

Sanity, madness & memory: R.D. Laing and the post-modern.

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Abstract

Increasing criticism of the biomedical 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 post modernist streams of thought and Laing's ideas on the nature of self, power and identity. The legacy of Laing's work it is concluded extends beyond the practical and theoretical realms of service user emancipation and the destructive possibilities of social and family life and calls attention to the intergenerational passage of a wider social form of memory in which our collective behavioural past is recalled, re-lived and re-presented from one generation to the next.

Key words: Laing, post modernism, family praxis, social memory

Introduction

Increasing scientific criticism directed not only at the reliability and validity of psychiatric judgements (Slade & Cooper, 1979; Boyle, 1990, 2002) but also at the efficacy of pharmacological and other 'treatments' – the very foundations upon which the theoretical edifice of biological psychiatry has been erected (Moncrieff, 2008; Bentall, 2009) – have produced a picture of a conceptual system adrift from the mainstream of science, sinking under the dead weight of unfalsifiable constructs. These conceptual shortcomings go hand in hand with the failure of biochemical, genetic and neuroimaging data to provide convincing evidence that schizophrenia – the exemplar psychiatric entity – should be conceptualised as a brain disease (BPS, 2000). In addition psychiatric research has been criticised for its poor methodology, unwarranted assumptions, circular argument, sloppy inference, inappropriate statistical analyses and a serious failure to acknowledge valid criticisms from other fields (Bentall, Jackson & Pilgrim, 1988; Joseph, 2003, Bentall, 2004). To add to these woes, the conventional narrative underpinning the development and emergence of psychiatry as a modern scientific enterprise has also been challenged (Boyle, 2002; Read, 2004; Read & Masson, 2004). With a growing body of work now premised on dissatisfaction with the biological status quo, the climate is apt for a reappraisal of Laing's work.

Based on ideas drawn from Sartre's (2009) *Critique of Dialectical Reason*, Laing and colleagues sought to investigate the nature of action (praxis) and inference, which occurred in families in which someone had been diagnosed with 'schizophrenia'. The fruits of this research led Laing to champion a paradigm shift "no less radical than the shift from a demonological to a

clinical viewpoint 300 years ago” (Laing & Esterson, 1964: p. 13). It need hardly be said that the conceptual great leap forward did not materialise, not in psychiatry anyway. However, in the surrounding human sciences, there have been seismic shifts in the conceptual appraisal of the human situation encompassing critical theory, structuralism and social constructionism. One of the enigmas of post-modern critical psychology lies in the continued, and arguably deliberate, neglect of Laing’s work. His name has been virtually expunged from contemporary accounts of the crisis in psychiatry and yet his presence lurks in the shadows of contemporary critiques of psychiatric theory and practice. Invocations to examine the social context, to recover and discover meaning in the behaviour and experience of the mentally disturbed, is today the rallying cry of those who posit, not the anti-psychiatry attributed to Laing and his followers, but ‘post-psychiatry’. Consider the following:

“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 ... Post-psychiatry opens up the possibility of working with people in ways that render the experiences of psychosis meaningful rather than simply psychopathological” (Bracken & Thomas, 2001: pp. 726-727).

Compare this with Laing, speaking at the Dialectics of Liberation conference 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 it from the unsuccessful attempts of the 1960's to develop a science of persons and redraw the parameters of psychiatry?

