

Madness is Civilization:
Psycho Politics and Postwar America

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The Occasional Papers of the School of Social Science are versions of talks given at the School's weekly Thursday Seminar. At these seminars, Members present work-in-progress and then take questions. There is often lively conversation and debate, some of which will be included with the papers. We have chosen papers we thought would be of interest to a broad audience. Our aim is to capture some part of the cross-disciplinary conversations that are the mark of the School's programs. While Members are drawn from specific disciplines of the social sciences—anthropology, economics, sociology and political science—as well as history, philosophy, literature and law, the School encourages new approaches that arise from exposure to different forms of interpretation. The papers in this series differ widely in their topics, methods, and disciplines. Yet they concur in a broadly humanistic attempt to understand how, and under what conditions, the concepts that order experience in different cultures and societies are produced, and how they change.

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Madness is Civilization: Psycho Politics and Postwar America

“Long before a thermonuclear war can come about, we have had to lay waste our own sanity. We begin with the children. It is imperative to catch them in time. Without the most thorough and rapid brainwashing their dirty minds would see through our dirty tricks. Children are not yet fools, but we shall turn them into imbeciles like ourselves, with high IQ’s if possible.... Specifically this devastation is largely the work of *violence* that has been perpetrated on each of us, and by each of us on ourselves. The usual name that much of this violence goes under is *love*.”

R. D. Laing, 1967¹

The 1960s – so the story goes – was the era when the hippies of the First World romanticized the rebels of the Third; Che Guevara, Franz Fanon, and Ho Chi Minh became heroes for the counterculture; and when an essay called “The Student as Nigger” (written, I should hasten to add, by a white activist) could resonate unproblematically with an entire generation of white middle-class progressive youth. Such were the political and emotional processes of cross-identification. But there was another important – if more complex – cross-identification in the sixties that has since been largely erased from view: many in the counterculture and New Left identified powerfully with those deemed to be mentally ill, and argued either that madness was a sane response to life in an insane society or that those who claimed to be sane were actually the crazy ones. The ensuing “insanity trip” (as Susan Sontag would later sardonically term it) often involved hopes for personal liberation and the conviction that breaking down – with or without the assistance of hallucinogenics – was also a key to breaking through. But I posit that the fantasy of madness as liberating was not only or even the deepest reason for the appeal of madness during the 1960s.

A central claim of my study is that in the 1960s the topic of madness (schizophrenia specifically) and the setting of the insane asylum provided extraordinarily useful foci for thinking through what was wrong with “normalcy” more generally: for challenging the institution of the nuclear family and the war in Vietnam; for expressing disgust with the hypocrisy at the heart of conventional social relations; for theorizing how exactly socialization processes worked in a supposedly

democratic and open (though manifestly also stratified and often violent) society; and ultimately as well, for expressing existential despair over the *difficulties* of both individual and social change.

Harvard psychiatrist Robert Coles went so far as to speculate in 1967 that there would never be an “end to mental illness” due to advances in medical research – because “‘mental illness’” (he himself put the words in quotation marks) was “a social problem involving the family, the nursery, the neighborhood, the nation and its economic or political condition.” To treat the sickness of the individual, psychiatrists had first to concede the sickness in society. So when the ghetto dweller who suffered daily hunger felt the depths of despair this was “a legitimate despair,” Coles wrote; it was morally wrong for a psychiatrist to be “‘treating’” that individual’s “human capacity to suffer not ‘illness’ but feelings.” It was overdue for doctors (like himself) to accept the limits of their trade, Coles continued, because “murder, war, racism, concentration camps, and genocide are what science has conspicuously failed to prevent in this century,” and because “nothing, I repeat nothing, that anyone engaged in psychiatric research might find will make us as human beings invulnerable to repetitions, in future centuries, of such sins.” Unable to foresee the future of psychopharmacology, Coles rhetorically – and scathingly – inquired: “What pills will ever dissolve the anxiety and fear that go with life itself?”²

Madness, in short, became a crucial obsession within the broader sixties move to theorize “the social” – structures, institutions, interpersonal relations. Most importantly, the topic of madness permitted a wide range of theorists and activists to attempt to puzzle through the complex interconnections between individual psychology and social pathologies. But the roots of these preoccupations, I have since discovered, lay already in the late 1940s – at the onset of the Cold War. And what I will turn to now is drawn from a first chapter – entitled “Family Life (Enough to Drive Anybody Crazy).”

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In 1960, Scottish psychoanalyst Ronald D. Laing concluded his first book, *The Divided Self: A Study of Sanity and Madness*, with a case study of a psychotic. Laing recounts the life story of Julie who was in her mid-twenties when Laing met her; she had been institutionalized at the age of seventeen when she was diagnosed with schizophrenia. Julie suffered from auditory hallucinations and delusions of persecution. She believed the world was coming to an end. She believed she was not a real person, and spoke an incomprehensible gibberish. Yet a statement Julie repeated appeared to Laing to have a special significance; Julie said that “a child has been murdered.”³

What child had been murdered? Julie said only that the child had been wearing her clothing when it died. Was she the child? Julie was not sure. How did

she know a child had been murdered? A voice had told her; very possibly the voice of her brother (although Julie had no brother). Who had murdered the child? Again, Julie could not give a clear answer; perhaps she was the murderer – or perhaps it was her mother.

Julie had a great deal to say about her mother. Her mother had never loved her; her mother had wished Julie had never been born. She had never permitted Julie to have a life of her own. As for Julie's mother, she remembered her daughter above all as a happy child. She recalled how healthy and good Julie had been – undemanding to a fault. "I've always tried my best to be a good mother to her," she told Laing (to which Laing added this portentous comment: "We shall have occasion to remember this last sentence").⁴

Over time, Laing began to piece together an interpretation of Julie's utterances, concluding that Julie would never have become insane if not for her family. This had certainly never been their intention; they had always wanted what was best for her. Nevertheless, they had colluded to kill Julie's sense of selfhood, squeezing any sense she possessed of herself as real or alive out of her at a tender age.

There is a good deal more to the case study of Julie, but what becomes already immediately manifest even in a brief outline is the contradictoriness of the searing emotional impact it would have. On the one hand, Laing's theories of parental and familial dysfunction were shortly to emerge as monumentally influential during the 1960s across both western Europe and the U.S. No single individual would eventually do more to remove the shame associated with – and even to exalt – the agonies of mental illness than R. D. Laing. By 1965, Laing was an international celebrity with an enormous and passionate following in both the New Left and the counterculture.⁵ Laing's gloomy theories on how insanity might constitute an inner deadening in defensive response to the pain of life were enthusiastically received. In 1967, Laing published *The Politics of Experience*, a treatise on madness and society that became required reading for an entire generation, selling several million copies in the U.S. alone. Thanks largely to Laing's writings, feelings of moral outrage at one's own family – and the very concept of family values – convinced many young people in particular that they were all potential schizophrenics now.

