CURRENT PSYCHOLOGY

DEVELOPMENTAL • LEARNING • PERSONALITY • SOCIAL

JUNE 2008 VOLUME 27 NUMBER 2

DEBUNKING ANTIPSYCHIATRY: LAING, LAW, AND LARGACTIL
Thomas Szasz

PERSON–SITUATION INTERACTION IN ADAPTIVE EMOTIONAL FUNCTIONING
Nicola S. Schutte, John M. Malouff, Ian Price, Samantha Walter, Greg Burke, and Catherine Wilkinson

WORKLOAD VARIABILITY AND SOCIAL SUPPORT: EFFECTS ON STRESS AND PERFORMANCE
Erica L. Hauck, Lori Anderson Snyder, and Luz-Eugenia Cox-Fuenzalida

THE IMPACT OF FAILING TO GIVE AN APOLOGY AND THE NEED-FOR-COGNITION ON ANGER
Rebecca L. Thomas and Murray G. Millar

CORRELATES OF ACADEMIC PROCRASTINATION AND STUDENTS' GRADE GOALS
Crystal X. Tan, Rebecca P. Ang, Robert M. Klassen, Lay See Yeo, Isabella Y.F. Wong, Vivien S. Huan, and Wan Har Chong

FEAR APPEALS REVISITED: TESTING A UNIQUE ANTI-SMOKING FILM
Carol L. Schmitt and Thomas Blass

Springer

Curr Psychol (2008) 27:79–101
DOI 10.1007/s12144-008-9024-z

Debunking Antipsychiatry: Laing, Law, and Largactil

Thomas Szasz

Published online: 29 April 2008

Abstract The term "psychiatry" refers to two radically different ideas and practices: curing–healing "souls" and coercing–controlling persons. It is important that critics of psychiatry clarify whether they object to the former or the latter or both, and why. Because I believe coerced psychiatric relations are like coerced labor relations called "slavery," and like coerced sexual relations called "rape," I spent the better part of my professional life criticizing involuntary-institutional psychiatry and the insanity defense. In 1967, my effort to undermine the medical-political legitimacy of the term "mental illness" and the moral-legal legitimacy of depriving individuals of liberty by means of psychiatric rationalizations suffered a serious blow: the creation of the antipsychiatry movement. Despite their claims, "antipsychiatrists" rejected neither the idea of mental illness nor coercion practiced in the name of "treating" mental illness. Sensational claims about managing "schizophrenia" and pretentious pseudophilosophical pronouncements diverted attention from the crucial role of the psychiatrist as an agent of the state and as an adversary of the denominated patient. The legacy of the antipsychiatry movement is the creation of a catchall term used to delegitimize and dismiss critics of psychiatric fraud and force by labeling them "*antipsychiatrists*."

Keywords Antipsychiatry Ronald D. Laing David Cooper · Clancy Sigal LSD Psychiatric coercions Psychiatric excuses

Words are the only things that last forever.

William Hazlitt (1778–1830)[1]

[1] http://quotes.liberty-tree.ca/quote_blog/William.Hazlitt.Quote.9945; http://www.blupete.com/Literature/Biographies/Literary/Hazlitt/Quotes.htm.

T. Szasz (✉)
Psychiatry Emeritus, 4739 Limberlost Lane, Manlius, NY 13104-1405, USA
e-mail: tszasz@aol.com

Section 1

The term "anti-psychiatry" was created by David Cooper (1931–1986), a collaborator and friend of Ronald David Laing (1927–1989), and was first used in Cooper's (1967) book, *Psychiatry and Anti-Psychiatry*. Cooper does not define the term. The closest he comes to identifying "anti-psychiatry" is the following: "We have had many pipe-dreams about the ideal psychiatric, or rather anti-psychiatric, community" (Cooper 1967, p. 104). Who are the "we"?

This question is answered in *The Dialectics of Liberation* (1968), edited by Cooper with the lead chapter by Laing. In the Introduction, Cooper writes: "The organizing group of [the 'Congress on the Dialectics of Liberation,' held in London in 1967] consisted of four psychiatrists who. .counter-label[ed] their discipline as anti-psychiatry.[2] The four were Dr. R. D. Laing and myself, also Dr. Joseph Berke and Dr. Leon Redler" (Cooper 1968; Laing 1994, p. 132). Since Laing was the acknowledged leader and spokesman of the group, I regard Laing as the person most responsible for popularizing the term "antipsychiatry."

Neither he nor the other originators of "antipsychiatry" offered a definition of the term, then or later.

Who was Cooper, why did Laing choose him as a friend and a co-author, and why did Cooper choose the term "antipsychiatry" for their collective self-identification? According to Laing, Cooper "was a trained Communist revolutionary and was a member of the South African Communist Party. He was sent to Poland and Russia and China to be trained as a professional revolutionary.... We cooperated on writing *Reason and Violence*" (Mullan 1995, pp. 194–195). In contrast, Laing identified me as follows: "I could take exception to his [Szasz's] association with the John Birch Society and his version of the free society, rampaging capitalist, post-capitalism of cold war" (Mullan 1995, p. 202).

In other words, Laing had no problem with Cooper's being a Soviet agent and professional revolutionary and the violence that such a role entailed; at the same time, he considered "my [classical liberal-libertarian] version of the free society" and "association with the John Birch society" as prima facie evidence of a character defect.

Let me pause and set the record straight about Laing's reference to the John Birch Society. I have never had an "association" with the John Birch Society, which, I might add, was in the 1960s and for some time afterward, a respectable libertarian, anti-Communist organization (except in the eyes of committed socialists and communists; see http://en.wikipedia.org/wiki/John_Birch_Society). The source of the easily discredited smear that Laing repeats with relish lies in my having published an essay in 1962, in the *American Journal of Psychiatry*, entitled "Mind tapping: Psychiatric subversion of constitutional rights" (Szasz 1962). In those days, I received frequent requests from both conservative and liberal publications for republishing my essays, which I always granted. I received such a request from the *American Opinion*, the monthly magazine of the John Birch Society, which both the *American Journal of Psychiatry* and I granted. My "association" with the John Birch

[2] The term "antipsychiatry" is sometimes hyphenated, sometimes [illegible] and in conformity with American-English style, I use the unhyphenated form [illegible]

Society was the same as the
But that was not the way my

In the 1960s, my contentio
is a fiction and that mental hc
address these profoundly trou
superiority of their left-liberal
right-wing fascist, a member
1964; "Criticalpsychiatry," htt
message/31224, accessed Feb
Psychiatry, by Paul Lowinger,
Detroit—titled "Psychiatrists a
wrote:

> The anti-mental health lobt
> looks to the *National Revie*
> no one to find an exposition
> the frightening "menace of
> metaphoric nature of menta
> appeared in *Harper's Maga*
> opinions are now distributed
> Defenders of American Lib
> counsel Robert Morris. The
> membership of 26.5 million
> in Thomas Szasz (Lowinger

Lowinger's essay stimulated
"Guilt by association," Millar—
wrote:

> The approach that Dr. Lowin
> of psychiatric commitment is
> that "Dr. Szasz's opinions are
> *John Birch* by Defenders of A
> committee counsel." We are
> with a potential membersh
> confirmation of its views in Tl
> views are associated with Ro
> mental health movement, and
> have come to deplore as guilt

For organized psychiatry, the a
association" is itself a false attrib
virulent condemnation of my per
Mental Illness, critics began to s
see Schaler 2004). Laing and man

[3] Lowinger's list of disloyal psychiatrists
Norman Zinberg.

David Cooper (1931–1986), a
927–1989), and was first used in
iatry. Cooper does not define the
sychiatry" is the following: "We
hiatric, or rather anti-psychiatric,
"we"?
of Liberation (1968), edited by
ıtroduction, Cooper writes: "The
.cs of Liberation,' held in London
unter-label[ed] their discipline as
nd myself, also Dr. Joseph Berke
4, p. 132). Since Laing was the
I regard Laing as the person most
try."
:hiatry" offered a definition of the

a friend and a co-author, and why
:heir collective self-identification?
nmunist revolutionary and was a
le was sent to Poland and Russia
nary .. We cooperated on writing
). In contrast, Laing identified me
s] association with the John Birch
ıging capitalist, post-capitalism of

ooper's being a Soviet agent and
such a role entailed; at the same
m] version of the free society" and
ma facie evidence of a character

.aing's reference to the John Birch
the John Birch Society, which, I
fterward, a respectable libertarian,
/es of committed socialists and
n_Birch_Society). The source of
s with relish lies in my having
rnal of Psychiatry, entitled "Mind
ights" (Szasz 1962). In those days,
ative and liberal publications for
I received such a request from the
lohn Birch Society, which both the
· "association" with the John Birch

nes not. For consistency and in conformity
roughout this paper.

Society was the same as the *American Journal of Psychiatry's* association with it. But that was not the way my critics interpreted it.

In the 1960s, my contentions that most irked psychiatrists were that mental illness is a fiction and that mental hospitals are jails. Unable, unwilling, and unprepared to address these profoundly troubling issues, and feeling deeply secure in the moral superiority of their left-liberal, pro-Soviet ideology, they instead dismissed me as a right-wing fascist, a member of the "lunatic fringe" (see for example, Diamond 1964; "Criticalpsychiatry," http://health.groups.yahoo. com/group/criticalpsychiatry/message/31224, accessed February 5, 2008). A paper in the *American Journal of Psychiatry*, by Paul Lowinger, professor of psychiatry at Wayne State University in Detroit—titled "Psychiatrists against psychiatry"—was a typical example. Lowinger wrote:

> The anti-mental health lobby, which is part of the right-wing lunatic fringe, looks to the *National Review* for its intellectual Wheaties. Perhaps it surprises no one to find an exposition in [William F.] Buckley's journal by Dr. Szasz of the frightening "menace of psychiatry to a fee society .. These views of the metaphoric nature of mental illness and the psychiatrist as jailer have also appeared in *Harper's Magazine*. It may be of interest to know that Szasz's opinions are now distributed along with Robert Welch's *Life of John Birch* by Defenders of American Liberties headed by a former McCarthy committee counsel Robert Morris. The anti-mental health movement, with a potential membership of 26.5 million Goldwater voters, finds confirmation of its views in Thomas Szasz (Lowinger 1966).[3]

Lowinger's essay stimulated a protest by T. P Millar. In a letter to the editor titled "Guilt by association," Millar—whom I did not know then and do not know now—wrote:

> The approach that Dr. Lowinger employs in dealing with Dr. Szasz's criticism of psychiatric commitment is a particularly invalid one. Dr. Lowinger tells us that "Dr. Szasz's opinions are now distributed along with Robert Welch's *Life of John Birch* by Defenders of American Liberties headed by a former McCarthy committee counsel." We are also told that "the anti-mental health movement, with a potential membership of 26.5 million Goldwater voters, finds confirmation of its views in Thomas Szasz." In these two sentences Dr. Szasz's views are associated with Robert Welch, the McCarthy committee, the anti-mental health movement, and Senator Goldwater. Is this not the technique we have come to deplore as guilt by association (Millar 1967)?

For organized psychiatry, the answer appears to be no, especially when the "guilty association" is itself a false attribution. The upshot was that, in the aftermath of the virulent condemnation of my persona generated by the publication of *The Myth of Mental Illness*, critics began to smear me as a "John Bircher" (for documentation, see Schaler 2004). Laing and many of his defenders have embraced that tradition. In

[3] Lowinger's list of disloyal psychiatrists included Robert Coles, William Sargant, Alan Wheelis, and Norman Zinberg.

fact my association with the John Birch Society was exactly the same as that of the American *Journal of Psychiatry*, a fact my critics seem not to have noticed.

Laing thought of himself, and many of his admirers still think of him, as a courageous revolutionary thinker. I disagreed then and disagree now. He was a conventional thinker in the French-Continental tradition of *"Pas d'enemies à gauche"* ("No enemies to the left"). What was revolutionary in psychiatry in the 1960s and 1970s, and is even more revolutionary today, is seeing the State—right or left—as the enemy of the Patient as Person (Szasz 2003). Laing was blind to all that. He could see only a Good Left and an Evil Right. Condescendingly, he was willing to forgive me: "I could make some allowances because he was a Hungarian and no doubt hated the Russians" (Mullan 1995, p. 202). This naively historical-reductionism ignores that many Hungarians, former and present, are communists.

