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Joseph Berke

Zone of the Interior

Clancy Sigal. (2005). Pomona. 404 pp. £9.99.

I first read *Zone of the Interior* not long after its original publication in 1976 while living in London as a student at the Philadelphia Association, the therapeutic organization founded by, among others, R.D. Laing and the author of the book under review, Clancy Sigal. Like so many other Americans, I had traveled to Britain to work with the man who was considered the most charismatic and radical psychiatrist and psychoanalyst in the world, R.D. Laing. I was living in one of the post-Kingsley Hall residential houses (Portland Road) run by Laing's colleague, Hugh Crawford, and supporting my studies and living expenses by serving as the administrator and sole employee of the Philadelphia Association, the umbrella organization that had founded Kingsley Hall and the half dozen or so houses that were subsequently started after its closure in 1960. According to Sigal, no British publisher would touch the book because of its libelous content, but many copies of the American edition circulated throughout the PA and were readily available. Indeed, it was required reading for all of us who were involved with the PA and was the topic of dinner conversation for a year or more following its publication.

Now, some thirty years later, *Existential Analysis* has invited me, along with others, to read the book again and review it for this journal. This has been an interesting and emotional experience as I have not looked at the book nor discussed it with anyone in the intervening time, so I have both my initial reaction and this, more recent, reading to call upon in this review.

My initial reaction to the book was colored with near breathless excitement for, despite the author's disclaimer that "*this book is a work of imagination and all the characters purely fictional,*" everyone in the P.A. knew that it was in fact a savage autobiographical account of Sigal's relationship and subsequent falling out with Laing, dating back to the mid-1960s not long after Kingsley Hall was founded, in 1965. Sigal was just as distressed at his failure to find a British publisher as Laing was with Sigal's portrayal of him in the book. It is impossible for the reader to determine what is fictional and what isn't - or at any rate, the author's heart-felt account of his side of the story. Laing wasn't especially eager to

talk about the book and to set the record straight as to what was (in his view) fabricated and what approximated the truth, though over the years he shared tidbits of "straight-record-setting" in both private and public arenas. Although the book covers much more than Sigal's (i.e., *"Sid Bell"*) relationship with Laing (i.e., *"Dr. Willie Last"*!) - it also devotes a significant amount of space to Sigal's relationship with David Cooper (i.e., *"Dr. Dick Drummond"*) and to a lesser extent his exploits at Cooper's mental ward, Villa 21 - my account of this book is based more or less strictly on Sigal's account of his relationship with Laing.

As for the book itself and its merit as a work of art, like so many books that were spawned in the crazy 1960s it has not aged well. On my first reading, I am embarrassed to say, it seemed to read brilliantly! Sigal acknowledges the influence of Jack Kerouac's work and his classic *On The Road* (1957/1999) in particular. Even Kerouac's autobiographical coming-of-age manifesto with its drug-induced stream-of-consciousness narrative seems a bit wordy and self-indulgent by today's standards, though perhaps less so if the reader is in his twenties, say, as opposed to fifties. I was in my twenties when I first read *Zone of the Interior*, and I found Sigal's Kerouac-inspired (pre-Hunter Thompson) semi-autobiographical rant amusing and at times even hilarious. The book centers around *"Sid Bell's"* wacky if desperate adventures in 60s London where he has retreated from Chicago, suffering from a serious case of writers-block and acute, unremitting anxiety. He has tried this and that therapy, none to his liking, with various London shrinks when he stumbles across *"Dr. Willie Last,"* London's answer to Bob Dylan in Scottish psychoanalytic garb. Through Last, Bell soon meets a variety of radical existentialists who represent thinly-disguised colleagues of Laing's who would soon comprise the founding members of the Philadelphia Association.

In addition to his account of unbelievably bizarre therapy sessions, Bell also shares his exploits (initially as a patient, then a colleague) with Last in forming *"Clare Council"* (i.e., the Philadelphia Association; Sigal was actually a founding member of the P.A. and, due to the anti-authoritarian bent of its members, including Cooper, Sid Briskin, Ben Churchill, Aaron Esterson, he was *"volunteered"* to serve as its titular Chairman). Passages alternate between mad-cap meetings of Clare Council, unconventional therapy sessions with Dr. Last, and unforgettable evenings at Kingsley Hall/Conolly House. I found Sigal's descriptions of his exploits fascinating because the era in which the book occurs represents both the P.A.'s pre-history as well as the earliest period of Kingsley Hall, years before I joined the P.A. in 1973. I wasn't really concerned with what was factual and what was fabricated because the situations the characters occupied were so over the top that I and others couldn't imagine they were intended to be taken seriously. Or so I thought. I knew that much, if not all, of Sigal's account was wickedly intended to cast Laing and his cohorts in the worst possible

light, and I figured that anyone reading the book who knew nothing of the principals involved would probably miss all the inside jokes and read it, not as a *roman a clef*, but as an acid-inspired lark about a London that didn't exist in reality. The book provided abundant fuel for gossip within the P.A. about the circumstances depicted, wondering if we would ever know where the line between fiction and fact should be drawn, which was part of the book's charm. I don't believe that what was true and what wasn't mattered to us anyhow.