Yet it is also noteworthy how slender were the reeds of clinical evidence upon which Laing rested his diagnosis of intrafamilial devastation. For instance, Julie's mother told Laing how much she had disdained the familiar game where a parent picks up an object thrown by her infant, retrieving it so the child might repeat the action of throwing the object once again. Instead, Julie's mother practiced her own game; *she* threw an object and required *Julie* to return it to *her*, so that *she* (the mother) might throw it away again. To which Laing acidly observed: "It is hardly necessary to comment on the implications of this inversion of roles for Julie's failure to develop any real ways of her own." In Laing's view, the awful calculus of Julie's early family life was clear: she was "an existentially dead child" who received "the highest

commendation” from her mother precisely because Julie became so expert at expressing nothing but what was requested of her.⁶ And this violence against Julie had all been done to her in the name of love.

* * *

There are four interwoven concepts buried to various degrees in Julie’s story to which I would like to call your attention:

- First, there is the concept that the etiology of mental illness must be sought within interpersonal relations within the family, *not* in biochemical anomalies.
- Second is the idea that a human mind can – through repetitive emotional injuries – be conditioned and *educated* to insanity.
- Third – and while this is just faintly adumbrated in the story of Julie, it becomes ever more important only a few years later – there is the hint that larger social relations are really to blame for familial pathologies. In other words, Laing’s analysis points beyond the family to there being something fundamentally sick in social relations writ large.
- And fourth, there is the crucial point that the problem that causes mental illness is inauthenticity and (what the anthropologist Jules Henry soon called) “shamming” – for instance, that Julie’s mother declares herself to be loving when in truth she has been withholding love, and that, indeed, a crisis of society is how nearly all human interactions are extraordinarily fake and false – and that this is at the root of much of society’s ills.

What I also want to underscore, however, is that the shifts in thinking about schizophrenia from the late 1940s, through the 1950s, and then into the 1960s, and the larger social analyses growing out of those shifts, did not proceed chronologically or causationally from one point to the next. Rather, the four concepts (the social rather than biological etiology of madness; the malleability of the human mind; the idea of a sick society; and the idea of shamming and inauthenticity as poisoning most human relations) were parts of a complex interlocking conceptual frame in which each factor had different weights at different points and yet in which thinking about each of the factors evolved interdependently with thinking about the others.

Ultimately, the theorizing of madness produced a framework for understanding both human nature and social problems more generally.

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So let us return to the Cold War. The later 1940s and then the 1950s have generally been interpreted as an era in which familialism reigned supreme. Waves of

scholarship have sought variously to complicate this picture by emphasizing: the anxiety and misery often hidden beneath the cozy surfaces of suburbia; the chafing at the pressures of conformity in both the workplace and the home; the pronounced nonconformity of the Beats and other rebels; the aggressive policing of homosexual lives; the complex ways that racism inflected the experiences of family life; the reality of many women's active participation in the workforce; and, conversely, the eventual discomfort of many men – and not just women – at the male-breadwinner, stay-at-home-mom family model.⁷ And yet, a consensus persists – and rightly so – that the 1950s were the anomalous decade in the otherwise liberalizing trajectory of the twentieth century; indeed, there remains widespread agreement that this was an era when so-called “traditional” family values were both widely cherished and largely unquestioned.

The question is how Americans broke free from the familialist ideal that dominated the decade. Scholarship and popular writing alike do frequently allude to – though often assume to be self-evident – the fact that over the course of the sixties young people increasingly came to perceive their own parents as superficial in their values and inauthentic in their behavior. Yet the *processes* by which this critique evolved, and the moral passion with which attendant assaults against the nuclear family were expressed, are still understudied.

It may at first appear odd or simply counterintuitive to conclude that a shift in psychiatric perspectives on the origins of mental illness would have a broad social and political impact, and that it was a profusion of theories about the possible roots of madness in interpersonal interactions within families that would provide the unlikely vehicle for the eventual fundamental rethinking of everything wrong with so-called normalcy, yet that is exactly what happened.⁸ However inadvertently, when medical and social scientific research across the U.S. and the U.K. already during the 1950s advanced a new interpretation of what caused a child to develop schizophrenia, this new model of mental illness would later transform into one of the most powerful *moral* cudgels young people in the 1960s could use to explain their increasingly ardent opposition to the perceived tyrannies of the nuclear family.

It's important to note that the earliest texts to make a case for the familial origins of schizophrenia were drawn from concrete clinical and direct participant-observation ethnographic experiences not only of psychiatrists, but also especially anthropologists and sociologists who worked either with asylum inmates or with families of whom one member had been institutionalized. (Almost no one in this era kept mentally ill family members, including children, at home.)

And it's important contextually, as well, to understand that the ascent of family-focused explanations for the onset of schizophrenia coincided with a crisis in efforts to locate a biological etiology for mental illness. Indeed, the 1950s witnessed a steady discarding of a number of medical theories for the etiology of schizophrenia. Yet this failure of biochemical explanations was not for lack of trying; there were

laboratories across the U.S. engaged in clinical research that explored any number of possibilities – from disturbances in oxygen consumption in the brain to abnormal differences in amino acid patterns to possibly genetic endocrine and enzyme defects to cerebral serotonin deficiencies or immunological problems. Still, by the end of the fifties, a scientist at the National Institute of Mental Health could only conclude his comprehensive review of the current state of biochemical research into the etiology of schizophrenia by stating that while there was “no cause for discouragement,” it was also accurate to acknowledge “how large is the haystack in which we are searching for the needle.”⁹ In other words, and although the medical model for schizophrenia remained the dominant paradigm for psychiatrists, this model was not yielding results – thus leaving the door wide for continued investigations into approaches that emphasized a new familial and social model of mental illness.

A crucial contribution to the familial etiology school had come in 1948 from psychiatrist Frieda Fromm-Reichmann, director of Chestnut Lodge in Maryland, a private facility and probably at that time the most liberal sanatorium in the U.S. Fromm-Reichmann wrote:

The schizophrenic is painfully distrustful and resentful of other people, due to the severe early warp and rejection he encountered in important people of his infancy and childhood, as a rule, mainly in a schizophrenogenic mother.... The schizophrenic’s partial emotional regression and his withdrawal from the outside world into an autistic private world with its specific thought processes and modes of feeling and expression is motivated by his fear of repetitional rejection, his distrust of others, and equally so by his own retaliative hostility, which he abhors, as well as the deep anxiety promoted by this hatred.¹⁰

The success of Fromm-Reichmann’s concept of a schizophrenogenic mother certainly benefited from its timing. After all, what crueller ideological punishment might there be than a threat – supported by new science – that bad mothering was more than likely the cause of mentally disabled children? The point worth holding onto here is that this new sourcing of mental illness as neither biochemical nor genetic, but rather familial and social, had real effects on people that cannot be interpreted as inherently progressive or liberating. Instead, it needs to be understood as at best a neutral reconceptualization, and at worst a means, however unintentional, further to bind women to their “appropriate” roles as mothers and homemakers.

