

Laing's conception of therapy - 2016

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This chapter explores the major themes of Laing's approach to what is therapeutic. I see this as a journey that begins with *The Divided Self* in 1960 but goes way beyond it during that decade. Laing delves further into the significance of interactions across a number of crucial areas: families and ordered patterns of communication, the interactions between therapists and patients, and the nature of the mystifications and confusions that set everyone off course.

For Laing psychotherapy is based on the etymological origin of the term 'therapy' as 'attentiveness'. As Laing told Bob Mullan, 'the name of the game is cultivating tactful attention to each other, *attentiveness*. So I'm offering my attention and my response in my judgement of what is appropriate, of how to respond to you. I'll be attentive to you' (Mullan, 1995, p. 320). Laing declares, 'They've had my company, my attention, my *engagement* on their behalf' (Mullan, 1995, p. 328). 'A lot of people who have come to see me have said that the main thing they have got from me is that I listen to them' (Mullan, 1995, p. 331). Laing applied Freud's innovation of listening, which Freud initiated, at least with a wide range of neurotics.

Although Laing made numerous statements about the nature of psychotherapy over the decades, his comment in *The Politics of Experience* (1967) represents his general approach:

Psychotherapy consists in the paring away of all that stands between us, the props, masks, roles, lies, defences, anxieties, projections and introjections, in short, all the carry-overs from the past, transference and counter-transference, that we use by habit and collusion, wittingly or unwittingly, as our currency for relationships. (p. 39).

According to Laing, 'Psychotherapy must remain *an obstinate attempt of two people to recover the wholeness of being human through the relationship between them*' (Laing, 1967, p. 45. Original emphasis). That said, Laing saw psychotherapy as really an individual endeavor with no particular technique. I once asked him why there wasn't a Laingian school even though he was so famous. He told me that he thought this was because there was no 'Laingian technique', like say a Rogerian, Gestalt or Freudian.

For Laing psychotherapy is based upon the bedrock assumption of who we are as persons, not what we are as mechanisms. For Laing, we are essentially intentional agents involved in praxis rather than resultants of processes. If we look at somebody as a person, we see them

differently from viewing them as a complex machine. *The Divided Self* describes what it would be like to bring a *science of persons* described in thoroughgoing personal and internally consistent experiential terms to understand normal and particularly seemingly pathological behaviour and experience. Terms such as ‘ontological security’, ‘engulfment’ and ‘petrification’ explain them in a new way that depend on people being embodied subjects, agents exercising choice, intention, meaning and experience. Existential terms are the appropriate ones for clinical pictures of human beings. The long-standing debate about whether psychoanalysis and psychoanalytic psychotherapy are natural science or hermeneutic can be somewhat averted by arguing, as the American psychoanalytic researcher, George Klein did, that psychoanalysis is in fact two theories in one--the clinical theory which is largely understandable in terms of intention, meaning and interpretation resting directly upon clinical data, experience, subjectivity and behaviour, and a meta-psychology which is at a remove and is cast in the language of natural science. Laing was concerned that much of modern thinking was in the natural science tradition of Descartes and Galileo. Modern physics began with a sharp distinction between the observer and the observed object. However, as Laing suggests,

Any technique concerned with the other without the self, with behaviour to the exclusion of experience, with the relationship to the neglect of the persons in relation, with the individuals to the exclusion of their relationship, and most of all, with an object-to-be changed rather than a person-to-be-accepted, simply perpetuates the disease it purports to cure... Our concern is with the origins of experience in relation. (Laing, 1967, p. 45).

Laing describes the possibility of psychotic behaviour as potentially more intelligible than was normally described in psychiatry though I believe he over-reached in appearing to describe schizophrenic behaviour and experience in *The Divided Self* along the same lines as Sartre’s concept of self-deception and later in *The Politics of Experience*, adopting a different tack, describing schizophrenia as a potentially healing voyage of discovery. The impact of other people and their perceptions became of increasing importance for Laing as he moved from self to self-other interactions, to the family, beyond to the social world, and then to the cosmos in weaving webs of meta, meta-meta-perceptions and so on that produce immense, mystifying and confusing tangles and webs to be deciphered.

