



# Laing's Reading of Jung's Theory in Madness and Wisdom. Around an Existential Psychiatry

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## ABSTRACT

The aim of my contribution is to focus on some decisive aspects of the so called existential psychiatry of Ronald D. Laing (1927-1989). I will begin my presentation by pointing out how Jungian theory played, in a broad sense, a particularly important role in the formation and development of Laing's thought. In order to achieve this, I will refer in particular to chapter 4 of *Intervista sul folle e ill saggio* an interview with Laing by Vincenzo Caretti, published in 1979 by Laterza whose english version (*Dialogues on Madness and Wisdom. In Conversation with RD Laing*), edited by Professor Miles Groth and me, was first published this year in a series edited by The Society for Existential Analysis (SEA) of London. Subsequently, I will consider some distinctive elements of Laingian research.

**Keywords:** Contribution; Conversation; Laingian research; Society for existential analysis

## INTRODUCTION

Madness and Wisdom, Vincenzo Caretti and Ronald D. Laing discuss specifically what the significant elements of Jungian theory are and, in particular, the influence it has played in the formation of Laing's thought. Laing affirms that he was influenced by Jung, citing specifically symbols of transformation (1911-12), the reading of which proved to be indispensable as it introduced original nuances and perspectives through which to read and interpret phenomena, and go back to the 'mysterious and remote origins' of human being: "Of course", Laing says, "symbols of transformation played a decisive role for me. It is a pioneering work for the way my work in psychiatry has been oriented ever since". It is not difficult to understand why Laing considers symbols as a pioneering and important work, also for the development of his psychiatric work and for the exploration of mental phenomena.

## LITERATURE REVIEW

The Jungian perspective of analysis, characterized among other things by a focus on complexity, an approach that considers man as inseparable from his cultural environment, the introduction of a theory of archetypal forms and the hypothesis of the

collective unconscious, offered Laing the opportunity to observe the great tensions and transformations of an ever changing world [1-3]. And the change in the world is accompanied by the change in the psyche which, through an extraordinarily creative process of autopoiesis, creates and shapes itself, each time giving rise to something new, to new images and directions, to new meanings with which to attempt to understand its relationship with the outside world and with itself [4-6]. Linked to this is the idea that "we have a set of structural transformations that, it is true, does not become manifest and visible in the life of all of us but which is certainly true in the life of many of us". And these transformations are sometimes expressed: in scenarios of conduct in which people enact, that is to say, experience an act of arduous dramatization of the eternal triangle in one of these forms, or keep going in circles, or, again, really find themselves, or try hard to always be at the center of their own sphere of influence, and so on very often, then, something indecipherable or impenetrable governs people's conduct and ambitions. Thus, symbols of transformation become a crucial text for Laing because, through the analysis of symbolic experience, it brings to light the problem of human experience (and its 'enigma' or 'mystery'). Jungian consideration of the unconscious as that which hides in its 'darkness' a mysterious "treasure hard to attain", whose language is basically symbolic expressions and

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**Received:** 13-May-2022, Manuscript No. JOP-22-16598; **Editor assigned:** 16-May-2022, PreQC No. JOP-22-16598 (PQ); **Reviewed:** 30-May-2022, QC No. JOP-22-16598; **Revised:** 18-Jul-2022, Manuscript No. JOP-22-16598 (R); **Published:** 25-Jul-2022, DOI: 10.35248/2378-5756.22.25.527

**Citation:** Serra D (2022) Laing's Reading of Jung's Theory in Madness and Wisdom. Around an Existential Psychiatry. *J Psychiatry*. 25:527.