Fromm-Reichmann’s perspective fit well also with what might be termed a postfascist imperative – that is, an ethical position that explicitly rejected eugenic thinking about human behavior. It was certainly possible, as legal scholar Martha Minow has argued, that “the shock of Nazism” encouraged postwar Americans to question approaches that dismissed the innate humanness of persons previously

considered “abnormal” or “different.”¹¹ That a German Jewish psychiatrist who emigrated to the U.S. after the rise of National Socialism would also promote an alternative to a genetic theory for the roots of mental illness is not without significance. Still, and regardless of its tangled intellectual and social origins, the idea of the “schizophrenogenic mother” was soon to exert tremendous influence on an entire generation of postwar psychiatrists in search of a non-biochemical solution to the etiology of mental illness.

Psychiatric studies into the familial etiology of mental illness fairly blossomed for more than a decade after 1948 as medical researchers continued to confront a series of dead-end frustrations in their pursuit of biochemical explanations.

The most influential mid-fifties investigation into the intrafamilial etiology of schizophrenia emerged from research into communication disorders within the family initiated not by a medical doctor, but rather by a team led by anthropologist Gregory Bateson at Stanford University and the Veterans Administration Hospital in Palo Alto. Bateson’s team extensively tape-recorded and filmed schizophrenic patients, beginning from the (at the time still strongly contested) concept that the seemingly nonsensical utterances of madmen should be “presumed to be as thick with systematic meaning, to be as orderable, as that of any ethnographic data.”¹² (Fromm-Reichmann had challenged the Freudian position that psychotics could not be treated with psychoanalysis – she believed it was possible to get through to schizophrenics; Bateson and his colleagues were convinced that schizophrenics were actually making sense.) But the breakthrough came only when the Bateson team began more seriously to consider the question of etiology of mental illness along with the question of whether schizophrenics were educated to their states of madness.

The answer came in their 1956 article, “Towards a Theory of Schizophrenia,” which introduced the hypothesis that it was not a single traumatic experience that triggered mental illness but rather a repeated pattern of being presented with *non*-options. They named their theory “the double bind” not least because, in their view, the subsequent schizophrenic had been too frequently enjoined by a parent or sibling to obey directives to which there could be no correct reactions. Classic examples were the “no-win” commands: “Don’t be so obedient!” or “Be spontaneous!”¹³ But rarely were the injunctions so blatant. For instance, they detailed the case of an unloving mother who expressed hostility to her child through coded and indirect speech: “Go to bed, you’re very tired and I want you to get some sleep.” The researchers commented: “This overly loving statement is intended to deny a feeling which could be verbalized as ‘Get out of my sight because I’m sick of you.’”¹⁴

In sum, and over and over, children who received mixed messages that placed them in situations impossible successfully to resolve were said to be most liable to develop schizophrenia. On the one hand, a mother communicated: If you do *x* (or do not do *x*), I will punish you (by withholding love). And on the other hand, the mother indicated (often nonverbally) that the former injunction should *not* be

interpreted as a threat of punishment. The child learned to interpret his entire universe in double bind patterns, and thenceforth “almost any part of a double bind sequence may then be sufficient to precipitate panic or rage.”¹⁵ Above all, the pre-schizophrenic victim of the double bind lost his grip on reality because he was not permitted to speak the truth without the ever-present jeopardy of losing a parent’s love.

The new concept of the double bind fairly swept through the family research community – with a resounding impact that scholarly articles almost never have. In breadth and range, the effect this slim essay by Bateson’s team was to have proved almost incalculable.¹⁶

Indeed, the overwhelming tendency in competing studies on schizophrenia and family life during the 1950s was to present original evidence that served – in the final analysis – both to reinforce and expand upon the essential accuracy of a double bind hypothesis. At Yale, psychiatrist Theodore Lidz began arguing in 1957 that the schizophrenic’s family could foster “untenable emotional needs, and frequently offers contradictory models for identification which cannot be integrated.”¹⁷ Two years later, psychiatrist Murray Bowen at the National Institutes of Health observed that parents of a psychotic child were often “separated from each other by an emotional barrier which, in some ways, has characteristics of an ‘emotional divorce.’” Meanwhile, at NIMH, psychiatrist Lyman C. Wynne had been experimenting with family-focused analysis since 1954, and began speculating that what went wrong in the families of patients who developed acute schizophrenia in late adolescence or young adulthood was that the natural process of individuation and the formulating of an autonomous identity did not lead to positive growth and evolution in familial relations but was instead experienced as threatening. As a result, what emerged were relations of “pseudo-mutuality,” in which a powerful investment in the *appearance* of ongoing connection covered over actual conflict and growing alienation – in which, in short, the divergence of interests between parents and child was denied (rather than openly acknowledged).¹⁸

And while based in Chicago, and then in St. Louis, anthropologist Jules Henry did ethnographic fieldwork and lived with families in which one child was diagnosed schizophrenic (although institutionalized and not living at home), observing the parents’ interactions with each other and with the other children. Henry was convinced that parental dysfunctions were the main triggers for child psychosis – he spoke of the “basic pathogenic role of parents,” and he was especially cutting on the topic of ambitious, dissatisfied, inadequately nurturing mothers and weak fathers – even as he also emphasized that there were sicknesses in American society as a whole that seeped like sewage into the most intimate familial relations.¹⁹

It only barely occurred to familial etiology-focused researchers during the fifties, and even the earlier sixties, that a family with a schizophrenic member might appear pathogenic to observing professionals only because those professionals had

confused cause and effect – in other words, that a sick child was the *impetus* for parental conflict or peculiarities, and not the other way around.²⁰

Not that the researchers were completely unaware that they had some interpretive problems on their hands. Among the many striking aspects of Lyman Wynne's clinical investigations at NIMH, for instance, was his conclusion that there but for the grace of good fortune and chance went each and every family. Nonschizophrenogenic families also frequently had problematic interactive styles. Wynne had especially interesting things to say about how, when family members bickered aggressively, it was often a way of warding off some even deeper despair or anguish (this he referred to as "pseudo-hostile" relations) – and he acknowledged that this happened in many families. He conceded explicitly that also "within the families of nonschizophrenics there are of course extensive conflicts and defensive operations," but – he rushed to stress – "not, we believe, involving the same degree of amorphousness and fragmentation, or the same intense reliance on pseudo-mutual and pseudo-hostile mechanisms that disguise but help perpetuate the underlying problems."²¹ In short, Wynne had stumbled into precisely the insights he did not wish to pursue.

