

## Sanity, Madness & Science; R.D.Laing, and Critical Psychology

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### Abstract

Increasing criticism of the medical model on scientific grounds, coupled with developments in critical psychology and psychiatry have created an appropriate climate for a renewed evaluation of Laing's work. The current paper considers the relationships between social constructionist and postmodernist streams of thought and the ideas which Laing developed during his career. Despite similarities between Laing and constructionist ideas, several key differences are highlighted, and the implications of these for both theory and practice, explored. Laing's views on sanity and madness, and the means for investigating these retain a modernist flavour, in contrast to most contemporary critical approaches which can be construed as relativist and postmodern. Attempts within psychiatry to don a critical mantle suggest little change to psychiatric hegemony is on offer. Outside of psychiatry, critical approaches, in common with Laing are distinctly hermeneutic, and question the terms in which the language and practice of biomedical psychiatry deals with its human subjects. In addition, they recognise the failure of psychiatry to acknowledge and represent mental health system users in a democratic discourse. Laing's differences with contemporary approaches revolve around the nature of the self, madness as a discernible existential state and the realist implications to be drawn from his demystification of family praxis. Consequently, it is thus argued that Laing's work still provides the more secure foundation for a sustained critique of biological psychiatry, and the necessary pre-requisite for a transformation of practice towards those in distress.

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*"We believe that the shift of point of view that these descriptions embody and demand has a historical significance no less radical than the shift from a demonological to a clinical viewpoint 300 years ago"*

*R.D. Laing & A. Esterson (1964, p.13)*

One of the enigmas of post-modern critical psychology lies in the continued, and some might argue deliberate, neglect of the work of Scottish psychiatrist Ronnie Laing. To find Laing's name virtually expunged from contemporary accounts of the crisis in Psychiatry strikes one as more than a little odd. And yet his presence lurks uneasily in the shadows of all contemporary critiques of psychiatric theory and practice. Invocations to examine the social context, to recover and discover meaning in the behaviour and experience of those whose conduct is called into question by psychiatrists, is today the rallying cry of those who posit, not the antipsychiatry attributed to Laing and his followers, but postpsychiatry. Consider the following from Bracken and Thomas (2001, p.726-727) writing in the *British Medical Journal*;

*“Contexts, that is to say social, political, and cultural realities, should be central to our understanding of madness. A context centred approach acknowledges the importance of empirical knowledge in understanding the effects of social factors on individual experience...Postpsychiatry opens up the possibility of working with people in ways that render the experiences of psychosis meaningful rather than simply psychopathological”.*

Compare this with Laing, speaking at the Dialectics of Liberation conference at the London Roundhouse in 1967;

*“A fundamental lesson that almost all social scientists have learned is that the intelligibility of social events requires they be seen in a context that extends both spatially and in time..The fabric of sociality is an interlaced set of contexts interlaced with meta contexts... One moves for example from the apparent irrationality of the single ‘psychotic’ individual to the intelligibility of that irrationality within the context of the family. The irrationality of the family in its turn must in be placed within the context of its encompassing networks. These further networks must be seen within the context of yet larger organisations and institutions” (Laing, 1968, p.15).*

So, if deconstructing social context to find meaning in madness is the sine qua non of post psychiatric theory, what exactly is it that differentiates this postmodern venture from the unsuccessful attempts of the 1960's to develop a science of persons and redraw the parameters of psychiatry? Before we attempt to answer this, we must first remind ourselves of why this issue is of pressing concern now - the crisis and impending demise of the biomedical model of psychological disturbance.

### Schizophrenia and ‘Junk Science’

Belief in an impending scientific breakthrough in the search for the biological basis of schizophrenia has been a constant feature of the psychiatric literature for as long as the concept has been in use. That this belief may be futile, is perhaps beginning to occur in the minds of some whose careers have been made in biological psychiatry. Criticism of psychiatry is of course nothing new - but the old critical climate rooted in European existential and political philosophy has given way to an empirical discourse, the very tradition thru which psychiatry has proclaimed itself victorious against its opponents. What characterises these new debates is an appeal to scientific rationality, not to support psychiatry, but to reject it and with it, the medicalisation of psychological distress.

The charges against the legitimacy of the medical model begin with unanswered questions about the validity of the classification of mental disorders – several hundred of them now enshrined in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA 1994). Here it is stated that mental illness “must not be an expectable response to a particular event”. The clear problem is that this presupposes an extensive and detailed knowledge of how people 'ought' to respond to a wide variety of traumatic and distressing circumstances, the consequences of which could in principle be moderated by any number of permutations of possible personal characteristics and circumstances. To illustrate this, we might consider the outcome for someone following physical or sexual abuse in childhood (bearing in mind that this could take many different

forms). Do we know how they will come to react given a knowledge of their gender, age, ethnicity, physical size, family position, social class, place of birth, prior or later feelings of being unloved, later career success/failure, educational success/failure, beliefs and fears about mental health/illness, the changing values, attitudes and beliefs predominating in a culture over a period of time, the lack of knowledge of other (dominant) cultures' 'ways of seeing', and how this lack of outside understanding interacts with existing psychological distress? Patently the answer is no. So, if we cannot determine what is an expectable response to a particular adverse event, we can be in no position to categorise behaviour in such a way that leads to pronouncements on the existence or otherwise of mental illness. Furthermore, even if by some stroke of good fortune, we were in such a position to know what constitutes a normal response to distressing psychological phenomenon – something that could carry meaning only in the statistical sense of normal – then as Walker (1983, p100), reminds us

