

# The Contribution of Jungian Theory to Laing's Thinking in *Madness and Wisdom*: The Origins of Existential Psychiatry

DANILO SERRA

## §1. Introduction

**I**T HAS BEEN WRITTEN AND SAID many times that Ronald D. Laing — together with David Cooper— represents one of the most influential voices of the complex movement that spread in the second half of the 20th century called “anti-psychiatry”. Although Laing himself rejected the category —as limited and misleading, like any categorisation— of “anti-psychiatrist”, his work, whether understood in a clinical or theoretical sense, vehemently departs (and here we understand the meaning of the suffix “anti-”) from conventional psychiatric methodologies and language, which he does not hesitate to describe as brutal and violent.

People called brain surgeons have stuck knives into the brains of hundreds and thousands of people in the last twenty years: people who may never have used a knife against themselves; they may have broken a few windows, sometimes screamed, but they have killed fewer people than the rest of the population, many many fewer if we count the mass extermination of wars, declared and undeclared, waged by the legalized “sane” members of our society (Laing 1968, p. 19).

So, Laing can be conceived as a protester who breaks with certain classical positions that reduce the human being to an object and make him almost an abstraction, a kind of entity in its own right to be measured and calculated or analysed. At the same time, however, Laing is in every way a courageous innovator who deserves credit for having rethought the person in his existential totality and concreteness. Hence the thesis that an authentic understanding of

D. Serra (✉)  
International Association of Palliative Marketing,  
Switzerland  
e-mail: serradanilo1991@gmail.com

Disputatio. Philosophical Research Bulletin  
Vol. 12, No. 24, Mar. 2023, pp. 143–157  
ISSN: 2254-0601 | [EN] | **ARTICLE**

the subject has to do not simply with the analysis of his intrapsychic reality, but with the observation of this reality and the world to which the subject belongs, and of their relationship.

The intellectual references to which Laing refers, implicitly or otherwise, are many and range from German to French phenomenology, especially the hermeneutic phenomenology of Martin Heidegger and Jean–Paul Sartre’s existentialism. Among these references we cannot fail to include the name of Carl Gustav Jung, whose theory provoked and fascinated Laing since his youth. A provocation and fascination that Laing does not hide at all, and which —as we shall see— assumes a preponderant value for the development of his psychiatric work. But there is more. Probably what fascinates Laing so much is the innovative and original way in which Jung moves within his scientific field, breaking down old stereotypes and prejudices. Both men, by the way, were mavericks and were considered as radical outsiders who changed the course of psychotherapy, psychoanalysis, treatment and diagnosis. Both struggled to find new frameworks and languages that could touch the most deplorable problems of human misery.

In the following pages we will limit ourselves to describing some of the positive aspects of Jungian theory that Laing takes up and reinterprets (referring in particular to *Symbols of Transformation*), and which essentially constitute a stimulus for the affirmation of his existential psychiatry based on the representation of man as “being–in–the–world”.

## §2. Laing and the influence of Jung

In chapter 4 of *Madness and Wisdom*, Vincenzo Caretti and Ronald D. Laing discuss specifically the significant elements of Jungian theory and, in particular, the influence it has played in the formation of Laing’s thought.<sup>1</sup> Laing affirms that he was influenced by Jung, citing specifically *Symbols of Transformation* (1911–12), the reading of which proved to be indispensable, as it introduced original nuances and perspectives through which to read and interpret phenomena and go back to the “mysterious and remote origins” of human being: “Of course”, Laing says, “*Symbols of Transformation* played a decisive role for me. It is a pioneering work for the way my work in psychiatry has been oriented ever since” (Caretti–Laing 2022, p. 32). It is not difficult to understand

<sup>1</sup> When analysing the contribution of Jungian theory to Laing’s thought, one aspect that should not be overlooked is the fact that Jung, like Laing, was also a psychiatrist and, as such, spent a lot of time in direct contact with severely psychotic asylum inmates.

why Laing considers *Symbols* as a pioneering and important work, both for the development of his psychiatric work and for the exploration of mental phenomena.

