Laing on Sanity, Liberty and Freedom-2015

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Individual agency and freedom underpin Laing's approach to sanity and madness. In this chapter, I want to explore these ideas within a context of the history of ideas and will stress Laing's strong belief in the value of individual freedom. Not only does this concern existential-phenomenological freedom but significantly involves political freedom in the liberal democratic tradition, resonating in particular with the British philosopher John Stuart Mill's classic 1859 essay *On Liberty* (Mill, 2002).

There Mill stresses the intrinsic value of individual political freedom and sees the inherent dangers of the tyranny of the majority. This goes beyond the results-driven utilitarianism that Mill also advocates—the greatest happiness for the greatest number. For Mill, the state has no right to intervene in people's lives and coerce them for their own good if they are not harming others. (Also related is how high the bar is for 'harm' to others—Mill's view was that harm meant way more than offence or hurt feelings that has come to be part of our contemporary politically correct culture). For Laing doing things to the patient for their own good goes against the value of individual freedom.

But why is individual freedom such a central value? There are both principled and utilitarian reasons. On utilitarian grounds alone, it is all too easy to harm others; what is "for your own good" is difficult if not impossible to decide, as things so easily go wrong. The voice of the patient may not be factored into an increasingly technocratic calculus.

According to Laing, sanity and madness involve a radical disjunction - a disjunction between a person who by common consent is sane and one whom common consent ascribes that radical difference. As Laing asserts in *The Divided Self*,

> The kernel of the schizophrenic's experience of himself must remain incomprehensible to us. As long as we are sane and he is insane, it will remain so... we have to recognize all the time his distinctiveness and differentness, his separateness and loneliness and despair (Laing, 1960, p. 38).

What kind of difference? In his psychiatric classic, *General Psychopathology*, Karl Jaspers declares that an 'abyss of difference' characterizes the relationship between a sane person, exemplified by a psychiatrist, and a psychotic. Jaspers asserts that there is an unbridgeable gap between them and that such patients are 'ununderstandable' (See Kirsner, 1990).. Or as Eugen Bleuler, the Swiss psychiatrist who invented the term 'schizophrenia' in 1908, puts it, schizophrenics were stranger to him than the birds in his garden (Laing, 1960, p. 28). The idea of an unbridgeable gulf between sane and insane is alien to Laing's sensibility who always questions the distinction between us and them, I suspect this was rooted in the fact that, as it happened, Laing was able to hear and potentially understand a peculiarly broad range of experience.

Laing's starting point is that psychotics and sane people live along a continuum. The difference is not of kind but of degree. Laing assumes that all humans are agents who choose their actions in some way or other. His existential approach means that we understand or decipher the experience and meaning in the actions of a psychotic instead of viewing the actions as mechanisms. Thus, for Laing whatever their sanity, the behaviour of human beings is not the resultant of mechanisms or impulses but, more than is normally assumed, emanates from choices.

Moreover, human beings are almost always in relationship, and these relationships have considerable impact upon perceptions and self-perceptions. Communications through language should be interpreted as potentially intentional, even where the communications appear to be meaningless. Such meaning relates not just to an inner world but also to family relationships and communications. As Laing suggests,

> Sanity or psychosis is tested by the degree of conjunction or disjunction between two persons where the one is sane by common consent.
> The critical test of whether or not a patient is psychotic is a lack of congruity, an incongruity, a clash, between him and me.
> The 'psychotic' is the name we have for the other person in a disjunctive relationship of a particular kind. It is only because of this disjunction that we start to examine his urine,

> and look for anomalies in the graphs of the electrical activity of his brain (Laing, 1960, p. 36).

It matters how we approach a person, which conditions how we see them and how they act towards us. Sanity and insanity are consensual issues. The clinical examples in *The Divided Self* bring a different view and interpretation to the same phenomena that psychiatrists see as behaviour of organisms with a disease in a way that makes intentional sense or meaning. Laing liked to quote Robbie Burns: 'A man's a man for all that'.

