

Ontological Insecurity Revisited

Self-confidence Versus Anxiety

The individual in the ordinary circumstances of living may feel more unreal than real; in a literal sense, more dead than alive; precariously differentiated from the rest of the world, so that his identity and autonomy are always in question. He may lack the experience of his own temporal continuity. He may not possess an over-riding sense of personal consistency or cohesiveness. He may feel more insubstantial than substantial and unable to assume that the stuff he is made of is genuine, good, valuable. And he may feel his self as partially divorced from his body.

(R.D. Laing, *The Divided Self*, 1959)

This definition of ontological insecurity from *The Divided Self* made a tremendous impact on psychiatric and psychological thinking all over the world. Laing's notion of ontological insecurity conjures up a precarious universe that seems all too familiar to many of us. Although Laing was describing the experiences of those labelled as schizophrenic, the success of his idea of ontological insecurity was based not on its utility as a description of a psychopathological condition, but rather on the fact that ontological insecurity characterizes ordinary human experience.

It is my contention that both Laing's popularity and his subsequent battle with the many misinterpretations of his work were due to this original insight and his misnaming of this insight. I suspect that Laing was not himself completely clear about the existential ideas that underpin his approach, and that his psychoanalytic and medical background condemned him and his followers to continue thinking in terms of pathology, even when they

thought they were rejecting it. It is therefore important to reconnect the notion of ontological insecurity with that of existential anxiety and to show how Laing's work can be put to an enhanced use within a more explicitly existential framework.

Ontological Insecurity Defined

Laing held the view that people who experience ontological insecurity are hampered in their being in some important ways. He argued that this is the fate of those who end up with labels of schizophrenia and he thought that this was caused by a lack of security in childhood. In trying to find the cause of ontological insecurity, he turned to ideas such as Bateson's notion of the double bind and concepts of collusion between some family members at the expense of others. He believed that such situations, where a parent distorts the truth of a child, lead to anxieties that paralyse and terrorize the insecure person. The feeling of being doubly bound is that of knowing that you are damned if you do something and equally damned if you don't. This is confusing and mad making.

The insecure person tries to withdraw from the effects of these mad-making interactions, by hiding away in their shell, but this makes them all the more prone to remaining vulnerable and at the mercy of bad treatment. The over sensitive, vulnerable person suffers a threefold threat to his or her existence: he or she risks engulfment, implosion and petrification. *Engulfment* is described as the terror of being taken over by another, being smothered and surrounded, whilst losing one's autonomy and freedom to exist. It is the experience of being flooded and overwhelmed by the other's presence, certainty and security. It leads to a sense of having been driven into a tiny corner of living space. Laing (1959) gives the illustration of an argument between two psychiatric patients, culminating in the following remark: 'I can't go on. You are arguing in order to have the pleasure of triumphing over me. At best you win an argument. At worst you lose an argument. I am arguing in order to preserve my existence.'

Implosion goes even further than engulfment, for here the inner vacuum is at risk of actually being filled by this external power. The concept is a stronger version of Winnicott's (1958) notion of impingement. As a consequence of a sense of inner emptiness the external world becomes a major threat: something that can burst in on one at any moment. One is, as it were, nothing but emptiness. External reality is the persecutor that eventually takes over as it imposes itself onto our inner world so that the temporary inner safety of our hiding space implodes, that is, explodes inwards and collapses.

Petrification (or depersonalization) is in one sense a response to the dangers of engulfment and implosion, whilst simultaneously manifesting its

own destructive characteristics. We become petrified (turned to stone) in fear. When we switch our feelings off in terror and freeze in the face of the threats around us, we become disconnected from that dangerous world and seek safety in total stone-dead isolation. Nothing comes in or goes out of us and we become deprived of goodness as well as of the bad. At a loss for sustenance, warmth or engagement with a shared human reality, we become depersonalized, unreal, non-existent, cut off.

The ontologically insecure individual is split into a mind and a body. Being on the whole identified with the mind, the individual then becomes disembodied. Such a divorce of self from body deprives the disembodied self from direct participation in any aspect of the life of the world, which is mediated exclusively through the body's perceptions, feelings and movements (Laing, 1959, p. 69). The disembodied person can no longer function in the world with any kind of credibility and gets picked on and bullied.