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images, is an innovative mark in the psychoanalytic research of the time. In this regard Laing states: “it was certainly the first time I had come across the use of a mythical scenario in connection with psychological constellations or with a set of transformations in the area of real life, of actual experience”. Jung’s reading gave Laing the opportunity to rethink the ‘complex’ (here understood in the sense of the Latin term *complexus*, which literally refers to ‘that which is woven together’, which is intimately connected or interconnected) and situate the individual within a collectivity the subjectivity within an intersubjective context. There is not only the individual, but a collectivity. Situating the individual within the community means, according to Laing’s perspective, looking at the scope of mental illness by extending the analysis to the person’s context of reference, taking into account the society and family from which the person comes. At the same time, this means reconsidering together man and world, subject and object, not as opposites and incompatible, but in their deep and complex original relationship. The consequence is the affirmation of a theoretical and practical perspective that turns its attention to the complexity of phenomena and the recovery of the “wholeness of human being”. I agree with Jung, Laing says in his particular use of the term ‘phenomenology’”. And here the word ‘phenomenology’ is understood in the sense of the investigation of the field of human experience. In this regard, he adds: In any case, the starting point of psychology is phenomenological, *i.e.*, it is the study of experience as it is. It looks at what we see in the world, and also to a certain extent at how we see it [7]. It is a phenomenology that Laing, for example in the politics of experience, repeatedly calls ‘social’, since it is primarily concerned with the relationship between my experience of the other and the other’s experience of me, that is, with inter experience: Social phenomenology is the science of my own and of others experience. It is concerned with the relation between my experience of you and your experience of me. That is, with inter experience. It is concerned with your behavior and my behavior as I experience it, and your and my behavior as you experience it. Since your and their experience is invisible to me as mine is to you and them, I seek to make evident to the others, through their experience of my behavior, what I infer of your experience, through my experience of your behavior. This is the crux of social phenomenology. The study of the complexity of phenomena and the examination of the meaning of experience lead to a reconsideration of psychology itself as a discipline that must look at phenomena and human being as such, “suspending judgement as every epistemologically experienced scientist does as to the ontological reality of the phenomena”. In other words, “psychology must be free to look at everything that men feel, believe and imagine, not excluding visions, hallucinations and the like” [8-10]. In this attempt to observe complexity, the Jungian theoretical proposal, according to which all aspects of reality, both material and psychic, are strongly interconnected, has certainly played an important role. Jungian studies on the ‘person’ and the theory of the existence of archetypes brought Laing to reflect carefully on the issue of the human condition and the need to reconsider, also and above all through the study of illness (and therefore of society), the mystery of the origin of experience, its abyss. In the section “the relationship to the patient as person or thing” in the divided

self, Laing describes his theoretical orientation as a therapist ‘existential phenomenological. During his time as a hospital psychiatrist and in his private practice, he works particularly with ‘back ward’ patients who are mostly considered incurable. The confrontation with these patients gives rise to a desire to understand the deeper meaning of schizophrenic behavior and the complex field of mental illness. Thus, his research is driven by the need to provide individuals with an alternative to traditional psychiatric treatment (the electroshock and lobotomy, forced restraint in psychiatric hospitals and medication with so-called ‘psychotropic’ drugs) and personal isolation in overcrowded hospital wards. In order to realize this goal, in 1965 he set up an important and much desired therapeutic project in London, founding a demedicalized community characterized primarily by the elimination of all barriers between therapists and patients. Kingsley Hall, in spite of its final failure and the criticism from certain traditional scientific circles, remains an important therapeutic experiment based on the general idea that in the process of healing (or self healing) from ‘illness’ it is crucial to leave individuals free to live openly their madness and traumas. Linked to this is the Laingian idea of therapy as the experiential moment in which it is necessary to give space and rhythm (‘to let be’) to psychotic subjects, following their rules and activities, without drastically interfering with them. His experiences with LSD (a synthetic drug originally used in the experimental treatment of schizophrenia), explorations of Eastern religious practices and support of a libertarian approach to emotional distress are often controversial, but all grounded in a vehement critique of the view of mental illness held by mainstream psychiatry and conventional Western medical practice. In this way, Laing begins to outline an approach that aims to reshape the character of psychiatry and develop a new way of looking at mental illness as a complex existential phenomenon in which the discordant dynamic (the polemic) of the self with others and of the self with itself is constantly at stake. As an existential phenomenon, mental illness must be framed within the specific social context of reference, within that sphere of social influence in which the individual is historically situated. In the process of understanding the illness, it is fundamental for Laing to consider the individual as a ‘Being in the world’. The result is the affirmation of a concept of ‘person’ linked to certain theoretical perspectives of the traditional phenomenological approach and, in particular, of the existential analysis conducted by Martin Heidegger. The individual is ‘in the world’. However, ‘in the world’ is not to be understood in a spatial sense as ‘being in’, that is, as a being contained within a large container called ‘the world’. One is not in the world as being inside something like the water in the glass or the clothes in the wardrobe. The relationship between world and man is not a relationship between what it contains and what is contained. On the contrary, man and the world result as fundamental interdependent elements that underlie a profound ontological reflection. Whenever we deal with subjectivity, we must at the same time come to terms with the general environment in which that subjectivity is situated. And this environment is nothing other than an interweaving of different types of relationships and experiential correlations, a system of relationships that carry meaning. Laing says: Our minds always harbor the misleading