Post-Modern Psychiatry

‘Post-psychiatry’ is the latest neologism bequeathed to us from the world of post modernism. Like its linguistic relatives, it transports 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 generations, a vicious material return of the repressed. ‘Post-feminism’ is debated in a world in which women vie to sell their bodies in the deregulated multimedia pleasure industries (Sanders, 2005). ‘Post-industrialisation’ surfaces in a landscape

suffused with material iniquity, unequal wealth and death manufactured with celebrity endorsement, and cheap dangerous industrial production relocated to the ‘enterprise zones’ which comprise the once unspoilt vestiges of the developing (underdeveloped) world. And for the chattering classes, comes ‘post psychiatry’ – the latest commodity discipline to herald the death of the modernist world and perhaps the death of reality with it¹. This exercise in post-philosophising constitutes nothing less than the dematerialisation of the extant world in favour of an interiorised world of ideas. Laing would no doubt have considered this an act of mystification, one entailing:

“... 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 ... is unable to see the authentic conflict...He may experience false peace, false calm, or inauthentic conflict and confusion over false issues.” (Laing, 1965: pp. 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 post-psychiatry of Bracken and Thomas, it is nigh impossible to find signs of conflict, or discrepancies in power. Instead, what we *are* offered is yet more psychiatry. For them post-psychiatry:

“... 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.” (Bracken & Thomas, 2001: p. 727)

So it’s clear post-psychiatry will bring no liberation and no end to psychiatry – just lip service to the “philosophical aspects of mental health care,” an acknowledgement ‘post-Laing’ that people’s problems do mean something but ‘keep taking the tablets’ anyway. So, despite having earlier (Bracken & 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 they continue to countenance any role for medicine and drug-wielding psychiatrists, in any imagined ‘alternative’ to current arrangements. They appear blind to the “sacred” role which schizophrenia plays in the legitimization of psychiatry as a pseudo-medical discipline (Szasz, 1979), and that without this status there would be no justification for it. As Szasz (1988) and others have made clear, simple acts of talking and listening – activities which form the essential core of psychotherapeutic activity are not technical aspects of a scientific medicine. For Bracken and Thomas to call for an end to current psychiatric practice, and for the de-

medicalization of psychological care – welcome as this would be – would therefore be akin to turkeys voting for Christmas. The result of post-psychiatry is thus more confusion than enlightenment and, as a brand of psychiatry, nothing new – as some orthodox commentators have acknowledged (e.g. Smith, 2001). There is more than a passing resemblance to the exotic, trans-cultural psychiatry peddled by Littlewood and Lipsedge (1997), who find meaning in the madness of their ethnic minority patients, but seem unaware that the cultures and meanings pervading the lives of their ‘psychotic’ non-ethnic, white, working class, patients, inform their everyday behaviour and distress too. Like their racist psychiatric forebears, psychiatric disorder in black people is different – symptoms, causes, ‘meanings’, only now ‘culture’ is the villain. With ‘black culture’ rendered psychologically toxic as white culture escapes censure, trans-cultural psychiatry raises the stakes in psychiatric racism. Championing the discovery of meaning in madness and nothing more constitutes social constructionism on the cheap. Stripped of rhetoric, the function of post-psychiatry is a public relations exercise, tolerated by the gatekeepers of institutional psychiatry in the hope that 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 post-psychiatry or trans-cultural psychiatry that is needed but *no* psychiatry. If psychology, as Smail proposed, is the “greatest intellectual confidence trick of the twentieth century” (Smail, 2005: p. 56) then psychiatry is its big brother.

Laing and the Post-Modern

Laing’s rejection of the Kraepelinian system so eloquently criticised in *The Divided Self* (Laing, 1960) is the starting point for his contemporary relevance for post-modern theory. Laing recognised that the human condition is not reducible to a depersonalised natural scientific description. What he saw as ‘outside the investigative competence of the natural sciences’, included, as he 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)

For a genuine understanding of human experience to emerge, it must be contextualised, whether in dyadic relationships, the family, culture, history or the micro and macro institutions of society. Removed from the social context in which they arise, responses to distress risk being misconstrued as pathology. Laing’s early work contextualised the self in relation to others (Laing, 1961), an idea congruent with contemporary analyses of identity. For post-modern theorists however, and in this 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 social space-time