Laing was a dyed-in-the-wool collectivist. His fame is closely connected with the commune he founded and named after the community center, Kingsley Hall, whose premises it occupied. Established in 1965, Kingsley Hall was to serve as "a model for non-restraining, non-drug therapies for those people seriously affected by schizophrenia. .. After 5 years use by the Philadelphia Association (from 1965 to 1970), Kingsley Hall was left derelict and uninhabitable" (http://en.wikipedia.org/wiki/Kingsley_Hall). The similarities between the economic and human consequences of the Soviet regime and Laing's regime—at Kingsley Hall and in his own life—are not coincidental.

Although sympathetic with Laing's collectivist-socialist politics, Clancy Sigal (about whom more later) recognized that the creators of antipsychiatry were doers rather than thinkers, more interested in applying antipsychiatric practice than articulating antipsychiatric theory· "[David] Cooper, the most political among us, insisted that theory took second place to 'praxis.' So It was important that his brand of non-therapy take place in a National Health hospital within the state system because that's where most distressed people were warehoused or, worse, treated" (http://en.wikipedia.org/wiki/Kingsley_Hall, p. viii). Obviously, this was, and turned out to be, an arrogant and asinine policy, like insisting that efforts to save Jews threatened by the Nazi state take place "within the state system" because that is where the most endangered Jews live. It was a sign that Laing and his gang wanted to replace the reigning psychiatric rulers with a new set of antipsychiatric rulers, themselves led by Robespierre-Laing. They were not interested in helping "mental patients" deprived of liberty to regain their freedom, individually or as a group. This is why considerations of the legal, moral, and economic aspects of psychiatric and antipsychiatric practices are absent from their writings.

Section 2

In the biography of his father, Adrian Laing alludes to "Ronnie's" habitual equivocations and lifelong refusal to take responsibility for his behavior, and sagely observes: "Ronnie wanted to have his cake and eat it.... Ronnie made two mistakes with David's introduction. First, he did not insist on reading it prior to publication. Ronnie did not consider himself an 'anti-psychiatrist'.... The damage, however, had been done. David managed to label Ronnie an anti-psychiatrist. Ronnie was furious

at this move, but made a more s
action to rectify his position" (I

Laing could easily have prev
to him: he could have stopped t
altogether or in the form in
contribution to it, declaring pub
he did nothing of the sort. Instea
Cooper's friends' fault:

> I was very pissed off at Del
> Middleton [his publisher] ov
> thought that she and Neil Mid
> by encouraging my alleged as
> I had said to David Cooper, "I
> But he'd a devilish side that
> confuse them. So let's just fuc
> liked David personally, but I
> *(Mullan 1995, pp. 356, 359).*

He offered a similar explanatic
of Benjamin on 15th September,
now had nine children, with one
was an only child himself. [A fri
Laing replied, 'They [his sexual
them!' It was an example of his de
closing-off of his feelings, as hap

The image of Laing as a man
defies belief. He had no trouble
promises to patients. We can "det
for example threatening erotic fe
ourselves from our responsibilit
detached. In my view, Laing was
to accept responsibility for his acti
Mullan: "I wasn't thinking of cont
to Anne [Laing's first wife]" (Mu

Laing was a grand master of e
He played the game of affirm
"lying"—and got away with it du
assumed the role of the paradi
identification. Although he was th
anti-mental hospital, he "felt tha
environment where acute schizo
shocks, tranquilizers and sedatio
course not! As I shall show later, L
many people believed in Laing an
of R. D. Laing: A biography, by
htm). It is easier for the mark to bel
sincere than one who was cynical.

exactly the same as that of the
em not to have noticed.
nirers still think of him, as a
ı and disagree now. He was
tradition of "*Pas d'enemies à*
olutionary in psychiatry in the
ıay, is seeing the State—right or
)03). Laing was blind to all that.
ondescendingly, he was willing
use he was a Hungarian and no
202). This naively historical-
and present, are communists.
ne is closely connected with the
ity center, Kingsley Hall, whose
Hall was to serve as "a model
people seriously affected by
phia Association (from 1965 to
ɔitable" (http://en.wikipedia.org/
ɔnomic and human consequences
ey Hall and in his own life—are

-socialist politics, Clancy Sigal
ɔrs of antipsychiatry were doers
g antipsychiatric practice than
ɛr, the most political among us,
o It was important that his brand
ıospital within the state system
warehoused or, worse, treated"
. *Obviously, this was, and turned*
sisting that efforts to save Jews
he state system" because that is
ı that Laing and his gang wanted
ɔew set of antipsychiatric rulers,
nor interested in helping "mental
ı individually or as a group. This
ɔomic aspects of psychiatric and
ings.

alludes to "Ronnie's" habitual
bility for his behavior, and sagely
ı it. .. Ronnie made two mistakes
on reading it prior to publication.
ist'.... The damage, however, had
ti-psychiatrist. Ronnie was furious

at this move, but made a more serious mistake in not taking immediate and effective action to rectify his position" (Laing 1994).

Laing could easily have prevented the term "antipsychiatry" from being attributed to him: he could have stopped the publication of *The Dialectics of Liberation*, either altogether or in the form in which it appeared; he could have withdrawn his contribution to it, declaring publicly, then and there, that he objects to the term. But he did nothing of the sort. Instead he played the blame game: it was all Cooper's and Cooper's friends' fault:

> I was very pissed off at Deborah Rogers [Cooper's literary agent] and Neil Middleton [his publisher] over the book [*The Dialectics of Liberation*]. .. I thought that she and Neil Middleton had really done me a publishing disservice by encouraging my alleged association with anti-psychiatry .. Again and again I had said to David Cooper, "David, it is a fucking disaster to put out this term." But he'd a devilish side that thought it would just serve them all right and confuse them. So let's just fuck them with it. But I didn't like that.... I, myself, liked David personally, but I didn't like his books, although I liked his mind (Mullan 1995, pp. 356, 359).

He offered a similar explanation–excuse for fathering ten children. "With the birth of Benjamin on 15th September, 1984," writes Laing hagiographer John Clay, "Laing now had nine children, with one more still to come. Why so many children, when he was an only child himself. [A friend] asked him this once, why he had let it happen. Laing replied, 'They [his sexual partners] seem to want it. I should have stopped them!' It was an example of his detachment again, as if it had nothing to do with him, a closing-off of his feelings, as happened with his drinking" (Clay 1996, p. 217).

The image of Laing as a man helplessly at the mercy of his wives and paramours defies belief. He had no trouble abandoning women and children and breaking his promises to patients. We can "detach" ourselves from certain unwanted experiences, for example threatening erotic feelings, but we cannot, properly speaking, "detach" ourselves from our responsibilities. When we do so, we are irresponsible, not detached. In my view, Laing was pervasively irresponsible, systematically refusing to accept responsibility for his actions and their consequences. As Laing explained to Mullan: "I wasn't thinking of contraceptive devices or anything like that, that was up to Anne [Laing's first wife]" (Mullan 1995, p. 76).

Laing was a grand master of equivocation, of "having your cake and eating it." He played the game of affirmation-and-denial—we might also call it simply "lying"—and got away with it during his life and after his death. Having passively assumed the role of the paradigm antipsychiatrist, he claimed to reject that identification. Although he was the moving spirit behind Kingsley Hall, the model anti-mental hospital, he "felt that his hope of Kingsley Hall providing a safe environment where acute schizophrenic episodes could occur without electric shocks, tranquilizers and sedation 'never happened'" (Laing 1994, p. 144). Of course not! As I shall show later, Laing himself violated that principle. Nevertheless, many people believed in Laing and still believe in him (Ticktin, S. "From a review of R. D. Laing: A biography, by Adrian Laing," http://laingsociety.org/biograph.htm). It is easier for the mark to believe that he was swindled by a con man who was sincere than one who was cynical.

Regarding the creation of the term "antipsychiatry," there was nothing to rectify. Laing did not repudiate antipsychiatry for the same reason he did not repudiate psychiatry· he wanted to be a part of both, while pretending to oppose both. Apropos of my objections to the term in the 1970s, Adrian Laing writes: "Besides, the point was lost during the course of the debate that there had been and was only one 'anti-psychiatrist'—David Cooper. .. Thomas Szasz was not an anti-psychiatrist, nor was Aaron Esterson. Ronnie himself had denounced the concept.... No one seemed to want to accept that the whole idea of anti-psychiatry had been abandoned by those with whom the term had originated" (Laing 1994, pp. 185–186).

Laing's participation in the use of the term "antipsychiatry" was an act of extreme irresponsibility. The pen may not be mightier than the sword, but the wounds it inflicts are likely to be deeper, more debilitating, and longer lasting. Psychiatrists who create catchy terms to be used as weapons of destruction must be held responsible for their creation. While Laing the person and antipsychiatrist may not be worth more attention, this is not true for the term "antipsychiatry," Adrian Laing's assurances to the contrary notwithstanding. The principal originators of the term are dead. The term, however, is alive and well in contemporary psychiatric and popular discourse (Rissmiller and Rissmiller 2006). It has become a part of the English language. The *Oxford Dictionary of Psychology* (2001) states: "Antipsychiatry n. A radical critique of traditional (especially medical) approaches to mental disorders, influenced by existentialism and sociology, popularized by the Scottish psychiatrist Ronald D(avid) Laing (1927–1989) and others during the 1960s and 1970s" (Colman 2001). A Google search of "antipsychiatry" yields 41,000 "hits."

Having never been defined, characterizations of antipsychiatry are inevitably erroneous and misleading. For example, British psychotherapist Digby Tantam writes: "A key understanding of 'anti-psychiatry' is that mental illness is a myth (Szasz 1972)" (Tantam, D. Critical psychiatry· What was anti-psychiatry?, http://www.uea.ac.uk/~wp276/define.htm). This sentence calls to mind Mark Twain's remark: "Truth is mighty and will prevail. There is nothing the matter with this, except that it ain't so" (Twain, M., http://www.quoteworld.org/quotes/10326). There is nothing the matter with Tantam's remark either, except that it ain't so. I first used the term "myth of mental illness in an essay in 1960, and my book, *The Myth of Mental Illness*, was published in 1961, not 1972 (Szasz 1960, 1961).

Although antipsychiatry cannot be defined, it can be identified by the practices of antipsychiatrists, such as Laing, his colleagues at Kingsley Hall, and therapists who identify themselves as his followers. Clearly, antipsychiatrists do not reject the medical-therapeutic categorization of the human problems they "treat," often under the auspices of the National Health Service (NHS) or other government-funded organizations (such as the Soteria Houses). Nor do they reject the use of coercion and drugs (although they often say they do). Rejection of the concept of mental illness implies opposition to psychiatric violence and excuse-making justified by the concept, not opposition to psychiatric relations between consenting adults.

The word "antipsychiatry" proved to be an effective weapon in the hands of psychiatrists to collectively stigmatize and dismiss critics, regardless of the content of the criticism. The psychiatrist who eschews coercing individuals and restricts his practice to listening and talking to voluntary, fee-paying clients does not interfere with the practice of the conventional psychiatrist. He merely practices what he

preaches, namely, that huma
initiate violence against peace
who neither believes in the c
rituals. To call such a person
does a grave disservice to the
language. Nor is that all: it
political problems of psychiat
legacy.

The label "antipsychiatry" s
fame; at the same time, it tarn
has been attached. Moreover, tl
of the term continue to grow (S
re-publication of two "insider"
brief essay to my previous cri
Laing 1994).

