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Deception, Mystification, Trauma: Laing and Freud

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R. D. Laing's impact on the mental health profession over the last quarter of a century has been both complex and diverse. There is nevertheless one consistent and prevalent theme that has persisted in all of Laing's books that is readily discernible to anyone who is familiar with his message. Simply put, Laing's work is epitomized by his opposition to the use of any intervention that runs the risk of alienating one's patients from the very people who are trying to help them. Laing believed that many of the tools customarily employed by psychiatrists and psychotherapists, unbeknownst to themselves, often objectify the patients they treat. Those patients are made to feel less like *persons* who are desperately seeking their emancipation than treatment "entities" who are molded into a preconceived scheme.

The most telling feature of Laing's clinical technique was his radical — some would say provocative — efforts to eliminate the enormous gulf that customarily exists between therapists and their patients. This is why Laing insisted that it is important to behave in such a way that reassures one's patients that they are in the presence of another human being like themselves; a person who is no doubt more together, but who nonetheless shares the same day-to-day concerns —and the same kind of pain.

To whom was Laing indebted for this markedly ethical imperative in his work? While his intellectual influences can be traced to a variety of sources — Eastern

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religions, the American family therapy movement, Marxism, existential philosophy and phenomenology — in this paper I would like to explore Laing's identification with psychoanalysis. Those who note the importance of Laing's analytic training typically refer to his supervision experience with D. W. Winnicott at the British Psychoanalytic Institute, and secondarily to his fellow Scotsman, Ronald Fairbairn, as decisive influences. In America, the work of Harry Stack Sullivan is noted, if not for his psychoanalytic theories then for his uncommonly humane treatment of and regard for schizophrenic patients. While all of these influences are undeniable, the one that I believe was the most pervasive, though generally omitted, is that of Freud. It is to this much-neglected influence that I wish to direct my attention.

This is a debt that will undoubtedly surprise many since it is barely mentioned in any of Laing's writings. It is a debt, however, that was frequently noted in the seminars Laing gave at the Philadelphia Association in London, in numerous public lectures he delivered in the 1970s, and to students like myself who enjoyed the opportunity of being supervised by him in their analytic training. While the heart of Laing's teaching never wavered from his fidelity to existential phenomenology, it was tempered by his identification with psychoanalysis. And it was through Freud, I believe, that his identification with psychoanalysis was principally realized.

In this variety of contexts, then, Laing alluded to Freud frequently. I know that Laing admired Freud but, what's more, I believe he saw himself as Freud's intellectual heir. Laing never actually claimed to be Freud's successor as, for example, Jacques Lacan did in the 1950s. But, unlike Lacan, Laing was loathe to toot his own horn in terms of his relationship with the psychoanalytic tradition. Besides, Laing was a master of understatement. Even his style of writing owed a lot to the art of allusion. Moreover, he didn't think of himself as a *follower* of any thinker, philosopher, or analyst. Yet, I believe that Freud's influence is palpable and an ever present force in Laing's writings and, more importantly, in his message.

Truth and Trauma

What is the principal feature that aligns Laing's work with Freud's? I believe that the greatest measure of Laing's debt to Freud concerns his preoccupation with the nature of deception and its

relation to trauma. The employment of deception was a cornerstone of Freud's theory about the nature of psychical conflict and its role in virtually all forms of psychopathology. Freud —like most conventional psychiatrists today — initially believed that hysterical symptoms were the consequence of a psychological *trauma*: sexual abuse by one of the child's parents. In his "History of the Psychoanalytic Movement," published in 1914, Freud acknowledged that he was initially influenced by Charcot's theory of hysteria. He says,

> *Influenced by Charcot's view of the traumatic origin of hysteria, I was readily inclined to accept as true and aetiologically significant the statements made by patients in which they ascribed their symptoms to passive sexual experiences in the first years of childhood — to put it bluntly, to seduction. (**1914**, p. 17)*

However, the weight of contradictory evidence eventually demolished the efficacy of Charcot's theory. While sexual molestation was probably just as common in 1914 as it is now, it couldn't explain the prevalence of hysterical symptoms in patients who couldn't possibly have been molested. This conclusion was shattering, but it also provided Freud with an important insight. If some patients are capable of complaining about "traumas"that never occurred in reality, then mightn't the *phantasies* concerning those alleged traumas themselves account for the emergence of a neurotic conflict? Freud concluded that:

> *If hysterical subjects trace back their symptoms to traumas that are fictitious, then the new fact which emerges is precisely that they create such scenes in phantasy, and this psychical reality has to be taken into account alongside practical reality, (pp. 17-18)*

The implications of this discovery were explosive. It completely altered Freud's (and with it, the psychoanalytical) conception of trauma. Literally meaning wound, the concept of trauma was adopted from medicine and the procedure that was used to treat injuries. When one thinks of trauma, the words violation, shock, and violence readily come to mind. Whereas Freud initially assumed that neurosis was the consequence of a traumatic experience — due to a painful or disappointing reality —his subsequent rejection of the "seduction theory"altered his way of conceiving the nature of disappointment and our reactions to it.