Not only did Laing understand individual experience and agency by using a social phenomenology that stayed close to experience but Laing treated the concept of relationship

in new ways. He realized that the self needs to be understood in the context of others, and that experience could be of many kinds as inner, outer and inter-experience that has its own rationale. Laing did not act in a vacuum. He was influenced by increasing interest in relationship and mutuality in psychoanalysis as expressed in the Hungarian psychoanalyst, Sandor Ferenczi's work and that of the object relations schools in the UK, which included his analyst, Charles Rycroft, his clinical supervisor, D. W. Winnicott, and other Tavistock Clinic analysts, as well as the interpersonal schools.

During the early 1960s Laing moved into developing social phenomenology, going beyond existentialism of the individual and 'the other' in quite specific ways. Not only individual intentions but the context of understanding how they were perceived by others in relationships were crucial to understanding the individual. Laing followed Sartre's publications, *Search for a Method*, *Critique of Dialectical Reason* and *Saint Genet*, which Laing and David Cooper summarized as *Reason and Violence* ((Laing and Cooper, 1964). These works introduced seminal ideas and essential tools for situating individual choice within the context of the functioning and nature of relationships and groups. Laing adapted Sartre's philosophical concepts of praxis and process, the role of social mediations, and the way groups functioned in particular ways. In particular, Laing and Esterson adopted these ideas to researching families operating as serial and nexal groups (Laing and Esterson, 1964). Along these lines, Laing also researched interpersonal perceptions and the politics of families. Gregory Bateson's double bind theory of schizophrenia was applied to the functioning of families. To whatever extent this theory was valid or invalid for the families of schizophrenics, it was very useful for mapping the way people interact and their consequences.

It is important to note that Laing's theories of the relationship between madness and families have in large part been greatly misinterpreted. He is often seen as being opposed to the nuclear family, which, allegedly, was the cause of pathology in individual designated members and which was supposed to stymie individuality and produce mere compliance—Laing's position has often been wrongly confused with David Cooper's position (See Cooper, 1967, 1971, 1974). Laing was falsely accused of blaming parents or family for having created schizophrenia. This has been a widespread but fundamental misunderstanding of the nature of the research by Laing and his colleagues into families. It wasn't about trying and find the pathological source of schizophrenia, as one of Laing's colleagues at the Tavistock Clinic, John Bowlby, insisted. Laing told Bob Mullan:

I could never get Bowlby to get the point that I wasn't trying to do a piece of research that would be decidable; the issue wasn't the decidability of whether the pathology of the patient induced the pathology of the family or whether there was family pathology. I didn't want to talk about the family pathology but you could never stop them talking about the 'family pathology'. I was interested in the communicational phenomenology that went on in the families of diagnosed schizophrenics (Mullan, 1995, p. 274).

It was, Laing told Mullan, originally meant 'to be a study of communication a la Bateson rather than a study of families' (Mullan, 1995, p. 275).

Laing sharply distinguishes causation from treatment, aetiology from therapy. He told Bob Mullan:

I'm not talking about the aetiology of schizophrenia... I'm talking about the experience and behaviour that leads someone to be diagnosed as schizophrenic is more socially intelligible than has come to be supposed by most psychiatrists and most people.

He adds,

That is a very embarrassing statement and people can't hear that, and so it means that is it translated into saying that families cause schizophrenia and therefore if you've got a schizophrenic child, you ought to feel guilty about it and that therefore there are schizophrenic associations in families, etc. (Mullan, 1995, p. 379).

On the basis of his data from interviews with families and his ideas about communications, Laing introduced the concepts of mystification and confusion in order to understand the *modus operandi* that beset many families. These can be seen as consequences of acting in dysfunctional ways.

But it is not either/or. This kind of divide can be seen in therapy: on the one hand, from the starting point of intention, experience and interpretation, one set of events emerges. Whereas, on the other hand, from the standpoint of neurological or behavioral processes another set is described. The aims and measuring instruments are quite different. Psychoanalysis begins and ends with words and images, using the language of the lived experience of persons, separate points of view, experiencing subjects, whereas natural scientific accounts adopt different assumptions and criteria. They both might be valid in their own terms and what they describe. There is also a distinction between clinical theory and meta-theory. It depends on

the particular questions we are investigating, in recognizing and following through staying close to the phenomena. As Laing put it in *The Divided Self*, a science is what is appropriate to its field. He was exploring the appropriate way of understanding human behavior in terms of agency and how natural scientific approaches became mixed up in this field. This was by no means an attack on natural scientific method as such but rather the direct application where agency was involved, a confusion of praxis and process.