Personal Relevance of the Concept

These basic Laingian concepts show a deep understanding of the suffering involved in being human. The idea of ontological insecurity touched the imagination of many who read his books, not because they were so keen to understand schizophrenia, but because they recognized themselves and their existential challenges in these descriptions. While apparently describing schizophrenic, or at least schizoid, phenomena, Laing was, I suspect, describing his own experience and by the same token that of his readers, who recognized in his words their own existential predicament which they had often felt but had been unable to articulate.

This certainly was my own experience, as I discovered R.D. Laing's work at a time when I needed this acknowledgement of my personal struggle to find a safe place in the world. Like many others I felt a sense of welcome recognition and relief in reading these descriptions. Suddenly the fears and the loneliness that I had experienced in excruciating isolation were connected to other people's experience in a positive manner. I had previously been able to find only psychoanalytic theories to explain my unease and these inevitably portrayed me as immature, insufficient and pathological. I did not feel immature, insufficient or pathological: I felt heroic and special, engaged in a genuine struggle, even though perhaps a little weak, young and lacking in confidence.

It was in the early 1970s, as I worked in psychiatric hospitals in the South of France, that I had found myself resonating much more strongly with the psychiatric patients, especially with young schizophrenics, than with the medical establishment that looked after them. For some time this was of some concern to me – especially when a short spell of psychoanalytic therapy led me to consider my ideas about myself in pathological terms.

Fortunately, I was confident enough of my own sanity to conclude that there was at least as much madness in the medical establishment as in myself. But I could now also accept that there was as much potential sanity in the patients I worked with and that it was all a matter of degree. It seemed obvious to me, as a philosopher, that ontological insecurity is an ontological condition, that is, a fundamental experience of being human. I experienced these things that Laing described as belonging to schizophrenia, but I was certainly not schizophrenic. Some of the staff pretended not to experience any of these discomforts, but the ones that denied having such experiences tended to be experienced by others as bullies. I took the view that ontological insecurity is a fundamental reality of human existence, which we are more or less sensitive to and learn to work with more or less effectively. I allied myself with the patients and began to try to understand why their beliefs were so obscured by both their own symptoms and the 'cure' that was offered to them. Why did their truth turn awry and make them victims? Why were some of the staff, on the contrary, inclined to behave in bullying and tyrannical ways? Why did I find it so hard myself to speak my mind on these issues when I was surrounded by members of the psychiatric establishment? Why was it so much easier to go along with the artificial division between patients and staff, between the insecure and the blind?

When I came across Laing's work it was like a flash of the blindingly obvious. I felt my struggles to be redeemed and my insights to have been vindicated. I gained the courage to speak as well as to think my own thoughts. To this day I feel greatly indebted to R.D. Laing for having spoken up about these matters with such vehemence and certainty, and for having started the revolution in psychiatry that made independent and existential thinking possible.

Ontological Insecurity and Schizophrenia

I struggled for a long time with the notion that ontological insecurity was something that belonged to schizophrenia. At first I thought Laing had used the wrong word and should have called it 'ontic insecurity', as it was a kind of insecurity that only happened in certain circumstances. Then it occurred to me that he was right to call it ontological, as it is indeed a fundamentally human insecurity that all children feel, but some do not find the courage to overcome or deal with. It is remarkable that recognizing oneself in descriptions of schizophrenia can be so reassuring. What makes this possible, I think, is that Laing's sympathies obviously lie with 'schizophrenia'. In spite of his later denials of having idealized schizophrenia, there is little doubt that Laing felt that those people labelled schizophrenic often possess a heightened awareness of the existential dilemmas ordinary mortals tend to forget about. In *The Politics of Experience* (1967), for example, he writes

that 'even through his profound wretchedness and disintegration' the schizophrenic is 'the hierophant of the sacred' (pp. 109–10).