Section 3

Psychiatrists engage in many
defense. Any serious criticism
paradigmatic psychiatric swind
but gave "expert psychiatric
Stonehouse (1925–1988). To fi
role in the Stonehouse affair, it

Stonehouse, a British politic
remembered—for his unsuccess
his unsuccessful insanity defen
joined the Labour Party when
Member of Parliament (MP) in
into business, lost money, and
business practices. In 1974, wit
own suicide. On November 20, 1
identity, that of Joseph Markhai
left a pile of clothes on a Miami
route to Australia, hoping to se
chance in Melbourne, he was d
fraud, theft, forgery, conspiracy t

Stonehouse conducted his ow
was convicted and sentenced to
was released in 1979, married his
one about his trial—and died in
en.wikipedia.org/wiki/John_Stone
house secured the services of five
in court, under oath, that he was
The Guardian reported on 20 Jul
that Mr. Stonehouse's story was u

itry," there was nothing to rectify.
ame reason he did not repudiate
retending to oppose both. Apropos
. Laing writes: "Besides, the point
had been and was only one 'anti-
is not an anti-psychiatrist, nor was
the concept. .. No one seemed to
itry had been abandoned by those
., pp. 185–186).
ipsychiatry" was an act of extreme
ian the sword, but the wounds it
, and longer lasting. Psychiatrists
ons of destruction must be held
erson and antipsychiatrist may not
m "antipsychiatry," Adrian Laing's
rincipal originators of the term are
itemporary psychiatric and popular
ias become a part of the English
2001) states: "Antipsychiatry n. A
l) approaches to mental disorders,
larized by the Scottish psychiatrist
s during the 1960s and 1970s"
itry" yields 41,000 "hits."
s of antipsychiatry are inevitably
sh psychotherapist Digby Tantam
y' is that mental illness is a myth
What was anti-psychiatry?, http://
nce calls to mind Mark Twain's
re is nothing the matter with this.
ioteworld.org/quotes/10326). There
r, except that it ain't so. I first used
1960, and my book, *The Myth of*
(Szasz 1960, 1961).
can be identified by the practices of
t Kingsley Hall, and therapists who
antipsychiatrists do not reject the
problems they "treat," often under
NHS) or other government-funded
do they reject the use of coercion
Rejection of the concept of mental
: and excuse-making justified by the
between consenting adults.
effective weapon in the hands of
iiss critics, regardless of the content
coercing individuals and restricts his
ee-paying clients does not interfere
rist. He merely practices what he

preaches, namely, that human problems are not diseases and that it is wrong to initiate violence against peaceful persons. Such a psychiatrist resembles the agnostic who neither believes in the dogmas of Judaism or Christianity nor practices their rituals. To call such a person an antipsychiatrist, or anti-Semite, or anti-Christian does a grave disservice to the individuals so categorized and degrades the English language. Nor is that all: it also diverts peoples' attention from the core moral-political problems of psychiatry, coercion and excuse-making. This is Laing's true legacy.

The label "antipsychiatry" served Laing well in his climb up the slippery pole of fame; at the same time, it tarnished every idea and every person to which the term has been attached. Moreover, the intellectually and morally destructive consequences of the term continue to grow (Szasz 1976a, b; Szasz 2004a). This fact and the recent re-publication of two "insider" books on Laing's life and work prompt me to add this brief essay to my previous critiques of Laing's writings and persona (Sigal 1976; Laing 1994).

Section 3

Psychiatrists engage in many phony practices but none phonier than the insanity defense. Any serious criticism of psychiatry must begin with a critique of this paradigmatic psychiatric swindle. Laing never addressed the subject in his writings but gave "expert psychiatric testimony" in the famous case of John Thomson Stonehouse (1925–1988). To fully appreciate the moral loathsomeness of Laing's role in the Stonehouse affair, it is necessary to present a brief summary of it.

Stonehouse, a British politician and Labour minister, is remembered—if he is remembered—for his unsuccessful attempt at faking his own death in 1974 and for his unsuccessful insanity defense in his trial for embezzlement. Stonehouse had joined the Labour Party when he was 16, trained as an economist, was elected a Member of Parliament (MP) in 1957, and served as Postmaster General. He went into business, lost money, and tried to bail himself out by engaging in fraudulent business practices. In 1974, with the authorities about to arrest him, he staged his own suicide. On November 20, 1974—after having spent months rehearsing his new identity, that of Joseph Markham, the dead husband of a constituent—Stonehouse left a pile of clothes on a Miami beach and disappeared. Presumed dead, he was en route to Australia, hoping to set up a new life with his mistress. Discovered by chance in Melbourne, he was deported to the UK and charged with 21 counts of fraud, theft, forgery, conspiracy to defraud, and causing a false police investigation.

Stonehouse conducted his own defense, pleaded not guilty by reason of insanity, was convicted and sentenced to 7 years in prison. He suffered three heart attacks, was released in 1979, married his mistress in 1981, wrote several books—including one about his trial—and died in 1988 from a heart attack (John Stonehouse. http://en.wikipedia.org/wiki/John_Stonehouse). To support his insanity defense, Stonehouse secured the services of five psychiatrists, R. D. Laing among them, to testify in court, under oath, that he was insane when he committed his criminal acts. "As *The Guardian* reported on 20 July 1976, Ronnie duly did his bit:... Dr. Laing said that Mr. Stonehouse's story was unusual in that his two personalities were joined by

an umbilical cord…" (Laing 1994, p. 183). In his book, *My Trial*, Stonehouse gave the following account of Laing's participation in it:

> Dr. Ronald Laing, author of *The Divided Self* ..gave evidence on my mental condition. He confirmed that my description of my experience indicated intense irrational emotions of persecution and feelings of guilt, although believing I was innocent; and showed a partial psychotic breakdown and with partial disassociation [sic] of personality. He confirmed that in his report he had called it psychotic and the splitting of the personality into or multiple pieces. He went on: "The conflict is dealt with by this splitting instead of dealing with it openly .." He said that his experience with malingerers was considerable—particularly when he was a captain in the Army. In my situation, he said, psychiatric diagnosis must include assessment as to whether I was malingering; and his diagnosis did take that into account. It was "partial reactive psychosis. For some time he became irrational and confused under emotional and other pressures" (Stonehouse 1976).

Stonehouse's claim was manifestly absurd. Laing did not know Stonehouse prior to his trial, hence could have had no "medical knowledge" of his "mental condition" during the commission of his crimes. Laing's "diagnosis" was classic psychiatric gobbledygook, precisely the kind of charlatanry he pretended to oppose. Laing and Stonehouse were both liars, plain and simple.

Adrian Laing, a lawyer (barrister and solicitor), sagely comments: "Not surprisingly, Ronnie's evidence made little impression on the jury who found the idea of a man defending himself while pleading insanity difficult to swallow. Ronnie himself regretted giving evidence on behalf of Stonehouse. .he did not have any sympathy with Stonehouse's account" (Laing 1994, p. 183).

Here we go again: "Ronnie" does X, supposedly regrets having done X, and we are asked to believe—by Adrian or Laing or one of his acolytes—that the "true" R. D. Laing would not have done it. If Laing did not believe Stonehouse's fairy tale, why did he testify in his defense? If he disbelieved Stonehouse's story, why didn't he reject his request? Did he do it for money and publicity? Or was he confused about what is and what is not a disease or a crime, what is brain and what is mind?

In his autobiography, Laing naively ponders: "How does the brain produce the mind? Or is it the other way round?" (Laing 1985). In an entry in his diary recorded after the Stonehouse trial, Laing writes: "Stonehouse: Either a sick man behaving like a criminal or a criminal behaving like a sick man. If a criminal behaving like a sick man he is sick; and conversely why not say he is both, a sick criminal, a criminal lunatic" (Laing 1994, p. 183). Like most psychiatrists, Laing ignored the Virchowian gold standard of disease and felt free to classify deviance as disease—if it suited his interest.

Laing "evaluated" Stonehouse and concluded that Stonehouse was too sick to be punished. Similarly, the Training Committee of the Institute of Psycho-Analysis had evaluated Laing and concluded that Laing, too, was too sick—"in an obviously disturbed condition"—to be qualified as a psychoanalyst. Were Stonehouse and Laing sick patients or were they irresponsible persons?

"I was frightened by the power invested in me as a psychiatrist.. ", Laing states in his autobiography (Laing 1985, p. 10). That, too, was a lie. Having qualified as a psychoanalyst, Laing was free to practice psychotherapy or psychoanalysis—that is,

listen-and-talk to voluntary, fee-p
testify in John Stonehouse's insan
with Largactil (as I shall present
insane and forcibly drugging Sig
have suffered no ill effects hac
grandiose, meddling psychiatrist
remedy. In many of his photogr
weight on his shoulders. From hi

> He shied away from defending
> he had idealized mental illness .
> to realize that society must do
> "If a violinist in an orchestra is
> believe it, and will not retire, a
> rehearsals and concerts and ruin
> one do, when one does not kno

This is not a problem for a non-
situation, is asking a psychiatrist
responsibility of the person legal
orchestra. Laing would not have pc
is a problem for *him*.

Section 4

Medical specialties are usually di
therapeutic method: the pathologi
surgeon cuts into the living b
malfunctioning body parts; the a
and insensitive to pain. *The metho*
and distinguishes it from all othe
patient of liberty. "[T]he medical
infringement of their personal freed
the founders of modern neurology (

Zone of the Interior, a *roman à*
1926), was published in the USA in
its publication in the UK. Sigal exp
the time. I meant it for the Britis
"samizdat" … It came down to pu
dismay, a revulsion to the material it
Only in 2005 did *Zone of the Interi*

As Sigal discovered, Laing and
violence, both at Kingsley Hall an
antipsychiatry were happy to serve
themselves as the "good revolut
establishment psychiatrists." This is
excuse-making—characterize psych

ook, *My Trial*, Stonehouse gave

gave evidence on my mental
y experience indicated intense
of guilt, although believing I
breakdown and with partial
that in his report he had called
to or multiple pieces. He went
ıg instead of dealing with it
alingerers was considerable—
ny. In my situation, he said,
to whether I was malingering;
:as "partial reactive psychosis.
ed under emotional and other

g did not know Stonehouse prior
vledge" of his "mental condition"
ıagnosis" was classic psychiatric
: pretended to oppose. Laing and

citor), sagely comments: "Not
ssion on the jury who found the
:anity difficult to swallow. Ronnie
tonehouse...he did not have any
4, p. 183).
ly regrets having done X, and we
of his acolytes—that the "true" R.
ıt believe Stonehouse's fairy tale,
Stonehouse's story, why didn't he
olicity? Or was he confused about
t is brain and what is mind?
w does the brain produce the mind?
ntry in his diary recorded after the
a sick man behaving like a criminal
ıal behaving like a sick man he is
criminal, a criminal lunatic" (Laing
ed the Virchowian gold standard of
:—if it suited his interest.
hat Stonehouse was too sick to be
e Institute of Psycho-Analysis had
was too sick—"in an obviously
:hoanalyst. Were Stonehouse and
rsons?
as a psychiatrist.. ", Laing states in
), was a lie. Having qualified as a
therapy or psychoanalysis—that is,

listen-and-talk to voluntary, fee-paying clients. No state authority *compelled* him to testify in John Stonehouse's insanity trial. No one *forced* him to assault Clancy Sigal with Largactil (as I shall presently describe). Certifying Stonehouse as criminally insane and forcibly drugging Sigal were *uncoerced, voluntary acts*. Laing would have suffered no ill effects had he abstained from them. He was, however, a grandiose, meddling psychiatrist who considered all the world's ills his business to remedy. In many of his photographs he posed as a man carrying all the world's weight on his shoulders. From his obituary in the *New York Times* we learn:

> He shied away from defending himself against charges that early in his career he had idealized mental illness and romanticized despair. He said he later came to realize that society must do something with people who are too disruptive. "If a violinist in an orchestra is out of tune and does not hear it, and does not believe it, and will not retire, and insists on taking his seat and playing at all rehearsals and concerts and ruining the music, what can be done?... what does one do, when one does not know what to do?" he asked (McQuiston 1989).

This is not a problem for a non-meddling psychiatrist. No one, in this hypothetical situation, is asking a psychiatrist for help. The resolution of this dilemma is the responsibility of the person legally authorized to control the composition of the orchestra. Laing would not have posed this pseudoproblem unless he believed that it is a problem for ***him***.

Section 4

Medical specialties are usually distinguished by their characteristic diagnostic or therapeutic method: the pathologist examines cells, tissues, and body fluids; the surgeon cuts into the living body, removes diseased tissues, and repairs malfunctioning body parts; the anesthesiologist renders the patient unconscious and insensitive to pain. *The method that characterizes the work of the psychiatrist and distinguishes it from all other medical methods is coercion*: he deprives the patient of liberty. "[T]he medical treatment of [mental] patients began with the infringement of their personal freedom," noted Karl Wernicke (1848–1905), one of the founders of modern neurology (Wernicke 1889).