The term 'sanity' goes back through Middle French, 'santé' (health) and further back to Latin 'sanus', 'sound', 'healthy'. It meant the ability to flourish as a whole person, both mentally and physically. Insanity involves being impeded by oneself, even if others influence that blocking. This is more global than distress and particular neurotic behaviors. Etymologically, sanity has a sense of appropriateness, of wholeness, of robustness. Healing has sense of health or wholeness. This has a sense of being able to deal with the environment, other people, what presents itself so as to be in an optimal condition to work and love.

Laing did not have a theory of sanity as such. Just as Freud didn't have a theory of normality but rather of neurosis Laing's emphasis was on mental distress and its relation to insanity.

Laing saw himself as practicing along the mainstream line over time of the humanistic tradition of medicine. As the interviews with Bob Mullan confirm, Laing saw himself at least clinically, as a 'conservative revolutionary', involving a revolution that brings in the old values. He identified with the 'older humanitarian clinicians' who saw patients under their care and protection and were sceptical of the new modes of automatic medications, electric shock and lobotomies. Early in his career in the army and psychiatry and neurology wards, he recalled that when he was asked to consult, 'the expression they would use would be- 'well, Ronnie's very conservative'" (Mullan, 1995, p. 107). Conservatism in Laing's case in this context means not abandoning some fundamental precepts handed down through the western tradition in particular, and being socially libertarian, respecting individual choice.

Indeed, Laing was like a nineteenth century humanist who saw that humans were agents and not necessarily beyond all reason. Instead he thought it was necessary to reframe and extend the concept of reason in a similar fashion to how Freud reframed and teased out the

consequences of the ego not being master in its own house. That, I think, was an important part of the attraction of Freud whom Laing considered to be a hero of the underworld (Laing, 1960, p. 25).

Respect for the agency of the patient is a critical value in its own right here—that is to optimize their rights and abilities to make their own decisions, and to see a decision made for another person as inferior to a decision that the person makes himself or herself, even if it is the same decision! That is, there is a premium in the liberal enlightenment tradition of *autonomy* that I believe Laing taps into. On an individual level, I can have authority over my actions. On a collective level, we can say, as Jean-Jacques Rousseau suggests, that democracy is better than other systems not simply because of its generally better results but because it is in an important sense 'ours'. We own it in principle. The focus in modern philosophy beginning with Descartes' 'Cogito ergo sum', 'I think therefore I am', began with the individual and continued into the enlightenment with natural and inalienable rights, social contracts rooted in the individual, and the came to be a default emphasis starting from the individual and siding with him or her, sceptical of the inroads of religion, the state or the collective. Methodological individualism where one began with the individual and how they saw the world and their choices rather than methodological collectivism of the from Durkheim and Marx to communism, identity politics and political correctness, all of which assume knowledge of the individual way beyond their choice and experience.

Mill's idea that 'each is his own best judge' is a pretty good default modus operandi. People are good enough in themselves and don't have to be changed by experts or society, and if they are, it is likely to be in the wrong direction. But, according to Mill, even if we aren't ideal, it's not only far riskier to take over individual autonomy, but also helps render us supine and uncreative.

Laing's lecture, 'My approach to psychiatry', delivered in London on 24 May 1977, is particularly germane to his approach to sanity and insanity (Laing, 1977). Unfortunately, the transcript is not publicly available but I will cite some salient points. The lecture delineates what I consider to be at the heart of Laing's sensibility on these subjects. Now, more than forty years later, for many reasons including Laing's contributions, I think there is a far more

diverse mental health scene despite much mainstream thinking that Laing remained critical of.

Laing speaks in the lecture of our sense of distress when we are in a position of not being able to fend for ourselves and thus fall into the position of 'being at the mercy of other people'. This applies not only to say childbirth or being old and frail but obviously extends to severe mental illness.

Laing confesses to having no solution to the dilemma of how to deal with such interfaces and illustrates it with a vignette about a friend who introduced group therapy into his psychiatric unit. His friend told him the story of a woman with phobias who was prescribed group therapy but couldn't bring herself one morning to go into the therapy room. Laing continues,

> On the contrary, she ran out the door of the ward that was usually shut, and made off down the corridor and was pursued by the staff. She was brought down with a tackle and carried back to the ward, and given an injection, intramuscularly, of tranquiliser. And it acted in about half an hour so that she was able to walk into the group therapy room and participate in the last forty minutes of the group therapy, which she wouldn't have been able to do without that injection. So he was putting to me, 'Well, we give tranquilisers and electric shock if necessary to bring people to the position that they're able to get help from people like you'.