Like Kierkegaard and Nietzsche before him, Laing gave a new dignity and respectability to those of us who resonate with the infinite at the price of not fitting into the normal social order. But then, ironically, he became the victim of his own courage when he was reproached for idealizing the suffering of the schizophrenic. He responded by retreating to a more medical position and by acknowledging schizophrenic suffering for all the negativity he knew it only too well to contain. Because he had not separated the ontological insecurity and visionary capacity from the condition of schizophrenia, Laing had condemned himself to a position from which he could only speak for schizophrenia and anti-psychiatry, or indeed psychiatry, but not for life itself.

Anti-psychiatry and its Failure

Laing's contribution attracted many followers who were not challengers. Admirers came to live in the therapeutic communities that flourished around his new cult of the ontologically insecure. Whilst experimentation led to some new developments, the main thrust of much of Laing's early work was diverted and diluted. It was all too obvious that anti-psychiatry was not the panacea that it seemed to be in books like *The Divided Self*. Anti-psychiatry lacked the methodological and theoretical underpinnings that could have gained it a place in mainstream psychotherapeutic thinking. Anti-psychiatry remained negative, a denial of something and did not create a new radical solution that could thrive. Little was offered in the therapeutic communities that were created, other than a safe place to live and explore one's own madness. In that atmosphere of chaos people who are highly sensitive and already confused are not likely to find the strength and courage to try being with others in a braver, more experimental way. They are simply given a safer place to withdraw than they would have found in a psychiatric hospital.

So, as time went by, Laing's promising beginning began to look like a flash in the pan and many of his followers turned to greener pastures, joining forces with the Kleinians, the Jungians, the Lacanians or the Humanists. Laing had condemned himself to remaining a marginal figure; a mere guru rather than the potent and groundbreaking innovator that he seemed at first to be.

Therapeutic Communities and Insecurity

I recall my acute disenchantment upon discovering – at my own expense – that the magic of anti-psychiatry had sadly been replaced by bewilderment and confusion. The therapeutic communities that I came to the UK to work in had very little to offer apart from the claim to being safe havens away

from mental hospitals. My experience of living in such a therapeutic community as a psychotherapist for a year was that it deprived me of my role, function and professional dignity. It paralysed, deskilled and disempowered me. On a personal level it plunged me into one of the most nihilistic experiences imaginable. My ontological insecurity reached an all-time high.

It was a grim consolation that Laing himself seemed to fare little better, as he engaged in battles with deep inner confusion in those days, during the middle and late 1970s. He appeared to have little of substance to offer in lectures and discussions and systematically discouraged my attempts at learning from him. I eventually contented myself with the lesson of my disappointment and concentrated on the discovery and depth of my own plunge into nowhere and nothing instead.

And so it was that, by offering nothing, Laing triggered my insight into what was wrong with his theories. For here was the experience at first hand: I had to work things out for myself instead of going on authority. I felt the full blow of being an alien in a foreign country at the same time as being an apostate to the gospel of Ronnie. Here I was, as a kind of outcast, having given up my stable position as a clinical psychologist working in a psychiatric hospital, with a house and a car, for no more than insecurity and a handful of illusions, now all broken to pieces. I lived the hell of the second-rate residence of the therapeutic community, which was a hostel in an old Victorian house. In order to be part of the organization I had accepted to be given only board and lodging and travel expenses and so I was in a very similar position to the other residents. I felt as under privileged as them, with no money, no position, no network of support and no real prospects. It was all too easy to resonate with their upset and depression. It was very confusing and demanding to be on call 24/7, whilst surrounded by people who could not sleep at night and who were regularly suicidal, but who also wanted to deny my right to act as their therapist or counsellor. They wanted equality and since we were actually equal *de facto* as this was my life rather than just my job, twenty four hours a day, seven days a week, I soon realized I had to become an ally and a friend to them, a companion on the road away from destruction and away from death, towards a life lived to the best of what could be managed. There was no other way out of the distress, than the way out we would forge together. And this time there was no professional identity to fall back upon, for those I lived with deeply resented the distinctions between therapists and patients that had always protected me. So I searched for the rock bottom truth on which we could build together and engaged in greater closeness, allowing myself to be touched by their immense sense of alienation and insecurity, their sense of being in limbo, in an impasse of reality. I could not exempt myself or stand on the outside. I had to allow myself to live it first hand and go through it. It was the plunge into this precipice of anxiety and isolation that made me understand what ontological insecurity truly was about.