So what was the difference between a healthy family and a sick one? As of 1961, Wynne said he had no clear answer to the question.²² And yet, research into the family origins of schizophrenia continued. Already by 1957-58, family studies were being conducted in Pennsylvania, New York, and California. In 1962, the journal *Family Process* was launched. By 1963, Harvard too had joined the fray.²³

By the early sixties, research into the family and environmental origins of mental disorders was underway almost everywhere, and both a clear perspective and a durable set of perturbing problems were beginning to assert themselves. A consensus was consolidating that parents were the problem. When Nathan Ackerman at Columbia University bluntly noted in 1958 that "psychiatric patients come from disordered families," there was little doubt that he already spoke for many.²⁴ Moreover, the same year Ackerman connected family therapy to greater concerns by writing: "The structure of [the] family echoes disordered values in the larger pattern of human relations. Family and society are organically intertwined. Do we have a sick society?"²⁵

Which brings us back briefly to Jules Henry, who increasingly addressed this issue. By 1967, Henry was noting that "in schizophrenogenic families sham and confusion infest every aspect of life, so that the people in it draw a crooked breath, so to speak." Yet Henry also observed that "shamming" was a defining characteristic of contemporary life. "For we all live every day by sham," he stated, "anyone who fights against it, makes life unbearable."²⁶

Sham began all in the family, Henry argued, stating unequivocally that "by the time he is 6 years old or so, the child has probably learned that he will be shot if he does not believe with all his heart and soul that sham IS truth." But this was only

a microcosm of the destructive impact of shamming on the U.S. as a whole. Henry also wrote:

An outstanding example of social sham on a large scale in our society is the condition of the Negro, who lives like a rat, being told he lives in a democracy and that everything is being done to improve his lot; and the Ghetto riots are the expression, on a social scale, of the underlying schizophrenic dialectic. The hostility of the Negro erupts in shooting in the presence of sham, while the clinical schizophrenic, having learned that he dare not erupt, goes mad, and may shoot himself. On the international scene, of course, the biggest sham is the war in Vietnam, where the United States, while proclaiming to the world that it is building a nation, is destroying one.²⁷

Morally impassioned? Certainly. And yet all through his suggestive ruminations, Henry had trouble theorizing the directionality of causation and the mechanisms of the links he was trying to establish between critical thinking about social problems and the etiology of individual madness. Henry placed the supposedly normal and the obviously abnormal on the same plane of experience, but how he wanted the reader to respond to this was consistent only in its ambiguity. Henry also remained confused about whether persons society deemed mentally ill were distressed over their inability to be real, or their inability to fake comfortably. It is perhaps no surprise that Laing was an instant champion of Henry's work, already in early 1964 promoting Henry's ideas about how schools crushed individual creativity in the name of education and analogizing from this to the deleterious dynamics within families.²⁸

Importantly as well, and although it was conducted by scholars or physicians in clinical settings, the new research into the social etiologies of madness also began quickly to find a popular audience far beyond academic and medical circles. Indeed, the new trend of seeing mental illness as linked to disastrous family relations soon made its appearance in dramatic film; notably, the stirring and critically acclaimed *David and Lisa* (1962), based on actual clinical case studies, not only blamed an emotionally abusive mother (and feuding parents) for a teenager boy's mental illness, but also promoted the theory that the therapy mental patients required most was love – a view that could have been drawn directly from Laing's *The Divided Self*.²⁹

Concepts introduced in specialized psychiatric journals were also being approvingly cited in a range of widely-read and well-respected periodicals for general readers. In 1962 and 1963, for instance, *The Atlantic*, *Scientific American*, and *The Nation* each announced and legitimated the new trend of thinking about schizophrenia as related to emotionally damaging interpersonal interactions. The essay in *The Atlantic* stated it baldly: "In sum, schizophrenia may be perceived as one

kind of attempt to handle the human fear of being unloved.”³⁰ In 1961, *Time* magazine had reported favorably on research conducted by Lyman Wynne at NIMH. Adopting wholesale the theory that mental illness could be produced by disturbed familial relationships, *Time* provided an excerpt of a conversation between a mentally ill child and her parents:

Daughter: Nobody will listen to me. Everybody is trying to still me.

Mother: Nobody wants to kill you.

Father: If you're going to associate with intelligent people, you're going to have to remember that “still” is a noun and not a verb.

Quoting Wynne, *Time* concluded that a child in a family like this one would understandably have “an underlying feeling of meaninglessness and pessimism about the possibility of finding meaning in any experience or behavior.’ And that, [Dr. Wynne] added in effect, is enough to drive anybody crazy.”³¹ (Ultimately, the circle would be completed in 1971 when film director Ken Loach with a screenplay by playwright David Mercer fictionalized Laing’s story of Julie – renamed Janice – from *The Divided Self*. Highlighting the toxic qualities of Janice’s home environment, Loach’s movie was grimly titled: *Family Life*.)

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Understanding the intricacies of the evolving research agendas and expert discussions can assist us in grasping more fully the rapturous reception accorded R. D. Laing’s writings on madness and the family throughout the 1960s.

It is important to register that *The Divided Self* – the 1960 book – was a deeply pessimistic book, with almost none of the radical feel of Laing’s subsequent writings. It argued principally that what we call madness was a feeling of extreme loneliness; insanity was a result of being misunderstood or neglected. “The schizophrenic is desperate, is simply without hope,” Laing wrote. “I have never known a schizophrenic who could say he was loved.”³² (In other words, rejection from the environment produced schizophrenia – and not the other way around.) What the schizophrenic felt most profoundly, Laing believed, was “ontological insecurity,” that is, an inability to experience one’s self as autonomous and coherent, constantly fearful either of being engulfed by others or of being treated as insignificant. In other words, Laing described ontological insecurity in such a way that almost anyone could relate to the feeling. A feeling of having one’s self detached from one’s body, a sense of the meaninglessness of existence, a feeling of irrelevance – this was the human condition.

Only in 1964 did Laing begin explicitly to propose that the designation “schizophrenic” was really a means to constrain the freedoms of persons labeled deviant or different. Yet by 1964 as well, Laing began not only to write about

madness, but also more fully to embody the subject of his own study. He appeared eager to resist the façade of his own sanity, revealing instead a fuller, deeper self in all its incoherent, fervent glory. While this might have seemed an awful risk, one fraught – to put it mildly – with the possibility of professional humiliation, it was in Laing’s devising a calculated risk. Laing’s work, even when it was obtuse or darkly conspiratorial, and even as it approached self-parody, still managed to hold these lesser qualities in tension with a wild moral desire to celebrate freedom – both personal and societal.