Freud concluded that the anticipation of trauma can be even

more traumatic, in a manner of speaking, than trauma itself; which is to say, one's actual *experience* of trauma. Freud began to appreciate the degree to which young children are vulnerable to disappointment and how hard it is for them to cope with frustration. In fact, children are capable of repressing virtually anything that is too painful to bear, and it is relatively easy for them to replace an objectionable reality with a more inviting phantasy. By defending themselves from painful disappointment —i.e., "traumas"—in this way, children, in effect, don't experience those disappointments in the ordinary sense, even though their disappointments occur in reality and they suffer the effects of them at the time that they happen.

Having repressed what they can't permit themselves to take in, they subsequently become anxious that they will *discover something they mustn't permit themselves to know*. In other words, they intuitively fend off painful experiences that they unconsciously anticipate are about to happen; yet, in reality, they already have!

Truth and Deception

This view of trauma succinctly explains the nature of "psychical conflict" in Freud's model, whether the form of pathology one is talking about is neurosis or a form of psychosis. People who suffer such a conflict are essentially of *two minds*: they struggle against the intrusion of a reality that is too painful to accept on the one hand, and harbor a phantasy that is incapable of being realized on the other. Consequently, their lives are always in abeyance. Following this conception of psychopathology, the goal of psychoanalysis is relatively straightforward. Analytic patients try to face up to realities they have always avoided —no matter how painful or disappointing—by *experiencing* them in the analytic situation. To paraphrase an axiom of Nietzsche's in a different idiom, we allow the dreadful — which has already happened —to happen!

Ironically, if we can still speak in terms of trauma in the ordinary sense, the traumatic event would have to be redefined as that moment in history when we couldn't bear to experience something that was about to happen. By employing this form of deception on ourselves —in Lacanian terms, a *meconnaissance*—we contrive to delay a painful experience by splitting our existence in two.

Freud's analysis of Dora —though the treatment was a failure —

was a prototypical example of the relationship between truth and deception in the etiology of neurosis **(Freud, 1905)**. Dora, who was only 18 when she began her analysis, had been subjected to the most extraordinary deceptions and intrigues imaginable. Her father had been involved in a love affair with a married woman right under Dora's nose —and presumably her mother's —for years. He even conspired to look the other way while his mistress's husband—the infamous Mr. K. —attempted to seduce Dora, a child only 14 years old.

Though he failed then, two years later Mr. K. tried again. This time Dora took the matter to her father, not realizing that he was aware of Mr. K.'s intentions and even supported them. Dora's father went through the motions of confronting Mr. K. who ostensibly denied everything. Dora subsequently fell into a prolonged depression, compounded by a host of related hysterical symptoms.

By the time she was 18 and apparently suicidal, Dora's father took her to see Freud. Her brief analysis quickly uncovered the intrigues that Dora herself had "known"of, but repressed. Perhaps the most remarkable aspect of Freud's inquiry into the causes of Dora's condition concerned the question: what specifically drove Dora into her pathological condition, the traumatic events that transpired at the hands of her family, or the consequent *self-deceptions* Dora employed to protect herself from disappointment?

Freud suspected that Dora was actually in love with Mr. K. but that her devotion to her father and the intense jealousy she felt over his affair with Mrs. K. made it impossible for her to confront the reality of her situation. In other words, as unsettling as her family's duplicity must have been, it was Dora's unwillingness to face the truth —i.e., about her own feelings — that provoked the neurotic conflict she now suffered.**1**

One of the most edifying things about this case and one that strikes me as particularly significant concerns Freud's evolving conception of trauma. Whether the reality one is confronted with is so terrible that *no one* could be expected to accommodate it, or whether the rejection of that reality simply doesn't suit the individual who happens to be faced with it, it still comes down to the same thing: *the rejection of reality, for whatever reason, always gives rise to a "dual reality"that manifests a pathogenic conflict*.