tendency to think in terms of the individual person when we talk about schizophrenia, madness, or sanity, and the like. That is, the error of speaking of the subjectivity of person X as if it were not intersubjective, as if it could be extrapolated from the universe as an essence, as a thing in itself. In other words, Laing's research actually leads to a serious reworking and problematisation of the place in the process of affirmation of the illness, which translates into the thesis of the centrality of the interference of the environment in the development of the pathology in this sense, for example, the role played by the social and family systems in the genesis of schizoid behavior is carefully analysed. The individual's singular existence is located and identified in the here (space) and now (time); he is confronted each time in a different way with a wide network of relations that come from outside and that describe his own experience of the world and interpersonal behavior. All this is coherently linked to the redefinition of the patient, who is no longer understood as a 'medical case' (isolated from his own social and cultural reality) to be sedated and controlled through the intervention of drugs or psychotropic drugs. The patient, on the other hand, is considered as a catalyst of experiences and relational entanglements or knots that must be listened to and 'cured' through language. Here the concept of 'cure' no longer has to do exclusively with prescribing medication: it is not an 'end point', comparable, say, to a cure of an infection (when the infection has been cleared up and there is no more redness). Instead, the cure is the therapeutic process itself in all its continuity, it is a course of therapy to be shared, it is listening to the other person, it is the therapist's ability to sympathize or empathize with the subject and feel his or her own drama. As Miles Groth states: Laing's point seems to be that effective psychotherapy can take place only on condition that both parties involved experience that void, which is real for both of them, though it may be, for the moment, more vivid and critical for the patient. It may be essential that the therapist get up from her chair, walk across the room and sit down on the floor in front of her patient. It may happen that a therapist hazards addressing someone who hasn't said a word to anyone for ten years. There is no sickness to be eradicated, not some end result. What counts is the therapeutic path itself, the radical encounter of the parties involved. In this sense, curing the other human being essentially means entering into a peculiar relationship and communicating with it. Laing says: When we move on to the field of psychiatry or psychoanalysis, the disturbance must be sought not in an object to be looked at or examined, but in the relationship between the person being looked at and the person looking. So, therapeutic (or psychotherapeutic) relationship becomes for Laing: a re-search. A search, constantly reasserted and reconstituted for what we have all lost and whose loss some can perhaps endure a little more easily than others, as some people can stand lack of oxygen better than others, and this re-search is validated by the shared experience regained in and through the therapeutic relationship in the here and now. Empathy, sharing and communication are therefore the basis of any therapeutic relationship. So, Laing affirms the significance of discourse and communication in therapy. Schizoid behavior becomes the expression of meaning, the attempt to communicate anxieties, apprehensions, lacerations and oppressions all occurrences that sometimes, especially in certain