Laing explains:

> I wouldn't have gone after her down the corridor, I wouldn't have ordered injections for her, and so on, He simply says to me. Well, that seems to me that you have abdicated your medical responsibility… This lady is overwhelmed by anxieties which are obviously coming up from her … hyperactive midbrain .. and you're refusing to give her insulin, as you might give a diabetic… (It would) enable her to be in a state of mind that she wants to be in anyway, such that she can enter the room and participate in group psychotherapy.

Laing cites another example of a seminar with senior psychiatrists where Laing described a scenario in which if he were psychotic he could be certified, given tranquilisers and electro-

shock even if he wasn't doing harm to anyone. Laing regards this as ominous and really frightening. The psychiatrists say he is paranoid. As Laing puts it,

> But that's… about as far as… the actual dialogue, can go. Because I say I'm absolutely shit-scared at that, and they say I'm paranoid and that's the end of the discussion.

Whenever Laing describes the phenomenological, existential or ontological presuppositions behind psychiatric practices, he says,

> Then it all seems to them to be just a lot of nonsense, just a lot of words. And I don't see how to get past that… It doesn't cut any ice with those people who don't accept that such a problematic exists. And it's so easy then for them to say that all of those people who don't necessarily agree with me, but agree that I'm talking about something that concerns them, are all members of some sort of clique or cult, or some sort of walled off peculiar attitude of mind. That's one reason I've objected so much to us collectively and individually being called "anti-psychiatrists". In objecting to this sort of attitude I certainly feel that I'm objecting to it on the basis of the mainstream intellectual Western tradition, not some localised and temporary and transient peculiar queer fashion…
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> (This tradition) has never allowed us to say that we are simply lumps of physical stock, that when something appears to be the matter with our emotions or our minds or our intentions, our motives and so on, that's not all to be dealt with by a chemical infusion into the body whether we like it or not.

In Laing's view, looking at mental hospital patients and their case records makes it *more* obscure and problematic, even about why they are there. Laing says that behind the system is the simple division between natural scientific explanation and the search for intelligibility. 'And it goes all the way into the most organic of conditions'.

Considering patients he had seen in 25 years of clinical practice Laing considers that 'everyone who came to see me voluntarily because they are in a miserable state of distress etc., is frightened.

> And they might be frightened of the sky falling down, or the earth caving in, or being frightened of going out into open spaces, or staying in closed rooms, etc. but the

> primary fear when it comes to the bit hasn't even got a name for it… and it's that people are frightened of other people. You can smell it, the fear that we have of each other… That fear gets some people down perhaps more than others.. and they lapse into a state of distress whereby they're unable to hold their own… If you weaken then God help you, and then you're at the mercy of other people. We're proposing that it should not be against the law for people to refuse. It should not be against the law for people to live it out in however a miserable way they may be.

Laing says it comes down to

> a civil rights thing that comes to the basic issues of law and order, civic regulation of our conduct between ourself and how we deal with dissent, disagreement and disjunctions between us. And in a wee while this thing is tilted in such a direction we can't really have even a free debate or discussion about it… Our patients are kidnapped in the street by the police, and taken off to mental hospitals, given tranquilisers and electric shocks that *they* don't want, that *we* don't want them to have, that the people that are living with them don't want them to have, because the hospital thinks that that's what they *ought* to have, because they're diagnosed as catatonic, or hypophrenic, and there's no counter to that.

Laing concludes the lecture by saying, 'We're leaving them alone', and asked for people 'to realise the enormity of the power that is wielded and to accept the principle of live and let live'.

This fits the syndrome which Laing described as the imposition of 'knowledge without love'. The liberal principle enunciated by John Stuart Mill goes beyond any utilitarian view that the expert intervention, even if unwanted, produces better results and that the freedom to choose is an important value in its own right.

Part of what may underlie the importance of the value of freedom to choose may be some protection from the fear of being at the mercy of others who are untrustworthy strangers, those not known but may need to be relied upon. If familiars—family and friends—are scary enough, how much more frightening might strangers be? To function in any stable way, it has been found that any social group larger than a small village of around 150 people needs to

make arrangements to deal with strangers, people who are not personally known to everybody.