When I read the book now, some thirty years later, I have an altogether different reaction. Sigal has subsequently written articles about the book and the circumstances depicted in it, his difficulty in finding a British publisher, and he has even added a new preface to provide more context as to why the book was written and its immediate aftermath. I realize now that Sigal was angry when he wrote the book and that he had broken with Laing and left the P.A., never to speak to any of the principals again. By Sigal's account, he wrote the book about ten years after resigning from the PA, an interval during which he was obviously in some turmoil, suffering the same suspicions and mistrust toward his former cohorts that had led him to leave the PA in the first place. Many of the experiences he writes about may sound shocking to a contemporary audience, so it is important to know something about the context in which these event occurred and how different the therapy world of the 1960s was from its more contemporary cousin.

Sigal was in treatment with Laing during a period during which he experimented with LSD-therapy, believing that acid and other psychotropic drugs not only approximated psychotic states, but that such mind-altering experiences may lead to, if not a cure, perhaps a diminishment of schizophrenic and related symptoms. Many of the therapists whom Sigal had consulted rejected him because they thought he was too psychotic for psychotherapy, precisely the kind of patient Laing was becoming famous for treating. Laing, Stan Grof, and Timothy Leary represented a triumvirate of respected mental health practitioners and researchers who advocated the use of LSD - still legal at the time - in clinical settings (like other medical researchers, Laing was readily supplied with pharmaceutical LSD direct from the Sandoz laboratories in Switzerland). Even in the 1970s LSD and other related drugs were abundant and being used by many PA therapists in their private clinical practice. Some of Sigal's accounts of these practices may sound alarming in an era when the concept of "*boundary violation*" has emerged as the most egregious ethical transgression between therapist and client, but in the 1960s therapeutic boundaries were being systematically questioned and even challenged. Existential analysis was in the vanguard of such thinking and explicitly occupied with humanizing the client-practitioner relationship and, in Laing's own words, with "*reducing the gulf*" that years of

increasingly *"professionalized"* psychiatry and psychoanalysis had engendered. The nature of the *"personal"* relationship, what it comprised and what role it played in the therapeutic arena, was explored and critiqued in unprecedented ways, harking back to the very origins of psychoanalysis when Sigmund Freud took holidays with patients, received money in support of the psychoanalytic *"cause,"* and took it on faith that there was an unavoidable personal foundation to the therapist-patient, I-Thou, dyad and that it was not only indispensable, but invaluable.

Today, the very *concept* of the personal is being deconstructed in postmodern circles and even dismissed as an artifact of outdated, modernist thinking (Thompson, 2004). In this context, some of Sigal's descriptions of his *"exploits"* with Laing - who was alternately his therapist, mentor, friend - may sound bizarre, even *"unethical."* Things and times have changed, and the drawing of "proper" boundaries is probably the most significant change that has occurred in the therapy world over the past twenty-five years or so. It is perhaps ironic, then, that Sigal's principal complaint about Laing - which is recounted at the book's conclusion - is an incident in which Laing and his cohorts, fearing that Sigal had become suicidal, elected to assume the role of *"doctor"* and affect a therapeutic intervention by forcibly injecting him with Largactil, a powerful sedative, and then sitting with him until they were certain his life was no longer in danger. As Sigal explains in an article he wrote for The Guardian (December 3, 2005):

> *That night, after I left Kingsley Hall, several of the doctors, who persuaded themselves that I was suicidal, piled into two cars, sped to my apartment, broke in, and jammed me with needles full of Largactil, a fast-acting sedative used by conventional doctors in mental wards... I was enraged: the beating and drugging was such a violation of our code.*