Let's take a moment to review where we are so far. Freud's

conception of psychopathology was rooted in the notion that our intolerance of a frustrating (experience of) reality compels us to reject that reality and substitute in its place phantasies that compensate for what was denied us. This stratagem epitomizes the plight of neurotics, who are so attached to their phantasies that they will protect them from anything that threatens to intrude.

On the other hand, Freud thought that the graver forms of psychopathology —such as schizophrenia —follow a modified course. Like neurotics, schizophrenics also reject realities that elicit intolerable frustration. However, the schizophrenic's phantasies diverge from those of neurotics in significant ways. Freud believed that the psychotic process was essentially driven by narcissism, occasioning a withdrawal of libido into oneself which permits psychotics to obtain a measure of gratification that is denied them in reality. Yet, the phantasy life of psychotics—and this is even more pronounced in schizophrenia —is inherently *distressing*. Their phantasies are typically tormenting and delusional.

Why, if psychotics withdraw from reality in order to *relieve* suffering, does their defense against frustration occasion phantasies that are intrinsically unpleasurable? Freud compared this phenomenon to disturbing dreams which, like pleasing ones, are a means of escaping reality. He conjectured that we experience distressing dreams as punishment for entertaining phantasies that are forbidden to us in waking life. Similarly, the psychotics' withdrawal from reality is untenable. A portion of the reality they seek to escape seeps in and —in life as in bad dreams — "punishes"them for their flight **(Freud, 1924)**.

Laing and Freud

Laing accepted the basic premise of Freud's thesis, but took it further. Following Sullivan and Frieda Fromm-Reichmann, he suspected that the reality schizophrenics are trying to get away from must be more harrowing than the one that engenders simple frustration. In other words, psychotics must have a good reason to be even more terrified of reality than neurotics, who in turn typically comply with reality but diminish its effects by repressing their desires instead.

He concluded that frustration alone couldn't explain the psychotic's

extreme withdrawal. If Freud's principal thesis was correct that the psychotic rejects reality because it's so painful — then what would compel someone to withdraw in such a radical fashion? Isn't it possible, Laing conjectured, that the reality psychotics reject is qualitatively different from the one we ordinarily encounter? This was the question that prompted Laing to seek an alternative to narcissism as the principal motive force in schizophrenia.

Laing proceeded to apply Freud's conception of psychic trauma to his own research into extreme forms of delusional confusion, but in a more dialectical framework. While Freud emphasized the use of phantasy as a way of avoiding objectionable realities, Laing was interested in the means by which people systematically employ deception on one another in order to manipulate the *other* person's experience — and hence, that person's reality. Indeed, this dialectical dimension to my experience of others—what I think they think about me; and what they in fact think but conceal from me —comprised Laing's definition of social phenomenology: *my internal critique of how others affect —and play havoc with —my experience*.

Hence, Laing concluded that schizophrenia is the consequence of deceptions that are employed on someone who assumes he is being told the truth — and who depends on what that person is telling him to be true. Whereas Freud conceived of trauma in terms of the frustration that thwarts an anticipated pleasure, Laing envisioned a different form of trauma that could specifically account for psychotic anxiety and withdrawal. He saw this in terms of *states of confusion* that follow when one's reality has been savaged, not through self-deception alone but as a consequence of *being duped or deceived by an other*. While these two forms of deception (Laing's and Freud's) are not mutually exclusive —indeed, they typically interact —the frustration of pleasure is even more poignant when compounded by the loss of one's hold on reality.

Laing and Deception

The nature of deception was a common theme in Laing's writings throughout the 1960s, his most prolific decade as an author. Ironically, *The Divided Self* —Laing's first and most famous book, published in 1960 —is the only one in which deception *between* persons doesn't play a major role. It was a classic existentialist study

about the experience of going mad, but said little about the social context that would subsequently play such a critical role in Laing's thinking. It did, however, presage what would come later with a compelling exploration of the relationship between self-deception and psychopathology.

Laing's next book, *Self and Others*, published the following year **(1961)**, examined—as its title implies—the effect that human beings have on *each other* in the etiology of severe psychological disturbance. A telling prelude to what would come to epitomize Laing's clinical philosophy can be found in a brief reference in that work to Heidegger's essay, "On the Essence of Truth" (**Heidegger, 1977**; and see Thompson, **1994a**, pp. 51-92). Noting Heidegger's reliance on the pre-Socratic term *aletheia* — which conceives truth as whatever emerges from concealment —Laing put his own twist on Heidegger's thesis by emphasizing the interdependency between candor and secrecy, an innovation that probably owes more to Sartre and Freud than to Heidegger's ontological preoccupations.