Laing also made less and less sense. Writing in 1964, for instance, Laing argued “that we are effectively destroying ourselves by violence masquerading as love.”³³ This became a big theme for Laing, even as it moved him ever closer to the land of slippery logic and simplistic melodrama:

Only by the most outrageous violation of ourselves have we achieved our capacity to live in relative adjustment to a civilization apparently driven to its own destruction. Perhaps to a limited extent we can undo what has been done to us, and what we have done to ourselves. Perhaps men and women were born to love one another, simply and genuinely, rather than to this travesty that we call love. If we can stop destroying ourselves, we may stop destroying others.³⁴

The family therapists of the 1950s had stumbled over the question of what constituted the normal if all families shared characteristics that led to mental illness. Laing resituated the puzzle at the level of society – believing that theorizing the social would lead to answers that the biochemical closed off (since the social at least was subject to change). But as it happens, neither Laing nor any of his admirers were able finally to theorize social change at the level of the individual psyche. Laing never clarified the mechanisms that interconnected individual psyches and political systems. Instead he saw madness in everyone everywhere. “Our alienation goes to our roots,” Laing wrote in 1967. “At all events, we are bemused and crazed creatures, strangers to our true selves, to one another, and to the spiritual and material world.”³⁵ By the later sixties, Laing’s growing indulgence for aphoristic language translated into at best vague political analysis.

Yet Laing’s theories nonetheless continued to receive enthusiastic endorsements from a cadre of well-respected psychiatrists – Robert Coles and Robert Jay Lifton among them. Coles indeed effused that Laing was “an exceptionally courageous psychiatrist who is willing to plumb his own depths and challenge head-on the hypocrisy and duplicity of his own profession and the larger society of which it is so prominent a part. I can only hope that he will be heard and heard respectfully.”³⁶ Lifton voiced similar praise – especially for *The Divided Self*.³⁷ And throughout the decade, Lyman Wynne, possibly the most highly-respected authority

on the treatment of schizophrenia in the country, strongly championed Laing's ideas on the familial origins of mental illness.³⁸

* * *

The praise is not really so hard to understand. There was a popular countercultural yearning to resist power – a yearning Laing's writings (however downbeat, however loopy) were felt by many to satisfy. Resisting social controls meant changing human nature – which meant creating new ways to be human. And critical thinking about mental illness was describing people in new ways, substituting new labels and classifications for old ones. While the social theorists of madness (like Laing) were running aground by 1967 – falling back into despair over the question of whether society could be changed one person at a time – the passion to challenge what counted as madness and what counted as sanity continued at least for a few more years to have a profound impact on how people imagined possibilities for changing lives.

I've chosen a couple of influential and morally earnest examples to illustrate this point. When non-violent Catholic activists Philip and Daniel Berrigan protested the Vietnam war, they argued that the burning of Vietnamese children (with Dow Chemical's napalm) constituted an act of madness – not their own burning (with homemade napalm) of draft files at Selective Service offices in Catonsville, Maryland.³⁹ And when the Trappist monk Thomas Merton wrote with savage sarcasm of war and torture in "A Devout Meditation in Memory of Adolph Eichmann," madness was also very much on his mind:

Torture is nothing new, is it? We ought to be able to rationalize a little brainwashing, and genocide, and find a place for nuclear war, or at least for napalm bombs, in our moral theology. Certainly some of us are doing our best along those lines already. There are hopes! . . . Those who have invented and developed atomic bombs, thermonuclear bombs, missiles; who have planned the strategy of the next war; who have evaluated the various possibilities of using bacterial and chemical agents: these are not the crazy people, they are the *sane* people... On the other hand, you will probably find that the pacifists and the ban-the-bomb people are, quite seriously, just as we read in *Time*, a little crazy. . . perhaps we must say that in a society like ours the worst insanity is to be totally without anxiety, totally "sane."⁴⁰

Or as radical psychiatrist Joseph Berke wrote in the early 1970s: "We're up against a whole society that is systematically driving its members mad."⁴¹ By this time, such views were almost an article of faith for many in the New Left and

counterculture. The argument was either that true sanity meant resistance to the war and institutional racism and poverty. Or that what counted as sanity was evil, and craziness was the proper moral response. And in yet a third variant on the insanity-sanity-society nexus, Seymour Halleck, director of psychiatric health services at the University of Wisconsin at Madison in the sixties, recommended to depressed or anxious students that they could help themselves recover psychically by becoming more politically active and working on behalf of social justice.⁴²

Clinical research into the etiology of schizophrenia within nuclear families throughout the fifties and early sixties had *validated* Cold War family values – especially by perpetuating the devastating myth of schizophrenogenic mothers. Yet this did not prevent many in the New Left and counterculture from choosing what from that research was usable for them. For activists in the sixties, what mattered was that psychiatric investigations into the causes of mental illness appeared to legitimate their own revolt against (and revulsion at) their own families. (As Angela Carter would put it retrospectively: “I suppose that R. D. Laing’s *The Divided Self* was one of the most influential books of the sixties – it made madness, alienation, hating your parents. . . it made it all glamorous.”)⁴³ Already by the time psychiatrist (and Laing associate) David Cooper published *The Death of the Family* in 1970, a relentless blast at family life, he was really preaching to the choir in the counterculture and New Left:

The power of the family resides in its social mediating function. It reinforces the effective power of the ruling class in any exploitative society by providing a highly controllable paradigmatic form for every social institution. So we find the family form replicated through the social structures of the factory, the union branch, the school (primary and secondary), the university, the business corporation, the church, political parties and governmental apparatus, the armed forces, general and mental hospitals, and so on.⁴⁴

And the mere fact that the *New York Times Book Review* devoted a full page to articulating overall admiration for what Cooper had to say was indicative of the spirit of the era. So was how the review summarized what it saw as Cooper’s key contention: “The family is our Catch-22 since it is the primary weapon by which we are bound to the insanities of normal life in a modern society.”⁴⁵

* * *

Laing and others undoubtedly romanticized mental illness. Yet given the pervasiveness of social theories of mental illness – and Laingian ideas in particular – in the 1960s, it is peculiar how thoroughly these remain unmentioned in scholarly

accounts of the decade. The erasure is especially odd in view of how important social theories of madness were for so many reformist and revolutionary, libertarian and antiauthoritarian projects in that era.⁴⁶ The interpretive dilemmas with which the social theorists of madness grappled in the 1950s and 1960s – the direction of causality and the nature of the interconnections between individual psychology, family dynamics, and wider social pathologies – proved irresolvable, and yet remain crucial to take seriously for precisely that reason. Elsewhere in this project, I plan to examine the contradictory impacts of the 1960s writings of psychiatrist Thomas Szasz, sociologist Erving Goffman, psychologist Bruno Bettelheim, as well as feminist writer Betty Friedan and others, all of whom also struggled with fundamental questions about human nature and its malleability in both extreme circumstances and in daily ordinariness. All were interested in theorizing how power worked, and their concepts and guiding questions too, as in the case of Laing, turn out to have been rooted in Cold War problematics – not least the pressing puzzle of what exactly differentiated democratic and totalitarian societies. But that work lies ahead.