Zone of the Interior, a *roman à clef* by the American writer Clancy Sigal (born 1926), was published in the USA in 1976. The threat of British libel laws prevented its publication in the UK. Sigal explains: "[The book] was effectively suppressed at the time. I meant it for the British reader who never got to read it except as "samizdat".... It came down to publisher's fear of libel and, as I learned to my dismay, a revulsion to the material itself among a few influential types" (Sigal 1976). Only in 2005 did *Zone of the Interior* appear in a British edition.

As Sigal discovered, Laing and his cohorts talked nonviolence but practiced violence, both at Kingsley Hall and their personal lives. Indeed, the founders of antipsychiatry were happy to serve as agents of the therapeutic state: They saw themselves as the "good revolutionary antipsychiatrists" opposing the "bad establishment psychiatrists." This is why the same basic features—coercion and excuse-making—characterize psychiatry and antipsychiatry alike. Adrian Laing

writes that by 1966, "Despite this growing guru element in Ronnie's own thinking, to the outside world he was still riding two horses. His establishment side was not yet completely abandoned. .. It seemed as though Ronnie was becoming aware that he had a choice to make—and increasingly unwilling to make it. He had to declare himself either *anti-Establishment, part of the counter-culture, or otherwise. But his* heart was in both camps" (Laing 1994, pp. 115, 116). Not really. Laing had no heart. He had long ago replaced it with self-interest, self-indulgence, and brutality masquerading as Gandhiesque universal love.

It is obvious that individuals incarcerated in mental hospitals are deprived of liberty—by doctors called "psychiatrists." Long before I began my psychiatric training, I regarded mental hospitals as places where "patients" are deprived of liberty—tortured, not treated. This is why I chose to serve my psychiatric residency at the University of Chicago Clinics which, at that time (1946–1948), had no psychiatric inpatients. After 2 years, the chairman of the psychiatry department ordered me to serve my third required year at the Cook County Hospital, the mammoth madhouse-jail serving the Chicago area. This, he assured me, was in my best interest, "to have experience with seriously ill patients." I thanked him for his advice and told him: "I quit." I completed my psychiatric training requirement at another facility that served only voluntary outpatients (Szasz 2004b).

I practiced listening-and-talking ("psychotherapy") from 1948 until 1996. From beginning to end, my work rested on the view that the personal problems people call "mental illnesses" are not medical diseases and that the confidential conversation called "psychoanalysis" or "psychotherapy" is not a medical treatment. Accordingly, *I unconditionally rejected the legal powers and medical privileges that adhere to the professional role of the psychiatrist.* In my view, a non-coercive, non-medical "therapist" must eschew all interventions associated with the socio-legally defined role of the psychiatrist, in particular, coercion, drugs, hospitalization, "treating" persons deprived of liberty (patients in hospitals or other health care facilities, prisoners), making diagnoses, and keeping "medical" records. During most of the time I practiced, it was possible to do this in the USA. Because of changes in customs and laws since the 1980s, it is, for all practical purposes, no longer possible today (Szasz 2002).

The psychiatrist's power to deprive innocent persons of liberty to "protect" them from being dangerous to themselves or others, entails the symmetrical obligation to incarcerate and forcibly "treat" such persons whenever the psychiatrist believes that "the standard of psychiatric care" requires it. This is what makes non-coercive psychiatry an oxymoron (Szasz 1991).

Notwithstanding Laing's bluster, at heart he was a conventional asylum psychiatrist. In the Preface to the second edition of Adrian Laing's biography of his father, Professor Anthony S. David, states: "[Laing] regretted entering into the outpatient-based psychoanalytic world so early in his career and not sticking with an environment that, though he passionately criticized it, was one in which he felt strangely at home, namely the mental hospital or asylum" (David 2006). Though strangely overlooked, Laing's most carefully crafted and sober pronouncements are entirely consistent with the outlook of the traditional coercive/excusing psychiatrist. For example, he wrote: "When I certify someone insane, I am not equivocating when I write that he is of unsound mind, may be dangerous to himself and others, and requires care and attention in a mental hospital" (Laing 1960).

In response to my criticism o
rose to his defense, implying tl
his mind about psychiatric coer
and a psychoanalyst in training,
down" (Burston 2003). There is
psychiatric coercions and excu
Unable to defend his hero with
bloody hands during my reside
alyst, is he not? Does Dr. Szas
patients during his psychiatric tr
the circumstances in which Sz
indeed!" (Burston 2003, empha
(Szasz 2004b).

The circumstances of my psy
entered medical school, I concl
mendacious metaphor of "ment
force, authorized by the state anc
Nevertheless, Laing's admirers
praiseworthy similarities they att
they attribute to my "right-wing'
"Laing and Szasz: Anti-psychi
Theodor Itten write: "Despite the
human distress and the coercive
considerable antipathy toward La
and Laing was dead, they contin
off his mortal coil, he will be re
making than for his destructive
(Roberts and Itten 2006). Althou
difficult, Roberts and Itten are
"libertarian views," it goes witho

Section 5

As noted earlier, my training wa
persons of liberty in madhouses as
decided to qualify as a psychiatris
where I would have to perform
contacts with involuntary mental
interventions: If the incarcerated i
and sought his freedom, I assiste
was incarcerated because he was

[4] "Licensed" is the wrong word here. Phys
and surgery." Various medical specialty
pathologists, and so forth. A physician not
American psychiatrists have not been and

element in Ronnie's own thinking,
es. His establishment side was not
ı Ronnie was becoming aware that
lling to make it. He had to declare
ınter-culture, or otherwise. But his
16). Not really. Laing had no heart.
:st, self-indulgence, and brutality

ı mental hospitals are deprived of
.g before I began my psychiatric
where "patients" are deprived of
e to serve my psychiatric residency
ıt that time (1946–1948), had no
man of the psychiatry department
ıt the Cook County Hospital, the
ea. This, he assured me, was in my
ill patients." I thanked him for his
psychiatric training requirement at
ıtients (Szasz 2004b).
apy") from 1948 until 1996. From
.at the personal problems people call
ıt the confidential conversation called
medical treatment. Accordingly, *I*
ıedical privileges that adhere to the
view, a non-coercive, non-medical
iated with the socio-legally defined
gs, hospitalization, "treating" persons
ıer health care facilities, prisoners),
ı. During most of the time I practiced,
›f changes in customs and laws since
.ger possible today (Szasz 2002).
persons of liberty to "protect" them
entails the symmetrical obligation to
ıenever the psychiatrist believes that
This is what makes non-coercive

t he was a conventional asylum
ion of Adrian Laing's biography of
"[Laing] regretted entering into the
in his career and not sticking with an
icized it, was one in which he felt
l or asylum" (David 2006). Though
:afted and sober pronouncements are
tional coercive/excusing psychiatrist.
e insane, I am not equivocating when
angerous to himself and others, and
ı" (Laing 1960).

In response to my criticism of Laing, Daniel Burston, one of Laing's biographers, rose to his defense, implying that Laing regretted this statement and later changed his mind about psychiatric coercion: "Laing wrote these lines when he was 30 or 31, and a psychoanalyst in training, and spent the next 31 years (and more) living them down" (Burston 2003). There is no evidence for Burston's claim that Laing opposed psychiatric coercions and excuses, then or later. In fact, the opposite is the case. Unable to defend his hero with evidence, Burston charges me with also acquiring bloody hands during my residency training: "Dr. Szasz is a psychiatrist/psychoanalyst, is he not? Does Dr. Szasz maintain that he *never* treated involuntary mental patients during his psychiatric training, as Laing did—then ceased to do? If so, then the circumstances in which Szasz became a licensed psychiatrist[4] were unusual indeed!" (Burston 2003, emphasis in the original). *That is exactly what I maintain* (Szasz 2004b).

The circumstances of my psychiatric training were unusual because, even before I entered medical school, I concluded that the principles of psychiatry rest on the mendacious metaphor of "mental illness" and its practices are based on the use of force, authorized by the state and rationalized as medical treatment (Szasz 2007a, b). Nevertheless, Laing's admirers ceaselessly compare Laing and me, emphasize the praiseworthy similarities they attribute to our views, and lament my failings which they attribute to my "right-wing" libertarian politics. In a long essay in 2006, titled "Laing and Szasz: Anti-psychiatry, capitalism, and therapy," Ron Roberts and Theodor Itten write: "Despite their common cause in attacking the medicalization of human distress and the coercive nature of psychiatry, Szasz has frequently expressed considerable antipathy toward Laing." Evidently unhappy that I was still alive at 86 and Laing was dead, they continued: " when the time comes for Szasz to shuffle off his mortal coil, he will be remembered more for his insights into medical myth making than for his destructive libertarian views or personal attacks on Laing" (Roberts and Itten 2006). Although it is generally agreed that predicting the future is difficult, Roberts and Itten are confident that they can predict mine. As for "libertarian views," it goes without saying that they are "destructive."

Section 5

As noted earlier, my training was unusual because I regarded depriving innocent persons of liberty in madhouses as morally wrong when I was a teenager and, when I decided to qualify as a psychiatrist, I deliberately avoided having to be in a position where I would have to perform acts inconsistent with my conscience. Later, my contacts with involuntary mental patients were rare and limited to two kinds of interventions: If the incarcerated individual was innocent (not charged with a crime) and sought his freedom, I assisted him in his quest; contrariwise, if the individual was incarcerated because he was guilty of a crime (of which he was *prima facie*

[4] "Licensed" is the wrong word here. Physicians are licensed by the various states to practice "medicine and surgery." Various medical specialty boards "certify" physicians as psychiatrists, dermatologists, pathologists, and so forth. A physician not certified as a psychiatrist may claim to be one. Many prominent American psychiatrists have not been and are not "board certified."

guilty, typically by admitting it) and tried to avoid legal punishment by pleading insanity, and if the prosecutor wanted him punished, I assisted the prosecution in securing the defendant's conviction (Szasz 1965, 1977, 2004b, 2007a, b).

Laing's words and deeds throughout his professional life make Burston's claim that Laing regretted conventional psychiatric practices puzzling, to say the least. For example, in his autobiography Laing wrote:

> To say that a locked ward functioned as a prison for non-criminal transgressors is not to say that it should not be so. .. This is not the fault of psychiatrists, nor necessarily the fault of anyone. .. It does not follow from such *possibly* disturbing considerations that the exercise of such [psychiatric] power is not desirable and necessary, or that, by and large, psychiatrists are not the best people to exercise it, or, generally, that most of what does happen in the circumstances is not the best that can happen under the circumstances (Laing 1985, pp. 6, 15).

In my critique, "Antipsychiatry: The paradigm of the plundered mind," published in the *New Review* in London in 1976, I emphasized the overarching role of coercion in the so-called care of persons stigmatized as schizophrenic and rejected Laing's view that the schizophrenic's mind is plundered by his malevolent family, much as, in the communist view, the labor of the worker in capitalist society is plundered by the malevolent employer—a notion implied in the term "antipsychiatry," resonating with the leftist label "antifascist" for the supporter of the Soviet Union (Szasz 1976a). Responding to my critique, expanded in my book *Schizophrenia: The Sacred Symbol of Psychiatry*, Laing defended coercive psychiatry, specifically the forced incarceration of persons diagnosed as mentally ill. In a review of three of my books in the *New Statesman* in 1979, Laing asserted that it makes no difference whether we accept or reject psychiatric coercion:

> In these three books [*The Theology of Medicine, The Myth of Psychotherapy,* and *Schizophrenia*], Szasz continues, extends and deepens his diatribe, which began in 1961 with *The Myth of Mental Illness*, against what he regarded as the abuse of the medical metaphor in our society .. But suppose we *do drop* the medical metaphor. If the rest of us could recognize that what Szasz is propounding are, of course, eternal verities, then psychiatry would disappear, and with it what he calls antipsychiatry (Laing 1979).