*“If maladaptive behaviour in the same circumstance(s) is characteristic of a species then it is part of its 'normal' rather than abnormal psychology”.*

With shaky foundations for the theoretical concept of mental illness, workers such as Slade and Cooper (1979) and Boyle (1990, 2002) have cast considerable doubt on whether the validity of the concept of schizophrenia can ever be affirmed. Slade and Cooper demonstrated that the observed correlations between symptoms purported to delineate a schizophrenic syndrome, exhibit nothing more than random clustering and can be accounted for solely on the basis of chance. Meanwhile thru a careful historical analysis, Boyle has shown that there has never been a satisfactory empirical justification provided for the validity of the schizophrenia concept as no correspondence rules for inferring the construct from other independent criteria have ever been presented. Without such rules, schizophrenia is cast adrift from the mainstream of science, an unfalsifiable scientific construct, and one which has failed to meet even basic criteria of reliability (e.g. Davison and Neale 2001). Invalid and unreliable measurement are perhaps the most serious criticisms that can be labelled against a field of scientific activity, and the data show unequivocally, that neither of these have been established where schizophrenia is concerned.

To add to the above conceptual shortcomings, data from biochemical, genetic and neuroimaging studies have, contrary to the claims of proponents of the biomedical model, failed to reveal any consistent evidence that schizophrenia is best conceptualised as a brain disease (BPS, 2000). In fact on closer examination what characterises this research is slipshod methodology, untested and unwarranted assumptions, circular argument, sloppy inference, not to mention inappropriate statistical analyses and a serious failure to take on board valid criticisms from other scientific fields (See Joseph, 2003, Bentall, 2004). But of course, a concept with no demonstrable validity, cannot be rendered scientific by virtue of some technological sleight of hand, which argues that somehow, use of the latest high tech' resources can somehow confer legitimacy and rescue the concept from extinction. Not all have been fooled by the emperor's new clothes, with some commentators (e.g. Bracken and Thomas 2002) summarising the value of the body of evidence produced to support the schizophrenia concept in one word - 'worthless'. To add to this woeful state of affairs, treatment options seem to bear little logical relationship to diagnostic classification of serious psychological disturbance (Bentall, Jackson and Pilgrim 1988), whilst Thornley and Adams (1998) concluded a large proportion of the clinical trials of interventions relevant to the treatment of schizophrenia were inadequate, poorly designed, of limited duration, showed little agreement on outcome measures, and were biased in the conclusions drawn regarding the efficacy of pharmacological agents.

If one stands back and appraises the system by which the schizophrenia concept has been supported, then it bears more than a passing resemblance to what Robert Parks (2000) has described as ‘junk science’ – a process whereby certain branches of research activity become increasingly isolated from critics, where despite extensive time and effort no real progress is made in understanding the putative phenomenon, where key findings are unfailingly open to plausible alternative explanations, and where breakthroughs are always seen to lie ‘just around the corner’. Parks cites cold fusion and parapsychology as exemplars, but the descriptions fit the biomedical literature on schizophrenia equally well. Junk science is a belief system, resistant to change, that continues irrespective of whether progress is made - in Boyle’s terms, belief in schizophrenia is a ‘scientific delusion’ and its days as the dominant discourse in mental health and well-being may now be waning. Junk science it may be – but despite this the concept is still with us. Numerous reasons abound for this. Poor science and failure to consider alternative interpretations of data, we have already mentioned. Like its junk science counterparts, adherents cannot face the full weight of opposing evidence. Open debate with those who don’t share axioms and assumptions of psychiatry is refused. Medical students’ and doctors’ access to other points of view during training are severely restricted. Once training has been completed this often takes form of denying funding for non-biologically based treatment alternatives. I had the misfortune to witness this first hand on several occasions while lecturing on a joint Psychiatry/Community Medicine firm in a London Medical school. One psychiatrist expressed outright disbelief that viable critiques of the Danish Adoption studies existed, as *he* had not heard of them. When offered the opportunity to borrow my own file of research articles detailing their flaws, he took several steps backwards, declaring as he did so, that the papers, which were now in my hands did not exist. With that he disappeared from the room. Perhaps he was psychic, for in a few weeks I was relieved of my teaching duties and thanked for my contributions over the previous 2 years of lecturing. With this, my presence and the critical literature did indeed cease to exist in the medical school. Other gambits routinely employed, include accusing adherents of opposing viewpoints, of denying the suffering of the mentally ill. If that fails, then opponents themselves are deemed to be unhinged or crazy.