Ontological Insecurity and Existential Anxiety

I began to see how Laing had put his finger on the core of human experience, but had failed to see the value and importance of what he was describing. He had dismissed it as pathology and as a mark of human failing, rather than as the vital centre of the human condition itself. My philosophical training helped me understand that what I was living in the community was the return to the most basic of human anxieties, with the sense of ontological insecurity as the central point of departure, the zero ground of any existence. Whilst people reproached Laing for having idealized the experience of the schizophrenic, I began to reproach him for not having fully grasped the importance of the experience of the schizophrenic. He had mystified the experience of ontological insecurity by linking it indissolubly with schizophrenia, instead of tracing the experience of schizophrenia back to the source of all human experience of standing at the abyss of nothingness. It seemed obvious to me that what Laing was describing was pure existential anxiety, but while he described the terror of existential anxiety as clearly as Kierkegaard had done a century earlier, he insisted on medicalizing it by tying it to a pathological condition. Instead of demystifying schizophrenia, this made schizophrenia seem like the equivalent of a bad LSD trip: an attempt to get away from the oppression of industrial, consumerist, post-modern society that had misfired. To others it merely degraded Laing's theories, as he seemed not to notice that most of us cannot afford to go mad, nor find this solution of utter absorption by darkness at all attractive but horrible. By equating ontological insecurity to the onset of schizophrenia, Laing had in fact made existential anxiety more taboo, more negative. He had isolated a fundamental human experience in a psychotic ghetto. No wonder that people misinterpreted his words to mean that he was celebrating psychosis. No wonder people concluded that anxiety is bad, instead of discovering its magic qualities.

The Object-relations Take-over Bid

Serious followers, however, could not just dismiss Laing's insights, which they recognized as holding some truth. In an attempt at getting out of the impasse that Laing's ideas seemed to have led them into, some tried to reconnect Laing's work with that of the British object-relations school of psychoanalysis, which already figured in his work through Winnicott's influence. Their laudable aim was to treat schizophrenia psychoanalytically and rescue people from the terrible ontological insecurity and abusive childhood experiences to which they had fallen victim.

It was this latter view that took hold, vigorously. In fact, it is a view that is still gaining ground in the therapeutic arena. Miller (1979), for example,

bases her approach on the concepts of childhood abuse and trauma. Of course, such a position fuels the therapeutic industry, which becomes the only hope of rescue for the traumatized many.

The victimization of schizophrenics and accusations about the families that raised them has been a curse in our society for decades. What began with Laing's recognition of the gifts of the sensitive people we usually refer to as schizoid, turned into the commiseration with their terrible suffering and exposure of their parents' mistakes in bringing them up.

This trend has now spread to commiseration with those who have been ill-treated in any way at all. We are a long way from the existential notion that life is tough and that people can take much hardship in their stride. The picture is one of a perfect society where parents should treat their children with great gentleness and respect. Any shortfall to this standard supposedly leads to trauma and psychological damage. What I did instead was to listen seriously and carefully to the story behind the experiences of those who had fallen into an impasse.

The Existential Perspective

As I sat for hours on end with the people in my therapeutic community, my co-residents, my friends, I heard about their acute ontological insecurity and recognized my own, multiplied by ten. I came to resonate with their feelings and to know what had gone wrong. As a practising philosopher I saw how the core of schizophrenia is essentially there in all of us and is a place of being shut into the nightmare of insecurity without feeling strong enough to ever escape from it. It is a position of having given up breaking out from that prison because you have not got an outlet for the flow of feelings nor the courage to create something better for yourself. From an existential perspective one would consider such insecurity and its concomitant existential anxiety to be the *sine qua non* of true vitality: the starting point of human progress.

It is one thing to note that this resonant anxiety can get out of control and go berserk and lead to madness. It is quite another to forget that those who allow themselves the experience of such anxiety are often deeply engaged with the vital issues of life and death. When we read the passages in *The Divided Self* dealing with ontological insecurity as descriptions of our basic existential situation, rather than confining them to the experiences of schizophrenics, we may retrieve the original potency of their effect. For then we can also differentiate this essentially human experience of alienation from the ineffective response to that experience which is so characteristic of schizophrenia. Laing's insights then become available to us without committing us to the worship of schizophrenia or the equation of every sensitive person's struggles with life with the onset of schizophrenia.