Laing challenged assumptions and brought existential and communications issues to therapy in a new way. In his lecture to the first conference of ‘The Evolution of Psychotherapy’ in Phoenix in 1985, Laing says there are ‘two ways of defining what is going on—in terms of process (suffering from a mental disorder) or in terms of praxis (intentional choice-in-action)’. Laing offers two strategies in response—in terms of process, treatment of [the patient’s] disorder—in terms of praxis, to treat the patient as a person. Treatment then is the way we treat the patient. (Laing, 2013, p. 207). We get different results using different methodologies and criteria.

Laing argues,

Everyone knows we are affected by our nearest and dearest. It is devilishly difficult to study the ordinariness of everyday life where most of our clients’ happiness and unhappiness arise. Cartesian-Galilean natural science does not help us here, for *our* theory must be explicitly designed to *see* the world of personal passions, intentions and actions, that is, *praxis*, as well as *process*. Neils Bohr’s concept of complementarity may help us here. Any cogent coherent psychotherapy must both draw on and contribute to the pragmatic knowledge, the knowledge-in-action, of how we affect each other, personally.

Laing suggests,

the divide between fact and feelings is a product of schizoid constructions, which is not useful in the practice of psychotherapy. In reality, the reasons of the heart (praxis) and the physiology of the brain (process) coexist and are interdependent’ (Laing, 2013, p. 209).

The 1960s were Laing’s most generative period, the decade of his major contributions. I want to highlight here on the significant developments revealed in Laing’s important but not well-known chapter, in an edited book for professionals, *Intensive Family Therapy*, in 1965. Laing meant that chapter, ‘Mystification, Confusion and Conflict’, to be part of a series of papers

focussing on mystification and confusion, and utilizing the concept of enduring interest to Laing of 'tangential communication', a form of dysfunctional communication.

The concept of mystification together with the consequences of confusion and conflict represent considerable advances in Laing's understanding of mental illness and therapy beyond *The Divided Self* in 1960 and *The Self and Others* in 1961. Laing adapts Marx's concept of 'mystification' to add the forms of reciprocal interaction of person with person to the psychological realm. Marx uses the idea of mystification to explain what happens when social relations are obscured or how far social relations form the world. The classic example is Marx's concept of the 'fetishism of commodities', when things come to seem they have a life of their own. Laing uses Marx's model of mystification to mean in Laing's words,

a plausible misrepresentation of what is going on (process) or what is being done (praxis) in the service of the interests of one socioeconomic class (the exploiters) over or against another class (the exploited). By representing forms of exploitation as forms of benevolence, the exploiters bemuse the exploited into feeling at one with their exploiters, or into feeling gratitude for what (unrealized by them) in their exploitation, and, not least, into feeling bad or mad even to think of rebellion (Laing, 1965, p. 343).

For Laing, individuals are not islands, and interactions and perceptions mould behaviour and judgment of experience. So Laing suspected that there may be different interactions within families, especially those with schizophrenics as members. His research with Aaron Esterson at the Tavistock Clinic involved 100 families and resulted in *Sanity, Madness and the Family*. Laing understood the nature of our inevitable interactions as involving communication, ascription and commands that needed decrypting. Laing states:

To mystify, in the active sense, is to befuddle, cloud, obscure, mask whatever is going on, whether this be experience, action, or process, or whatever is "the issue". It induces confusion in the sense that there is failure to see what is "really" being experienced, or being done, or going on, and failure to distinguish or discriminate the actual issues. This entails the substitution of false for true constructions of what is being experienced, being done (praxis), or going on (process), and the substitution of false issues for the actual issues.^[SEP] The *state* of mystification, mystification in a passive sense, is possibly, though not necessarily, a *feeling* of being muddled or confused. The act of mystification, by definition, tends to induce, if not neutralized by

counteraction, a state of mystification or confusion, not necessarily felt as such. It may or may not induce secondary conflicts, and these may or may not be recognized as such by the persons involved (Laing, 1965, p. 344).

For Laing mystification takes several forms that can be dissected. It can involve confusing these modalities of feelings and states in relation to reality—such as ‘you just imagined that’ or ‘you must have dreamt it’. Or it might involve disconfirming someone’s experience and replacing it with one’s own. As in

A child is playing noisily in the evening; his mother is tired and wants him to go to bed. A straight statement would be: ‘I am tired. I want you to go to bed’ *or* ‘Go to bed, because I say so’ *or* ‘Go to bed because it’s your bedtime’. A mystifying way to induce the child to go to bed would be: ‘I’m sure you feel tired, darling, and want to go to bed now, don’t you?’