(Appignanesi & Garratt, 1996). In Baudrillard's (1994) terms, it is a simulacra; a simulation of a self that never existed in the first place. Here, the Laingian dichotomy of true versus false self is superfluous. The modernist search for authenticity has been abandoned, unnecessary in the consumer hyper-real post-modern world, where the distinction between real and manufactured identities is superfluous – witness the triumph of spin, public relations, deception, celebrity, marketing, virtual reality, virtual warfare (Baudrillard, 1995), and public image, a veritable cornucopia of false selves for our edification and consumption. It is ironic therefore to find Jenner (2001) taking issue with Laing's view of the self, because in the contemporary mirror of illusions that constitutes our society, we would all struggle to discover a true self. Having pointed to the futility of the false self, Laing's later search for meaning in Buddhism may point to a realisation that the seductions offered by a belief in a 'true' self were also illusory.

With this in mind, we can see Laing's move from the existential-phenomenological analyses of *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 follow in the direction of post-modern ideas on the production of identity. Individuals trapped in the dysfunctional dynamics of the nexus of relationships that is the family, are psychologically fragmented, lacking in ontological security (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 previous analyses, it is a logical recognition that in the emerging post-modern world, the drive for authenticity is thwarted by the social system in which we 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 living in balance with our surrounds. Perhaps for Laing, sanity may yet be redeemed, but for some, only through a tortuous process of rediscovery, a metanoic voyage à la Jung, *may* it be found. So, for Laing, an undefined authentic being in the world was still possible. For the post-modernists, estrangement has become a given condition of existence, and, because of this, it makes no sense to uphold a distinction between sanity and madness. These terms, and their referents, are rooted in social constructions born of the system of extant power relations. Notions of organic pathology, psychopathology, or group pathology are thereby surplus to requirements. What Laing's writings do, in effect, is 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, though it is important to remember that for Laing, the terms sanity and madness remained meaningful existential reference points.

The idea that we are all estranged from 'reality', or that there are no unequivocal states of sanity or madness, sits uneasily with the managerialist 'scientific' goals of clinical psychology that aspires towards containment as a viable therapeutic aim, and which, today, provides much of the opposition to orthodox psychiatric theory and practice (Smail, 2005). Within this managerialist climate lie the best hopes for the survival of psychiatry, as a branch of medicine. Ironically, the abandonment of a strictly medical model by the scientific champions of clinical psychology may postpone the demise of the concept of mental illness, even whilst it heralds the destruction of the neo-Kraepelinian system enshrined in the DSM. But, if we are to take seriously the claims of social constructionism and post modernism and fully appreciate what the contextualisation of *all* our experience implies, there is a way forward. These conceptual tools allow us to make sense of the distribution and variety of disturbance by social class (Hare, 1956; Harrison et al., 2001), ethnicity (Littlewood & Lipsedge, 1997) or gender (Brown & Harris, 1978; Ussher, 1991) for example. We may locate such disturbance as a function of the meanings and power relationships that suffuse the lives of people whose existence is marginalised, either indirectly by the organisation and institutions of society, or directly by the actions of others. The post-modern perspective must therefore claim literal, as well as figurative and symbolic meaning, in the utterances and actions of people and not only those who use the mental health system.

Critical Psychology

As long as psychiatry's institutional power base remains untouched, post-modern psychiatry offers no fruitful way forward – but what of critical psychology? Here a discourse has arisen to challenge the traditional modus operandi of doing psychology. Seen by some as feminist and qualitative in its outlook, it has appealed to those unhappy with the positivist status quo. A notable footnote in the history of the discipline, Kelly's (1955) personal construct theory, argued for a root and branch take-over of psychology, using both quantitative and qualitative methods. 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'être* of their usual occupations - renowned for their respective contributions to human misery and greed moved in for a feeding frenzy on the decaying corpus of radical psychology.