### Postmodern Psychiatry

Postpsychiatry is the latest neologism bequeathed to us from the world of postmodernism. Like some of its linguistic relatives, it takes us to a paradoxical brave new world, where we struggle for meaning, enmeshed in a system of social relationships stripped bare of the struggle for power between oppressed and oppressor, paradoxical because the old inequalities of power remain – arguably in the most brutal form for more than half a century. We debate post-feminism in a world in which women vie to sell their bodies in the global multimedia sex and pornography market; post-industrialisation where inequalities in wealth and death are manufactured with celebrity endorsement, precision marketed and cheap (and dangerous) industrial production has allied itself, or should I say foisted itself, onto the majority of the planet which actually resides in the developing (underdeveloped) world. And now for the chattering classes, comes post psychiatry – the latest commodity discipline to herald the death of the old modernist world, while as Galileo might have said “*eppure si muove*”<sup>1</sup>. The king is dead, long live the king. One could be forgiven for thinking this is an act of mystification writ large. According to Laing (1965);

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<sup>1</sup> “and yet it moves” – author translation

*“This entails the substitution of false for true constructions of what is being experienced, being done (praxis), or going on (process), and the substitution of false issues for the actual issues... If we detect mystification, we are alerted to the presence of a conflict of some kind that is being evaded. The mystified person, in so far as he has been mystified, is unable to see the authentic conflict.... He may experience false peace, false calm, or inauthentic conflict and confusion over false issues.” (p.344-345).*

For Laing, as for Marx the function of this trickery was clear - to enable

*“.. a plausible misrepresentation of what is going on (process) or what is being done (praxis) in the service of the interests of one socioeconomic class (the exploiters) over or against another class (the exploited).” (Laing, 1965, p.343)*

In reading the postpsychiatry of Bracken and Thomas, it is difficult in the extreme to find signs of conflict, or discrepancies in power. Instead what we get offered is yet more psychiatry. For them postpsychiatry

*“does not seek to replace the medical techniques of psychiatry with new therapies or new paths towards "liberation." It is not a set of fixed ideas and beliefs, more a set of signposts that can help us move on from where we are now...and an increasing number of psychiatrists are becoming interested in philosophical and historical aspects of mental health care. Indeed, psychiatry, with its strong tradition of conceptual debate, has an advantage over other medical disciplines when it comes to the postmodern challenge.” (Bracken and Thomas, 2001, p.727)*

So that's clear – no liberation, no end to psychiatry – just some lip service to a bit of philosophical aspects of mental health care, a tad recognition that the patients' problems actually mean something, and 'keep taking the tablets'. It should be no surprise to learn that both are consultant psychiatrists – no doubt rewarded in their careers for not upsetting the apple cart too much and not being too critical of the kind of biomedical nonsense that has littered the pages of countless journals for years. So despite having earlier (Bracken and Thomas, 1999) called on medicine to abandon psychopathology, remove schizophrenia from the lexicon, and set in motion a fundamental shift in the power relationship between doctor and patient, one can only be amazed that Bracken and Thomas continue to countenance any role for medicine and drug wielding psychiatrists, in any so called alternative to the present arrangements. They appear blind to the sacred role which schizophrenia plays in the legitimisation of psychiatry as a pseudo medical discipline (Szasz, 1979), and that without the pseudo-scientific medical framework, there is no justification for psychiatry, which is after all a branch of medicine. For them to call for an end to current psychiatric practice, for the demedicalisation of psychological care, would be like turkeys voting for Christmas. The result? More confusion than enlightenment.

The brand of psychiatry offered us by Bracken and Thomas is nothing new – as some critics amongst orthodox practitioners have acknowledged (e.g. Smith, 2001) .We have in fact been here before - it is the same brand peddled by Littlewood and Lipsedge (1997) – the gurus of 'exotic' transcultural psychiatry, who find meaning in the madness of their ethnic minority patients, but seem unaware that the cultures and meanings in the lives of their 'psychotic' non-ethnic white working class patients, inform their everyday behaviour and their distress too. Like their racist

psychiatric forebears, psychiatric disorder in black people is different different symptoms, different causes, different ‘meanings’, only this time ‘culture’ is responsible. A little bit of social constructionism is fine – just so long as we don’t apply it to everyone. Were this to happen – the inescapable conclusion would be the realisation that psychiatry, transcultural, postmodern and all, is past its sell by date. Championing the discovery of meaning in madness, these recent varieties are a sham – they do not see beyond psychiatry, because they are still rooted firmly within it – locked into a sterile scientific wordplay, a language game as Wittgenstein might have had it – and let’s face it, he has had it. Stripped of rhetoric, the function of postpsychiatry is a public relations exercise, tolerated by the gatekeepers of institutional psychiatry, in the hope it will keep the critics at bay, while the real issues of power remain hidden behind ever more sophisticated technologies of control. Psychotherapy as Burston (2000) believes may or may not be in crisis, but psychiatry most certainly is. It is not postpsychiatry that is needed – but *no* psychiatry.