The Jungian perspective on psychoanalysis (so-called analytical psychology), characterised among other things by a focus on complexity, an approach that considers man as inseparable from his cultural environment, the introduction of a theory of archetypal forms and the hypothesis of the collective unconscious, offered Laing the opportunity to observe the great tensions and transformations of an ever-changing world. And change in the world is accompanied by change in the psyche which, through an extraordinarily creative process of autopoiesis, creates and shapes itself, each time giving rise to something new, to new images and directions, to new meanings with which to attempt to understand and construct its relationship with the outside world and with itself. Linked to this is the idea that “we have a set of structural transformations that, it is true, does not become manifest and visible in the life of all of us but which is certainly true in the life of many of us” (*ibid.*, p. 32). And these transformations are sometimes expressed “in scenarios of conduct in which people enact, that is to say, experience an act of arduous dramatization of the eternal triangle in one of these forms, or keep going in circles, or, again, really find themselves, or try hard to always be at the center of their own sphere of influence, and so on” (*ibid.*, p. 32).

Very often, then, something indecipherable or impenetrable governs people's conduct and ambitions: “There is something alchemical about it”, Laing says. “It would seem, again in a mysterious way, that not everything follows from all our intentions, all our will, our efforts, all our struggle. It is in some secret way that the torment finds its resolution” (*ibid.*, p. 33).

Central to Jungian theory is the reformulation of the concept of the Self according to a dynamic, transformative and evolutionary perspective that underlies what Laing, echoing Jung, calls “the emergence of the Self” (*ibid.*, p. 33), that is, the trajectory and experiential history of the individual, the way in which the subject becomes in a full sense an individual.

Jung himself, in *Symbols*, emphasises how the individuation process is fundamentally marked by a series of dynamics and transformations through which the human being overcomes previous crises and conflicts and enacts major changes, each time “producing” and “reforming” himself (and thus his world). This transformative view of the psyche, intrinsically linked to the idea of self-healing (or spontaneous healing) of the psyche, has undoubtedly influenced Laing who, in his attempt to analyse and explain the phenomenon

of psychotic crises, uses in *Madness and Wisdom* the Jungian term of “metanoia”, which comes to be understood in the sense of the “journey”, of the path backwards, understood in the sense of the “mysterious leap” that leads to a renewal of the self.

I would prefer to call this ordered set of transformations, as Jung does in *Symbols of Transformation*, a process of metanoia. One can think of the difference between a wrecked ship and a sinking ship, one which one can still try to empty of the water it takes in, which one can plug up, and which one can then get moving and perhaps have towed into port. A shipwreck or a total catastrophe is no longer a journey. I mean the trouble with many of the most severely disturbed people we see in London is that they are not engaged in any journey at all; on the contrary, we are faced with bits of wreckage or endlessly rushing about alone. It is a never-ending quarrel between one side of the face and the other, or between one hand and the other. If this situation is unblocked, or if that transcendent function of the Self which Jung speaks of as the central factor in healing begins to manifest, then the mandala-like archetypal forms we have mentioned emerge and these people see their world take on an order. Unfortunately, it is often an order that is judged to be psychotic. But a reordering seems possible, leading back to a state in which the person coexists with others in a socially acceptable way (*ibid.* pp. 53–54).

*Symbols of Transformation* becomes a crucial text for Laing because, through the analysis of symbolic experience, it brings to light the problem of human experience (and its enigma or mystery). Jungian consideration of the unconscious as that which hides in its “darkness” a mysterious “treasure hard to attain” (Jung 1967, p. 330), whose language is basically symbolic expressions and images, is an innovative mark in the psychoanalytic research of the time. In this regard, Laing states, “it was certainly the first time I had come across the use of a mythical scenario in connection with psychological constellations or with a set of transformations in the area of real life, of actual experience” (Caretti–Laing 2022, p. 32).