Mystification occurs here in different respects. What is ostensibly an attribution about how the child feels (you are tired) is "really" a command (go to bed). The child is told how he feels (he may or may not feel or be tired), and what he is told he feels is what mother feels herself (projective identification) (Laing, 1965, p. 345).

Or it might be connected with rights and obligations when a person seems to have a right to determine the experience of another or someone is under an obligation to experience or not experience himself or others in a particular way.

When mystification takes place, Laing found in the families of schizophrenics that there was a significant lack in the recognition of others as their own centers of orientation. In Laing’s view, ‘the mystified person is operating in terms that have been misdefined for him’ (Laing, 1965, p. 352). Perhaps without realizing it, the person is in an untenable position, and attempting to escape in the mystified situation may further deepen the mystifications. The practical aim of therapy is to demystify what is going on by revealing and clarifying this mapping.

Hence, we can understand what Laing terms ‘the mystification of experience’ in *The Politics of Experience*, where, as Laing put it,

Human beings relate to each other not simply externally, like two billiard balls, but by the relations of the two worlds of experience that come into play when two people meet. If human beings are not studied as human beings, then this ... is violence and mystification (Laing, 1967, p 53).

Laing's research on mystification and interactions led to the importance of differentiating between commands and ascriptions, somebody imputing my feelings, at the same time as invalidating them as I do to myself. I think it is important not to apportion blame and victimhood here, though sometimes of course it is justified when people take advantage of others' vulnerability. I don't believe it has been shown that the double bind theory of schizophrenia is that helpful as such. But what is helpful is respect for the person and their experience and not being dismissed as persons.

Laing defined 'diagnosis' etymologically as 'seeing through'. That is ambiguous, as it can be seen *through* to the other side, or it can be *seen* through the lens of. Part of mystification and the assumptions behind it is confusion, misdefining, that nobody sees through. Everyone is lost without a map, beset by the consequences of not seeing what is in front of us, the obvious, although the ever-increasing complexity of the web that we weave doesn't help. The publication of *Knots* (Laing, 1970) revealed some of the forms of such knots, even if they weren't untangled. Part of Laing's increasing interest in Buddhism I think derived from trying to go beyond monistic systems with fixed, contradictory starting assumptions into perspectives encompassing cascading meta-contexts.

Laing develops these ideas about mystification and communications further in *The Politics of the Family* (Laing, 1971), which was originally delivered as the CBC Massey Lectures in 1968. There he applied the theory of sets and mapping which being applied to in anthropology and social science to what he termed 'the "psychosocial interior" of families in our own society' (p. 66). He discusses the mystifying mechanism of conflation of levels, the attribution of a state of affairs in a subject that is in reality a command.

One way to get someone to *do* what one wants, is to give an order. To get someone to *be* what one wants him to be, or supposes he is or is afraid he is (whether or not this is what one wants), that is, to get him to embody one's projections, is another matter. In a hypnotic (or similar) context, one does not tell him what *to be*, but tells him what he is. Such *attributions*, in context, are many times more powerful than orders.... An instruction need not be defined as an instruction. It is my impression that we receive most of our earliest and most lasting instructions in the form of attributions. One is, say, told one *is* a bad boy or girl, not only instructed *to be* a good or bad boy or girl. One may be subject to both, but if one *is* (this or that), it is not necessary to be told to be what one has already been 'given to understand' one is. The key medium for communication of this kind is probably not verbal language. When attributions have

the function of instructions or injunctions, this function may be denied, giving rise to one type of *mystification*, akin to, or identical with, hypnotic suggestion. Hypnosis may be an experimental model of a naturally occurring phenomenon in many families. (pp. 78-79).

Laing suggests,

I consider many adults (including myself) are, or have been, in a hypnotic trance, induced in early infancy: we remain in this state until –when we dead awaken as Ibsen makes one of his characters say—we shall find that we have never lived.

Attempts to wake before our time are often punished, especially by those who love us most. Because they, bless them, are asleep. They think anyone who wakes up, or who, still asleep, realizes that what it takes to be real is a ‘dream’ is going crazy. Anyone in this transitional state is likely to be confused. To indicate this confusion is a sign of illness, is a quick way to create psychosis (Laing, 1971, p. 82).