This is not what I wrote. I wrote: "Psychiatry, as we know it, would gradually disappear. .," and continued: "Specifically, involuntary psychiatry, like involuntary servitude, would be abolished, and the various types of voluntary psychiatric interventions would be reclassified and reassessed, each according to its true nature and actual characteristics." Yet, Laing concluded: "It sounds as though it would all be much the same. It makes one wonder what he is making all the fuss about, whether he is not making a sort of fetish out of the medical metaphor, and a scapegoat out of psychiatry. We miss in these books any in-depth analysis of structures of power and knowledge such as we find in Foucault and Derrida" (Laing 1979).

Laing's reference to the fashionable French left-statists Foucault and Derrida reveals his passion for Jacobin-styled power. "It is pretty suicidal"—warned Oxford professor of philosophy Alan Ryan—"for embattled minorities to embrace Michel Foucault, let alone Jaques Derrida. The minority view was always that power could

be undermined by truth. .. Once y
effect of power, you've had it" (I
today it is the view of the few li
excuses. Cooper, Laing, Foucault,
the antipsychiatry movement w
interested in taking over psychiati
scientistic pretensions.

The Laingians were warned:
provided it was exercised by the
Anthony Stadlen did not let this g

> Dr. Laing's new role as the "pe
> Szasz's "insulting and abusive'
> unequivocally, that "it would all
> psychiatry be retained or abolis
> same" whether voluntary inter
> medical treatments for illness o
> tion, existential analysis. He imp
> us" who do use the medical met

Thanks to Laing's opportunistic
other members of a medical specia
of accepted psychiatric practice by
critical of certain obstetrical practic
as an "antiobstetrician." The surg
transsexual operations—is not dis
psychiatrist critical of certain psycl
insanity defense—is called an "anti
psychiatrists and the usefulness of t
the psychiatrist, is free to elect not
moral principles or that he simply
not free to do so.

Section 6

Laing believed not only that *menta*
chemicals. According to Adrian,

> LSD was a drug which intrigu
> permission by the British Govern
> therapeutic context. .. Ronnie us
> Wimpole Street [his office] and,
> also] tried heroin, opium, and am
> Cocaine was fine if you could aff

Laing deceived the Home Office
LSD "in a therapeutic context" and
who believed him when he declare

id legal punishment by pleading
ıed. I assisted the prosecution in
.977. 2004b, 2007a, b).
ısional life make Burston's claim
ces puzzling, to say the least. For

for non-criminal transgressors is
ɔt the fault of psychiatrists, nor
ıw from such *possibly* disturbing
.tric] power is not desirable and
ıot the best people to exercise it,
he circumstances is not the best
1985, pp. 6, 15).

of the plundered mind," published
ɔhasized the overarching role of
zed as schizophrenic and rejected
ındered by his malevolent family,
he worker in capitalist society is
nplied in the term "antipsychiatry,"
the supporter of the Soviet Union
ed in my book *Schizophrenia: The*
ɔercive psychiatry, specifically the
ally ill. In a review of three of my
serted that it makes no difference

ne, The Myth of Psychotherapy,
and deepens his diatribe, which
. against what he regarded as the
.. But suppose we *do drop* the
recognize that what Szasz is
ıen psychiatry would disappear,
ɜ 1979).

ɪy. as we know it, would gradually
luntary psychiatry, like involuntary
us types of voluntary psychiatric
d, each according to its true nature
"It sounds as though it would all be
ıking all the fuss about, whether he is
metaphor, and a scapegoat out of
analysis of structures of power and
la" (Laing 1979).
left-statists Foucault and Derrida
is pretty suicidal"—warned Oxford
ıtled minorities to embrace Michel
view was always that power could

be undermined by truth.... Once you read Foucault as saying that truth is simply an effect of power, you've had it" (Ryan 1997). If ever there was a "minority view," today it is the view of the few Individuals who oppose psychiatric coercions and excuses. Cooper, Laing, Foucault, and the French intellectual fakes associated with the antipsychiatry movement were power-hungry left-wing statists who were interested in taking over psychiatry, not destroying its intellectual foundations and scientistic pretensions.

The Laingians were warned: Their guru approved of psychiatric violence, provided it was exercised by the "right people." Noted British existential analyst Anthony Stadlen did not let this go unchallenged. He wrote:

> Dr. Laing's new role as the "perfectly decent" defender of psychiatry against Szasz's "insulting and abusive" "fuss" calls for comment. Laing is saying, unequivocally, that "it would all be much the same" to him whether involuntary psychiatry be retained or abolished. He is saying "it would all be much the same" whether voluntary interventions, including his own, are intended as medical treatments for illness or as interpersonal counseling, ethical exploration, existential analysis. He implies quite clearly that he is one of the "rest of us" who do use the medical metaphor (Stadlen 1979).

Thanks to Laing's opportunistic sloganeering, psychiatrists can now do what no other members of a medical specialty can do: they can dismiss critics of any aspect of accepted psychiatric practice by labeling them "antipsychiatrists." The physician critical of certain obstetrical practices—say, abortion on demand—is not stigmatized as an "antiobstetrician." The surgeon critical of certain surgical practices—say, transsexual operations—is not dismissed as an "antisurgeon." The fact that the psychiatrist critical of certain psychiatric practices—say, civil commitment and the insanity defense—is called an "antipsychiatrist" is evidence of the defensiveness of psychiatrists and the usefulness of the term "antipsychiatry." Every physician, except the psychiatrist, is free to elect not to perform particular procedures that offend his moral principles or that he simply prefers not to offer. *De facto*, the psychiatrist is not free to do so.

Section 6

Laing believed not only that *mental illness is real but that "it" could be cured by chemicals*. According to Adrian,

> LSD was a drug which intrigued Ronnie and for which he was given permission by the British Government, through the Home Office, to use in a therapeutic context.... Ronnie used the drug in therapy sessions both at 21 Wimpole Street [his office] and, at a later stage, in Kingsley Hall.... [He had also] tried heroin, opium, and amphetamines, but they were not to his liking. Cocaine was fine if you could afford it (Laing 1994, pp. 71, 91).

Laing deceived the Home Office when he applied for special permission to use LSD "in a therapeutic context" and then took it himself. He also deceived all those who believed him when he declared that mental disorders were disturbances in

human relationships, not disorders of brain chemistry, and then used drugs to "treat" "patients." Laing accepted that LSD produced a "model psychosis," hence that psychosis was a chemical disorder, a brain disease: "Under the Misuse of Drugs Act 1964, a qualified doctor was entitled to prescribe LSD to patients. .. The actual effects of LSD mimicked a psychotic breakdown.... [In a BBC interview] Ronnie extolled the virtues of lysergic acid, mescaline, psilocybin, and hashish," and referred to the notion of chemically induced model psychosis as if it were a fact (Laing 1994, p. 108, 109).

"As far as Ronnie was concerned," writes Adrian, "the principal area into which he felt the need to expand during 1966 was drugs and, in particular, LSD, hashish, and mescaline.... From 1960 until 1967 Ronnie's intake of substances, legal and otherwise, increased considerably, and there was clearly a steady increase in his personal consumption during 1965 and 1966, which coincided with his living at Kingsley Hall (Laing 1994, p. 128).

Clay writes: "LSD opened up new vistas, new fields of experience for him, and he was to use it more and more....With LSD he found he could travel through time in a way that the past wasn't simply at a distance but co-present.... 'I now usually take a small amount of it myself if I give it to anyone, so that I can travel with them'" (Clay 1996, pp. 79, 96–97). Although Laing's followers deny that Laing was a drug guru, the high priest of "super-sanity," Adrian quotes from one of his lectures:

> An LSD or mescaline session [sic] in one person, with one set in one setting, may occasion a psychotic experience. Another person, with a different set and different setting, may experience a period of super-sanity .. The aim of therapy will be to enhance consciousness rather than to diminish it. Drugs of choice, if any are to be used, will be predominantly consciousness expanding drugs, rather than consciousness constrictors—the psychic energizers, not the tranquilizers (Laing 1994, p. 115).

In short, Laing saw himself as a psychopharmacologist using "uppers" instead of "downers." How does an LSD therapist differ from a Prozac therapist? Each has his favorite drug and uses his medical credentials and medical privileges to *prescribe* and provide it to his patients.

Laing's favorite drug was alcohol. In the end, his heavy drinking led to his losing his medical license. One of his patients lodged a formal complaint against him with the General Medical Council, alleging that, while drunk during a professional visit, Laing had "abused and assaulted him." Laing "suggested that they go for a drink in a public house outside of which Ronnie was alleged to have said, 'I think this is one place I have never been thrown out of'" (Laing 1994, p. 225). Evidently, Laing was proud of his persona as alcoholic brawler. After another drunken session with the same client, "The drinking continued and after an hour or so the complainant decided to leave. Before he did so a dispute arose over the non-payment of his last visit. Finally, Ronnie demanded, in a 'drunken rage,' that he depart. As he did so, the complainant continued, 'Dr. Laing slammed the glass paneled door on me, catching my elbow'" (Laing 1994).

In 1969, the American journalist Albert Goldman came to London to interview Laing. From his hotel, he called Laing. Clay reports: "'Never had I heard a man tack and veer and reverse his field so many times in the course of a simple conversation

turning on where and when to m
Savoy Hotel" (Clay 1996, p. 13
rise from his seat at the bar anc

> Laing emerged as a "pret
> enlightened philosopher he e:
> Francis Huxley[5] along as wel
> his magazine, was paying the
> top. When the obsequious *ma*
> to serve a magnum of champ
> reached the table on the risi
> drunk heavily at the bar bef
> some really coarse stories ab
> food. To illustrate, Laing rear
> that had been set before hin
> believe what he was seeing. ..
> everything he fulminated agai
> filled with pointless rage, cc
> intellectual stilts" (Clay 1996,

Laing's rage and violent se
pointless. Disinhibited by liquor
was a cauldron of equivocations
pain in inebriation venting his rag
now helpless to put right. His life
come clean. He soldiered on to a
and the press exploited him. He
hounds tolerated his repugnant pe
cadavers.

Section 7

For a few years, Laing was a succe
was something pitiful and patheti
angry person. In 1976, science wr
Yale University in New Haven, C

> I went to hear him speak b
> performance... I would never h
> chair on the stage, facing a room
> toward him, he was inexplicably
> He began a sentence and then
> uncertain where such a thought n
> was spent in tedious and seem

[5] Son of Sir Julian Huxley, nephew of Aldo
other psychedelic drugs.

stry, and then used drugs to "treat"
a "model psychosis," hence that
:: "Under the Misuse of Drugs Act
ɔe LSD to patients. .. The actual
ı.... [In a BBC interview] Ronnie
e, psilocybin, and hashish," and
ɔdel psychosis as if it were a fact

:ian, "the principal area into which
ɡs and, in particular, LSD, hashish,
ɛ's intake of substances, legal and
ıs clearly a steady increase in his
vhich coincided with his living at

fields of experience for him, and he
ıd he could travel through time in a
co-present.... 'I now usually take a
ɔ that I can travel with them'" (Clay
:s deny that Laing was a drug guru,
from one of his lectures:

rson, with one set in one setting,
r person, with a different set and
ıper-sanity.... The aim of therapy
:o diminish it. Drugs of choice, if
consciousness expanding drugs,
ıe psychic energizers, not the

nacologist using "uppers" instead of
ɔm a Prozac therapist? Each has his
and medical privileges to *prescribe*

. his heavy drinking led to his losing
a formal complaint against him with
ile drunk during a professional visit,
uggested that they go for a drink in a
ged to have said, 'I think this is one
1994, p. 225). Evidently, Laing was
er another drunken session with the
ter an hour or so the complainant
ose over the non-payment of his last
ɑage,' that he depart. As he did so, the
ɛ glass paneled door on me, catching

ıldman came to London to interview
ports: "'Never had I heard a man tack
ɑ the course of a simple conversation

turning on where and when to meet that night.' Goldman arranged to meet him at the Savoy Hotel" (Clay 1996, p. 137). When Goldman arrived, Laing did not bother to rise from his seat at the bar and was arrogant and rude from the start:

> Laing emerged as a "pretty earthy and aggressive character," not the enlightened philosopher he expected. Laing had insisted on inviting his friend Francis Huxley[5] along as well, having first ascertained that Goldman, or rather his magazine, was paying the bill. Laing's manner now began to go over the top. When the obsequious *maitre d'* solicited our order, Laing commanded him to serve a magnum of champaign with the fish. .. Laing [noted Goldman] had reached the table on the rising tide of inebriation and belligerence [having drunk heavily at the bar before Goldman's arrival], now regaled them with some really coarse stories about what went on in kitchens before serving the food. To illustrate, Laing reared back and spat into a plate of Scottish salmon that had been set before him with great ceremony. Goldman could hardly believe what he was seeing.... [He] was astounded to see Laing behaving like everything he fulminated against in his own writings. He was tight as a drum, filled with pointless rage, contemptuous of anyone who did not walk on intellectual stilts" (Clay 1996, pp. 137–138).