Jung’s reading gave Laing the opportunity to rethink the “complex” (here understood in the sense of the Latin term *complexus*, which literally refers to “that which is woven together”, which is intimately connected or interconnected) and situate the individual within a collectivity, the subjectivity within an intersubjective context.<sup>2</sup> There is not only the individual, but a

<sup>2</sup> The issue of intersubjectivity is absolutely central to both Jung’s and Laing’s work. Their complete commitment to the other, and their involvement in encounter with the patient testify to the urgency of reflecting on the value of the relationship between self and other. It is not entirely incorrect to say that Jung and Laing are part of the history of the development of theorising around intersubjectivity, culminating in its “rediscovery” by the “relational” psychoanalytic movement. Precisely because of their way of dealing with mental disorders by taking into account the intersubjective nexus, we can

collectivity. Situating the individual within the community means, according to Laing's perspective, looking at the scope of mental illness by extending the analysis to the person's context of reference, taking into account the society and family from which the person comes. At the same time, this means reconsidering together man and world, subject and object, not as opposites and incompatible, but in their deep and complex original relationship. The consequence is the affirmation of a theoretical and practical perspective that turns its attention to the complexity of phenomena and the recovery of the "wholeness of human being" (Laing 1967, p. 45). This is a kind of enrichment of the idea of the individual to which Jung's work, so vast and articulate, contributed by safeguarding man's relationship with himself and the outside world. Moreover, the individuation process and the concept of *Selbst* (Self) are, for Laing, decisive elements through which Jung arrives at describing the human being in all his complexity, where the intrapsychic world, the external world and social structures intertwine and coexist intimately.

"I agree with Jung", Laing says, "in his particular use of the term 'phenomenology'" (Caretto-Laing 2022, p. 12). And here the word "phenomenology" is understood in the sense of the investigation of the field of human experience. In this regard, he adds: "In any case, the starting point of psychology is phenomenological, i.e., it is the study of experience as it is. [...] It [Psychology] looks at what we see in the world, and also to a certain extent at *how we see it*" (*ibid.*, p. 13).

It is a phenomenology that Laing, for example in *The Politics of Experience*, repeatedly calls "social", since it is primarily concerned with the relationship between my experience of the other and the other's experience of me, that is, with "inter-experience":

Social phenomenology is the science of my own and of others' *experience*. It is concerned with the relation between my experience of you and your experience of me. That is, with *inter-experience*. It is concerned with your behaviour and my behaviour as I experience it, and your and my behaviour *as you experience it*. Since your and their experience is invisible to me as mine is to you and them, I seek to make evident to the others, through their experience of my behaviour, what I infer of your experience, through my experience of your behaviour. This is the crux of social phenomenology (Laing 1967, pp. 16–17).

The study of the complexity of phenomena and the examination of the meaning of experience lead to a reconsideration of psychology itself as a

consider Jung and Laing as two important forerunners and *ante litteram* pioneers of this American school of psychoanalysis. See, e.g., Schulman (2015).

discipline that must look at phenomena and human being as such, “suspending judgement as every epistemologically experienced scientist does as to the ontological reality of the phenomena” (Caretti–Laing 2022, p. 13). In other words, “psychology must be free to look at everything that men feel, believe and imagine, not excluding visions, hallucinations and the like” (*ibid.*, p. 13).

In this attempt to observe complexity, the Jungian theoretical proposal, according to which all aspects of reality, both material and psychic, are strongly interconnected, has certainly played an important role. Jungian studies on the person and the theory of the existence of archetypes brought Laing to reflect carefully on the issue of the human condition and the need to reconsider, also and above all through the study of illness (and therefore of society), the mystery of the origin of experience, its abyss. Beyond certain formalisations and final results, which today may or may not appear questionable, the importance of Jung’s “phenomenological” work consists in having highlighted the problem of human experience and, consequently, in having taken into consideration a vast field of research that includes the study of psychosis and schizophrenic illness, the exploration of those moments of disintegration of the personality, the awareness that the boundary between the psychotic subject and the non-psychotic subject, between the “sick” and the “normal” (or “healthy”), is fundamentally blurred (think of the Jungian hypothesis of latent psychosis<sup>3</sup>). Psychosis, in short, becomes an open question, much broader and more complex than previously thought. In this regard, Laing points out in *The Politics of Experience* that “Jung broke the ground here, but few have followed him” (Laing 1967, p. 137). And among these few, albeit with due differences, seems to be Laing himself.