Notwithstanding the hyperbole of the 1960s, this conveys an important point. Therapy involves demystification, perhaps, like hypnosis, revealing instructions or suggestions that we don't realize we are carrying out and are not aware that we have even experienced. This means tracing and dissolving the suggestion involved in the mystification, which means getting to the root of the suggestion and perhaps finding a counter-suggestion or, if you like, a counter-narrative to replace it. I wonder whether some of the intransigence and attraction in the radicalization of ISIS operatives has such a basis in a form of hypnotic suggestion. ISIS videos evince a trance-like quality, which, I think, involves a large amount of hypnotic suggestion. A successful deradicalization program might trace suggestions back to their sources and offer alternative counter-suggestions and counter-narratives to cancel them. The therapy involves demystification as a form of debriefing and re-entry.

In his unpublished lecture, ‘Psychotherapy and Meditation’ at the Roundhouse in London on June 26, 1977, Laing focused on psychotherapy and the extraordinary power of words. Speaking of the difficulty of establishing the truth value of constructions and interpretations, Laing proposes that psychotherapy consists in examining such problematic matters together. He declares:

A lot of people tend to disparage psychotherapy because they say it's simply words, which I think is an extraordinary thing to say, because you might say the splitting that besets a lot of us, psychotherapists as well as patients, often takes the form of a

dissociation of feeling and realisation, what one might call realisation from words. Nevertheless, that doesn't decide the reality of human speech and human attributes which in the verbal form has got a capacity second to none I think for affecting us all; affecting us profoundly and immediately in our vegetative system and through all our bioenergetics system and immediately resonated by the right word or the wrong word.

Laing makes a telling point:

And I don't know any single agency that is as powerful as words. And it's just this dissociation of words, and of real speech into what Heidegger and other people have called mere talk and chatter, and babble, etc. that is one of the forms of dissociation which psychotherapy is especially set up to facilitate mending.

I think one consistently recurring reason for this in my experience is the way words have been experienced by so many of us as inducing confusion or irreconcilable conflict, by setting up injunctions against the flow of natural life process.

Laing suggests that if those entangled in such ways can be helped greatly by working with a psychotherapist who understands these dimensions. It's hard to do it oneself given an overriding injunction not to see what is going on, especially if one is 'caught in that spell'. He recalls his earlier proposition that this 'is not merely analogous but homologous with hypnosis, and that a number of us from our early childhood may have fallen into a hypnotic state that is lifelong'. He sees hypnosis as 'an experimental reproduction of a state which is endemic and occurs with a certain frequency in our world'.

These powerful ideas help us understand the major impact of the interaction of different levels and forms of words situating them within their surrounding contexts and meta-contexts in the interactions of persons and groups. Words are not just tools to an end. The untangling of knots, revealing confusions and distortions, clarifying different, often conflicting, levels of communications, in general demystification of the halls of mirrors and mazes we find ourselves in, are crucial tasks for therapy. We might revisit how Breuer and Freud began with hypnosis, but became side-tracked into focussing on the content of what was revealed instead of understanding the process through which it was revealed.

In lectures delivered in London in 1976 about Freud's *Introductory Lectures on Psychoanalysis* (Laing, 1976), Laing found himself very much in tune with Freud's depiction of neurosis as a conflict between two *levels* of conscious and unconscious wishes. In 1917, Freud demonstrated a clear understanding of the importance of levels. Freud stated,

The pathogenic conflict in neurotics is not to be confused with a normal struggle between mental impulses both of which are on the same psychological footing. In the former case the dissension is between two powers, one of which has made its way to the stage of what is preconscious or conscious while the other has been held back at the stage of the unconscious. For that reason the conflict cannot be brought to an issue; the disputants can no more come to grips than, in the familiar simile, a polar bear and a whale. A true decision can only be reached when they both meet on the same ground. To make this possible is, I think, the sole task of our therapy (Freud, 1916-17, p. 433).

In an important sense, the neurotic is *mystified* by the symptoms on different levels, including levels of fantasy and reality. In my view, Laing was able to continue on Freud's demystifying therapeutic journey in revealing still more levels and modalities of the struggles and confusions between different actions and desires, unmasking discrete levels of communication and miscommunication between persons such that people are better able to recognise their desires and act in alignment with them.

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