But this, as far as I am concerned, is precisely the problem with Laing's work. Rather than taking a radical and consistent existential position with Kierkegaard, Nietzsche, Heidegger or Sartre, arguing existential anxiety to be the core experience of being human, Laing reverts to the view that only some of us experience this anxiety. In doing so he ties the central experience of ontological insecurity to a pathological condition, instead of recognizing its essential and fundamental nature. It is this either/or, black/white position that deprives Laing's work of staying power. For him there is no other option: either we go along with the abject normality that our society and families try to make us conform to, or we revolt and become prone to schizophrenia.

The recognition that schizophrenics are often capable of more insight into the human condition than people who are well inserted into the established order is of course an important contribution. But this needs to be put into perspective with the complementary recognition that it is possible to have those same visionary or insightful qualities in a more creative way. The connections and differences between artists and schizophrenics need to be observed: it is not good enough to recognize the similarity between genius and madness: it is just as important to locate the essential distinctions.

What the two have in common is an extraordinary openness to the dilemmas of the human condition, coupled with a capacity to make unexpected links and observations. Such sensitivity can make it hard for a person to fit into ordinary hypocritical and secure functioning. But the essential difference is that artists, visionaries or geniuses are able to process and express these insights in some constructive manner, by making new connections and making sense of them. In schizophrenia, on the contrary, new connections are perceived as unwelcome and threatening and do not make sense to the person, who feels overwhelmed, oppressed and isolated by such sensitivity and by such experience of unpredictability.

As I indicated above, I am myself no stranger to the experience of special sensitivity to the human condition and I have often felt different and isolated. It was important to discover how such a position could lead me into a dead-end street, even while valuing my own vulnerability. Laing's work provided me with a much-needed excuse for expressing my perceptions and experiences and believing in the rightness and rightfulness of such a position. But it wouldn't have been good enough to express my insights as a manifestation of schizophrenia: for that would have led me back to the same cul-de-sac.

When I came to England to work in an Arbours community, I still believed that schizophrenics and other visionaries just needed their special capacities to be acknowledged as such to keep them out of mental hospitals. But I soon realized that, for many of the people I encountered in these anti-psychiatric havens, even a medical approach would be preferable to the alternative that was proposed: that of stewing in apathy and confusion. All too often the well-intentioned community environment was inadequate in challenging the

unease of the individual and merely confirmed a dependency similar to that found in mental hospitals but all the worse for already having denigrated that solution.

Away from Pathology

I don't believe any longer that the equation of ontological insecurity with schizophrenia is helpful. Schizophrenia seems to me to be special sensitivity with quite a lot else on top. Experiencing deep sensitivity does not necessarily lead to schizophrenia and indeed could lead to a life lived with great insight and passion. There is no doubt in my mind that there is a question of genetic disposition to being more or less highly strung and sensitive. But sensitivity or introversion is in no way directly related to pathology.

Equally intense experience of special sensitivity does not automatically lead to enlightenment. If one is particularly sensitive and one does not find an outlet for the great energies that become thus accessed and accumulated, it may well be that schizophrenia, or at least confusion and inability to function in the social world, ensue. In that case it is likely that one will need some very skilled and sustained assistance in finding a way out of that impasse to start going forward again.

Schizophrenia may be the outcome of an extreme alienation and intense protracted exposure to existential anxiety (generated through special sensitivity). But we must not forget that such an experience is nothing more than an extreme form of the core human experience of being insecure: deeply and totally essentially insecure. To recognize such basic isolation and uncertainty can be the beginning of wisdom. It is the notion of ontological insecurity that forms the basis of existential philosophy.