Many of the terms that Laing introduced in that book—i.e., collusion, mystification, attribution, injunction, untenable positions — were coined for the purpose of providing a conceptual vocabulary that could help explain how human beings, in their everyday interactions with each other, are able to distort the truth so effectively that they are able to affect each other's reality —and hence their sanity as well. It was just this vocabulary that Laing suggested was missing in Freud's psychoanalytic theories. Moreover, Laing believed that the subsequent object-relations theories that followed Freud's lacked this more personal —in effect, *existential*—dimension to the etiology of psychosis.

All of Laing's books published in the ′60s expanded on this theme and developed it in a variety of ways. For example, in 1964 Laing and his research colleague, Aaron Esterson, published a study of 11 schizophrenic patients, emphasizing their interactions with members of their respective families. *Sanity, Madness and the Family* **(Laing & Esterson, 1964)** stands out as one of the most impressive phenomenological studies of this kind ever undertaken. Laing deftly demonstrated how, in every family they studied, massive forms of trickery, deception, and mystification were systematically employed against each of the schizophrenic family members —all daughters — by their parents. One of the patients, whom Laing called "Maya"

(alluding to the Hindu term, meaning illusion), is typical of the families studied. Her parents, who come across as pretty disturbed themselves, believed that their daughter had special powers which enabled her to read their minds! The father spoke openly —when his daughter wasn't present — of having systematically employed "tests"on his daughter to confirm that Maya, indeed, could tell what her parents were thinking. Maya, in turn, suspected that something of the sort was being done to her, but when she actually confronted her parents in one of the family sessions, they coyly winked at Laing and denied it— as they had done all her life.

In case after case, Laing and Esterson unearthed a casual and often chilling array of deceptive maneuvers of this kind, employed by the parents against their children. In effect, they were systematically distorting the truth about their efforts to manipulate their children and, by that distortion, twisted their hold on reality by hopelessly confusing them. Employing an argument that has come to epitomize the controversy that is now associated with Laing's reputation, he argued that even if their research didn't conclusively prove that acts of mystification "cause"schizophrenia, incidents of this kind were ubiquitous in all the families they studied. The reader is left to draw his or her own conclusions. Laing didn't specifically explore what might motivate parents of schizophrenics to manipulate their children in this fashion; nor did he argue that these forms of mystification are unique to such families. Indeed, mystification is inherent in the hypocrisy of everyday life. A casual glance through the cases studied, however, offers a fairly compelling picture of histrionic parents who employ any number of devices and manipulative stratagems in order to get their way. They remain oblivious of the effects that their behavior is having on their children, even if it is pointed out to them. Parents suffering from narcissistic, borderline, or paranoid personality organizations would presumably engender similar or even worse forms of mystification. Remaining faithful to phenomenological methodology, however, Laing resisted the temptation to speculate on these considerations.

His approach to this problem has nonetheless led many parents of schizophrenics to accuse Laing of blaming them for the plight of their children. In fact, Laing attributed this problem to the human condition. Human beings are devious and dishonest creatures who, without thinking, violate and betray one another as a matter of

course. Schizophrenia is only one of the many consequences of this state of affairs. Hence, Laing believed it is our duty as members of society to do what we can to rise above our plight—and to be wary of those who know not what they do. He pointed out that psychiatrists and psychotherapists need to address this problem just like the rest of us and guard against committing similar mistakes with their patients. The history of psychiatric treatment is a testament to that community's sometimes callous failure to do so.

That same year **(1964)** Laing and another colleague, David Cooper, published a study of Jean-Paul Sartre, a major influence on Laing's thinking. Sartre's notion of "bad faith"resonated with Laing's growing awareness of the devastating effects of deviousness on the formation of the self and our subjective experience. Sartre's later efforts to merge his existentialist philosophy into a more social theory mirrored Laing's endeavors to develop a truly interpersonal conception of psychopathology **(Laing & Cooper, 1964)**.

In 1966, Laing published another study, *Interpersonal Perception*, with two colleagues at the Tavistock Institute, Herbert Phillipson and Russell Lee, which examined the frequently confused communication patterns of married couples — the same patterns evinced in magnified form among families of schizophrenics **(Laing, Phillipson, & Lee. 1966)**. This now-neglected book is radical even now, offering a compelling method of working with couples that is generally lacking in the literature today. Phillipson, a research psychologist, devised a testing device that could be used to "diagnose"a given couple's (mis)communications patterns, whereas Lee, a family therapist, contributed his knowledge of systems theory that was adopted by the American family therapy movement. The opening chapters, however, were clearly penned by Laing, who borrowed from Hegel's master/slave dialectic in order to expose the level of duplicity and deception that commonly exists in love relationships.