For now I conclude with the observation with which I began: that the research on mental illness during the sixties facilitated both a *destigmatization* of insanity and an increasing ability of the sane to *cross-identify* with the insane. Madness was transformed into a comprehensible condition – a condition that potentially struck anyone trapped in inhumane circumstances. And this identification of the sane with the schizophrenic inadvertently opened new ways of being and thinking – about the ills of society and about social relations. References to (and identifications with) madness served not only to advance the anti-war movement, to critique institutional racism, to provide a foundation for an insurgent women’s movement, and (not incidentally) to undergird a fledgling disability rights movement, but also to revise dominant paradigms in academic disciplines like sociology, anthropology, and education – each of which experienced a fundamental reorientation during the 1960s towards a theorization of socialization processes and the ways interpersonal interactions and social context, structures, and institutions informed individual behavior. The protean nature of madness, in short, became a wedge with which to resist social norms. In sum, it is difficult to imagine all sorts of activism taking so firm a root in the United States during the sixties and seventies without a seismic shift having already taken place within the realm of clinical thinking about the origins of mental illness.

ENDNOTES

1. R. D. Laing, *The Politics of Experience* (New York: Ballantine Books, 1968), 58-59.
2. Robert Coles, "The Limits of Psychiatry," *The Progressive* (May 1967): 32-34.
3. R. D. Laing, *The Divided Self: A Study of Sanity and Madness* (Chicago: Quadrangle Books, 1960), 197.
4. *Ibid.*, 200.
5. Laing's New Left credentials were established already in 1964, when he published his social critique of insanity in *New Left Review*. See R. D. Laing, "What is Schizophrenia?" *New Left Review* 28 (November/December 1964): 63-69.
6. Laing, *The Divided Self*, 203, 201.
7. For instance, see Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1999); David K. Johnson, *Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago: University of Chicago Press, 2004); John D'Emilio, "The Homosexual Menace: The Politics of Sexuality in Cold War America," in *Passion and Power*, eds., Kathy Peiss and Christina Simmons (Philadelphia: Temple University Press, 1989), 226-240; Wini Breines, *Young, White, and Miserable: Growing Up Female in the Fifties* (Chicago: University of Chicago Press, 1992); Barbara Ehrenreich, *The Hearts of Men: American Dreams and the Flight from Commitment* (Garden City, NY: Anchor Books, 1983); Catherine Jurca, *White Diaspora: The Suburb and the Twentieth-Century American Novel* (Princeton: Princeton University Press, 2001); Joanne Meyerowitz, ed., *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994); Ruth Feldstein, *Motherhood in Black and White: Race and Sex in American Liberalism, 1930-1965* (Ithaca: Cornell University Press, 2000); Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 1992); Deborah Nelson, *Pursuing Privacy in Cold War America* (New York: Columbia University Press, 2002); Mary Dudziak, *Cold War Civil Rights: Race and the Image of American Democracy* (Princeton: Princeton University Press, 2000); Penny M. Von Eschen, *Race Against Empire: Black Americans and Anticolonialism, 1937-1957* (Ithaca: Cornell University Press, 1997); Beth Bailey, *Sex in the Heartland* (Cambridge, MA: Harvard University Press, 1999); Daniel Horowitz, *Betty Friedan and the Making of "The Feminine Mystique": The American Left, the Cold War, and Modern Feminism* (Amherst:

University of Massachusetts Press, 2000); Rebecca Jo Plant, "The Veteran, His Wife and Their Mothers: Prescriptions for Psychological Rehabilitation After World War II," in *Tales of the Great American Victory: World War II in Politics and Poetics*, eds., Diederik Oostdijk and Markha Valenta (Amsterdam: VU University Press, 2006): 95-105; Margot Canaday, "Building a Straight State: Sexuality and Social Citizenship under the 1944 G.I. Bill," *Journal of American History* 90 (December 2003): 935-957; James Gilbert, *Men in the Middle: Searching for Masculinity in the 1950s* (Chicago: University of Chicago Press, 2006); David Savran, *Taking it Like a Man: White Masculinity, Masochism, and Contemporary American Culture* (Princeton: Princeton University Press, 1998).

8. Valuable histories of the evolution of psychiatric thinking about mental illness include: Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991); Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994); Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley, CA: University of California Press, 1995); Nathan G. Hale, *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985* (New York: Oxford University Press, 1995); and Rick Mayes and Allan V. Horwitz, "DSM-III and the Revolution in the Classification of Mental Illness," *Journal of the History of the Behavioral Sciences* 41 (Summer 2005): 249-267. While some of these texts gesture to the appeal of "anti-psychiatric" thinking for the New Left and counterculture, none of them advance the arguments presented here.
9. Seymour S. Kety, "Biochemical Theories of Schizophrenia," *Science* 129 (June 12, 1959): 1596.
10. Frieda Fromm-Reichmann, "Notes on the Development of Treatment of Schizophrenics by Psychoanalytic Psychotherapy," *Psychiatry* 11 (1948): 265.
11. Martha Minow, *Making All the Difference: Inclusion, Exclusion, and American Law* (Ithaca: Cornell University Press, 1991), 131.
12. David Lipset, *Gregory Bateson: The Legacy of a Scientist* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1980), 203. In this context, Bateson's prior work on communications theory should be noted. See Jurgen Ruesch and Gregory Bateson, *Communication: The Social Matrix of Psychiatry* (New York: W. W. Norton & Co., 1951).
13. For a discussion of how the command to "be spontaneous" functions as a "double bind," see R. D. Laing, *The Self and Others* (Chicago: Quadrangle Books, 1962), 151-152.