The existential view expressed by authors such as Heidegger (1927) and Sartre (1943a) is that people have no solid self, no essential substance to rely on; they are basically pockets of nothingness. It is this essential non-solidity that makes freedom and consciousness possible in the first place. It is what Heidegger called 'Unheimlichkeit', which means literally 'not being at home', being ill at ease, uneasy, unsure, lost, homeless. But Heidegger's thesis was that this is the essential human condition and the *sine qua non* of any progress. For it is because we are uneasy and not at home that we have to work hard at building some safety and creating a home. It is also in being vulnerable that we get to know ourselves and begin to reflect on our anxiety. The price to pay for openness and flexibility is a deep-seated sense of vulnerability: ontological insecurity, experienced as existential anxiety.

The norm is to try to remedy the feeling of emptiness by filling it up with a semblance of substance. The aim of education and psychotherapy is often to help individuals achieve a feeling of security and confidence. A strong

sense of self is supposed to be desirable. There is little doubt that apparently secure individuals function more successfully in a society which places great emphasis on self-aggrandisement and material acquisition. Experience has taught me that it is hard for a 'secure' person to question these values and to pursue a policy of self-doubt and openness to the mysteries of the universe. Nothing is easier than to pathologize a doubting individual: nothing is easier than for such an individual to become convinced of his or her inadequacy.

Much of Laing's work aimed at finding the cause of such inadequacy in the pathological interactions within the family and within society. It seems to me that the so-called pathological interactions that he described in *Sanity, Madness and the Family* (Laing and Esterson, 1964) could also be found in countless families not affected by schizophrenia. I certainly experienced enough alienation, double binds and bullying in my own family to thoroughly confuse me. But it did not lead me to become schizophrenic. The idea that parents' lack of consideration for their children can cause schizophrenia is as far-fetched as the idea that the refrigerator mother can cause autism. It is no good to simply blame our troubles on those who bring us up. There is plenty of evidence that people who grow up in situations of terror and deprivation are still able to thrive, provided they find some support along the way and use their intelligence.

There is no doubt that if you are born with high sensitivity and a tendency to introversion and you are also in a family that confuses you, you are likely to remain frightened and to live in a self-protective way. But this can be overcome by learning courage and experimentation. Schizophrenia is not resolved as easily. It is often a very good thing when people can face up to their insecurity and learn to treasure their special awareness of their vulnerability as the starting point for a career of caring for others or creating works of art. But these are not solutions that apply when a person is experiencing hallucinations and delusions and is totally out of touch with any sense of personal survival, let alone of making a social contribution. It is a long way from rebellious and painful teenage insecurity to the alienation of schizophrenia. Awakening to the reality of insecurity and human sensitivity is an asset, plunging into the hell of mental alienation and chaos is not to be recommended. Some forms of fundamental material or social insecurity are crippling; similarly, some forms of mental illness are extremely hard to overcome.

My own experience illustrates the point. It was all too often tempting during my training as a psychotherapist to be drawn into the notion that my conflicts invariably stemmed from unhappy childhood experiences: it was easy to find much wrong with what my parents had said and done and even easier to blame them for all they had not said and done. Although surplus insecurity may be generated by certain aspects of one's early (and later) experience, many people find it reassuring to attribute all basic insecurities to pathological interactions with their parents and to hold that an adequate upbringing would bring about complete inner security.

This is simply not so. We all experience hardship, distress, fear, anxiety and terror of the adult world at some point or another. No education, however good it is, can fill all the holes of our needs and our longings. The human desire for love and care is endless: our essential nothingness can never be filled up with enough attention, recognition or understanding. No parents could possibly fulfil the heart's desires of any child: they will always inevitably and totally fall short of the ideal mark. In this sense, Winnicott's notion of 'good-enough' mothers (Winnicott, 1958) and Bettelheim's extension of this into good-enough parenting (Bettelheim, 1987) are existentially more realistic than some of the wishful thinking in other theories.

One can spend decades retracing one's steps and looking into every nook and cranny of experience and still always find oneself and others basically lacking. The search for perfection is as much a consequence of the given imperfection that we have to cope with as the eternal dissatisfaction with this state of affairs. But what a relief to admit that one is basically and totally lacking: what a discovery to recognize that this is the very thing that one is, and that far from being a handicap this is the very thing that makes human life possible at all. The moment you stop fearing your own lack of accomplishment, your own failings, you can free yourself up to start moving and create something.