In 1967 Laing published a collection of papers that would contribute significantly to his growing fame: *The Politics of Experience*. In this book Laing was less concerned with exploring the phenomenology of experience than with what he depicted as the everyday "politics"of one's experience of others.**2** He wanted to explore how other people invariably *affect* my experience and even determine what it is; whether, for example, they value my experience and confirm

it or, on the contrary, are threatened by my experience and disavow it.

This was the book where Laing categorically insisted that severe forms of psychopathology are always the consequence of human deviousness and declared that all of us are really "murderers and prostitutes"when the mask of our social veneer is stripped away (Laing, **1967**, p. xiv). The theme that emerged in every chapter was the same. Human beings —often unwittingly — employ acts of casual deception over one another in the name of altruistic motives, though the effects of their behavior is frequently violent and even "traumatic." The book had an explosive impact on an entire generation of psychology students, by reminding them that what is most important in the therapeutic experience is the caring and straightforward manner in which clinicians treat their patients, not because of clever or convoluted techniques —a page that Laing obviously borrowed from both Harry Stack Sullivan and Freud, but geared to a new generation of students. This rather novel definition of violence — adapted from Hegel and Marx — became the cornerstone of Laing's subsequent books.

Finally, in 1970 Laing published a series of vignettes that dramatically conveyed the sense of being caught in a net or an impasse with persons to whom one is attached but who it seems are strangling one's existence **(Laing, 1970)**. Laing called them "knots." Sartre's play *No Exit* was undoubtedly an inspiration for Laing's efforts to create —like Freud's case history —this new literary genre. This device was introduced in order to depict, phenomenologically, the actual experience of being mystified, derived from the many hours Laing spent listening to his patients recount the knots that they were trapped in.

Laing and Dora

Ironically, Freud's analysis of Dora, the most famous analytic treatment ever published, is also a prototypical example of the kind of manipulation and deception that Laing believed is employed in families of schizophrenics. Laing once told me that the case had a profound impact on his thinking and that he was even startled, in subsequent readings of it, with the degree of mystification that

Dora's father employed against her. In his analysis of the case, however, Freud argued that the deceptions Dora had employed *against herself* served as the etiological factors that eventually culminated in her neurotic condition. On the other hand, she was also subjected to relentless acts of subterfuge, deviousness, and outright lying, all for the purpose of denying what everybody knew was going on. The most extravagant incident of this kind of deception —i.e., mystification —was when Dora's father conspired with Mr. K. (who had propositioned her to become his mistress) to convince her that she had only imagined Mr. K.'s attempt at seduction. In other words, what Dora had experienced in reality was reinterpreted back to her, by the two men whom she loved the most, as *mere inventions of a disturbed and oversexed imagination*. This is the kind of mystification — the reinterpretation of one's experience as phantasy — that Laing attributed to the etiology of psychotic disintegration.

If Laing's thesis is correct, why then did Dora not develop a psychosis instead of the most celebrated case of hysteria ever documented? In fact, Laing never said that mystification is exclusive to families of schizophrenics. Laing and Esterson had originally intended to follow up their study of schizophregenic families with one that examines the interactions of so-called normal ones. They conducted a portion of that study but never reported their findings. According to Laing (in a seminar he gave at the Philadelphia Association in the mid-'70s), the normal families also employed mystification, but the implications of this observation, since the study was never completed, were inconclusive.

On the other hand, there are obvious factors that distinguished Dora's family from a schizophrenogenic one. For one thing, Dora was as devious with her family as they were with her. She was an exceptionally clever young woman and quite precocious for her age. In fact, she was so furious with her father that subsequent to her aborted analysis with Freud she became devoted to exacting revenge against him as well as every other man she was subsequently involved with **(Deutsch, 1985)**.

Dora's treatment with Freud opened her eyes to aspects of her history that she hadn't anticipated. She apparently wasn't prepared for the revelations that her analysis so suddenly disclosed. She was alternately shocked and dismayed at the many deceptions that had been employed against her, which Freud uncovered, one by one, as

her history unfolded. Yet, Dora never lost her head throughout the analysis. What's more, she wasn't fooled for a minute by her father's (and Mr. K.'s) efforts at mystification. While the prepsychotic will typically comply with the mystifying parent by abdicating his or her perception of reality in deference to that of the parents, Dora immediately assumed that Mr. K. was lying when he contradicted her version of what had transpired between them. And when Freud suggested that her father must have been lying to her too, she was able to accept this unsettling discovery in spite of its heartbreaking ramifications.