14. Gregory Bateson, Don D. Jackson, Jay Haley, and John Weakland, "Toward a Theory of Schizophrenia," *Behavioral Science* 1 (October 1956): 257.
15. *Ibid.*, 254.
16. For a thorough assessment of the largely favorable reception to the double bind hypothesis in publications in the fields of psychiatry and the behavioral sciences during 1957-61, see Paul Watzlawick, "A Review of the Double Bind Theory," *Family Process* 2 (March 1963): 132-153.
17. Theodore Lidz et al., "The Intrafamilial Environment of Schizophrenic Patients: II. Marital Schism and Marital Skew," *American Journal of Psychiatry* 114 (September 1957): 241. Also see Theodore Lidz, "Schizophrenia and the Family," *Psychiatry* 21 (February 1958): 21-27; and Theodore Lidz, *The Family and Human Adaptation* (New York: International Universities Press, 1963).
18. See Lyman C. Wynne, Irving M. Ryckoff, Juliana Day, and Stanley I. Hirsch, "Pseudo-Mutuality in the Family Relations of Schizophrenics," *Psychiatry* 21 (1958): 205-220. Interestingly, Wynne et al.'s schizophrenogenic families often made a great pretense at presenting themselves as respecting "self-determination," "freedom," and "family 'democracy'" and also as honoring the "privacy" of each of its members - when in actuality they were conducting an extraordinary amount of monitoring and surveillance. *Ibid.*, 211.
19. Henry, for instance, conceded as well that it was difficult to tell whether the preponderance of suffering over contentment in families with a psychotic child was "a consequence of the disaster," or had been "there before." Nonetheless, in his detailed elaboration on case studies of individual families, Henry expressed certainty that it was above all parental lovelessness and narcissism, an inadequate capacity to give affection, generosity and nurture, a tendency either to treat children as if they were not there or as though they were a burden, that constituted the "road to madness." Jules Henry, *Culture Against Man* (New York: Random House, 1963), 322, 385.
20. Only the most occasional critic of the family therapy approach seemed immediately to note this methodological dilemma. In a question that could be - but was not - asked of virtually all subsequent clinical research of families with mentally ill children, Dr. William F. Orr wrote already in 1956: "What comprises data in a study such as this when there is no clear thesis being tested, when most of the significant events occurred in the order of two decades prior to the study, and when the epitome of it, the illness of the child, has in itself created changes in the reaction of the parents to each other and to any interviewer in a setting involving the child's illness?" See William F. Orr,

“Discussion” to Theodore Lidz et al., “The Role of the Father in the Family Environment of the Schizophrenic Patient,” *American Journal of Psychiatry* 113 (August 1956): 132. Strikingly, in 1956, Lidz and his colleagues could only conclude in their study of fathers of schizophrenic children that “a meaningful factor in the difficulties of these fathers has not yet been uncovered.” On the contrary, the fathers in their study ran the gamut from paranoid and suspicious to sadistic and domineering to indifferent and negligent to passive and pathetic. In other words, as the authors noted almost incidentally, “these fathers do not differ very much from those in the general population.” See Lidz et al., “The Role of the Father,” 127, 130. However, the authors did not pursue this last observation further.

21. See Lyman C. Wynne, “The Study of Intrafamilial Alignments and Splits in Exploratory Family Therapy,” in *Exploring the Base for Family Therapy*, eds., Nathan W. Ackerman, Frances L. Beatman, and Sanford N. Sherman (New York: Family Service Association of America, 1961), 108-110, 114.
22. In 1961 Wynne wrote: “The detailed delineation of the differences between schizophrenic and nonschizophrenic families is a major task of our continuing research program.” *Ibid.*, 114. In 1956, Bateson et al. had run into a related conundrum. Where was the line between normal and abnormal? The authors did acknowledge that the interpersonal double bind dynamic they outlined occurred in almost all normal families as well as in countless ordinary work relationships, and they suggested that other experts’ tendency to treat schizophrenia as utterly different from “normal” forms of “human thinking and behavior” was problematic. “In our approach we assume that schizophrenia involves general principles which are important in all communication and therefore informative similarities can be found in ‘normal’ communication situations.” Bateson et al., “Toward a Theory of Schizophrenia,” 261. Nonetheless, at no point did Bateson and his colleagues take this crucial insight as an occasion to wonder more precisely about what factors then distinguished schizophrenogenic families.
23. For the findings from the Eastern Pennsylvania Psychiatric Institute, see Ivan Böszörményi-Nagy, “The Concept of Schizophrenia from the Perspective of Family Treatment,” *Family Process* 1 (March 1962): 103-113, and Ivan Böszörményi-Nagy and James L. Framo, eds., *Intensive Family Therapy* (1965). On the research from the Harvard School of Public Health, see Rhona Rapoport, “Normal Crises, Family Structure and Mental Health,” *Family Process* 2 (March 1963): 68-80. A former member of Bateson’s research team, Jay Haley, served as the first editor for the journal *Family Process*, which also received support from researchers in California and New York. For Haley’s own theories on the family origins of mental illness, see Jay Haley, “An Interactional Description of Schizophrenia,” *Psychiatry* 22 (November 1959): 321-332.

24. Nathan W. Ackerman, "Towards an Integrative Therapy of the Family," *American Journal of Psychiatry* 114 (February 1958): 729.
25. Nathan W. Ackerman, *The Psychodynamics of Family Life: Diagnosis and Treatment of Family Relationships* (New York: Basic Books, 1958), 343.
26. Jules Henry, "Sham," *North American Review* 252 (May 1967): 7-8. And in *Pathways to Madness*, published posthumously in 1971 (he died in 1969), and focused again more fully on family interactions, Henry noted how children quickly learned from their deceiving parents that "they must not let them see that they see through them." Furthermore, the child who "makes shamming a natural part of his life by seeing his parents practice it," grows up with "a graduate degree" in sham, and then will proceed to "use his skill at deception against the world and be most dangerous with those he says he loves." Right through to the end of his career, in short, Henry remained seriously confounded. Yet at the same time, he remained partial to authoritative assertions that habits of dishonesty were transmitted from generation to generation – and with disastrous political consequences. Jules Henry, *Pathways to Madness* (New York: Vintage, 1973), 106-7. Also see Jules Henry, "The Human Demons," *Transaction* 3 (March/April 1966): 45-48.
27. Henry, "Sham," 6.
28. See R. D. Laing, "Violence and Love," *Journal of Existentialism* 5 no. 20 (1965): 418-420.
29. Screenwriter Eleanor Perry (who would earn an Academy Award nomination) made the point explicit in an interview with the *New York Times*: "In these times of nihilism and the threat of the Bomb, something miraculous is going on between human beings. People can really care and feel for the suffering of others; they can believe in each other and place a true value on the individual. That's what we're trying to say in this picture: there is a powerful healing quality in the love and trust between human beings." Rather remarkably, in a case of life imitating art imitating life, in her 1964 memoir, a young woman named Morag Coate cited the deeply cathartic experience of watching *David and Lisa* as prompting her complete recovery from recurrent bouts of schizophrenia; and even more remarkably, in his introduction to Coate's memoir, psychiatrist R. D. Laing wrote: "I am grateful to her for returning to us, and for letting us know, vividly, yet with such discretion, what it was like." See Eleanor Perry quoted in Barry Hyams, "*Lisa and David: Troubled Teen-Agers' Dilemma Shot in Main Line Mansion 'Institution,'*" *New York Times* (May 6, 1962): 149; and R. D. Laing, "Introduction" to Morag Coate, *Beyond All Reason* (London: Constable and Co., 1964),