I imagine that if the underlying role of primary fear of being at the mercy of others is taken into account, the pleasure and results of the system might be far lower in utilitarian terms than is assumed. Intervention in this sense could be somewhat counterproductive, reinforcing the very fear that it is aimed at combatting. Fear and its consequences need to be factored into the equation.

In his classic essay, ‘Two Concepts of Liberty’, historian of ideas Sir Isaiah Berlin made a very useful distinction when he outlined freedom as having two quite differing and conflicting aspects, which he termed ‘positive’ and ‘negative’ freedom, ‘freedom to’ and ‘freedom from’ (Berlin, .

The exponents of positive freedom from Plato to totalitarians such as communists and Nazis assume that the state based upon knowledge or ideology would know better than the individual how best to live and would organize society along the lines of what is seen as best for everyone. Not just Plato but totalitarians such as Communists and Nazis believe in such a general perspective.

Clearly, for example, Karl Marx is a proponent of positive freedom. In Marx’s view, individual rights are secondary and people become truly free only with the construction of a perfect classless society. Freedom is the fulfillment of human nature and involves changing people by changing society.

This provides a perfect excuse for controlling individuals. And if Laing was allergic to anything, it was the risk and the reality of coercion of self by others when there is no threat. On the other hand, negative freedom, ‘freedom from’, paradigmatically represented by the philosophy of John Stuart Mill. Mill emphasizes that the state keeps out of individual’s affairs beyond the minimum, individual rights and the right of people not to be deliberately harmed. People should be able to do what they like within the law. There is faith in

individuals and their actions and mistrust of the state and being dependent upon it as it puts them at risk of being harmed by it or simply because people are their own best judges.

Obviously, the state has grown enormously since Mill's day, and many of the real benefits of modern civilization depend on a welfare state, detailed regulations and controls, adequate defense, and so on. However, a balance is needed--society needs to be preserved from the majority perhaps as much as it needs to be organized for them.

Moreover, respect for the individual means more than just allowing them space. The positive approach is a belief in the creativity of human agents and their potential for flourishing in their own way and cultivating optimal socio-cultural and economic conditions for this to be able to occur. The good is not just a quantitative hedonic subtraction experiment of the feelings of pleasure minus the feelings of pain, but, as Aristotle suggested, the good lies not in the criterion of a sense of pleasure but in the variety in the state of the fulfilment of a range of diverse goals. Diversity and variety are significant values in their own right.

Laing's approach about how we treat people called sane and insane echoes John Stuart Mill's description of the goals of his essay, *On Liberty:*

> The sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinions of others, to do so would be wise, or even right … The only part of the conduct of any one, for which he is amenable to society, is that which

> concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.

If the patients do no harm to anyone else, they should not be coerced for their own good. There is a sense of tolerance and respect for the diversity of living and begins with the assumption that different people's actions and behaviour might make some sense in terms of their agency.

This means that there isn't so much a positive picture of what a sane person is but more a view that the use of the term 'insane' starts with the individual and doesn't need to generalize and factor the person out.

Furthermore, as the Nobel Prize winner, Freidrich Hayek argues in the realm of economics, human beings are not intelligent enough for the central planning involved with socialism. Too many variables are involved in interaction with one another for central planning to be effective. According to Hayek, our knowledge is too limited to generate and organize collective resources through collective command authority. Evidence for this is not hard to find. We need go no further than to cite the comment by Richard Horton editor of the prestigious British medical journal, *The Lancet,* on April 11, 2015.

> The case against science is straightforward: in scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.

From pharmaceutical companies, to individual scientists and academics, to governments, to departments seeking funding, to journals and universities and the media, everybody is structurally incentivized in the wrong direction to fix this mess. So obviously *caveat emptor* needs to be the rule, and scepticism and criticism of assumptions, not group think, needs to rule in going back to basics. Since nobody can truly guarantee that the experts, the authorities, 'those who know' really do know, we are better off with conditions for robust debate and critical inquiry, in the context of maximum individual and private freedom of

expression and action compatible with not harming others and social order. The prevalence of what Laing terms ‘knowledge without love’ assumes a knowledge that may be questioned today more than ever. I don’t think that there is as much agreed upon fact or knowledge as is claimed or assumed today. In this globalized, interconnected and instant communications while there is a lot of groupthink, many claims to knowledge are contested. With the questioning of the truth of claims to knowledge, we could even be in a situation of ‘knowledge without knowledge’.

