

HATRED OF HEALTH

R. D. Laing

This piece of spontaneous meditative writing is dedicated to my old friend, Vidyadhara, the Venerable Chögyam Trungpa, Rinpoche, with best wishes to his spirit, and to the tradition he embodied.

I

“Sin is hatred of God.” Martin Luther.

John Wycliff, in the first translation of the Holy Bible into English, termed the Third Person of the Trinity our “Healthy Spirit.” This expression today has a much truer and more wholesome ring and resonance to it than “The Holy Ghost.”

Whole, hail, healthy, holy.

Sin is hatred of our own healthy spirit.

Wir sind eine Wir. Aber nicht weil Wir eine Gemeinschaft halten. Aber weil unsere Grenzen ineinander verfließen.

Herman Broch.

We are a we. But not because we keep company. But because our boundaries flow in and through one another.

Not

Cogito ergo sum

But Sumus ergo sum

Sumus ergo cogito

Not
 I think therefore I am
But We are, therefore I am
 I am, therefore I think

In *The Anatomy of the World* John Donne wrote

There is no health: physicians say
 We enjoy but a neutralitie:
 And can there be worse sickness than to know
 We are never well: nor can be so.

In our dreadful state of apartness we can only dream of at-one-ment. But if we can yet dream, let it be our dream. May we not awaken *from* that dream. May that dream awake.

II

Experience is to the body, as vision is to the eye. As vision (as Aristotle put it) is the soul of the organ of vision, so is our experience the soul of our body. But while yearning for health, we fear and hate it.

I submit that we fear and hate wholly healthy holy experience. Unless or until we are saved from this body of death we are terrified of the death of this body.

Our sin, our mistake, our ignorance, our wandering, our missing the mark, is an error of 180 degrees.

We are afraid of our souls, of our souls becoming alive. We are *psycho phobic*.

I submit that until we experience our selves, and our world, as one, we are terrified to do so.

What we call our consciousness, what we call our mental states, are nothing else than our experience of the

world, or the world of experience, or, just simply, our experience.

Schizoid minds create a schizocosmos.

As long as we remain in this state of apartness from ourselves, from one another, from the cosmos, we can only yearn for the healing of the mind/body, subject/object, self/other, self/cosmos splits and cut-offs which characterize our schizoid experience. Real health is characterized by the realization of the fact that all is one, that all is in each, as each is in all.

Being *psychophobic*, we are afraid that if our minds lose control of our souls, it will be disaster, *catastrophic chaos*.

III

In 1904, Rainer Maria Rilke wrote the following when he was an old young man of twenty eight.

We must accept our reality as *vastly* as we possibly can; everything, even the unprecedented, must be possible within it. This is in the end the only kind of courage that is required of us: the courage to face the strangest, most unusual, most inexplicable experiences that can beset us. The fact that people have in this sense been cowardly has done infinite harm to life; the experiences that are called "apparitions," death, all these Things that are so closely related to us, have through our daily defensiveness been so entirely pushed out of life that the senses with which we might have been able to grasp them have atrophied. To say nothing of God. But the fear of the inexplicable has not only impoverished the reality of the individual; it has also narrowed the relationship between one human being and another, which has as it were been lifted out of the riverbed of infinite possibilities and set down in a fallow place on the bank, where nothing happens. For it is not only indolence that causes human relationships to be repeated from case to case with such unspeakable monotony and boredom; it is timidity before any new, inconceivable experience, which we don't think we can deal with (Rilke, 1987, pp. 88-90).

Do we take this seriously, in theory and in practice?
We live in a psychophobic culture.

The Diagnostic and Statistical Manual of the American Psychiatric Association, Third Edition, DSM III, cites any "unusual perceptual experience" (p. 189) as criteria for extreme mental disorder.

She was twenty five. She and her mother came to see me because they thought I would be interested to hear the story they had to tell. Here it is.