Laing's rage and violent self-contradictions were, I venture to guess, not pointless. Disinhibited by liquor and self-pity, Laing became aware that his mind was a cauldron of equivocations and self-contradictions. He sought release from his pain in inebriation venting his rage over a life he knew he had mismanaged and was now helpless to put right. His life was a fraud and it was too late and too costly to come clean. He soldiered on to an early grave. Meanwhile, he exploited the press and the press exploited him. He was good copy almost to the end and the media hounds tolerated his repugnant persona much as medical voyeurs tolerate mutilated cadavers.

Section 7

For a few years, Laing was a successful psychiatric con-man. At the same time, there was something pitiful and pathetic about him. Clearly, he was a deeply unhappy, angry person. In 1976, science writer Maggie Scarf reported on a visit by Laing to Yale University in New Haven, Connecticut:

> I went to hear him speak before a large audience.... Laing put on a performance... I would never have predicted. Seated on a large, throne-like chair on the stage, facing a roomful of people who seemed to be well-disposed toward him, he was inexplicably uncomfortable—hesitant and almost confused. He began a sentence and then paused in the middle, looking baffled, as if uncertain where such a thought might possibly lead him. .. A good deal of time was spent in tedious and seemingly endless discussions of one meditative

[5] Son of Sir Julian Huxley, nephew of Aldous Huxley, anthropologist and dabbler in the use of LSD and other psychedelic drugs.

procedure—concentrating intensely on the tip of one's nose. .. Laing himself seemed essentially disinterested in what he was saying. .. I could see the puzzlement on the faces of the people around me.... After about half an hour or so, Laing simply ran out of energy and stopped. He stared out at the audience, then remarked limply, "Now what is one supposed, really, to make of all this meditation stuff? I don't know. I haven't come up with any answers yet. In fact I've been listening for some answers all the time I have been giving this lecture. But I haven't heard any yet." Not surprisingly, this observation was greeted with a few incredulous hoots of laughter.... A scattering of people had gotten up from their seats and were leaving the auditorium (Scarf 1976).

As a public speaker, Laing was a bust. This did not stop him from cashing in on the image he created and cultivated—a brilliant, romantic rebel, a Byron poetizing about true sanity. It was all chutzpa, or cheek as the British say.

In the fall of 1985, Laing was at a conference in Plymouth, England. The writer Colin Wilson, another participant, recalled: "He [Laing] was the most appalling speaker I have come across. I found it almost incomprehensible that he had the cheek to come along to what was supposed to be a day-long 'symposium'—with myself, the poet David Gascoyne, and himself—and then ramble on in such a totally disconnected manner, with long pauses, and a complete lack of coherence" (Clay 1996, p. 235).

In December of the same year, Laing was one of the speakers at the Milton Erickson Evolution of Psychotherapy conference in Phoenix, Arizona. He had nominated me to discuss his paper. Each speaker had contracted to have a copy of his presentation in the hands of the discussant 6 weeks in advance of the meeting. Laing had no paper even as he rose to speak. His lecture was a mixture of gibberish and silence. This is how Laing remembered the event:

I gave a talk that—the two pieces of it didn't hang together—they hung together in what I said, but I didn't think they were going to *publish* it as it stood. The two halves of my paper didn't seem to be particularly connected. So Szasz got up afterwards to discuss it and said that the nearest thing he had ever come to what it must feel like to be subjected to involuntary incarceration in a mental institution was having to sit through Dr. Laing's talk. From there he went on in his own manner and tried to tear it *absolutely* to pieces. What he fixed on was what he called my relativism and that I was just unrigorous, sloppy, and a dishonest nihilist. It was nihilism in disguise; he was dismissing me as a nihilist. He also tried to make out that what I was saying was fashionable *salon* nihilism and that it had nothing to do with science. So I wasn't going to reply to that. You know, fuck it (Mullan 1995, p. 203, emphasis in the original).

Suffice it to add that the organizers of the conference had clearly stipulated that the speakers deliver finished, publishable versions of their presentation in advance of the meeting. Laing blithely ignored it and, once again, made excuses for violating his contract. Curiously, Roberts and Itten exhume that event and describe it this way:

Szasz compared listening to a talk by Laing as the nearest thing he had ever experienced to what it must feel like to be subjected to involuntary

incarceration in a mental institu
moral conduct as shameful and
out." No doubt skeletons could
Laing, this would hardly be fitt
either as persons or scholars (R

Happily, there are no skeletons
critics would have laid them out a
as Laing's boozing and brawling,
as a psychoanalyst, his serial mar
skeletons in a closet. They are pub
for moral judgment. In my view,
individual liberty, and the free s
professional.

Section 8

Laing's fame was closely connecte
Joseph Berke—an American psych
this sketch: "Essentially, Laing like
channels having to go through him
took me a long time to figure this c
by his brilliance and my own desi

Theodor Itten's impression of La
the opposite. To Itten, an Austrian p
peaceful, egalitarian-democratic pe
avoid competition and conflict. Itt
"dreamt of a football match where,
the game turns into a dance'" (Itte
org/4-1/itten.cfm). Itten's denial
illustrates the kind of abject depen

At the beginning of his career, I
(1923–1999), a psychiatrist who wa
destroyed that friendship. "Before
night when Ronnie 'let Aaron have
unless Aaron 'took Jesus Christ int
piece of unadulterated cheek." Afte
glasses as if to clean them, Laing
Aaron's jaw" (Laing 1994, p. 117).
convert obstinate Jews? There is sil

Sigal's experience also dramatic
Sigal discovered the hard way that o
you but you could not reject him: le
saga ought to be the last nail in the
opposed to the practice of psychi
imprisoned in Kingsley Hall. He

f one's nose.... Laing himself
as saying. .. I could see the
.. After about half an hour or
He stared out at the audience,
sed, really, to make of all this
p with any answers yet. In fact
I have been giving this lecture.
this observation was greeted
scattering of people had gotten
rium (Scarf 1976).

l not stop him from cashing in on
omantic rebel, a Byron poetizing
he British say.
in Plymouth, England. The writer
[Laing] was the most appalling
ncomprehensible that he had the
e a day-long 'symposium'—with
ıd then ramble on in such a totally
ɔmplete lack of coherence" (Clay

ne of the speakers at the Milton
ce in Phoenix, Arizona. He had
had contracted to have a copy of
weeks in advance of the meeting.
lecture was a mixture of gibberish
event:

dn't hang together—they hung
y were going to *publish it as it*
ı to be particularly connected. So
hat the nearest thing he had ever
to involuntary incarceration in a
Dr. Laing's talk. From there he
it *absolutely* to pieces. What he
and that I was just unrigorous,
n in disguise; he was dismissing
ıt that what I was saying was
othing to do with science. So I
t (Mullan 1995, p. 203, emphasis

nference had clearly stipulated that
ıs of their presentation in advance of
e again, made excuses for violating
e that event and describe it this way:

as the nearest thing he had ever
o be subjected to involuntary

incarceration in a mental institution.... Szasz also went on to describe Laing's moral conduct as shameful and reprehensible and argued that Laing had "sold out." No doubt skeletons could be pulled from Szasz's cupboard but, as with Laing, this would hardly be fitting to a consideration of their respective worth either as persons or scholars (Roberts and Itten 2006).

Happily, there are no skeletons similar to Laing's in my cupboard. If there were, critics would have laid them out a long time ago. Moreover, public behavior—such as Laing's boozing and brawling, near-failure to qualify first as a physician and then as a psychoanalyst, his serial marriages and the neglect of his "first family" are not skeletons in a closet. They are public information about a public person, a fit subject for moral judgment. In my view, Laing was an enemy of personal responsibility, individual liberty, and the free society. He was a bad person and a fraud as a professional.

Section 8

Laing's fame was closely connected with his role as the Emperor of Kingsley Hall. Joseph Berke—an American psychiatrist and one of Laing's early coworkers—offers this sketch: "Essentially, Laing liked to remain at the center of a wheel, with all the channels having to go through him. That way he gained great power over others. It took me a long time to figure this out, not the least because like Sigal, I was dazzled *by his brilliance and my own desire to idealize him*" (Berke 2007).

Theodor Itten's impression of Laing, whom he idolized and still idolizes, was just the opposite. To Itten, an Austrian psychotherapist, Laing was the embodiment of the peaceful, egalitarian-democratic person, with a passion for cooperation, eager to avoid competition and conflict. Itten's sole evidence is that Laing allegedly once "*dreamt of a football match where, as he put it, 'I am both sides. It only ends when the game turns into a dance*'" (Itten, T., "Laing in Austria," http://www.janushead.org/4-1/itten.cfm). Itten's denial of Laing's life-long bellicosity and nastiness illustrates the kind of abject dependence Laing could evoke in some people.

At the beginning of his career, Laing's closest collaborator was Aaron Esterson (1923–1999), a psychiatrist who was also born in Glasgow. In 1966, Laing wantonly destroyed that friendship. "Before 1966 was over," writes Adrian, "there came a night when Ronnie 'let Aaron have it.' ...Ronnie refused to continue their friendship *unless Aaron 'took Jesus Christ into his heart.' Aaron took the view* that this was a piece of unadulterated cheek." After asking Esterson to stand up and removing his glasses as if to clean them, Laing "quite out of the blue, delivered a full blow to Aaron's jaw" (Laing 1994, p. 117). Ronald D. Laing, a messenger of Jesus out to convert obstinate Jews? There is silence about what this was all about.

Sigal's experience also dramatically contradicts Itten's fantasies about his hero. Sigal discovered the hard way that once you became Laing's acolyte, he could reject you but you could not reject him: leaving him was an act of *lèse majesté*. The Sigal saga ought to be the last nail in the coffin of the legend of Laing as a psychiatrist opposed to the practice of psychiatric coercion. In 1965, Sigal found himself imprisoned in Kingsley Hall. He escaped, Laing and his gang went after him,

assaulted him in his own home, forcibly injected him with Largactil (Thorazine), and reimprisoned him in their antihospital. A few days later, Sigal made his escape good, returned to the USA, *and later wrote Zone of the Interior*·

> In September 1965, during the Jewish High Holidays, I had a "schizophrenic breakdown"...or flash of enlightenment...or transformative moment of rebirth. It's all in your point of view. My 'breakdown' did not happen privately but acted out in front of 20 or 30 people on a Friday shabbat night at Kingsley Hall. .. The notion behind Kingsley Hall was that psychosis is not an illness but a state of trance to be valued as a healing agent (Sigal 1976, p. vii–ix).