Not surprisingly therefore, concerns have been raised (Kvale, 1992) about the ability of psychology to adopt a critical stance toward the ideology of consumerism. One reason for this is

that the discipline occupies a pivotal position in promoting the visual, symbolic and material landscape that underpins it. In what amounts to an ideology of resignation (Madsen, 1992), the question of how to live in the economically and ecologically ravaged world of the early 21st century is answered by consumerist self-congratulatory psychology with a rejoinder to remodel oneself – discursively naturally – in the genetic, evolutionary, neurobiological and constructionist fetishes of self-knowledge. Currently, critical psychology has yet to realise its possibilities as a radical alternative to the prevailing status-hungry and money-chasing orthodoxy. True, it has refuted the possibilities of objectivity in psychological measurement (Berger & Luckman, 1966), and called our attention to the distorting influences of power in the production and legitimization of knowledge (e.g. the distortions of ‘truth’ enshrined in the principles of universality, freedom from moral values and emotional neutrality; Roberts, 2001), but it has also contemplated a rejection of scientific enquiry, removing from the domain of the real, the very categories invoked (e.g. class and gender) to describe the agencies responsible for such distortion. How can class, for example, be entirely socially constructed, given the ubiquity of dominance hierarchies in the animal kingdom (de Waal, 2001), and the presence of pronounced class gradients in mortality in all human populations studied (Marmot & Wilkinson 1999)? Here, it is not people’s construction of the meanings of social class which shape the world – but the real material effects of social dominance. Still, we find instances where the material and biological reality underlying the system of social stratification is denied. Sherrard (1998: p. 486) argues that what is of interest is “*solely the subjective judgements of what constitute class.*” Such intellectually bankrupt (Cartwright, 2000) critical psychology, with its emphasis on the plurality of perspectives, denies reality, and obscures the workings of power and its concentration in the hands of the few. It rehearses the inability of most psychologists, whatever methods they favour, to properly study humans in their biological, cultural and social context. That this obscurantism is held to be a *new* critical stance amounts only to further mystification. Laing was adamant 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 (Mullan, 1995).

In a volume of critical essays from Fee (1999), we find some of the same tired rhetoric espoused by Bracken and Thomas – an expressed wish to, on the one hand, challenge the positivist-scientific orthodoxy in psychiatry, and, on the other, confusion about whether existing clinical viewpoints can coexist with post-modern critiques. Critical psychology thus seems unsure as to whether the future lies in drinking with the devil, or embarking on the rites of exorcism. Any dialogue it seeks to re-open on the relationship of trauma to mental illness, which maintains the language of ‘illness’, is one that all psychiatrists will be happy to live with. Bentall’s (2009) calls

for a new scientific anti-psychiatry, while doing precisely this, illustrates the nature of the problem. With an ambiguous stance on these fundamental issues, critical psychology will be unable to seriously challenge 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 how political power shapes psychological reality, mirrors the errors of the counter-culture movement of the 1960s. Then, ‘the personal is political’ led to self-absorption in therapy, the runaway growth of therapy culture, and neglect of effective political action against the social structures, institutions and processes that generate so much human unhappiness (Curtis, 2002).

Hearing minority voices is, of course, a necessary step towards empowerment – but unless liberation from socially engineered oppression is the goal, members of oppressed groups; women, disabled people, ethnic minorities and psychiatric service users – those whose narratives fight for a place at the psychologists’ table (note the exclusion of class from this narrative agenda) – run the risk that emancipation will be replaced by participation; their allotted role in the studies exploring their socially created selves an assist in mapping out the career trajectories of psychologists who have found, in the new exploration of meaning, the most effective route to *career nirvana* – enhanced job status. Post-modern approaches presuppose the vacuity of meta-narratives, but devoid of a meta-narrative of justice or emancipation, what other ends are being served by this obsession with local narrative? 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 post-modern flag have been accused of adopting an anti-humanistic stance (Gergen, 1995).