### §3. On Laing’s existential psychiatry. The affirmation of man as “being-in-the-world”

In the section “The Relationship to the Patient as Person or Thing” in *The Divided Self*, Laing describes his theoretical orientation as a therapist as “existential phenomenological”. During his time as a hospital psychiatrist and in his private practice, he works particularly with “back ward” patients who are mostly considered incurable. The confrontation with these patients gives rise to a desire to understand the deeper meaning of schizophrenic behaviour and the complex field of mental illness. Thus, his research is driven by the need to provide individuals with an alternative to traditional psychiatric treatment

<sup>3</sup> See Jung (1958).

(electroshock and lobotomy, forced restraint in psychiatric hospitals and medication with so-called psychotropic drugs) and personal isolation in overcrowded hospital wards. In order to realise this goal, in 1965 he set up an important and much desired therapeutic project in London, founding a demedicalized community (Kingsley Hall) characterised primarily by the elimination of all barriers between therapists and patients. For Laing, the birth of this peculiar community centre is of crucial importance. It represents a significant effort to renew psychiatric research, redefining some of its obsolete categories and assumptions so as to use, to paraphrase Laing, *new bottles for new wine*.

The most profound recent development in psychiatry has been to redefine the basic categories and assumptions of psychiatry itself. We are now in a transitional stage, where *we still to some extent continue to use old bottles for new wine*. We have to decide whether to use old terms in a new way, or abandon them to the dustbin of history (Laing 1967, p. 100).

Kingsley Hall, in spite of its final failure and criticism from certain traditional scientific circles, remains an important therapeutic experiment based on the general idea that in the process of healing (or self-healing) from “mental illness” it is crucial to leave individuals free to live openly their madness and traumas. Linked to this is the Laingian idea of therapy as the experiential moment in which it is necessary to give space and rhythm (*to let be*) to psychotic subjects, following their rules and activities, without drastically interfering with them.

His experiences with LSD (a synthetic drug originally used in the experimental treatment of schizophrenia), explorations of Eastern religious practices, and support of a libertarian approach to emotional distress are often controversial, but all are grounded in a vehement critique of the view of mental illness held by mainstream psychiatry and conventional Western medical practice. In this way, Laing begins to outline an approach that aims to reshape the character of psychiatry and develop a new way of looking at mental illness as a complex existential phenomenon in which the discordant dynamic (*pòlemos*) of the self with others and of the self with itself is constantly at stake.

As an existential phenomenon, mental illness must be framed within the specific social context of reference of the individual, within that sphere of social influence in which he is historically situated. In the process of understanding the illness, it is fundamental for Laing to consider the individual as a “being-in-the-world”. The result is the affirmation of a concept of person linked to certain theoretical perspectives of the traditional phenomenological approach

and, in particular, of the existential analysis [*Analytik*] conducted by Martin Heidegger in his *Sein und Zeit*: “The compound expression ‘Being-in-the-world’ [*in-der-Welt-sein*] indicates in the very way we have coined it, that it stands for a unitary phenomenon. This primary datum must be seen as a whole” (Heidegger 1962, p. 78). Laing takes up the Heideggerian lesson and emphasises the thesis of the inseparability of the individual and the world. In agreement with this thesis, he states that:

Existential phenomenology attempts to characterize the nature of a person’s experience of his world and himself. It is not so much an attempt to describe particular objects of experience as to set all particular experiences within the context of his whole *being-in-his-world* (Laing 1960, p. 17).