So even on the grounds of utility alone, coercion in one’s own best interests could often be counterproductive since we can’t trust the experts, who might be wrong anyway. And if somebody is right and prevents debate because it is right (e.g., the earth being round), then, as Mill argued, we risk ceasing to utilise our critical capacity and become dogmatic and complacent, which leads to further errors and less creativity.

A utilitarian has no problem in principle with interference with individual freedom, if it really works for his or her own good. Often each may be their own best judge by default, as they control and know their own domain best. But in the case of mentally ill people, utitlitarians could argue that they have ceded this knowledge and apprehension to others who are experts about the body or the brain and are not out of their minds.

In the light of the unreliability of science and expertise and claims to knowledge, Mill’s principle, ‘Each is his own best judge’ may well be the best bet even as a statement of pragmatism and utility. But for Mill it is far more than that as a principle in itself. And I think that is very much so for Laing.

For Laing, the approach of the modern medical/psychiatric profession is essentially utilitarian and too often leaves out our personal involvement. In fact, ‘evidence-based medicine’ is clearly utilitarian in all senses of the term. It facilitates the best interests of the patient in their own expert minds, using a pragmatic approach but leaves out the core issue about who decides. I don't think there is anything wrong with evidence, but we need to always consider

what counts as evidence, especially when it comes to psychology and psychiatry. Moreover, times have changed to a more consumer-focussed society today.

Laing adopts a longer view. On the whole he inserted his ideas into the great chain of philosophical inquiries into the nature of humans and how we can best relate with others. He saw the greatest fear as the legitimate fear of other people who must earn our trust. In this was very much in the conservative humanistic tradition of Edmund Burke and John Stuart Mill, and of course Freud.

Laing asks us to notice, to recognize and insert another dimension, level or layer into what is happening in cases of prima facie insanity, to insert a question mark between their stimulus and our response. According to the Laing of T*he Divided Self,* insane people may deny their own agency by treating themselves as things.

Whatever the truth of such a large generalization, it is vital that experts are mindful and careful not to reinforce and effectively cooperate with them by missing the patient's agency and impact, and treating them as akin to mechanisms. The phenomenology of the interface that so often involves the primary fear of being at the mercy of others should be factored in. That layer involves the evocation of primary fear of other people that can be easily missed if the patient is not viewed as an agent. It's reframing, maybe deframing, depending on the glasses we wear. If you don't look, you don't see. This is another example of Laing's 'obvious', that which stands in front of us that we don't see. It requires respect for experience without being a slave to it. It requires a particular sensibility, the kind that Laing naturally had when meeting schizophrenics in the back wards.

Laing helped many things to change in psychiatry and psychology and alerted us to many fundamental pitfalls. It remains important today to keep an open mind and a nuanced approach that includes drugs and other aids to best treat people termed insane. Laing reminds us that this to be at least as much art as science, the assertions of which are often not validated anyway, and requires continued care and mindfulness. Laing points to the importance of context in understanding and explaining throughout his work. This implies that there are no general answers about how to deal with particular situations. One size does not fit all. Furthermore, a rulebook for diagnosis and treatment can give the impression of certainty when there is so much ambiguity, complexity and uncertainty in actual clinical situations.

Moreover, there is a necessary and healthy dependence on others in our development and healthy living, obviously in infancy and old age. Responsibility develops over time and is not cut and dried. Where and when do we draw the line, except pragmatically? The many faces of fear can be boiled down to fear of dependence on others because of the risk that they may harm us. If hell is other people as Sartre proposed, heaven is other people too. Principles of 'live and let live' involve also cultivation, care and love beyond leaving people to their own devices. The Judeo-Christian tradition, in which Laing was schooled, as well as other world traditions treat people as moral agents valuable in their own right and deserving of respect. Laing raises crucial questions about the complex knots involved in so many of our taken-for-granted approaches.

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