Another important distinction between the way Dora's family employed mystification and the way the family of a schizophrenic might is that, in Dora's case, the purpose of the mystification was simply to *deny Dora's accusations*. Dora's father and Mr. K. colluded together in their deception of Dora in order to avoid the potentially embarrassing revelation of the secret agreement they had made between them. They just didn't want Dora—now that she had openly protested —to spoil their scheme.

On the other hand, the motives for which mystification is employed in families of schizophrenics entails a more subtle purpose: to actually subvert the child's experience of reality. Indeed, the person against whom the mystification is employed is desperately trying to *disengage* him or herself from the domination of parental figures who are endeavoring to control what their child thinks and believes, not merely the child's behavior (Thompson, **1985**, pp. 88-117). In Dora's case, her father was only trying to get her out of the way. His ostensible goal wasn't to increase her dependency on him, but to appease Mr. K., whose wife, after all, was his mistress! And unlike the preschizophrenic, Dora wasn't trying to emancipate herself from the situation she was in; she was actually trying to prolong her connection with her father, who had substituted in her place Mr. K.'s wife.

Laing hypothesized that the type of “traumas”neurotics and schizophrenics respectively suffer are categorically different, even if each coincidently occasions familial deception. Being lied to isn't, in and of itself, enough to generate a psychotic reaction. One has to take into account the purpose for which one is being deceived and the effect that it has on one's (experience of) reality, phenomenologically speaking. Furthermore, there needs to exist a level of dependency

in which the mystified child feels trapped—and from which that child cannot risk separation.

While mystification is employed in order to manipulate others to adopt an untenable point of view, not everyone is such easy prey to this form of deception. One has to *want* to believe the fabrication that is employed, even if it doesn't coincide with what one instinctively knows is true. Most of us either defend our perceptions in the face of opposition or we revise them in deference to the other person's. In effect, we give the other person the benefit of the doubt. We may subsequently discover that we were lied to, duped, deceived, or whatever, and when we realize we've been tricked we may feel like fools. Perhaps we're grateful for having discovered the truth about something that never seemed right in the first place. Or we might wish we hadn't learned the truth, but now that we have we accept it and try, for better or worse, to live with it.

This was the dilemma that confronted Dora. She discovered things about her father she didn't want to know and was in anguish because of her realization. Dora's problem, as Freud noted in his report, was that she *couldn't forgive* her father for having betrayed her. She was so bent on revenge that she devoted her existence, body and soul, to punishing every man with whom she became involved — including Freud. This is the kind of knot neurotics frequently tie themselves in. They feel betrayed by the object of their love, but can't forgive *or* forget and move on with their lives (Thompson, **1994a**, pp. 110-114).

Psychotics, however, lack the facility that was available to Dora to *openly protest* the deceptions that are employed against them. They know the truth, but struggle with themselves to disavow it. They try to comply with the mystification, but they can't ignore their experience, either. They split their reality in two and pay the ultimate price for serving two masters. Their withdrawal from reality enables them to both comply with *and* oppose a reality they can't bring themselves to accept.

Mystification and Trauma

Laing didn't dispute Freud's distinction between neurotic and psychotic symptom formation; generally, he thought that Freud's conception of it, from a phenomenological point of view, was impressive.

What he did question was the *nature* of reality that neurotics and psychotics encounter and whether their respective experiences of it are qualitatively different. While Laing agreed with Freud's view that reality is inherently experienced as being *difficult*, he also believed, because of the range of realities we are capable of experiencing, that the particulars of a given reality must play a critical role in the etiology of our respective reactions to it —whether for or against. What's more, some of us may be acutely aware of what is happening around us and because of our precocious knowledge pay a huge price for knowing what we lack the maturity to accept. The fact that many schizophrenics have exceptionally high IQs suggests that they may know too much for their own good.

Yet, some analysts have accused Laing of reverting to a preanalytic conception of trauma when he proposed that mystification is etiologically decisive in people diagnosed as schizophrenic. The idea that schizophrenics are passive victims of deception would appear to overlook the importance of *agency* in those who fall prey to madness (if, indeed, "madness"genuinely characterizes their plight). Doesn't the so-called victim also play a role in his or her rejection of reality? In fact, Laing's first book, *The Divided Self* **(1960)**, adopted the more Sartrian view that madness is "chosen"as a way out of an unlivable situation; in effect, an existential choice.