### Laing and the Postmodern Perspective

Over three decades ago Laing and Esterson (1964) opened their controversial study ‘Sanity Madness and the Family’ by remarking

*“In our view it is an assumption, a theory, a hypothesis, but not a fact that anyone suffers from a condition called ‘schizophrenia’... We do not accept ‘schizophrenia’ as being a biochemical, neurophysiological, psychological fact, and we regard it as palpable error, in the present state of the evidence to take it to be a fact.” (pp 11-12).*

For Burston (2000), Laing’s best work (his analysis of family processes) still languishes in obscurity, much maligned, misrepresented and misunderstood, a threat to “business as usual” from the customary purveyors of psychiatric truth. His name exists in absentia, a void in the historical record of conventional psychiatry – and in other quarters is mentioned in passing only by those who wish to pay lip service to the radical projects of yesteryear but give scant credence to the value or continuing strength of his ideas (Burston, 2001). It is somewhat ironic then, that in the new millennium there appears considerable merit to those opening remarks. This absence owes something to a fear – a fear that the mere mention of his name will automatically call forth the demons of rejection for any intellectual opinion henceforth offered.

Laing’s rejection of the Kraepelinian system and method of classification for psychological disturbance, upgraded we might now say and refined in the current DSM, so eloquently criticised in *The Divided Self* (Laing, 1960) is the starting point for his contemporary relevance for postmodern theory. Here, Laing recognised that the human condition, in whatever circumstances, is not reducible to a depersonalised natural scientific formulation. What he saw as ‘outside the investigative competence of the natural sciences’, included, as he later put it;

*“ love and hate, joy and sorrow, misery and happiness, pleasure and pain, right and wrong, purpose, meaning, hope, courage, despair, God, heaven and hell, damnation, enlightenment, wisdom, compassion, evil, envy, malice, generosity, camaraderie and everything, in fact, that makes life worth living.” (Laing, 1982, p.18)*

Human experience, for a hope of genuine understanding to emerge must be contextualised, whether that be in dyadic relationships, the family, culture, or other micro or macro institutions of society. As an illustration, consider the present time in London. We have been informed that the chances of a terrorist attack are high, with a bomb on a train a distinct possibility (I write some 3 weeks after

the attack in Madrid). Intellectually this is not difficult to acknowledge, and yet I have noticed that, although I use the trains frequently, emotionally I am giving this little credence. A clear example of splitting between thoughts and emotions. For other people who share a knowledge of the circumstances, this response isn't difficult to comprehend. However, what happens when others do not share an understanding of the context in which such splitting functions to assist coping with distress? Removed from the meaningful social context in which they arise, peoples' responses to distress risk being misconstrued as evidence of pathology. In conventional psychiatry however, splitting of emotions from thoughts, constitutes one of the principal symptoms of schizophrenia.

Laing's early work contextualised the self in relation to others (Laing, 1961), an idea congruent with contemporary analyses of identity. For postmodern theorists however, and here we may include Lacan and Foucault, the self is an illusion – a narrative fiction constructed by ourselves to account for the illusion of the continuity of consciousness in time (Appignanesi and Garratt, 1996). In Baudrillard's (1994) terms it is a simulacra, a simulation of a self that does not exist in the first place. Here the Laingian dichotomy of true versus false self is superfluous. The modernist search for authenticity has been abandoned, for in the consumer hyper-real postmodern world there is no distinction to be made between real and manufactured identities. All are manufactured. Witness the triumph of spin, public relations, deception, celebrity, marketing hype, virtual reality, virtual warfare (Baudrillard, 1995), and public image. A cornucopia of false selves for our edification and consumption. It is ironic therefore to find Jenner (2001), at times a sympathetic critic of Laing, taking issue with his view of the self, because in the contemporary mirror of illusions that constitutes our society, we would all struggle to discover a true self.

With this in mind we can now see Laing's move from his earlier existential-phenomenological analyses of madness in *The Divided Self* to the social phenomenology of *Sanity Madness and the Family*, *The Politics of Experience* (Laing, 1967) and *The Politics of the Family* (Laing, 1971) to be a clear nod in the direction of postmodern ideas on the production of identity. The individuals trapped in the dysfunctional dynamics of the nexus of relationships that is the family, are psychologically fragmented, lacking a solid foundation for being - ontologically insecure as the early Laing might have said – ready to be re-identified as psychotic and schizophrenic by agents of the wider system (psychiatrists, parents, police etc). In *Sanity Madness and the Family* the fictional, inauthentic selves that reside in the designated non-psychotic family members have yet to be called fully into question. But it is a logical consequence of his social phenomenology that they will be. Rather than *The Politics of Experience* representing then a complete departure from his previous analyses, it is logical development of the recognition that in the emerging post-modern world, the drive for authenticity is thwarted by the entire social system in which our lives are embedded. It is not, as has been misrepresented, that the mad are sane and the sane mad – but that we are *all* estranged from the possibilities of authenticity, of living in balance with our psychological, social and ecological surrounds. Perhaps for Laing, sanity may yet be redeemed, but for some, only through a tortuous process of rediscovery, a metanoic voyage a la Jung, *may* it be found. So, for Laing there is still some way back to an authentic being in the world. For the postmodernists this estrangement has become a given condition of existence, and as such, it makes no sense to uphold a distinction between sanity and madness. The terms and their referents should be discarded or at least recognised as being entirely socially constructed, with no biological basis to either. Notions of organic pathology, psychopathology or group pathology are surplus to requirements (Laing and Esterson, 1964). Laing's writings in effect deconstruct the social processes whereby people come to be understood as mad, and for this reason his work has been described by

some (e.g Burston, 1996) as social constructionist, but it is important to remember that for Laing, the terms sanity and madness have real existential referents.