The individual is “in-the-world”. However, “in-the-world” is not to be understood in a spatial sense as “being-in”, that is, as a being contained within a large container called “the world”. One is not in the world as being inside something—like the water in the glass or the clothes in the wardrobe. The relationship between world and man is not a relationship between what contains and what is contained. On the contrary, man and the world co-originate as fundamentally interdependent elements that underlie a profound ontological givenness. Whenever we deal with a subjectivity, we must at the same time come to terms with the general environment in which that subjectivity is situated. And this environment is nothing other than an interweaving of different types of relationships and experiential correlations, a system of relationships that carry meaning. Recovering a certain aspect of Heideggerian philosophy, Laing introduces into the therapeutic field a powerful reflection on the concepts of subject and subjectivity, abandoning those conceptual categories that saw subject (man) and object (the world in general) as opposed. This reflection produces a real transformation of the very idea of “subject”, which becomes *openness* to the other and to the world: subjectivity is thus not separation from the world, but is itself constituted by the relationship with things. Laing says:

Our minds always harbour the misleading tendency to think in terms of the individual person when we talk about schizophrenia, madness, or sanity, and the like. [...] That is, the error of speaking of the subjectivity of person X as if it were not intersubjective, as if it could be extrapolated from the universe as an essence, as a thing in itself (Laing 1967, pp. 94–95).



In other words, Laing's research actually leads to a serious reworking and problematisation of place in the process of affirmation of the illness, which translates into the thesis of the centrality of the involvement of the environment in the development of psychopathology—in this sense, for example, the role played by the social and family systems in the genesis of schizoid behaviour is carefully analysed. The individual's singular existence is located and identified in the *here* (space) and *now* (time). It is confronted each time in a different way with a wide network of relations that come from outside and that describe the human being's own experience of the world and related interpersonal behaviour. All this is coherently linked to a redefinition of the patient, who is no longer understood as a "medical case" (isolated from his own social and cultural reality) to be sedated and controlled through the intervention of psychotropic drugs. The patient, on the other hand, is considered as a catalyst of experiences and relational entanglements or *knots* that must be listened to and cured through language. Here the concept of "cure" no longer has to do exclusively with prescribing medication and with a certain idea that sees the individual–patient "remitted" and "readjusted" after a period, long or short, of observation and treatment. It is not an "end point", comparable, say, to a cure of an infection (when the infection has been cleared up and there is no more redness). Instead, the cure is the therapeutic *process itself* in all its continuity, it is a course of therapy to be shared, it is a listening to the other person, it is the therapist's ability to sympathise or empathise with the subject and feel his own drama. As Miles Groth states:

Laing's point seems to be that effective psychotherapy can take place only on condition that both parties involved experience that void, which is real for both of them, though it may be, for the moment, more vivid and critical for the patient. It may be essential that the therapist get up from her chair, walk across the room and sit down on the floor in front of her patient. It may happen that a therapist hazards addressing someone who hasn't said a word to anyone for ten years (Groth 2001, p. 182).

There is no sickness to be eradicated, not some end result to be reached. What counts is the therapeutic path itself, the radical encounter of the parties involved. In this sense, curing the other human being essentially means entering into a peculiar relationship and communicating with him. Laing says: "When we move on to the field of psychiatry or psychoanalysis, the disturbance must be sought not in an object to be looked at or examined, but in the relationship between the person being looked at and the person looking" (Caretto–Laing 2022, p. 26).

So, therapeutic (or psychotherapeutic) relationship becomes for Laing:

a re-search. A search, constantly reasserted and reconstituted for what we have all lost and whose loss some can perhaps endure a little more easily than others, as some people can stand lack of oxygen better than others, and *this re-search is validated by the shared experience regained in and through the therapeutic relationship in the here and now* (Laing 1967, p. 47).