It is insecurity that spurs us on to explore the world. It is anxiety that allows us not to become complacent. It is coming to terms with this reality in oneself that makes it also possible to recognize it as it manifests in others. Perfection, no matter how desirable, is nothing but death: death is perfection. For it is only when we die that life is completed. While we live, life is imperfect and incomplete; it is this that motivates us to work and improve the world. It is this that makes us anxious. No matter how hard we work and how well we do, we eventually discover that we always fail and always fall short in some way. That is what it is to be human. Our efforts are inevitably insufficient and we remain insecure to the last. To know that this does not matter or should stop us is wisdom.

Therefore, to come to terms with imperfection and incompleteness and to introduce our children to it and help them to cope with it must be one of the main tasks in life. Helping clients to come to terms with the same paradoxes and tragi-comic flaws of existence is an essential challenge of existential psychotherapy. Exposing and getting used to ontological insecurity and existential anxiety is the key to such an approach.

Conclusion

In order to get into the right spirit for this, the challenge is open to those of us who have adjusted only too comfortably to the status quo of a society that covers up our essential insecurity. We need to question and scrape away

at the easy answers and expose ourselves to some of the anxiety that can bring us back to life in a real and deep way.

Daring to vibrate with ontological insecurity and recognizing it in others can bring some quite different discoveries than those of the experience of engulfment, implosion and petrification. It can shake us up and make us aware of our hypocrisies and duplicities. For when it comes down to it, none of us are really secure: social position, or material ease, or personal relationships may protect us momentarily, but a time might come when we get deprived of such advantages and find ourselves exposed and stripped to the bone – once more to experience the core of insecurity.

It is not, then, so much in order to understand, defend or rescue those of us who are schizophrenic that we may want to look again at Laing's categories of ontological insecurity, as to prepare ourselves for our own moments of insight and openness. As therapists this may remind us that the aim of existential analysis is never to make life seem easy or safe, but always to be ready for a little more difficulty and to encourage a new openness and recognition of insecurity. For to be able to stand in one's ontological insecurity means to be ready for adventure, it means to not hide behind the securities that protect us and that obscure the challenges that make us move forward. And when we are prepared to face such challenges we may find, with Nietzsche, that 'what does not kill me makes me stronger' (Nietzsche, 1889).

It was, to my mind, to this kind of Nietzschean experience that Laing could inspire people. For all their 1960s connotations, Laing's words at the end of *The Politics of Experience* still carry the power they had for me when I first read them. It is those words that convey his true existential contribution to the smashing of false securities. They are worth remembering when we get too complacent:

If I could turn you on
If I could drive you out of your wretched mind
If I could tell you
I would let you know

In these words Laing shows quite clearly that he is not in favour of a dutiful object-relations understanding of how one could fit back into the norm and soothe one's ontological insecurity. He is wholeheartedly on the side of insecurity and praises it, rejecting a well-adjusted, normal but constipated mentality.

Many people made him eat his words and turned his theory on its head until it was little more than a new tool for the diagnosis of family disturbance. In his most recent work it became obvious that Laing was still preoccupied with the more mystical connotations of his earlier statements and that he was concurrently preoccupied with his own uncertainty about what

he had contributed. Laing was very good at doubting and at his best when he did so.

Somehow I think that his report of a talk by Paul Tillich (Laing, 1985) sums it all up succinctly:

Perhaps Paul Tillich went too far. He doubted even, when Jesus asked his disciples who He was, whether He knew Himself. Maybe He had no idea Himself who He was and was genuinely interested in hearing their views. The old lady sitting beside me turned to me when the lecture was over, almost crying, and said, 'It's not fair for a man like that to come here and destroy the faith of an old woman like me.'

Laing, like Tillich, had a way of destroying people's faith and making them think again when their starting point had become doubt rather than certainty. As far as I am concerned this is one of Laing's most fundamental contributions: to show us the importance of destroying ontological security whenever it is too comforting and too certain of itself. He understood that fundamental paradox of human living: that for all its insecurity, life is better when insecure and lively than when it is so heavily secured that it is dead.