But Laing never suggested that psychotic individuals adopt a strictly passive position (Thompson, **1985**, pp. 88-117). He was simply pointing out, following Freud, that our hold on reality is fragile at best. We all struggle with reality to varying degrees. Whether we repress or deny reality, who can say with any certainty that being "out of touch"with it categorically depicts the pathological condition? After all, it we weren't aware of what a given reality was, how could we manage to "defend"ourselves against it so successfully?

Following Heidegger, Laing adopted the view that our *experience* of reality depends on what we *believe* is true about a given situation in order to accept *or* reject it. But what if the situation we're in is such that reality keeps shifting and sliding away, just when we thought we understood it? We would soon find ourselves in such a state of perplexity that we couldn't be sure what we're accepting or disavowing, whether it was real or fallacious. In effect, we would be so out

of touch with our experience of “reality”that we couldn't be sure *what* our experience was.

In fact, Laing's advocacy of becoming more completely whom one is through experience owes less to a phenomenological critique of its nature —such as, for example, was performed by Hegel (see **Heidegger, 1970**) and **Husserl (1973)** —than it does to his conviction that every human being has the *fundamental right* to his experience and not have it indifferently subverted or destroyed. This is vouchsafed in Laing's development of a “politics”of experience — in fact, an *ethics* of experience—a technical innovation that was as indebted to Laing's Scottish background as to Sartre's later philosophy. He saw therapy as a sort of “DMZ zone”where we're granted temporary asylum in order to explore experience and determine its unconscious determinants, by coming to terms with the truths our experience discloses. In other words, to truly experience something, according to Laing, entailed an ethical endeavor: a call to develop our innate capacity for becoming more honest with ourselves.

Laing never wavered from his advocacy of *remaining faithful* to experience, by being true to what, from the vantage of experience, is one's personal view. That doesn't necessarily mean that one is “correct”about one's beliefs or that those beliefs have to be correct in order to enjoy the privilege of having them. Laing championed our inalienable right to experience things according to our predilections. We also have the right to be wrong, by making mistakes and learning from them —or not. In other words, the task of therapy isn't to adapt oneself to the expectations of others, as every psychoanalyst knows. Trying to do so is one of the principal symptoms of neurosis. The aim of therapy is to reconcile the split that we've created in *ourselves*. In order to do that, we need to come to our senses and learn to accept who we are. Even if our struggle with reality gives rise to alienation, compromise and conciliation is no more a solution than isolating ourselves from others. If we ever hope to resolve this dilemma, we need to accommodate the disappointments and betrayal that are rife with living. But the first step in doing that is to have our experience of the past confirmed and not dismissed as symptomatic of “pathology.”

The reason Laing took such pains to labor this aspect of human existence was that —like Freud —he believed that we, because we're

so scared, take advantage of others in order to ease our frustrations. Children and mental-health patients, the most vulnerable members of society, are the most frequent targets of these tactics. Sometimes therapists, in their zeal to effect change, resort to questionable tactics of their own. They become manipulative and, without knowing it, transform therapy into a sort of contest where the more clever protagonist "wins."

Freud was sensitive to the difficulty that every psychoanalyst faces in trying to bring about change without employing coercive maneuvers. He coined a number of terms — e.g., countertransference, neutrality, abstinence, therapeutic and educative ambition — that were intended to alert us to the inherent dangers that our power over patients occasions. Similarly, Laing's therapeutic technique could be reduced to a single preoccupying concern: how honestly are therapists really behaving with their patients, and how honest are therapists actually capable of being? Laing's devotion to these ethical considerations owes a considerable debt to Freud's "fundamental rule," the pledge exacted from each patient to be candid about whatever comes to mind. In other words, patients promise to reveal what they're thinking and try not to lie about it.

Of course, Freud discovered that this is the one thing patients are loathe to do. They're afraid of disclosing their well-kept secrets because of what, in turn, those secrets may reveal about *themselves*. On the other hand, Laing believed that many patients have good reason to be dubious about exposing themselves, since their experience may have taught them that it's wrong to think or feel the way they do. Consequently, they've "forgotten"what they think and haven't a clue who they really are.

Laing, however, believed that the "fundamental rule"shouldn't be construed as simply a promise to verbalize one's thoughts. It entails a pledge to plumb the depths of experience while accepting responsibility for the person one turns out to be. That can't happen unless the therapist, in his or her neutrality, is completely accepting of who we reveal ourselves to be, warts and all. Though Laing was uncomfortable with the idea of exacting an "oath"from his patients as Freud advocated, he nevertheless believed that some form of implicit understanding has to be reached between therapists and their patients, one that is rooted in mutual respect. Patients have to

learn to put up with the idiosyncrasies of their therapist just as therapists should be gracious and put up with theirs.

