one seems to know what else to do. Or if they do have some idea what else to do, again it is too demanding of labor, finances, and education. So everyone is waiting for the people in the white coats

and laboratories to come up with a biological answer. But this hasn't changed, this has been the same for the past 150 years.

I think R. D. understood that this couldn't happen. His message was that the very basic assumptions upon which this hope is based are flawed. There is still some feeling that some sort of simplistic although high-tech brain mechanics will provide the answer. When one hears these hopes spread at public talks by the politicians of psychiatry who are pleading for more money for basic brain research, one has a suspicion that such people really have not spent much time and have not really been intimate with people in psychosis. These politicians of psychiatry have not really experienced the psychological suffering and also the potentialities for sanity and recovery that lies even in the midst of what seems to be interminable psychosis. Laing repeatedly demonstrated the sanity in psychosis. Many times (and as demonstrated even on videotape sessions), he would talk to someone who was floridly psychotic and soon they would calm down, and become amazingly rational and "normal." So I think many psychiatrists are coming from a very narrow view of the situation. They say madness is a massive public health problem and we just have to take a biological leap and until then all we can do is medicate people and do the best we can to keep them, so to speak, comfortable.

KGNU: Laing explored psychotic states himself, didn't he?

DP: To some degree that's true, I suppose. One of the turning points in his life and which led to his breaking out from the conventional psychiatric mold in the '60s was his use of hallucinogenic chemicals. They revealed to him, as many people felt at the time, the psychotic-like potentialities within anyone's mind that could be exposed during the hallucinogenic experience. This was and is an unpopular view.

KGNU: That psychotics are manifesting something special?

DP: He said that he used to romanticize psychosis or idealize some psychotic states of mind. However many, if not most people in psychosis might take issue with having their illness and their suffering romanticized. In any case Laing's name is almost synonymous with that attitude and that might have been true at some early

periods of his work, but certainly in the later years he didn't feel anything like that. He felt badly that people saw him as romanticizing psychosis. Certainly all his work with families of people in psychosis did indicate to him that the nature of psychotic symptoms or manifestations always had family political overtones, sometimes very direct overtones. Those symptoms often were a clear manifestation of an attempt to break out from strict and bizarre, insane family politics.

KGNU: So we need to treat the social context?

DP: That was very important to Laing, and in the '60s and '70s everybody thought they understood that, and some of those notions passed into the general field of psychiatry and family therapy in particular. But then it got somehow twisted again. They used these same insights, so to speak, twisted back into the same old mold of blaming families, of pointing the finger and saying "dysfunctional family." So it got twisted into the same old mold of blaming people. This is a proliferation of victims rather than a resolution of issues. It was used as further fuel to make families feel even more guilty, more responsible, more overburdened, and more helpless in setting up any sort of healthy family environment. Many of Laing's ideas, I think, have had that sort of pseudo-acceptance, or pseudo-integration within psychiatry and psychology. But at the same time the flavor and positive meaning of his ideas have been lost.

KGNU: Do you have any personal memories?

DP: Maxwell Jones once told me a story. Jones is considered to be the father of the therapeutic community movement, which began in Edinburgh right after the Second World War and proliferated to a great extent in Europe and in North America. He was on the board of Directors of Kingsley Hall, the alternative hospital that Laing founded in London. One time the Board was meeting together at Kingsley Hall and they were supposed to meet with Ronnie to hear about the treatment. And Ronnie wasn't there. Jones had had his own ideas about Ronnie and some prejudice about Ronnie's more outrageous ideas and notorious behavior. But when Ronnie did come late into the meeting he sat down next to Maxwell Jones and just wanted to talk to him. He said that he was late because he had

been in a room with a young man at Kingsley Hall who was trying to mutilate himself, cut himself with a knife, as the only way to relieve himself from tremendous anxiety. While Ronnie was describing what he was trying to do and how he couldn't leave the boy, he broke down and cried in frustration. He cared very deeply about his patients.