complex family or hostile social environments (Umwelten), it is not possible or allowed to manifest at all. The way of thinking about and treating the patient changes; the way of relating to the illness changes. It is in the urban and social context, and not simply in the body and mind (in the interiority) of the 'sick person', that Laing identifies the origin of the emergence of mental disorders and of the various pathologies connected to them; the study and analysis of cases of chronic psychotic patients lead him to affirm how, more often than not, it is precisely the family systems that contribute to the formation of their illness. This means, in other words, that the social perspective, as opposed to the traditional clinical perspective, assumes the role of understanding signs and symptoms of psychosis that are apparently senseless and meaningless. In the effort to understand the delusional behavior of the schizophrenic patient, Laing's main interest is to re-think the relationship between therapist and patient and, consequently, to include the patient in the world and not exclude or imprison him in a hospital or specialized psychiatric residential center. The interconnection of subject and world, and thus the definition of the individual as 'Being in the world', leads Laing to observe both the intrapsychic sphere and the context of the psychotic patient's interpersonal relations. So, the contextualization of the patient, the attention paid to his history and language, the need for the therapist to communicate empathically with him, all become essential components that have contributed and contribute to the spread of that process of discovery of human dignity by psychotic subjects. Laing's existential psychiatry becomes the discipline committed to focusing on the representation of all those interpersonal relationships that are at the same time connections and disconnections, tangles, vicious circles, constraints in which the identity of each individual is questioned and continually emerges in the dialectic between unveiling and concealment, giving and taking away. The result of this model of psychiatry is the overcoming of the principle of normality/madness and of the consequent categorization normal/madman, which is contrasted with the vision of the phenomenon "as an integral aspect of overall human experience". Madness is no longer seen from the point of view of normality; the schizoid is no longer analysed and observed from the perspective of the 'normal'. The methodological and therapeutic approach proposed by Laing leads to the demolition of conventional categories and offers us all, even today, a new lens through which to observe the complexity of the world of mental illness "without prejudging who is right and who is wrong". III Scholar, psychiatrist, therapist, radical thinker and poet, Laing has been (and still is) many things. To repeat the words of the pre-Christian playwright Terence, nothing human is foreign to him. His social phenomenology has the merit of focusing attention on the social fabric of the individual. This means grasping the roots of sickness not in the person himself, but in society itself, in that intricate network of interactions and connections that develop and sediment within the different human social systems: not the individual person, but the whole of society is suffering and sick. So, the interest in his work is strong today and coincides with a renaissance of interest in existential psychotherapy, especially daseinsanalysis.

## DISCUSSION

Deeply rooted in phenomenological culture and with an uncanny capacity for empathy, Laingian approach is based on the ability to bring together and link the 'personal' and 'social', man and world, while also giving a central place to the spiritual in psychotherapy during a period of extreme upheaval and unease in contemporary society. His whole activity is marked by the idea that the analysis of the 'facts of life' can only authentically take place by taking a sort of 'step back', by virtue of which we can go back to those mysterious and remote sources of man: "We come back to ourselves as our own final authority". This methodological and therapeutic innovation has, after all, a lot of 'Jungian' in it and has in Jung's work one of the main intellectual references with which to try to build a new way that teaches people to open their eyes to the world. A new way of dealing with complex human experiential environments, beyond any ideological schematic and conventional morality. His own peculiarities aside, Laing was evidently a therapist whose style allowed him to break the rules (as Freud had) in order to secure admission to the patient's world.

## CONCLUSION

In effecting that "reorientation," he risked being misunderstood, just as he might have been wrong about the structure and details of his patient's world. Laing seems to have been both a very confident and a humble presence. I suspect he was capable of enduring long periods of angry or regressive silence. Ralph Greenson somewhere says that, in the end, the therapist's instrument is his personality. It has been my observation that regardless of their theoretical orientation, all good psychotherapists share a presence that is difficult to describe.

That is certainly the case with RD Laing. Perhaps there was something about Laing's presence that will resist description as strenuously as the forbidding worlds into which Laing sought invitation.

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