The idea that we are all severely estranged from reality or that there are no longer unequivocal states of sanity or madness, sits uneasily with the managerialist ‘scientific’ goals of clinical psychology which aspire to containment as a viable therapeutic aim, and which today, provides much of the opposition to orthodox psychiatric theory and practice. Within this managerialist climate lie the best hopes for the survival of (pure or post) psychiatry as a branch of medicine. Ironically the superceding of the medical model by the new scientific champions of clinical psychology may postpone the demise of the concept of mental illness, whilst it heralds the destruction of the neo Kraepelinian system that is DSM. But if we are to take seriously the claims of social constructionism and postmodernism and fully appreciate what the social contextualisation of *all* our experience implies there is a different way forward. With it we have a means for making sense of the differential distribution and variety of psychological disturbance by social class (Hare, 1956, Harrison et al., 2001), ethnic group (Littlewood and Lipsedge, 1997) or gender (Brown and Harris, 1978, Ussher, 1991) for example. We may locate such disturbance as a function of the meanings and power relationships which suffuse the lives of people whose existence is marginalised either indirectly by the organisation and institutions of society, or directly by the actions and interactions of others. For example, examination of the contents of auditory hallucinations reveals that these are frequently persecutory and abusive – revelatory not of brain disease, but of literal recorded experience – experience of sexual, physical and verbal abuse that is distressing and difficult to live with (Ellenson, 1986, Nayani and David, 1996, Birchwood et al., 2000). All of these things do occur in families as well as outside them. To deny this, is to deny the real world we live in. The article of faith in modern psychiatry which denies that families or other ‘social systems’ can, and do, drive people ‘crazy’, is an act of collusion with the perpetrators of psychological damage, and an act of mystification on those driven to psychological extremes by them. The postmodern perspective must therefore reclaim literal as well as figurative and symbolic meaning in the utterances and actions of people and not only those people who use the mental health system. Whether it can do this is unclear. Critically however the enterprise must venture beyond the gates of meaning and enact radical alternatives to contemporary management or therapy.

### Critical Psychology

As long as the institutional power base of psychiatry remains untouched, post-modern psychiatry it seems, offers no fruitful way forward – but what of the emerging branches of critical psychology? Here a discourse has arisen which has challenged the traditional modus operandi of doing psychology. Seen by some as feminist and qualitative in its outlook, it has appealed to many who are unhappy with the prevailing positivist status quo, in which the study of meaning has been relegated to a sideshow. A notable footnote in the history of the discipline, Kelly’s (1955) personal construct theory argued for a root and branch takeover of psychology, using both quantitative and qualitative methods, in order to redefine it as the study of persons. Kelly, like Laing, sought to establish a science of persons, but, as Laing abandoned this quest, so too, Kelly’s ship eventually ran aground, as construct theory, increasingly sidelined from mainstream psychology, fell prey to recruits from psychiatry and business, who, no doubt seeking spiritual solace from the *raison d’etre* of their usual occupations - renowned for their respective contributions to human misery - moved in for a feeding frenzy on the decaying corpus of radical psychology.



So in turning our attention to critical psychology, perhaps a key question is whether the goal of a radical science or a radical psychology of the person is now possible. In essence, such a discipline might pose two distinct but related challenges. One poses the question as to how we can live well. The other concerns the type of knowledge that we can construct to enable us to negotiate this task, and understand what it is we are doing. In short, the practice and theory of living. Both of these are bound by the circumstances in which we find ourselves, whether these be described as late or postmodernity.

It can't have failed to reach the attention of generations of psychology students, that while the above are questions which have attracted them to the discipline, and about which the discipline itself raises tantalising hopes of deliverance – nothing is ever forthcoming. At issue is whether anything ever can be if things continue on their present course. Questions have been raised (e.g. Kvale, 1992) about the ability of psychology to adopt a critical postmodern stance – critical that is toward the ruling ideology of consumerism. One reason for this, is that psychology itself as a discipline may well constitute one of the technologies of control, which encourage people to continue consuming and leave unquestioned the current visual, symbolic and material landscape. How to live well in the consumerist self-congratulatory professional psychology of the 21<sup>st</sup> century? Simple - remodel oneself – discursively of course - in the genetic, evolutionary, neurobiological and social constructionist fetishes of self knowledge. This amounts to work, consume, and individuate with identity. An ideology of resignation (Madsen, 1992). In short business as usual. Knowledge as a kind of action without action. And they say (Anderson, 1990) reality isn't what it used to be!