Empathy, sharing and communication are therefore the basis of any therapeutic relationship. Laing affirms the significance of discourse and communication in therapy. Schizoid behaviour becomes the expression of meaning, the attempt to communicate anxieties, apprehensions, lacerations and oppressions—all occurrences that sometimes, especially in certain complex family or hostile social environments (*Umwelten*) are not allowed to manifest themselves at all. The way of thinking about and treating the patient changes; the way of relating to the illness changes. It is in the urban and social context, and not simply in the body and mind (in the interiority) of the “sick person”, that Laing identifies the origin of the emergence of mental disorders and of the various pathologies connected to them; the study and analysis of cases of chronic psychotic patients lead him to affirm that, more often than not, it is precisely the family systems that determine the formation of their illness.<sup>4</sup> This means, in other words, that the social perspective, as opposed to the traditional clinical perspective, assumes the role of understanding signs and symptoms of psychosis that are apparently senseless and meaningless.<sup>5</sup>

In an effort to understand the delusional behaviour of the schizophrenic patient, Laing’s main interest is to re-think the relationship between therapist and patient and, consequently, to include the patient in the world and not exclude or imprison him in a hospital or specialised psychiatric residential centre. It is very important at this point to note how Laing’s reflection on the nature of the psychotherapeutic process echoes some of Jung’s insights, which

<sup>4</sup> An example is the book *Sanity, Madness and the Family*, edited by Laing and A. Esterson, published in 1964. This is an important volume based on a survey that the authors conducted by examining interpersonal relationships in eleven families of women diagnosed as schizophrenic. See Laing and Esterson (1964).

<sup>5</sup> According to Laing, the traditional clinical perspective does not produce an effective intervention strategy at all because it does not intervene immediately in the situation. It merely prescribes a therapy to be implemented, and therefore a “cure”, once the diagnosis has been established. Unlike the social perspective, it is based on a psycho-physical analysis of the individual that does not take into account the whole process of knowledge of the analysed subject, including his history and social or family dynamics.

we find for example in MDR. Like Laing, Jung had in fact affirmed the need to focus on the patients' story in order to try to unravel their secrets and mysteries: "In many cases in psychiatry, the patient who comes to us has a story that is not told, and which as a rule no one knows of. To my mind, therapy only really begins after the investigation of that wholly personal story" (Jung 1965, p. 117). In this immense (and radically infinite) communicative and listening task, the most authentic and profound meaning of therapy is ultimately revealed. Along these lines, Laing picks up the thread of Jung's discourse and questions the urgency of seeing therapy through the element of narrative and of conceiving the therapeutic experience as a non-frontal, but lateral relationship in which the parties interact with each other.

The interconnection of subject and world, and thus the definition of the individual as "being-in-the-world", leads Laing to observe both the intrapsychic sphere and the context of the psychotic patient's interpersonal relations. So, the contextualisation of the patient, the attention paid to his history and language, the need for the therapist to communicate empathically with him, all become essential components that have contributed and continue to contribute to the process of discovering the human dignity of psychotic subjects.

Laing's existential psychiatry becomes the discipline committed to focusing on the representation of all those interpersonal relationships that are at the same time connections and disconnections, tangles, vicious circles, constraints in which the identity of each individual is questioned and continually emerges in the dialectic between unveiling and concealment, giving and taking away. The result of this model of psychiatry is the overcoming of the principle of the dichotomy normality/madness and of the consequent categorisation normal/madman, which is contrasted with the vision of the phenomenon "as an integral aspect of overall human experience" (Caretti-Laing 2022, p. 52). Madness is no longer seen from the point of view of normality. The schizophrenic is no longer observed and analysed from the perspective of the "nomal". The methodological and therapeutic approach proposed by Laing leads to the demolition of conventional categories and offers us all, even today, a new lens through which to observe the complexity of the world of mental illness "without prejudging who is right and who is wrong" (Laing 1960, p. 25).