To date, mental health system users 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 against a distinction between lay and professional knowledge; this is because lay knowledge is constructed in the midst of mass socialisation into the biomedical ‘reality’ of corporate psychiatry whilst psychiatric language itself is “*thoroughly embedded in cultural practices*” (p.57). These ideas find empirical support from Agnew and Bannister’s (1973) empirical demonstration of the conceptual overlap between lay and pseudo scientific psychiatric language. In 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” (p. 127).

Given a lifetime of exposure to biomedical industry propaganda, it would be remarkable indeed, if many service users, past and present, had not *already* swallowed the party line of brain chemistry gone awry. 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 framework. It goes without question that people on the receiving end of oppressive practices have much to teach us. However, 'the insider view' can also be clouded by the detrimental effects of life at the sharp end. It is surely a matter of judgement in each concrete situation where the greater wisdom lies. Truth cannot be decided solely on the basis of who declares it.

It is of interest then, and somewhat more hopeful, that other commentators (Crossley, 1998), see, in the users' movement, the most enduring legacy of Laing's work. Laing was arguably instrumental in bringing the user movement into being, by providing a platform for, and giving a voice to, a group which hithertofore had been effectively silenced by both theory and practice. The changing nature of discourse on mental health which this signals, may yet be seen as a turning point in the history of ideas, a way-station on the way to an inexorable decline in medicalised madness. At present, the areas of immediate concern within the psychiatric users' movement are pragmatic; to raise their voices on users' experience of the mental health system, to offer perspectives on the causes of distress, and to ask what people want from mental health services (Read & Reynolds, 1996; Read, 1996). The greater challenge for the user movement lies in choosing between the strategic path of improving services within existing constraints and one of curtailing psychiatric power and transforming the meaning and place of psychological disturbance in society (Campbell, 1996). Whether critical psychology will contribute anything effective to this or any other political struggle isn't 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. However, with radical constructivism, epistemological constructivism, hermeneutic constructivism, anti-realism, limited realism, critical realism – not to mention the phenomenological, existential, psychoanalytic and Marxist perspectives of Laing's work – there is an undoubted excess of philosophy to sustain any epistemological shunt toward radical social change.

Laing, Madness and Social Memory

Laing's legacy may yet extend beyond the confines of the user movement. The methodology he pioneered with Esterson to examine the patterns of communication between family members, spanning both current and previous generations, revealed the social intelligibility of what had

previously been considered pathological 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. It involved hours of direct observation and tape recording of what people said when alone and when interacting with others, and in keeping with the phenomenological approach involved minimal interpretation. It has been strangely underused. The outcome was a conclusion stated over four decades ago (Laing & Esterson, 1964: pp. 11-12);

“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.”

For Burston (2000), Laing’s analysis of family process / praxis is his best work. Regrettably, it still languishes in obscurity, maligned, misrepresented and misunderstood, a threat to the purveyors of psychiatric truth. It is regrettable that Laing’s personal troubles, misdemeanours and equivocations about psychiatric treatment have detracted from the considerable theoretical and practical significance of his work with families. Not only does the delineated correspondence between disturbed ideation/behaviour and patterns of group/family interaction provide a clear basis for a deconstruction of ‘mental illness’, it also destabilises belief in the merits of a socially sanctioned normality. In considering the reoccurrence of such patterns through successive generations, Laing’s social phenomenological method also opens a window on the functioning of social or collective memories. Consider 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 analysis is evident. 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 and has been going on through

time. The project is thus an historical one of recovering family memory. Profoundly modernist in character, the intention behind the method is to reveal something of how human actors engage with each other *in reality*, reconstructed from their *memory in action*. Envisaging the world as wholly discursive provides no foundations for unravelling reality from imagination. Though such analysis may lead to the replacement of one set of discursive practices with another, there can be no ostensible criteria for deciding which is best, something which of itself would imply a progressive modernist outlook. A completely relativist framework can do no more than place the constructions of all agents in relation to each other. Lacking a meta-narrative, 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 – the denial of responsibility for one’s plight or how to escape from it is always seductive, but the end result would eschew genuine liberation. 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), thereby eschewing technical striving and control in favour of the investigator-as-participant working directly at the human level.