Critical psychology in its rejection of quantitative methodology, has applied social constructionist perspectives to refute the possibilities of objectivity in psychological and social measurement (Berger and Luckman, 1966). Despite the merits of calling our attention to the distorting influences of powerful interest groups in the production and legitimation of knowledge, and how such influence shapes our notions of truth (e.g. universality, freedom from moral values, emotional neutrality; see Roberts, 2001), some have made the grave error of wishing to reject from scientific enquiry, from the domain of the real, the very categories they invoke (e.g. class and gender) to describe the agencies responsible for such distortion. It is difficult to see how something like social class for example can be entirely socially constructed, when dominance hierarchies of various kinds abound in the animal kingdom (de Waal, 2001), and social class gradients in mortality are found for the overwhelming majority of the principal causes of death, in all human populations in which they have been studied (see Marmot and Wilkinson 1999). Here it is not people's construction of the meaning of social class which is shaping the social world – but the fact of social dominance and hierarchy which has real material effects. And yet we find instances where the material and biological reality underlying the system of social stratification is denied. Sherrard (1998) for example – and she is not alone - argues that what is of interest with regard to social class is “solely the subjective judgements of what constitutes class” (p.486). It would be intriguing to ascertain Sherrard's own subjective judgements of the relationship existing between the distribution of wealth and the distribution of health in human societies – in her eyes both entirely socially constructed presumably. Fascinating as it would no doubt be - it would tell us nothing about preventing premature death and ill-health in millions of people worldwide. This type of intellectually bankrupt (Cartwright, 2000) critical psychology with its emphasis on the plurality of perspectives, sits comfortably with the denial of reality, obscuring the plurality of power and its concentration in the hands of the few. In so doing, it rehearses the inability of most psychologists,

whether they follow the methods of the natural or the social sciences, to properly study humans in their biological, cultural and social context. That the cultural context is being invoked to justify what is held to be a *new* critical stance is nothing short of mystification. At least Freud, who was preoccupied with internal reality, had the decency to recognise that what was internalised, began its life in the world outside the psyche. In conversation with Bob Mullan (Mullan, 1995), Laing made it clear that despite the strengths of constructivist arguments, for him, belief in truth and in the world as existent and coherent outside of the immediate human context was essential.

In a volume of collected essays from another critical voice, Dwight Fee (Fee, 1999) we find some of the contributors saddled down with the same rhetoric expressed by postpsychiatrists Bracken and Thomas. An expressed wish to, on the one hand, challenge the positivist-scientific paradigm enshrined in orthodox psychiatry, and on the other, confusion about whether existing clinical viewpoints in psychology and psychiatry can coexist with postmodern critiques. As such, critical psychology seems unsure whether the future lies in seeking a place at the table, drinking with the devil, or to call for the rites of exorcism. Any dialogue it seeks to re-open between notions of trauma and mental illness, which does not call for the abolition of the concept of illness in the psychological domain, is one all psychiatrists will be happy to live with. With an ambiguous stance on these fundamental issues, the critical psychology of late has yet to pose a serious challenge to the focus group wielding, drug dispensing, corporate powers of business, government and medicine - with a nod to Illich (1976), what we might call the medical industrial complex.

The elaboration of minority identities and voices, at the cost of a deeper analysis of the role of political power in shaping psychological reality, mirrors the errors of the counterculture movement of the 1960's. Then, the realisation that 'the personal is political' led to self-absorption in personal therapy, the runaway growth of therapy culture, and neglect of effective political action against the common social structures, institutions and processes that generate much psychological damage in the first place (Curtis, 2002). Hearing minority voices of course can be a necessary step towards empowerment – but unless liberation from socially produced oppression is the goal, members of oppressed groups; women, disabled people, ethnic minorities and psychiatric service users - those whose narratives now fight for a place at the psychologists' table (and note the exclusion of social class from this narrative agenda) - all run the risk of finding that emancipation has been replaced by participation. Their allotted role in the countless new studies exploring their socially created selves, is to provide another landmark in the course of mapping out career trajectories for those psychologists who find, in the new exploration of meaning, the most effective route to career nirvana – enhancement of job status. A thoroughly postmodern position that gives credence to Lyotard's view that the name of the game is the pursuit, not of truth, but power (Kvale, 1992). Postmodern approaches presuppose the vacuity of meta narratives, but devoid of a meta narrative of justice or liberation from oppression, or of a real self which suffers, what other ends are being served by this obsession with local narrative? And what use is local narrative anyway, if what is represented in its name does not resemble what is locally true? Little wonder that many who wrap themselves in the flag of social constructionism have been accused of adopting a stance which is anti-humanistic (Gergen, 1995).