- x. For Coate's discussion of how seeing the film *David and Lisa* cured her, see *ibid.*, 119-122.
30. Greer Williams, "Schizophrenics Can Recover," *Atlantic Monthly* 209 (January 1962): 28. Also see Don D. Jackson, "Schizophrenia," *Scientific American* 207 (August 1962): 65-74; and Martin B. Loeb, "Mental Health: New Frontiers," *The Nation* (May 18, 1963): 418-421.
31. "Family Schizophrenia," *Time*, October 27, 1961. A more extensive replication of this familial conversation and a scholarly analysis of it subsequently appeared in Lyman C. Wynne and Margaret Thaler Singer, "Thought Disorder and Family Relations of Schizophrenics," *Archives of General Psychiatry* 9 (September 1963): 195.
32. Laing, *The Divided Self*, 38.
33. Laing, "Violence and Love," 417.
34. R. D. Laing, "Massacre of the Innocents," *Peace News* 1491 (January 22, 1965): 7.
35. Laing, *The Politics of Experience*, 12-13.
36. Robert Coles, "Life's Madness," *New Republic* (May 13, 1967), 30.
37. In 1979, Lifton wrote: "Written before he was thirty, when still in active tension with the psychoanalytic and psychiatric traditions he was questioning, *The Divided Self* is rigorous, and equally sensitive to schizophrenic suffering and destructiveness and to psychiatric distance and maneuvers toward schizophrenic patients. Laing is willing to address nuance and entertain paradox in ways that are both visionary and responsible to the work of other serious students of madness." Robert Jay Lifton, *The Broken Connection: On Death and the Continuity of Life* (New York: Simon and Schuster, 1979), 415.
38. See Wynne's defense of Laing in Lyman C. Wynne, "Rev. of R. D. Laing, *The Politics of the Family*," *Psychiatry* 32 (November 1969): 474-5.
39. On the Catonsville Nine, see Marian Mollin, *Radical Pacifism in Modern America: Egalitarianism and Protest* (Philadelphia: University of Pennsylvania Press, 2006), 169-181.
40. Thomas Merton, *Raids on the Unspeakable* (New York: New Directions, 1966), 48-49.
41. Joseph Berke quoted in R. D. Laing and *Anti-Psychiatry*, eds., Robert Boyers and Robert Orrill (New York: Harper and Row, 1971), 275.

42. See Seymour Halleck, *The Politics of Therapy* (New York: Harper & Row, 1971), as well as personal communication with a former Madison student.
43. Angela Carter, "Truly, It Felt Like Year One," in *Very Heaven: Looking Back at the 1960s*, ed., Sara Maitland (London: Virago Press, 1988), 215.
44. David Cooper, *The Death of the Family* (New York: Vintage, 1971), 4.
45. John H. Gagnon, "The Death of the Family," *New York Times Book Review* (February 14, 1971): 4.
46. For instance, Laing merits not one sentence of discussion in any of the following sixties readers: Alexander Bloom and Wini Breines, eds., "*Takin' it to the streets*": *A Sixties Reader* (New York: Oxford University Press, 2003); Debi Unger and Irwin Unger, eds., *The Times Were a Changin': The Sixties Reader* (New York: Three Rivers Press, 1998); Karen Manners Smith and Tim Koster, eds., *Time It Was: American Stories from the Sixties* (Upper Saddle River, NJ: Pearson Prentice Hall, 2008); and Ann Charters, ed., *The Portable Sixties Reader* (New York: Penguin, 2003). Scholarly and synthetic overviews of the decade that entirely ignore Laing include: Gerald J. DeGroot, *The Sixties Unplugged: A Kaleidoscopic History of a Disorderly Decade* (Cambridge: Harvard University Press, 2008); David Farber and Beth Bailey, *The Columbia Guide to America in the 1960s* (New York: Columbia University Press, 2001); Peter Braunstein and Michael William Doyle, eds., *Imagine Nation: The American Counterculture of the 1960s and 1970s* (New York: Routledge, 2002); Charles Kaiser, *1968 in America: Music, Politics, Chaos, Counterculture, and the Shaping of a Generation* (New York: Grove Press, 1988); Todd Gitlin, *The Sixties: Years of Hope, Days of Rage* (New York: Bantam Books, 1993); and Mark Hamilton Lytle, *America's Uncivil Wars: The Sixties Era from Elvis to the Fall of Richard Nixon* (New York: Oxford University Press, 2006).

Madness and Civilization. Quite the same Wikipedia. Just better. Madness and Civilization. From Wikipedia, the free encyclopedia. Madness and Civilization. The Librairie Plon edition. Author. Madness & Civilization. General Summary Madness and Civilization is a deep and complex treatment of the role of madness in Western society. It begins by describing end of leprosy in Europe and the emergence of madness as a replacement for leprosy at the end of the Middle Ages. The Ship of Fools which wandered the waterways of Europe was a symbol of this process. Madness and Civilization: A History of Insanity in the Age of Reason (French: Folie et D raison: Histoire de la folie   l' ge classique, 1961) is an examination by Michel Foucault of the evolution of the meaning of madness in the cultures and laws, politics, philosophy, and medicine of Europe  from the Middle Ages until the end of the 18th century  and a critique of the idea of history and of the historical method. Madness and Civilization: A History of Insanity in the Age of Reason is the 1965 abridged translation of Michel Foucault  s 1961 French text, Folie et D raison. A more recent, unabridged translation has been released by Routledge under the title History of Madness, translated by Jonathan Murphy and Jan Khalifa. However, the earlier Madness and Civilization remains the most influential and widely read, having an impact on a larger number of theorists and philosopher in the latter part of the 20th century.

Madness is civilization 9. confused cause and effect " in other words, that a sick child was the impetus for parental conflict or peculiarities, and not the other way around.²⁰ Not that the researchers were completely unaware that they had some interpretive problems on their hands. Madness and Civilization. without oversimplifying and do-ing it an injustice. It is a tale of nuances, relative values, and delicate shadings.Â Madness is really a manifestation of the "soul," a variable concept which from antiquity to the twentieth century covered approxi-mately what came to be known, after Freud, as the un-conscious part of the human mind. t. Only time. Madness & Civilization. General Summary Madness and Civilization is a deep and complex treatment of the role of madness in Western society. It begins by describing end of leprosy in Europe and the emergence of madness as a replacement for leprosy at the end of the Middle Ages. The Ship of Fools which wandered the waterways of Europe was a symbol of this process.