### §3. Closing remarks

Scholar, psychiatrist, therapist, radical thinker and poet, Laing was many things. To repeat the words of the pre-Christian playwright Terence, nothing human is

foreign to him.<sup>6</sup> He has lived his life and work intensively, each time treading different paths and exploring new interpretative horizons. This is why Daniel Burston says of him that he “was nothing if not contradictory: an accomplished pianist, a precocious student of the classics, a rebel and romantic, an iconoclast, psychoanalyst, philosopher, theologian, and drunk” (Burston 1996, p. 2). This contradictory being essentially reflects an idea that Laing experienced on himself and in his relationship with his patients, and which has to do with the impossibility of defining a single individual on the basis of a more or less stable personality over time. There are as many selves or personalities as there are social contexts “inhabited” by the individual:

Our society is a plural one in many senses. Any one person is likely to be a participant in a number of groups, which may have not only different membership, but quite different forms of unification. Each group requires more or less radical internal transformation of the persons who comprise it. Consider the metamorphoses that the one man may go through in one day as he moves from one mode of sociality to another—family man, speck of crowd dust, functionary in the organization, friend. These are not simply different roles: each is a whole past and present and future, offering differing options and constraints, different degrees of change or inertia, different kinds of closeness and distance, different sets of rights and obligations, different pledges and promises. I know of no theory of the individual that fully recognizes this (Laing 1967, p. 82).

Laing’s social phenomenology has the merit of focusing attention on the social fabric of the individual. This means grasping the roots of sickness not in the person himself, but in society itself, in that intricate network of interactions and connections that develop and sediment within the different human social systems: not the individual person, but the whole of society is suffering and sick. So, the interest in his work is strong today and coincides with a renaissance of interest in existential psychotherapy, especially Daseinsanalysis. Deeply rooted in phenomenological culture and with an uncanny capacity for empathy, the Laingian approach is based on the ability to bring together and link the “personal” and “social”, man and world, while also giving a central place to the spiritual in psychotherapy during a period of extreme upheaval and unease in contemporary society.

His whole activity is marked by the idea that the analysis of the “facts of life” can only authentically take place by taking a sort of “step back”, by virtue of which we can go back to those mysterious and remote sources of man: “We come back to ourselves as our own final authority” (Laing 1976, p. 149). This

<sup>6</sup> “*Homo sum: humani nihil a me alienum puto*” (Publius Terentius Afer, *Heautontimorumenos*, v. 77).

methodological and therapeutic innovation has, after all, a lot of the “Jungian” in it and has in Jung’s work one of the main intellectual references with which to try to build a new way of teaching people to open their eyes to the world, a new way of dealing with complex human experiential environments, beyond any ideological schematism and conventional morality.

## REFERENCES

- BORGNA, Eugenio (2019). *La follia che è anche in noi*. Torino: Einaudi.
- BURSTON, Daniel (1996). *The Wing of Madness: The Life and Work of R.D. Laing*. Cambridge: Harvard University Press.
- CARETTI, Vincenzo (2022). *Dialogues on Madness and Wisdom: In Conversation with R.D. Laing*, edited by M. Groth and D. Serra, translated by D. Serra. London: The Society for Existential Analysis (SEA).
- GROTH, Miles (2001). “Laing’s Presence”. *Janus Head* 4, no. 1: pp. 170–86.
- HEIDEGGER, Martin (1962). *Being and Time*, translated by J. Macquarrie and E. Robinson. Oxford: Basil Blackwell.
- LAING, Ronald David (1960). *The Divided Self: An Existential Study in Sanity and Madness*. 2<sup>nd</sup> ed. Harmondsworth: Penguin.
- LAING, Ronald David & ESTERSON, Aaron (1964). *Sanity, Madness and the Family*. London: Tavistock.
- LAING, Ronald David (1967). *The Politics of Experience and The Bird of Paradise*. Harmondsworth: Penguin.
- LAING, Ronald David (1968). “The Obvious”. In *The Dialectics of Liberation*, edited by D. Cooper. Harmondsworth: Penguin, pp. 13–33.
- LAING, Ronald David (1976). *The Facts of Life*. Harmondsworth: Penguin.
- LAING, Ronald David (1985). *Wisdom, Madness and Folly – The Making of a Psychiatrist 1927–1957*. London: Macmillan.
- JUNG, Carl Gustav (1958). “Schizophrenia”. In *The Psychogenesis of Mental Disease* (1960), Collected Works, Vol. 3. Princeton: Princeton University Press.
- JUNG, Carl Gustav (1965). *Memories, Dreams, Reflections* [MDR], edited by A. Jaffé. New York: Vintage.
- JUNG, Carl Gustav (1967). *Symbols of Transformation*, Collected Works, Vol. 5. Princeton: Princeton University Press.
- SCHULMAN, Martin A. (2015). “R.D. Laing: Premature Postmodern Psychoanalyst”. In *The legacy of R. D. Laing: An Appraisal of His Contemporary Relevance*, edited by M.G. Thompson. New York: Routledge, pp. 80–98.