At University, she evinced a remarkable aptitude for Italian, and particularly, for some reason, she had a remarkable aptitude for early thirteenth century Venetian.

She was drawn to Venice itself. She married a Venetian who was a specialist in Venice of that time. She lived with him and his family, mother, father, brothers, sisters for coming on two years, happily she thought, deepening her own scholarship.

Then she began to be bothered by things talking to her. It could be anything—a spoon, a chair, the TV, a telephone, trees, cars, anything. At first, only one thing at a time would say something. But from one day to the next, more and more things joined in at once, until within ten days or so that whole world, the floor, the ceiling, all the furniture and fixtures and fittings, the walls, the houses, the streets, the sky, was yelling at her at the top of its voice, in concert, all the time.

It was absolutely intolerable. And it was all the more totally exasperating that she could not make out a word they were saying or yelling.

She fled from Venice back to her mother in Devon, England. They went off together to a remote part of the Scottish Highlands and stayed there for about two weeks.

As soon as the plane took off the ground from Venice, the world shut up. It remained shut up when they got to Scotland. It was an enormous unspeakable relief. It was such a delight. Silence. She could hear the birds singing from her

room. Such a delight. She went for a walk to listen to them better. They were talking to her. She panicked. Then she listened again. She couldn't believe her ears. They were talking to her in thirteenth century Venetian. She could understand perfectly what they were saying.

They were telling her to take a few more days rest where she was staying with her mother. Then take a return ticket to Venice: go and tell her husband and his family absolutely all she thought of them all (none of which she had ever said), take the next flight back to Heathrow, London, and go and stay with her mother in Devon for a while and let things settle down. She said that the birds were all quite chirpy and cheery and talkative but their set of instructions were all they talked.

She told all this to her mother, and they both thought that the best thing to do was to do what they, the birds, told her.

She resolved to do exactly as she had been told.

The birds shut up. She carried out her instructions in the spirit and to the letter, and had been back living with her mother in Devon for two months, when they both decided to come to tell me that story.

She had never felt better in years. She was completing a thesis on some fine points of thirteenth century Venetian. She was arranging a divorce. Expected to take up a highly desirable University appointment shortly, when she would then leave her mother again.

The fact that people have in this sense been cowardly has done infinite harm to life; the experiences that are called "apparitions," the whole so-called "spirit world," death, all these Things that are so closely related to us, have through our daily defensiveness been so entirely pushed out of life that the senses with which we might have been able to grasp them have atrophied.

DSM III lists among its criteria for mental disorder,

. . . magical thinking, clairvoyance, telepathy, sixth sense, sensing the presence of a force or person not actually present . . . (p. 189),

To say nothing of God!

DSM III gives the following unedited tape recording as an epitomizing paradigm example of schizophrenic disorder:

Interviewer: "O.K. Why is it, do you think, that people believe in God?"

Patient: "Well, first of all because, He is that person that, is their personal saviour. He walks with me and talks with me. And uh, the understanding that I have, a lot of peoples they don't really know their own person self. Because they ain't, they all, just don't know their own personal self. They don't, know that He uh, seemed like to me, a lot of 'em don't understand that He walks and talks with them, And uh, show 'em their way to go. I understand also that, every man and every lady, is just not pointed in the same direction. Some are pointed different. They go in their separate ways. The Way that Jesus Christ wanted 'em to go. Myself, I am pointed in the ways of uh, knowing right from wrong, and doing it. I can't do any more, or not less, than that."

IV

DSM III is a comprehensive compendium of thoughts, feelings, desires, of all sorts of experiences, many usual, some unusual, deemed undesirable, to be prevented or stopped in our culture, and not only in our culture, but throughout the whole human species.

There are psychiatrists who don't like *DSM III*. But all psychiatrists who operate within the global psychiatric mainframe use and comply with it in practice.

There is no getting away from it.

Its "criteria," in different permutations and combinations, comprise its list of classified mental disorders. Here are a few of these criteria, taken at random, verbatim.