Laing's fraudulent cure of schizophrenia was enacted on the stage at Kingsley Hall, much as Charcot's fraudulent cure of hysteria was performed on the stage at the Salpêtrière, to similarly sensational effects (Szasz 1974; for a more detailed account, see Szasz 2008). The following excerpt from an interview with Sigal in *The Guardian* (UK) in December, 2005 summarizes the Laing–Sigal *folie à deux:*

> We began exchanging roles, he the patient and I the therapist, and took LSD together in his office and in my Bayswater apartment.... Laing and I had sealed a devil's bargain. Although we set out to "cure" schizophrenia, we became schizophrenic in our attitudes to ourselves and to the outside world. Our personal relationships in the Philadelphia Association became increasingly fraught. .. That night, after I left Kingsley Hall, several of the doctors, who persuaded themselves that I was suicidal, piled into two cars, sped to my apartment, broke in, and jammed me with needles full of Largactil [Thorazine], a fast-acting sedative used by conventional doctors in mental wards. Led by Laing, they dragged me back to Kingsley Hall where I really did become suicidal. I was enraged: the beating and drugging was such a violation of our code. Now I knew exactly how mental patients felt when the nurses set about them before the doctor stuck in the needle.... Before I could fight back—at least four big guys including Laing were pinning me down—the drug took effect. The last thing I remember saying was, "You bastards don't know what you're doing..." They left me alone in an upstairs cubicle overlooking a balcony with a 30-ft drop. I had to figure a way to escape from this bunch of do-gooders who had lost their nerve as well as their minds.... In 1975, 10 years after I broke with Laing, I completed a comic novel, *Zone Of The Interior*, based on my experiences with schizophrenia. Published to widespread notice in the US, it was stopped cold in Britain by Laing's vague threat of a libel action (Sigal 2005; see also Sigal 1976).

In *Zone of the Interior*, Laing's assault of Sigal with Largactil is more detailed and explicit. The Kingsley Hall staff is given pseudonyms. Laing is "Willie Last"·

> When I started to yell, Munshin clapped his hand over my mouth. I bit it, fighting back and struggling with every last ounce of strength. Then something sharp stabbed me. I looked down. Willie Last was withdrawing a hypodermic needle from my leg. Oh no. He gave the hypo back to Bronwen holding his medical bag. "For a junkie he's pretty strong," grunted Munshin, hammerlocking me so Boris could pull down my trousers. "Better sock it to him again."

> Last quickly refilled the s
> behind. "Please," I said.
> you're doing" (Sigal 1976

Sigal was right. It took a
breaking a solemn promise-
moral wrong, the severing o
whole. Some of his disciples
his review of the UK edition
"trained" by Laing, writes:
assault on Sigal] at a public
felt sanguine about the incide
determining in every case: *wh*
emphasis added). Perforce th
certain basic moral choices,
refraining from particular pr
psychiatric coercion. In short,
as the master *equivocator* he w
as a psychiatrist opposed to p

Ronald Laing—like many
Bleuler, Carl Jung, Harry Stac
believed that the voice of the s
silenced with physical "treatm
medical bag and a ready sup
Sigal's book been published in
perhaps punished as a criminal
legend of the "savior of the scl
for a fine but neglected essay o
and scandalous "lecture" at Yal

Section 9

In 2005, 16 years after Laing's
the Interior in the U.S., the bo
interest in antipsychiatry has al
ever—became a grab-bag categ
critical of psychiatry's disease o
the Interior in Britain came too
effects was a first-hand confi
participants in the crime, Josep
Sigal's book, in *Existential Anal*
of postwar psychiatry.[6]

Sigal demonstrates the painful
get close, and stay close to Lai

[6] In the review, Sigal's name is consisten

him with Largactil (Thorazine), and
's later, Sigal made his escape good,
e *Interior*:

Holidays, I had a "schizophrenic
ransformative moment of rebirth.
n' did not happen privately but
riday shabbat night at Kingsley
s that psychosis is not an illness
: agent (Sigal 1976, p. vii–ix).

s enacted on the stage at Kingsley
ia was performed on the stage at the
z 1974; for a more detailed account,
ı an interview with Sigal in *The*
the Laing–Sigal *folie à deux:*

nd I the therapist, and took LSD
artment.... Laing and I had sealed
'cure" schizophrenia, we became
and to the outside world. Our
Association became increasingly
Hall, several of the doctors, who
ɔiled into two cars, sped to my
ɛdles full of Largactil [Thorazine],
doctors in mental wards. Led by
Hall where I really did become
ɡging was such a violation of our
nts felt when the nurses set about
.. Before I could fight back—at
ɨinning me down—the drug took
ɨ, "You bastards don't know what
n upstairs cubicle overlooking a
way to escape from this bunch of
.s their minds.... In 1975, 10 years
mic novel, *Zone Of The Interior*,
Published to widespread notice in
ing's vague threat of a libel action

al with Largactil is more detailed and
lonyms. Laing is "Willie Last".

ıis hand over my mouth. I bit it,
ounce of strength. Then something
ıst was withdrawing a hypodermic
ypo back to Bronwen holding his
ɡ," grunted Munshin, hammerlock-
ers. "Better sock it to him again."

> Last quickly refilled the syringe from his bag and slipped the needle into my behind. "Please," I said. "Please don't. Don't. Don't. You can't know what you're doing" (Sigal 1976, p. 285).

Sigal was right. It took a long time for some of Laing's disciples to realize that breaking a solemn promise—to a family member, friend, or patient—is a grave moral wrong, the severing of a sacred bond. Once severed, it can never be made whole. Some of his disciples still do not realize this, indeed deny that it is wrong. In his review of the UK edition of *Zone of the Interior*, M. Guy Thompson, a therapist "trained" by Laing, writes: "I also heard Laing recount this story [the Largactil assault on Sigal] at a public lecture [without identifying the victim]. Laing clearly felt sanguine about the incident and employed the story to highlight the difficulty in determining in every case: *what is the right thing to do?*" (Thompson 2007, p. 382, emphasis added). Perforce this must be the case for any person who, faced with certain basic moral choices, is unwilling *unequivocally* to commit himself to refraining from particular practices—in the present case, from the practice of psychiatric coercion. In short, Thompson's defense identifies and incriminates Laing as the master *equivocator* he was. It also puts paid to Burston's idealization of Laing as a psychiatrist opposed to psychiatric coercion.

Ronald Laing—like many psychiatrists before him, such as Eugen and Manfred Bleuler, Carl Jung, Harry Stack Sullivan, Frieda Fromm-Reichmann, and others—believed that the voice of the schizophrenic should be listened to and deciphered, not silenced with physical "treatments." If Laing really believed this, why did he have a medical bag and a ready supply of injectable Largactil? It is plausible that had Sigal's book been published in Britain in 1976, Laing would have been exposed and perhaps punished as a criminal, Kingsley Hall would have been shut down, and the legend of the "savior of the schizophrenic" would have been cut short (Scarf 1976, for a fine but neglected essay on Laing's persona, equivocations, self-contradictions, and scandalous "lecture" at Yale University).

Section 9

In 2005, 16 years after Laing's death and 29 years after the publication of *Zone of the Interior* in the U.S., the book was finally published in the UK. By this time, interest in antipsychiatry has all but disappeared and the term—more popular than ever—became a grab-bag category for any person or group that was in any way critical of psychiatry's disease or drug *de jour*. Although the publication of *Zone of the Interior* in Britain came too late to influence Laing's career, one of its beneficial effects was a first-hand confirmation of the assault on Sigal by one of the participants in the crime, Joseph Berke. Berke's review of the British edition of Sigal's book, in *Existential Analysis* in 2007, is an important addition to the history of postwar psychiatry.[6]

> Sigal demonstrates the painful scars of many very talented people who tried to get close, and stay close to Laing, only to be rebuffed. .I don't know of anyone

[6] In the review, Sigal's name is consistently misspelled as "Segal." I changed it back to "Sigal."

who was not eventually rejected, although a few colleagues stayed attached for long periods of time, by anticipating Laing's needs and desires and twisting and turning with him. Thus, when he was into revolution, you talked left politics (easy for Sigal), when he was into acid, you were into acid (also easy), when he was into Eastern mysticism, you chanted OHMMM (much harder). Sigal was clearly overwhelmed by Laing's brilliance, but may have not realized that his mentor was also a consummate "*mind fucker*" and trickster (Berke 2007, p. 378).

It is not clear why a "talented person" would have wanted to associate, much less let himself be led around by the nose, by a patently confused and ill-behaved Laing. I met Laing on several occasions and he struck me, from beginning to end, as a poseur, a phoney. Berke continues:

> De-idealizations are very painful. Sigal's comes at the end of the novel, when he finally achieved a state of madness. He thought Ronnie would love him. Instead Laing got frightened and convinced members of his inner circle to *waylay Sigal at his flat, inject him with Largactil, and bring him back to Kingsley Hall '"for his own good."*... Sigal's description is somewhat contrived but basically accurate. *I should know, as I was coopted for the ride. Very exciting it was too, at the time. But it did get my own doubts going* (Berke 2007, emphasis added).

Berke deserves praise for setting the record straight. Sigal was right when he pleaded with his kidnappers, "You can't know what you're doing." It seems they did not know and still do not know. To this day, "Laingian" and "existential" therapists avoid coming clean on where they stand on the subject of the right to one's body, the right to drugs, the right to suicide, and the uses of psychiatric coercions and excuses. They prefer to immerse themselves in Michel Foucault, Gilles Deleuze, and Jacques Derrida, and ignore David Hume, John Stuart Mill, and Lord Acton.

Laing's psychiatric rape of Sigal and his obstructing the publication of Sigal's exposure of it unmask Laing as the self-seeking cult leader he was. Laing made a sport of betraying every promise and trust, explicit and implicit—to wives, children, friends, patients, and conference-organizers. What Laing and his accomplices did to Sigal was more reprehensible than what psychiatrists do when they forcibly drug patients. They committed a crime, called "assault and battery." Institutional psychiatrists do not eschew coercion and their interventions are, *de lege*, legitimate.

Laing addressed serious moral issues, but lacked—indeed, mocked—moral seriousness. His "philosophical credo" was summed up in his apocalyptic *crie de coeur*, often admiringly cited by his followers: "If I could turn you on, if I could drive you out of your wretched mind, if I could tell you, I would let you know" (Laing 1967; for details, see Szasz 2008, Chapter 2). *Le style, c'est l'homme.*

With his LSD-laced "therapy," Indian junket, faux meditation, and alcohol-fueled lecture-theatrics, Laing managed, for a while, to con people into believing that his boorish behavior was a badge of superior wisdom. Then, as quickly as he built it, his house of cards collapsed of its own featherweight. In 1989, Laing, aged 61 (almost 62)—"faced with the real and immediate prospect of being completely insolvent, the father of a newborn baby, with no reliable income, no home, a serious drinking problem, and a debilitating feeling of depression bordering on despair"—collapsed and died (Laing 1994, p. 231, 236).

Laing was the Robespierre of
ible" speaking in the language of
offered this affectionate account o

> The *normal* way parents get the
> say to them in effect: "Because
> you, this shows that I love y
> assuagement of your terror to t
> seeking to have assuaged." Th
> 1968, emphasis in the original).

This was the facade of Laing th
Love brings order to the chaos of
mental patient, opting for conventi
Clare—host of the popular BBC
interviewed Laing:

> The radio programme was rec
> already mildly intoxicated when
> of his fears of getting into a "
> father and grandfather had....
> letters. Many listeners wrote in t
> most depressed people to appear
> and many listeners were surprise
> drugs in psychiatry," consider u
> Clare had asked him what he v
> "profoundly psychomotoretarded
> had replied "I would want whoe
> body to some nursing home and
> get me into a brighter state of m

In effect, Clare invited Laing to
wrote requested that he be treatec
modern biological psychiatry (Szas
said Shakespeare (Shakespeare). H

Acknowledgment I am greatly indebted
encyclopedic knowledge of psychoanalysis,
responsible for errors of fact and other flaws

References

Berke, J. (2007). Review of *Zone of the Inte*
18, 377–379, p. 378.
Burston, D. (2003). Szasz, Laing, and existenti
Clay, J. (1996). *R. D. Laing: A divided self.*
Colman, A. (2001). *Antipsychiatry. A diction*
Cooper, D. (1967). *Psychiatry and anti-psyc*
Cooper, D. (1968). Introduction. In D. Coop
worth: Penguin.