Reading Laing as an explorer of social memory is a further challenge to the tradition of locating memory solely in the brains and bodies of individual organisms. Within the social sciences there is now an increased appetite to relocate memory processes to the wider social and political world, a tendency particularly marked since the collapse of the Berlin wall and the reappearance of modes of thought buried under decades of communist rule (Hewer & Kut, 2010). Memory can now be envisaged as a reconstruction that flows through people’s interactions with each other, with institutions, places, monuments, and information archives. This is an active ongoing process subject to continued negotiation, renegotiation and contest at all levels of social grouping. Thus, how a nation recollects its past and orients itself to the future (e.g. Liu & Hilton, 2005) is in principle no different from how any smaller grouping such as an organisation, institution, community or family *organises* its own identity and *raison d’etre*. The same processes of affirmation, avowal, disaffirmation, denial and forgetting (Connerton, 2008, 2009) can be found wherever one looks in the social hierarchy. The brute excesses of totalitarian repression, witness Primo Levi’s appraisal of the history of the Third Reich as a “war against memory” find parallels in the dynamics of organisations and families whose existence as a self-proclaimed entity depends on a falsification of what is said and done within and beyond its confines, i.e. how the past is represented in the present. The sanitised official history of psychiatry itself can be contrasted with its narrative shadow, which emphasises not only its role in the holocaust, but also its historical

mission to accrue power. It is an alternative narrative that points to the accepted collective memory as revisionist.

Laing's emphasis on the intergenerational re-enactment of specific family identities, power roles and psycho(social)-dynamics across time points to an aspect of social memory, which has not always been made explicit, that the recollection, recall, reliving and re-embodiment of the past in the present is often more unconscious than conscious, present more in behaviour than conscious awareness – a memory transmitted through the learned patterns of relating between members. To elaborate, such identities as may reoccur across generations of families, embodied in different individuals who may carry family role traditions e.g. the black sheep, the clown etc. may be nothing more than the behavioural tip of a memorial iceberg that has travelled downstream generation after generation. Marx's noted references to the repetitions of history, not only concerned his descriptions of the broader human tragedy recycled as farce, but also alludes to a possible mechanism by which it does so: by the "nightmare" weight of "*the tradition of all dead generations... upon the brain of the living*" (1852/2006: p. 15). These are the dynamical (unconscious) processes of collective memory writ large and we as its carriers are, as film-maker Adam Curtis (1995) so aptly described, the vehicles for "the living dead." Each recurrent family / community / national / or international tragedy can thus be considered as a remembering /re-enactment of a collective behavioural past and an unhappy failure to break free from it. This 'repetition–compulsion' present in the social sphere is a cornerstone of Laing's psychoanalytic analysis of family roles, identities and relations, both within and between generations. An added strength of it is that it constitutes a structural framework suitable for the analysis of larger social entities, all the way up to a geopolitical analysis of the history of the family of nations. Family relations have much in common with international relations (Roberts, 2007) and individual trauma likewise with social catastrophe. The conscious and unconscious activity of all traumatic remembering may therefore be envisaged as the same dynamic process at work whether these actions flow through an injured individual, or constitute the dynamics of family, institutional, national or international history. Thus it might make sense to consider the total world system (Laing, 1968) within which all social organisation is captured and all power flows, not only as the level of abstraction where all contradiction is reconciled but also as the repository of all human memory. Lovelock proposed the Gaia hypothesis to bring us to see the earth as a living organism – Laingian psychodynamics of intergenerational memory may give us a look inside the mind of the greater human presence on the planet. Thus buried in the "depth of the dark earth" may be an altogether different vision of the "the bright gold" of humanity, one which from our present perspective is still "fathoms down"(Laing, 1960: p. 205).

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Endnotes:

ⁱ An act of murder according to Baudrillard (1996).