. . . others can feel my feelings,

I felt as if my dead mother were in the room with me.

Inadequate rapport in face-to-face interaction due to constricted or inappropriate affect—"aloof," "cold" . . .

Self-dramatization, such as exaggerated expression of emotions . . .

Craving for activity and excitement

Overreaction to minor events;

Irrational, angry outbursts or tantrums.

. . . being perceived by others as shallow and lacking genuineness, even if superficially warm and charming; egocentric, self-indulgent, and inconsiderate of others; vain and demanding . . .

Decreased effectiveness or productivity at school, work, or home; loss of interest in, or enjoyment of, sex.

Marked impairment in role functioning as wage-earner, student, or homemaker.

Markedly peculiar behaviour (for example, collecting garbage, talking to oneself in public, or hoarding food).

313.81 **Oppositional Disorder:**

The essential feature is a pattern of disobedient, negativistic, and provocative opposition to authority figures For example, if there is a rule, it is usually violated; if a suggestion is made, the individual is against it; if asked to do something, the individual refuses, or become argumentative; if asked to refrain from an act, the child or adolescent feels obliged to carry it out The disorder generally causes more distress to those . . .

There is not much left of what, the world over, in all times and place, used to be ordinary human experience. We, it seems, are obsolete. We are to be cultured out. The left-

overs will be tranquilized and lobotomized into homogenized creatures I can not recognize as human. I recognize myself, shredded to criteria, strewn over every page. This is psychiatry's new testament, not merely a billing list for third party payments. I fear it. I hate it.

V

Combien durera ce manque de l'homme mourant au
centre de la creation parce que la creation l'a congédié.

René Char

How long will this thing last. The failure of man dying at the centre of creation because creation has dismissed him.

No man is an island, complete in himself
When the bell tolls, it tolls for me.

John Donne

All men in each man
Each man in all men.

In sin, in our ignorance, we hate health, and fear it. Our culture has institutionalized this hatred and fear. But this is not the whole story. We could not fear and hate health unless there was a will to the health we fear and hate.

Until or unless we have a clear vision of the answers to these six questions, embedded in the sentence, "Who, or what, needs to be healed, of what, by whom, how?," we won't get far along the Way. We shall just be taking a stroll down another garden path which ends in another *cul de sac*.

VI

Arnold Toynbee is on record as saying that perhaps the most important event for the West in the 20th century is the coming of Buddhism.

This may be so. Time will tell, if we are here to be told. Buddhism is not infected with psychophobia, or anthropophobia, or thanatophobia. Within it blows the fresh free air of *experiential anarchy*. It has never turned our souls, our world of experience, our experience of the world, our state of consciousness into a policed state. In the West, the state of our hearts, minds, souls, experience is a totalitarian state. What is not allowed is forbidden. There is nothing which is not either forbidden or allowed. To allow is a more subtle, and more profound exercise of control, of power, than to forbid.

Not only is there no trace of this sort of experiential totalitarianism in Buddhism, there is the clear realization that the fear of the mind by the mind is an absurdity borne of ignorance.

The Buddhism that has, or the Buddhists who have, come to us from the East is, are, on the whole, still healthy. Maybe it, they, may spread a virus of health in our midst. Maybe health may break out like a plague. Will Buddhism infect us with health, or will we blight it with our sickness?

If we do, we shall never know. Like Socrates's cicadas, we shall have escaped our own notice, having died.

Be not afraid, said Nietzsche, with sarcastic irony, the soul dies even before the body.

Christendom, Kierkegaard remarked, has destroyed Christianity. Our "culture" has virtually cultured out our own and every other culture it has encountered, so far. Let's hope that it has met its match in the Buddha.

*Dawn, July 22, 1987
Boulder, Colorado*

REFERENCES

Rilke, R. M. *Letters to a Young Poet*. New York: Vantage, 1987.