: colleagues stayed attached for
ds and desires and twisting and
ion, you talked left politics (easy
id (also easy), when he was into
uch harder). Sigal was clearly
· not realized that his mentor was
Berke 2007, p. 378).

ive wanted to associate, much less
y confused and ill-behaved Laing.
me, from beginning to end, as a

at the end of the novel, when he
Ronnie would love him. Instead
f his inner circle to *waylay Sigal*
him back to Kingsley Hall '"for
newhat contrived but basically
he ride. Very exciting it was too,
(Berke 2007, emphasis added).

straight. Sigal was right when he
iat you're doing." It seems they did
ingian" and "existential" therapists
ibject of the right to one's body, the
psychiatric coercions and excuses.
ucault, Gilles Deleuze, and Jacques
ill, and Lord Acton.
structing the publication of Sigal's
cult leader he was. Laing made a
it and implicit—to wives, children,
at Laing and his accomplices did to
atrists do when they forcibly drug
assault and battery." Institutional
iterventions are, *de lege*, legitimate.
lacked—indeed, mocked—moral
imed up in his apocalyptic *crie de*
"If I could turn you on, if I could
ld tell you, I would let you know"
er 2). *Le style, c'est l'homme.*
faux meditation, and alcohol-fueled
o con people into believing that his
n. Then, as quickly as he built it, his
ht. In 1989, Laing, aged 61 (almost
ct of being completely insolvent, the
come, no home, a serious drinking
on bordering on despair"—collapsed

Laing was the Robespierre of antipsychiatry, playing the role of the "Incorruptible" speaking in the language of Pure Love. In the *Dialectics of Liberation*, Laing offered this affectionate account of *normal child development:*

> The *normal* way parents get their children to love them is to terrorize them, to say to them in effect: "Because I am not dropping you, because I am not killing you, this shows that I love you, and therefore you should come for the assuagement of your terror to the person who is generating the terror you are seeking to have assuaged." The above mother is rather hyper-normal (Laing 1968, emphasis in the original).

This was the facade of Laing the Psychiatric Revolutionary whose unconditional Love brings order to the chaos of madness. It concealed Laing, the self-identified mental patient, opting for conventional psychiatric care. In 1985, Professor Anthony Clare—host of the popular BBC Radio 4 program "In the Psychiatrist's Chair"—interviewed Laing:

> The radio programme was recorded in the early afternoon, but Laing was already mildly intoxicated when he turned up at the studio. .. Laing then spoke of his fears of getting into a "real Scottish involutional melancholia" as his father and grandfather had. .. The programme attracted a huge number of letters. Many listeners wrote in to say how surprised they were that one of the most depressed people to appear on the programme was himself a psychiatrist and many listeners were surprised to hear Laing, the "fierce critic of the use of drugs in psychiatry," consider using drugs for himself to treat his depression. Clare had asked him what he would want from a psychiatrist if he became "profoundly psychomotoretarded, profoundly depressed or suicidal," and Laing had replied "I would want whoever was taking my case over to...transport my body to some nursing home and if you had any drugs that *you thought* would get me into a brighter state of mind to use those" (Clay 1996, pp. 231–234).

In effect, Clare invited Laing to write his "psychiatric will," and the will Laing wrote requested that he be treated in accordance with the "standard of care" of modern biological psychiatry (Szasz 1982) "The evil that men do lives after them," said Shakespeare (Shakespeare). He was right.

Acknowledgment I am greatly indebted to Anthony Stadlen for generously sharing with me his encyclopedic knowledge of psychoanalysis, existential analysis, and the history of the cure of souls. I am responsible for errors of fact and other flaws.

References

Berke, J. (2007). Review of *Zone of the Interior*, by Clancy Sigal (Pomona, 2005). *Existential Analysis, 18*, 377–379, p. 378.
Burston, D. (2003). Szasz, Laing, and existential psychotherapy. http://www.chinstitute.org/01-20-2004.html
Clay, J. (1996). *R. D. Laing: A divided self.* London: Hodder & Staughton.
Colman, A. (2001). *Antipsychiatry. A dictionary of psychology.* New York: Oxford University Press.
Cooper, D. (1967). *Psychiatry and anti-psychiatry.* London: Tavistock.
Cooper, D. (1968). Introduction. In D. Cooper (Ed.) *The dialectics of liberation* (pp. 8–11). Harmondsworth: Pengum.

David, A. S. (2006). Preface. In Laing, A. C., *R. D. Laing*, op. cit., pp. xi.
Diamond, B. (1964). Review of *Law, Liberty and Psychiatry: An Inquiry into the Social Uses of Mental Health Practices*, by Thomas S. Szasz," *California Law Review*, 52: 899–907 (October).
Laing, R. D. (1960). *The divided self: An existential study in sanity and madness* p. 27. London: Tavistock Publications.
Laing, R. D. (1967). *The politics of experience and the bird of paradise p. 156. Harmondsworth: Penguin.*
Laing, R. D. (1968). The obvious. In D. Cooper (Ed.) *The dialectics of liberation* (pp. 15–33 p. 27). New York: Penguin.
Laing, R. D. (1979). Round the bend. *New Statesman*, 20 July, pp. 69.
Laing, R. D. (1985). *Wisdom, madness, and folly: The making of a psychiatrist* pp. 81–82. New York: McGraw-Hill.
Laing, A. C. (1994). *R. D. Laing: A Biography* p. 132. London: Peter Owen.
Lowinger, P (1966). Psychiatrists against psychiatry. *American Journal of Psychiatry, 123*, 490–494 (October).
McQuiston, J. T. (1989). R. D. Laing, Rebel and Pioneer On Schizophrenia, Is Dead at 61. *New York Times*, August 24, 1989. http://query.nytimes.com/gst/fullpage.html?res=950DE6DA1139F937A1575BC0A96F948260
Millar, T. P. (1967). Guilt by association. *American Journal of Psychiatry, 123*, 1462 (May).
Mullan, B. (1995). *Mad to be normal: Conversations with R. D. Laing* pp. 194–195. London: Free Association Books.
Rissmiller, D. J., & Rissmiller, J. H. (2006). Evolution of the antipsychiatry movement into mental health consumerism. *Psychiatric Services, 57*, 863–866 (June) http://psychservices.psychiatryonline.org/cgi/content/abstract/57/6/863
Roberts, R., & Itten, T. (2006). Laing and Szasz: Anti-psychiatry, capitalism, and therapy. *The Psychoanalytic Review, 93*, 781–800 (October).
Ryan, A. (1997). quoted in Sokal, A. and Bricmont, J., *Fashionable Nonsense: Postmodern Intellectuals' Abuse of Science* (pp. 270). New York: Picador, 1999.
Scarf, M. (1976). Psychiatrist, philosopher, prophet, social critic, cult-leader... in search of R. D. Laing. In Scarf, M. *Mind, Body, Behavior* (pp. 164–180; pp. 165–166). Washington, DC: New Republic Book Company.
Schaler, J. A. (2004). Introduction. In J. A. Schaler (Ed.) *Szasz under fire: the psychiatric abolitionist faces his critics* (pp. xiii–xxv; pp. xxiv–xxv). Chicago: Open Court.
Shakespeare, W. *Julius Caesar*, Act iii, Scene 2.
Sigal, C. (1976). *Zone of the Interior.* Hebden Bridge, West Yorkshire, UK: Pomona 2005.
Sigal, C. A trip to the far side of madness. *The Guardian* (UK), December 3, 2005. http://books.guardian.co.uk/departments/politicsphilosophyandsociety/story/0,6000,1656440,00.html.
Stadlen, A. (1979). Dropping the medical metaphor, (Reply to R. D. Laing's "Round the bend"). *New Statesman*, 17 August, pp. 236–237.
Stonehouse, J. (1976). *My trial* (pp. 186–187). London: A Star Book/Wyndham Publications.
Szasz, T. (1960). The myth of mental illness. *American Psychologist, 15*, 113–118 (February).
Szasz, T. (1961). *The myth of mental illness: Foundations of a theory of personal conduct.* New York: Hoeber-Harper.
Szasz, T. (1962). Mind tapping: Psychiatric subversion of constitutional rights. *American Journal of Psychiatry, 119*, 323–327 (October).
Szasz, T. (1965). *Psychiatric Justice.* Syracuse: Syracuse University Press (1988).
Szasz, T. (1974). *The myth of mental illness: Foundations of a theory of personal conduct* [1961], revised edition. New York: HarperCollins.
Szasz, T. (1976a). Antipsychiatry: The paradigm of the plundered mind. *New Review (London), 3*, 3–14.
Szasz, T. (1976b). *Schizophrenia: The Sacred Symbol of Psychiatry.* Syracuse: Syracuse University Press.
Szasz, T. (1977). *Psychiatric slavery: When confinement and coercion masquerade as cure.* Syracuse: Syracuse University Press (1989).
Szasz, T. (1982). The psychiatric will: A new mechanism for protecting persons against "psychosis" and psychiatry. *American Psychologist, 37*, 762–770 (July).
Szasz, T. (1991). Noncoercive psychiatry: An oxymoron. *Journal of Humanistic Psychology, 31*, 117–125 (Spring).
Szasz, T. (2002). *Liberation by oppression: A comparative study of slavery and psychiatry.* New Brunswick, NJ, USA: Transaction Publishers.
Szasz, T. (2003). *Pharmacracy: Medicine and politics in America [2001].* Syracuse: Syracuse University Press.

Szasz, T. (2004a). Knowing what ain't
Szasz, T. (2004b). An autobiographica
abolitionist faces his critics (pp. 1-
Szasz, T. (2007a). *Coercion as cure: A*
Publishers.
Szasz, T. (2007b). The Medicalization
Press.
Szasz, T. (2008). *Psychiatry: The Scien*
Thompson, M. G. (2007). Review of *Z*
Analysis, 18, 379–386.
Wernicke, C. (1889). Zweck und Ziel
psychiatric institution"). *Klinisches*

op. cit., pp. xi.
ry: An Inquiry into the Social Uses of Mental
w Review, 52: 899–907 (October).
n sanity and madness p. 27. London: Tavistock

' of paradise p. 156. Harmondsworth: Penguin.
dialectics of liberation (pp. 15–33 p. 27). New

July, pp. 69.
aking of a psychiatrist pp. 81–82. New York:

ndon: Peter Owen.
nerican Journal of Psychiatry, 123, 490–494

· On Schizophrenia, Is Dead at 61. *New York*
gst fullpage.html?res=950DE6DA1139F937A

al of Psychiatry, 123, 1462 (May).
ith R. D. Laing pp. 194–195. London: Free

he antipsychiatry movement into mental health
e) http://psychservices.psychiatryonline.org/cgi/

nti-psychiatry, capitalism, and therapy. *The*

shionable Nonsense: Postmodern Intellectuals'

critic, cult-leader... in search of R. D. Laing. In
5–166). Washington, DC: New Republic Book

) *Szasz under fire: the psychiatric abolitionist*
): Open Court.

st Yorkshire, UK: Pomona 2005.
UK), December 3, 2005. http://books.guardian.
0.6000,1656440,00.html.
ply to R. D. Laing's "Round the bend"). *New*

Star Book/Wyndham Publications.
'sychologist, 15, 113–118 (February).
s of a theory of personal conduct. New York:

of constitutional rights. *American Journal of*

University Press (1988).
of a theory of personal conduct [1961], revised

undered mind. *New Review (London), 3,* 3–14.
Psychiatry. Syracuse: Syracuse University Press.
t and coercion masquerade as cure. Syracuse:

for protecting persons against "psychosis" and
y).
Journal of Humanistic Psychology, 31, 117–125

rative study of slavery and psychiatry. New

America [2001]. Syracuse: Syracuse University

Szasz, T. (2004a). Knowing what ain't so. *Psychoanalytic Review, 91,* 331–346 (June).
Szasz, T. (2004b). An autobiographical sketch. In J. A. Schaler (Ed.) *Szasz under fire: The psychiatric abolitionist faces his critics* (pp. 1–28). Chicago: Open Court.
Szasz, T. (2007a). *Coercion as cure: A critical history of psychiatry.* New Brunswick, NJ: Transaction Publishers.
Szasz, T. (2007b). *The Medicalization of Everyday Life: Selected Essays.* Syracuse: Syracuse University Press.
Szasz, T. (2008). *Psychiatry: The Science of Lies.* Syracuse: Syracuse University Press (in press).
Thompson, M. G. (2007). Review of *Zone of the Interior,* by Clancy Sigal (Pomona, 2005). *Existential Analysis, 18,* 379–386.
Wernicke, C. (1889). Zweck und Ziel der Psychiatrischen Kliniken. ("The function and purpose of the psychiatric institution"). *Klinisches Jahrbuch, 1,* 218–223.