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Allan Beveridge. *Portrait of the Psychiatrist as a Young Man: The Early Writing and Work of R. D. Laing, 1927-1960.* New York: Oxford University Press, USA, 2011. 352 pp. $79.95 (paper), ISBN 978-0-19-958357-7.

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Health and Happiness

As Allan Beveridge points out in this excellent new book, the interested reader already has a number of published sources to turn to for biographical information about the Scottish psychiatrist and specialist in the treatment of schizophrenia, Ronald David (R. D.) Laing (1927-89). There is Laing's own autobiography, *Wisdom, Madness and Folly*, published in 1985 when the author was in his fifties. Laing's son, Adrian, produced a biography of his father, published in 1994. There have been two other biographies, by John Clay and Daniel Burston. Both of these books were published in 1996. The justification for Beveridge's new book is that Laing's private papers, which form its basis, have recently been acquired by Glasgow University Library Special Collections.

This book follows Laing's personal and professional development from his birth to the publication, in 1960, of his first book, *The Divided Self*. Beveridge's investigation is divided into two parts: "Laing and Theory," covering Laing's intellectual development, and "Laing and Practice," which builds upon this and is applied in greater detail to a study of his professional life. "Laing and Theory" begins with a chapter describing Laing's life from his birth and schooldays to his move to London in 1956. Laing studied psychiatry at the Tavistock Clinic, an outpatient psychiatric clinic which he described unflatteringly as "a sort of dilettante outpost of an organization that dealt with normal people" (p. 34). Laing further complained that he lacked intellectual companionship at the Tavistock, where "no-one … had even heard in [*sic*] Kierkegaard, Tillich et al" (p. 34). Here Laing was referring to the existentialist philosophers Søren Kierkegaard (1813-55) and Paul Tillich (1886-65).

Laing began reading widely and eclectically at an early age, seemingly as part of his "race with time"–he was determined to have had a book published by the age of thirty (p. 9). In what can be read as a similar quest for recognition as a prodigy, Laing later wrote that "I was still the youngest in the class, and all thro' school, was always very proud of being in the top six in class, and the youngest" (p. 8). Clearly though, Laing's prodigious intellectualism was more than a mere "stunt" to attract the attention of others. The philosopher by whom he was most influenced was Kierkegaard. There were a number of reasons for this. Both men were preoccupied with the question of sin. Both men saw themselves as "exceptional" (p. 109). Existentialist philosophy, of which Kierkegaard was an important exponent, holds that each individual is unique and thus escapes categorization. Laing's own approach to psychiatry owed much to existentialism–his book *The Divided Self* detailed his preferred existential-phenomenological method, crucial to which was the idea that the therapist must understand how the patient experiences his or her world. This method originated with the Russian psychiatrist Eugene Minkowski (1885-72), and two Swiss psychiatrists, Medard Boss (1903-90) and Ludwig Binswanger (1881-66). It was all but unknown in Britain, and Laing was consequently obliged to read the works of the three psychiatrists in their original French and German (Minkowski had emigrated to France in 1915). Ever since his days at medical school, Laing had been appalled by the way in which psychiatrists traditionally related to their patients–dehumanizing them, asking them extremely personal questions after a few minutes' acquaintance and in front of a roomful of strangers, and clearly regarding them as nothing more than the physical manifestations of disordered minds. Chapter 4 of Beveridge's book opens with a famous set-piece from *The Divided Self* in which a schizophrenic patient is "displayed" to an audience of medical students and examined by the eminent psychiatrist Emil Kraepelin (1856-1926). Laing highlights Kraepelin's contempt for the patient, expressed in his dismissal as "nonsense" of everything the patient has tried to express (p. 101).There were exceptions, most

notably Dr. Angus MacNiven (1900-84) of Gartnavel Royal Hospital, Glasgow, who became Laing's physician-superintendent in his first civilian posting after national service. Nevertheless, Laing clearly felt that something more was required, such was the pre-eminence of the traditional approach. He wrote in *The Divided Self* that traditional psychiatric terms encouraged the detachment from the patient which Laing viewed as so repellent.

Beveridge writes in his introduction that Laing's insistence that the pronouncements and behavior of schizophrenics should be understood rather than dismissed as nonsense has made him popular with non-psychiatrists, but caused practitioners to dismiss him as a fashionable peddler of dangerous nonsense, who encouraged schizophrenics to abandon their medication. It is certainly true that Laing viewed schizophrenics as persons who are acutely sensitive to the world they live in. The correlation between social factors and mental well-being (or lack thereof) had been an important concern for Laing, expressed in an article, "Health and Society." This was published in the Glasgow University magazine *Surgo* in 1950, when Laing was a medical student in Glasgow. Beveridge writes that "he [Laing] would continue to believe that society exercised a repressive and malign effect on its citizens, and that the brightest and best suffered the most, at times being driven to insanity" (p. 57). This puts me in mind of the British disability rights activist Jenny Morris. In her 1991 book *Pride against Prejudice: Transforming Attitudes to Disability*, Morris quotes the feminist Susan Griffin, who stated that the feelings of "discomfort, dissatisfaction, grief, anger and rage" felt by 1970s feminists "were not madness, but sanity."[1] Morris then goes on to explain how Griffin's statement resonates with those experiencing disability oppression. It is interesting to consider how this statement might work when considered against Laing's concern for the individual, and most especially his disgust at the attitudes towards mentally ill people of conventional psychiatrists. Might it be possible to view Laing's existential-phenomenological approach, and his insistence that madness and sanity occupy a spectrum, as in some respects forerunners of the British social model of disability? I believe that it might. Laing's whole approach aimed to restore equality between psychiatrist and patient–something that, as we have seen, was absent, replaced by objectification in which the patient did not have to be treated humanely because he or she was regarded as Other. Laing's approach is one with which Beveridge, himself a consultant psychiatrist, is not entirely comfortable. Beveridge suggests a compromise–increased humanity towards the patient, but tempered by an awareness that the patient has a psychiatric illness.

This is an erudite, exhaustively researched, and fascinating book which is so full of material that it has been difficult to summarize. As someone who knows little of psychiatry and its history, I really appreciated the way in which Beveridge patiently and clearly discusses different psychiatric theories, their development, and their comparative importance at different times. The only problems with the book, as far as I can see, are the occasional errors which have unfortunately got past the book's editing stage. The First World War poet Wilfred Owen is mistakenly referred to as "Owens," and Beveridge at one point writes about "King Alfred, whose superiority was symbolized by his sword, Excalibur" (p. 7). It should of course be "King Arthur."

Note

[1]. Jenny Morris, *Pride against Prejudice: Transforming Attitudes to Disability* (London: The Women's Press,1991), 9.

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