To date, users of the mental health system have largely escaped the attentions of the new breed of critical psychologists. Parker et al.'s (1995) deconstruction of psychopathology and its surrounding professional entourage is a notable exception, cautioning us that a distinction between lay and professional knowledge is currently untenable. This is because lay knowledge is constructed in the midst of mass socialisation into the biomedical 'reality' of psychiatric illness

whilst psychiatric language itself is “*thoroughly embedded in cultural practices of one kind or another*” (p.57). These ideas find empirical support from Agnew and Bannister (1973) who have empirically demonstrated the overlap between lay language and the pseudo scientific linguistic constructions of diagnoses. Using personal construct theory, their results indicated psychiatrists demonstrated no greater reliability or stability in using diagnostic terms, than they achieved with everyday language. In Michele Crossley’s (2000) version of critical health psychology however, the failure of the public to wholeheartedly endorse anti-psychiatric and social constructionist accounts of mental health and illness, is interpreted with considerable largesse in favour of the status quo;

*“...is it not somewhat hypocritical and naive to simply conclude as Parker et al. attempt to do, that critical ..psychology’s viewpoint constitutes a better understanding than the views of the users themselves. (or indeed, of psychiatry, clinical psychology?) (p.127)*

Given the level of lifetime exposure to the propaganda products of the biomedical industry, it would be remarkable indeed, if at this moment in history, many mental health services users, past and present, had not *already* swallowed the biomedical party line of brain chemistry gone awry. Most have heard this mantra chanted regularly by their general practitioners and psychiatrists. It is disappointing, to say the least, that concepts of stigma, labelling or internalised oppression which might go some way toward explaining users’ adherence to the traditional model, have not occurred to someone who situates their work within a critical psychological framework. Does Crossley believe then, that critics of the pornography industry for example, are incorrect when they assert that the women working within it are being exploited, simply because there are women who earn their living from it who deny this? It goes without question, that people on the receiving end of oppressive practices have much that is of value to teach us. However ‘the inside view’ may also at times be clouded by the detrimental effects of life at the sharp end, and the view from outside offer greater clarity. It must be a matter of judgement in each concrete situation where the greater wisdom lies, and not something to be decided solely on the basis of who is saying it.

It is of particular interest then, and perhaps an indication of something more hopeful, that other commentators (Crossley, 1998), see in the psychiatric users movement, the most enduring legacy of Laing’s work. Laing it is contended, was instrumental in bringing the user movement into being, by providing a platform for, and by giving a voice to, a group which until then had been effectively silenced by both theory and practice. In effect he helped create the conditions for a radical sea change in the nature of discourse on mental health and illness. This may yet come to be seen as a turning point in the history of ideas, setting in motion an inexorable decline in the medicalised view of madness. At present the areas of immediate concern within the psychiatric users movement are pragmatic; to get their voices heard on how users experience the mental health system and the ‘treatments’ it offers, to offer perspectives on the causes of distress and to ask what it is that people seeking help, want from mental health services (Read and Reynolds, 1996). Read (1996) has already called for greater information, choice and accessibility of services, advocacy, equal opportunities, income and employment, self-help and self-organisation.

The longer term challenge for the user movement lies in deciding between the strategic path of improving mental health services within the constraints imposed by current definitions of mental health, and of aiming to transform the meaning of mental health and with it, the place of psychologically disturbed individuals in society (Campbell, 1996). Whether critical psychology will contribute anything effective to this or any other political struggle is far from clear (Raskin,

2002). In order to assist in any practical project, a coherent underlying philosophy is essential, and while critical psychological approaches have proliferated, they have yet to produce a dominant coherent epistemology. Radical constructivism, epistemological constructivism, hermeneutic constructivism, anti-realism, limited realism, critical realism - take your pick. In contrast, the roots of Laing's work, in phenomenological, existential and Marxist perspectives, provide a firm epistemological footing for radical social change, although it is often forgotten that the theoretical framework which he bequeathed to the user's movement is grounded in a powerful methodology.

Laing's legacy may yet extend beyond the confines of the user movement. The method of social phenomenology he pioneered with Esterson (Laing and Esterson, 1964) to examine the patterns of communication between family members, spanning both current and previous generations, revealed the social intelligibility of what from the outside, had been taken to be pathologically disturbed behaviour and experience. The basic method had as its aim to study each person in the family, the relations between persons in the family and the family itself as a system. This involved many hours of direct observation and tape recording of what people said when alone, and when interacting with each other, and in keeping with the phenomenological approach involved a minimum of interpretation. It has been strangely underused. Recent texts on qualitative methods (Hayes, 1997, Symon and Cassell, 1998), for example, include discussion on life histories, story telling, interviews, conversation analysis, soft systems analysis, template analysis, thematic analysis, grounded theory, discourse analysis and critical incident technique to name but a few. The phenomenological approach is even considered. But *social phenomenology* – certainly not. Most of the applications in fact, involve analysis of an individual's responses independent of the social context in which the data was gathered – which must surely be considered contrary in an approach which attacks positivist science on the grounds of its poor ecological validity. Laing himself remarked some five years after the publication of the first edition of '*Sanity, Madness and the Family*', that no comparable studies had been published since. Sadly, this remains the case today, 40 years later. Given the re-emergence of hermeneutical and qualitative approaches in the social sciences however, one must wonder whether Laing's exclusion from the fold can continue indefinitely. We can see some of the strengths of the method in the following account of 'Paul' taken from '*The Politics of the Family*' (Laing, 1971, p.48).