I also heard Laing recount this story at a public lecture, though no one in the audience, including me, had any idea to whom he was referring. Laing clearly felt sanguine about the incident, and employed the story to highlight the difficulty in determining, in every case: what is the right thing to do? Indeed, the *"code"* to which Sigal refers appears to lie at the heart of his still-palpable anger and even the basis for writing this book. However, such a code can be taken to extremes, or interpreted in a special way when applied to oneself. For Laing, the code meant to treat unto others as you would have them treat you; for Sigal, the code appeared to mean that he should always be treated as somehow above any diagnostic consideration, no matter how crazy or dangerous his behavior appeared to others. Sigal was (and is still) angry with Laing, but the reasons why are not clear as they are disguised in a work of fiction which affords considerable license to distort situations as one sees fit, without

accountability. Sigal is also angry with the publishing world for not only refusing to put the book out, but for dismissing it as a poor piece of writing. The reader will have to judge for himself whether this is in fact a good read or a bad one. What I would like to focus on for the rest of this article is the manner in which Sigal characterizes Laing, the degree to which this characterization is distorted, and what motives Sigal could possibly have to pen such a mean portrayal of a man who, despite the controversy surrounding his life and work, is remembered as one of the principal architects of ethical standards for the psychotherapeutic treatment of severely disturbed people. There are also a surprising number of misconceptions that Sigal entertains about what the Philadelphia Association was about and even the basis of Laing's treatment philosophy and political views e.g., Sigal refers to Laing several times as a *"leftist," "darling of the left,"*, etc.; in fact, Laing despised leftist politics and eventually broke with David Cooper because of the latter's commitment to radical Marxist ideology.

In the book's preface Sigal begins, *"In September 1965, during the Jewish High Holidays, I had a 'schizophrenic breakdown... or flash of enlightenment... or transformative moment of rebirth. It's all in your point of view."* Well, I wouldn't necessarily say this is so; and neither would have Laing or his colleagues at the PA, then or now. Though there are various organizations today, such as the *"Spiritual Emergency Network"* in California, that cater to people who suffer psychotic breaks but opt to de-pathologize their experiences by referring to them as *"spiritual emergencies,"* Laing never thought that mad people were *"enlightened"* (though his former colleague, David Cooper, did insist that there is no such thing as mental illness). Acid experiences are one thing, a psychotic break is another. By his own account, Sigal suffered from a variety of psychotic symptoms during his association with Laing: paranoia, disorganization, mania, projection, and a severe case of narcissistic over-identification with his hero, Laing, with whom he entertained a variety of grandiose fantasies about his importance to Laing's work and his role in giving birth to the Philadelphia Association Sigal even proposes that he and Laing *"sealed a Devil's bargain... in becoming schizophrenic together"* while taking LSD! That Sigal continues to be muddled as to how best to characterize his psychological experiences in that setting and at that time some forty years ago says something about his current state of mind as well. I once met Joanne Greenberg, the author of *I Never Promised You a Rose Garden* (her famous account of her treatment experience with Frieda Fromm-Reichmann at Chestnut Lodge Sanitarium outside Washington, D.C.) at a talk she gave reminiscing about her treatment experience some thirty years earlier. Greenberg became famous as one of the few known individuals who recovered from a prolonged period of schizophrenia through nothing more than intensive psychotherapy with Fromm-Reichmann. Yet the most

striking aspect of her extraordinary account of her journey through madness was how, despite the enormous affection she obviously still felt for her former therapist, Greenberg was unable to explicitly thank Fromm-Reichmann for effectively saving her life. Instead, she took pains to credit *herself* for her brilliant recovery, as though her therapist was of peripheral significance. Moreover, Greenberg seemed to lack insight into her recovery and what transpired in her therapy that might account for the success of her treatment. I was struck by the extraordinary *grandiosity* that she demonstrated in her account of her recovery and the role that she credited herself for performing. In my experience, every psychotic personality exhibits such grandiosity, to more or less degrees, and blinds them in their ability to perceive the role that others may have played in their therapeutic gains and compromises their capacity for insight accordingly. Similarly, I see little evidence of insight that Sigal might have gleaned from his long periods of pondering his relationship with Laing. A part of him still wants to believe that he was never psychotic, but a seeker of wisdom whose fits of madness bestow upon him a special status. Sigal continued to suffer psychologically after his break with Laing and company, and continues to blame them for the *"failure"* of his treatment experience, not a particularly enlightened take on his journey if, indeed, he continues to perceive it as a journey and not a breakdown.