Conclusion

When all is said and done, Laing believed that psychotics are fundamentally *confused*. If we want to help them find a way out of their confusion, it's imperative to understand what the nature of their confusion is —and not do or say anything that might make them even more confused than they already are. What is the source of their confusion? What could possibly engender the kind of trauma that occasions psychotic disintegration? Basically, Laing attributed it to *lying*. On the other hand, mystification isn't the only form of deception that may subvert one's reality. Victims of duplicity, for example, are often confused about the truth but *don't realize how confused they are*. They may sense that something is wrong, but when they try to address it they encounter evasion—just as Maya did in her family — compounding even further the deterioration of their hold on reality.

Laing believed that this kind of deception can be devastating. When one finally discovers the truth about something that was concealed for many years, the victim of this deception may be so dis-combobulated that he feels his reality has been forcibly taken from his grasp. In his later writings and lectures Laing recounted many vignettes of this sort, of people who had lost a chunk of their existence through having been deceived, who felt cheated out of a life they had accepted for what it seemed. When they turn to therapy, they desperately cling to the years that have been stolen from them. They feel lost between two worlds, the one they thought was real, and the one that was suddenly thrust upon them, without any warning. The task of therapy, Laing suggested, is to help them mend the rupture that lies at the heart of their existence, by letting go of their failed disappointments and starting over. This is perhaps the last thing that people in therapy really want to do, but it's the only way out of impasse.

Laing's work was rooted in his uncanny sensitivity to the effects of deception on our relations with others. Like Freud, he believed that fidelity to one's personal truth was the royal road to psychic freedom. Laing saw his role as a clinician as one of helping people

“untie”the knots they were in. He believed that the best way of helping them do that was by doing the opposite of what, they believed, had been done to them in the past. He didn't question whether their experience of the past was correct or delusional. He gave them the benefit of the doubt. Like Freud, he treated them as honestly as he was capable of doing.

Laing has been taken to task for suggesting that mental health professionals are less invested in being truthful with their patients than they are with “adapting”them to conventional norms, by any means possible —even against their will. Yet, we should remember that Laing wasn't the first to make this accusation. Freud made similar comments about his psychiatric colleagues in Vienna. In fact, Freud distinguished psychoanalysis from conventional medical treatment on precisely these grounds when he reminded us that “psychoanalytic treatment is founded on truthfulness”and that “it is dangerous to depart from this foundation” (**1915**, p. 164). If there were any doubt as to what his intentions were when he made these remarks, he added that “anyone who has become saturated in the analytic technique will no longer be able to make use of the lies and pretenses which a doctor normally finds unavoidable” (p. 164).

By the time Laing appeared on the scene in the 1950s, he began to suspect —and was later convinced — that even psychoanalysts had begun to depart from Freud's admonition, an observation he alluded to in many of his lectures and that informs his gradual estrangement from the psychoanalytic community. It seemed to Laing that most analysts had become so taken with the complicated nature of unconscious phantasy and its interpretation that they had forgot how to be real with their patients when it was indicated. Though Laing valued interpretations and employed them in his practice, he believed that the psychoanalyst's principal task is to *validate our patients' experience*. The goal of therapy should be to help others find their way to the ground of their experience, through their relationship with their therapist.

Ironically, many psychoanalysts today perceive therapy as a *respite* from reality, where patients are “protected”even from any contact with their therapists. It's somewhat surprising that Freud has come to epitomize the standard for this aloof, “classical”technique when, in fact, he advocated a balance between the real and the symbolic that Laing believed is disappearing in contemporary

analytic practice. How, he asked, does one propose to exclude reality from the treatment? *Who*, he pondered, is actually more frightened of the reality in question, patients or their analysts?

Laing questioned just how invested the mental-health community is in *being* real with the people who turn to it for help. Some of those who identify with that community felt attacked by Laing and, in turn, condemned what he had to say. Like Freud, Laing was embroiled in controversy throughout his career and was dismissed by many of his colleagues. Perhaps it is time we reconsider his message and grant him, as he granted his patients, the benefit of the doubt.

Notes

1 See my *The Truth About Freud's Technique: The Encounter with the Real* (**1994a**, pp. 93-132) for a comprehensive discussion of Freud's analysis of Dora.

2 For an appraisal of the explicitly phenomenological dimension of Laing's conception of experience and its clinical application see my The Fidelity to Experience in Existential Psychoanalysis" **(1994b)**.

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