*"He experiences himself as follows:*

*Right side: masculine Left side: feminine Left side younger than right side. The two sides do not meet. Both sides are rotten, and he is rotting away with them to an early death.*

*From psychoanalysis and other information:*

*His mother and father separated when he was five. His mother told him he 'took after' his father. His father told him he 'took after' his mother. His mother said his father was not a real man. His father said his mother was not a real woman. To Paul, they were both right. Consequently, on the one hand (or, as he would say, on his right side), he was a female male homosexual, and on the other hand (his left side), he was a male lesbian.*

*His mother's father (MF) died shortly after Paul was born. Paul's mother said he took after her father. But the issue of real or not real has been reverberating in the family for several generations. His mother's mother (MM) did not regard her husband (MF) as a real man. Nor did his mother's father (MF) regard his wife (MM) as a real woman".*

The explanatory power of such an analysis is evident. Again, Laing is arguing that the myriad network of actions, attributions and operations within the family can be reconstructed – not just to deconstruct the apparent ‘madness’ of one family member, but to determine what is actually going on. His project is thus profoundly modernist in character – seeking to unravel the truth of how members of a family are relating to one another. In other words, the intention behind the social phenomenological method, is to reveal something about how human actors engage with each other *in reality*. This has clear practical advantages, in that a person, whose predicament in a given situation involves conflicting attributions and injunctions by various people concerning what is or is not going on and why, or for that matter someone from outside the family seeking to intervene in such a situation, needs a firm ontological anchor for understanding and creating the possibility of resolving the situation for reaching a conclusion in reality, and not just in analysis. Envisaging the world as completely discursive, provides no foundations for unravelling reality from imagination, for discerning what exactly has gone wrong. Though such an analysis may lead to the replacement of one set of discursive practices with another, there can be no criteria for deciding which is best, as this would imply a modernist progressive outlook. A completely relativist framework can do no more than place the constructions of all the agents in relation to each other. Lacking a meta narrative capable of overseeing these, no unambiguous direction for effective action can be signalled. Such a narrative rooted in a discredited biological reductionism and instrumental rationality is of course available. One product of this – labelling, may no doubt provide a spurious comfort to some, for the denial of any responsibility for one’s plight (whatever role one occupies in it.) or how to escape from it is always seductive, but the end result would be further mystification, not clarification. In Habermas’s terms, replacing a biomedical meta narrative with one grounded in social phenomenology would represent a transition from an instrumental rationality to a value oriented one (Jones, 2003). That is, the aims and goals, and the means to achieve these, exceed mere technical striving and by virtue of the role of the investigator-participant, change the situation at the human level.

Laing, as is well documented, moved away from the overtly political arena and the early experiments with therapeutic communities were either abandoned or left to continue without him (Burston, 1996). This is not the place to examine the motives behind these moves or to evaluate the successes or failures of those, and other therapeutic alternatives which he helped provide the impetus for. What is important here, is to remember that Laing provided us with a method of investigation that contained within it, the possibility of a science of the person, a science that sought to unite the alienated and inauthentic with the possibility of our (true) selves. Unlike Freud’s, this was not an instrument of defence, and the rationale behind it can be rediscovered and re-employed.

*“If one could go deep into the depth of the dark earth one would discover ‘the bright gold’, or if one could get fathoms down one would discover ‘the pearl at the bottom of the sea’.” (Laing, 1960, p.205)*

## Conclusion

Laing’s views on sanity and madness, the paths between them and the means for investigating them are modernist in character, in contrast to most contemporary critical approaches which are relativist and postmodern in nature. Attempts by psychiatry to don a critical mantle, scarcely mask a crude attempt to maintain psychiatric hegemony. Outside the psychiatric domain, critical approaches in common with Laing are distinctly hermeneutic in their approach and

question the terms in which the language and practice of biomedical psychiatry deals with its human subjects. In addition, they also recognise the failure of psychiatry to acknowledge and represent mental health system users in a democratic discourse. However fundamental philosophical differences remain which lead to differences in the implications which can be drawn from their respective positions.

To Laing, the self is an active agent in the world, embodied with the possibility of authentic living. Suitably estranged and subject to the invalidating injunctions, operations and mystifications of others, madness as an existential reality as well as a political one may ensue. Thus, it is always more than a mere label. In contrast, the postmodernists, from Foucault onwards (Rabinow, 1984) discern no human nature and no real self. Consequently, sanity and madness exist only as linguistic conventions, which express particular relations of power, in a society which requires the social regulation of people who are deemed troublesome by virtue of their conduct or experience. Trapped in a network of vying claims and counter claims from different protagonists, devoid of meta narratives; of context, justice, liberation, suffering, recovery, authenticity etc, critical relativists and postmodernists are unable to demystify the apparent irrationality on show – as the notion of mystification itself belongs in the modernist context in which it was born. It is thus argued that Laing's work still provides the more secure foundation for a sustained critique of biological psychiatry, and the necessary pre-requisite for a transformation of practice for those in psychological distress.

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