Throughout Sigal's account of *"Dr. Willie Last"* and his cohorts at *"Conolly House"* (he abbreviates Conolly House to *"Con House"* for short) is the insinuation that Laing was a charlatan who used Sigal and others like him for his personal gain. This is a surprising accusation. Other former patients from an era when boundaries between therapists and patients were drawn pretty loosely sometimes complain that boundaries were compromised and that they in turn felt exploited. Sigal is not making this complaint. Instead, he appears to be complaining about the opposite: that Laing and friends ceased treating him as a friend and colleague and unexpectedly decided to treat him as a mentally disturbed, suicidal, psychotic who represented a danger to himself and/or others. Sigal has never forgiven Laing for this. Why? The only crime committed in this unfortunate episode (perhaps Sigal was not suicidal, as they supposed he was, but who can know for certain?) was the damage that was done to Sigal's *grandiosity*. The moment the Largactil was injected into his veins, Sigal felt that he was transformed from a seeker of wisdom or enlightenment into a lunatic who needed sedatives to prevent him from causing himself harm. As Sigal notes, this act violated the *"code"* that they (he and Laing) shared: to deliberately not *treat* anyone for anything, but to simply accept bizarre behavior without judgment, as a potentially self-liberating episode in a long journey to self-realization. It is true that the P.A. touted itself in those days as being, perhaps violently, opposed to medication. Residents of the household communities were told if they

wanted medication they would have to obtain it elsewhere, but few if any bothered because this was the reason they came to Kingsley Hall in the first place. Even if, as Sigal alleges, he was not suicidal, why would it be so problematic to view the episode, with hindsight, as a well-intentioned overreaction, pure and simple? Instead, Sigal continues to read something ominous into the event, as though they were out to get him. Ultimately, Sigal appears to dismiss their intervention as an act of incompetence: they didn't know what they were doing. This somehow becomes a "con job," with Laing in the role of charlatan who accepted money (by Sigal's admission, Laing charged him the *least* amount of money for therapy than any of the psychotherapists he consulted in London!) for services he wasn't adept at administering. He is still angry at what he perceives to be Laing's *"misdiagnosis":* making him into someone psychotic instead of special.

It is both amazing and ironic that Laing, of all people, would be portrayed by Sigal as a con artist, as someone who was in it for the money, who behaved unethically and self-servingly. Whatever one may say about Laing, this would be the most absurd accusation to weigh against him. As I noted elsewhere (Thompson, 2006), a significant portion of Laing's career was devoted to articulating a concept of authenticity that could serve as a model for how human beings might treat each other, without infringing on the other's integrity by according them respect and a level playing field, no matter how disturbed or disturbing they happen to be. So why would Sigal imply that Laing treated him with anything less than personal and professional compassion? In an infamous passage from the book, Sigal/Bell suggests that Laing/Last lunged for him during one of their therapy sessions, implying that Laing wanted to have sex with him. This is one of the passages that angered Laing, who attributed the source of this "episode" to Sigal's rich fantasy life - and, perhaps, a wish. Something about Sigal's unremitting resentment and sense of hurt smacks of the rejected lover, of the wound that never heals. By Sigal's own account he loved Laing, and he saw the two of them as natural "partners" who came from the same, working-class stock. The narcissistic injury that Sigal suffered when Laing injected with Largactil symbolized not only the breaking of a "code" shared between them, it also epitomized a form of treatment that was inconsistent with the way *lovers* are supposed to treat each other. Many of Laing's patients, male and female alike, fell in love with him and construed their feelings as symbolic of a connection that they alone shared with him. This is an all-too frequent occurrence in any therapist's clinical practice, but when experienced in the context of such a rarefied environment as the P.A., and with the person of the charismatic leader of the organization, such feelings often become more intense, and more difficult to resolve.

Perhaps Laing's mistake was in too readily embracing Sigal as a colleague when what he probably needed was a consistent and reliable psychotherapist. Laing appeared to have learned something from this episode and, with the heady days of experimentation behind him, conducted himself more cautiously when I knew him. Meanwhile, Sigal continues to suffer from an unresolved - and at some eighty years of age, probably irresolvable - transference. Perhaps this is how he maintains his connection with Laing and, like the Wolf Man's unresolved attachment to Freud, a source of celebrity and attention. In the end, the feeling that I am left with after reading this book a second time, thirty years after its original publication, is one of sadness. Sigal's name will be forever written in the annals of the P.A.'s history as its first Chairman and will, in that respect, be forever linked with Laing's name and organization. The sadness derives from the realization that their connection could have been so much more than that: former friends who shared an important moment in history, with a sense of enduring friendship and gratitude for what was, once upon a time, a very special relationship.

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Asylum to Action

Helen Spandler. (2006). London: Jessica Kingsley Publishers. 171pp. Paperback. £25.

I appreciated the opportunity to review this book, for having already enjoyed reading Claire Baron's memorable version of events at Paddington Day Hospital in the 1970's, *Asylum to Anarchy* (1987) I wondered what could be further added to such an interesting story – the story of the demise of a renowned therapeutic community which had been toasted as a radical overture of mental health democracy, with a controversial and charismatic medical director who had employed blanket use of psychoanalytic ideas.