## La contribución de la teoría junguiana al pensamiento de Laing en *Madness and Wisdom*. El origen de la psiquiatría existencial

Mi aportación pretende centrarse en algunos aspectos decisivos de la llamada «psiquiatría existencial» de Ronald D. Laing (1927–1989). En primer lugar, destacaré cómo la teoría junguiana, en sentido amplio, desempeñó un papel especialmente importante en la formación y el desarrollo del pensamiento de Laing. Para ello, me referiré en particular al capítulo 4 de *Intervista sul folle e il saggio* —una entrevista con Laing realizada por Vincenzo Caretti, publicada originalmente en italiano en 1979 por Laterza— cuya versión en inglés (*Dialogues on Madness and Wisdom: In Conversation with R.D. Laing*) se publicó por primera vez a principios de 2022 en una serie editada por la Society for Existential Analysis (SEA). En un segundo paso, consideraré directamente algunos elementos distintivos de la investigación de Laing.

**Palabras Clave:** Psiquiatría existencial · Psicosis · Fenomenología · Ronald D. Laing · Carl Gustav Jung.

## The Contribution of Jungian Theory to Laing's Thinking in *Madness and Wisdom*: The Origins of Existential Psychiatry

The aim of my contribution is to focus on some decisive aspects of the so-called “existential psychiatry” of Ronald D. Laing (1927–1989). I will begin my paper by pointing out how Jungian theory played, in a broad sense, a particularly important role in the formation and development of Laing's thought. In order to achieve this, I will refer in particular to Chapter 4 of *Intervista sul folle e il saggio* —an interview with Laing by Vincenzo Caretti, originally published in Italian in 1979 by Laterza— whose English version (*Dialogues on Madness and Wisdom: In Conversation with R.D. Laing*) was first published in early 2022 in a series edited by the Society for Existential Analysis (SEA). Subsequently, I will consider some distinctive elements of Laingian research.

**Keywords:** Existential Psychiatry · Psychosis · Phenomenology · Ronald D. Laing · Carl Gustav Jung.

---

**DANILO SERRA** is co-founder and vice-president of the International Association of Palliative Marketing based in Lugano, Switzerland. PhD in Transcultural studies in humanities from the Università degli Studi di Bergamo, Italy. He carries out research in the areas of Heideggerian philosophy, poetic phenomenology and existential psychotherapy. He is a member of the American Daseinsanalytic Institute (ADI), where he develops activities and research related to the so-called Daseinsanalysis. At the same time, he carries out academic activities at the Faculty of Engineering and Architecture of the University of Enna Kore as “Subject Expert” for the chairs of History of Architecture and Architectural and Urban Composition. **Contacto:** International Association of Palliative Marketing (IAPM), Lugano, Switzerland (www.palliativemarketing.com). e-mail (✉): serradanilo1991@gmail.com · **iD:** <https://orcid.org/0000-0002-9313-255X>.

---

### HISTORIA DEL ARTÍCULO | ARTICLE HISTORY

Recibido/Received: 27-June-2022; Aceptado/Accepted: 29-August-2022; Published Online: 21-Feb-2023

---

### COMO CITAR ESTE ARTÍCULO | HOW TO CITE THIS ARTICLE

Serra, Danilo (2023). «The Contribution of Jungian Theory to Laing's Thinking in 'Madness and Wisdom': The Origins of Existential Psychiatry». *Disputatio. Philosophical Research Bulletin* 12, no. 24: pp. 143–157.

© Studia Humanitatis – Universidad de Salamanca 2023