

RD Laing's legacy to the psychotherapy experience

M Guy Thompson asserts that the transformative dimension to experience epitomises the clinical component of Laing's work as a psychotherapist. Any treatment methodology should be structured in such a fashion that gives rise to experience by giving voice to it

RD Laing wore many robes in his career – psychiatrist, psychoanalyst, philosopher, social critic, author, poet, mystic – and at the peak of his fame and popularity in the 1970s he was the most widely read psychiatrist in the world.

Renown of that magnitude is dependent on the happy coincidence of a multitude of factors, including the right message at the most opportune time. In an era when authority figures of every persuasion were suspect, the counterculture of the 1960s trusted this disarming Scotsman to explain how they were being mystified, why and by whom. Perhaps the Vietnam War explains why Americans were especially drawn to Laing's message, making him a social icon for a generation of psychology students, academics and artists, while his impact in Europe was reserved for the

intelligentsia. Like Freud, Laing aimed to change the rules of how the game was played, but where Freud succeeded, the subtlety of Laing's message probably accounted for his failure to develop a method of psychotherapy that could be 'packaged' for universal consumption.

Laing's impact on the mental health professions over the last half-century has been complex and diverse. Yet there is one prevalent theme that persists in all of Laing's books that is readily discernible to anyone who is acquainted with his message. Simply put, Laing's work is epitomised by his opposition to the use of any intervention that runs the risk of alienating patients from the very people who are trying to help them. Laing believed that many of the tools customarily employed by psychiatrists, psychotherapists and psychoanalysts, unbeknownst to them, often objectify the patients they treat.

Ability to connect

Perhaps the most telling feature of Laing's therapeutic technique was his radical effort to eliminate the gulf that customarily persists between therapists and their patients. Unlike standard psychoanalytic practice, Laing believed that the most important prerequisite for a successful therapeutic experience was the ability to *connect* with one's patients. Such connections are not, strictly speaking, a matter of technique because

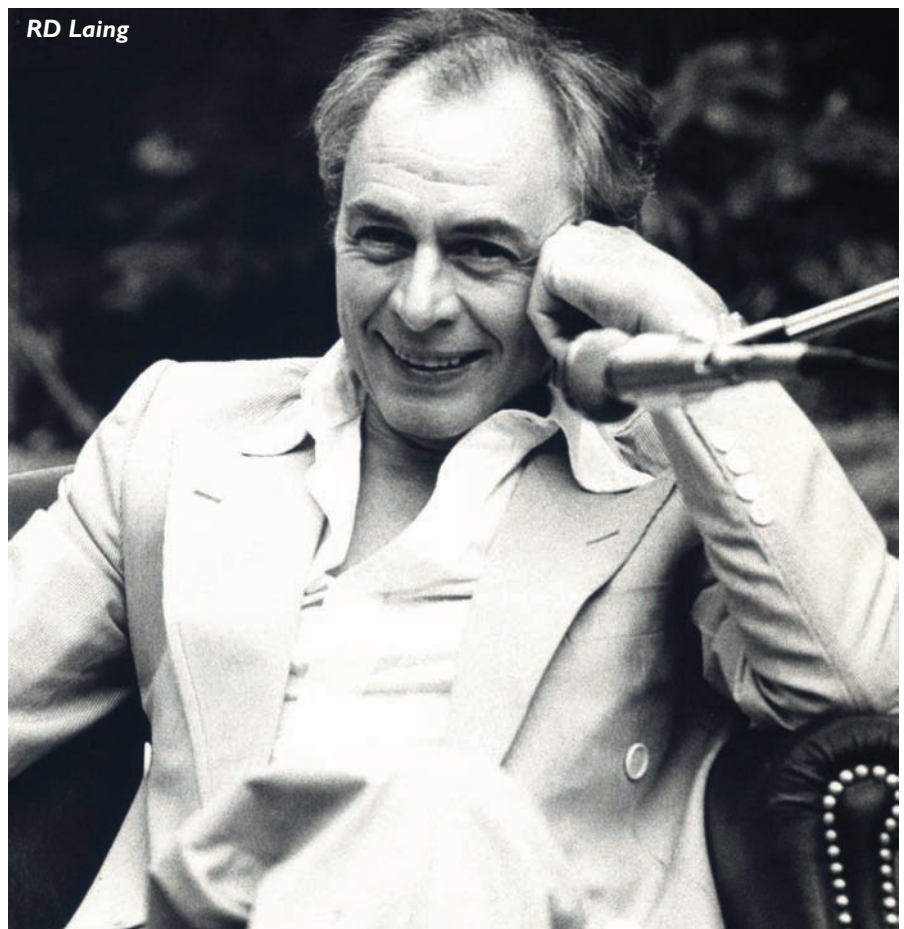
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such encounters are inherently unique and personal in the tradition of Buber's I-and-thou relationship. This is why Laing insisted that it is important to behave in such a way that reassures one's patients that they are in the presence of another human being like themselves: a person who is presumably more together, but who nevertheless shares the same concerns and the same kind of pain.

The purpose of this essay is to explore how Laing endeavoured to fashion an approach to psychotherapy that met his criteria for authentic engagement between himself and his patients. I shall couch my remarks in the very practical context of my long association with Laing who, since his death in 1989, has aroused increasing curiosity about his clinical work, about which he wrote almost nothing. Unlike the vast majority of psychotherapists, Laing linked the concept of experience with his treatment objectives in such a way that the exploration of the one became synonymous with the realisation of the other. Laing's reliance on existential philosophy had an enormous impact on his clinical work and transformed his views about how psychotherapy should be conceived, regardless of how well adjusted or disturbed one's patients might be.

Laing's clinical work, however, was not rooted exclusively in existential philosophy; he owed a debt to psychoanalysis, particularly Freud, Fairbairn and Winnicott (with whom Laing was in supervision during his psychoanalytic training in the late 1950s). Freud's conception of free association, or the 'talking cure', had a critical impact on Laing's therapeutic method. Free association means simply to disclose whatever comes to mind during each therapy session. Patients are accordingly discouraged from keeping anything, no matter how seemingly irrelevant or embarrassing, to themselves, no matter how personal or private the subject matter. This rule evolved as Freud became increasingly aware that neuroses are the consequence of personal secrets that we manage to hide from ourselves. Although suppressing such experiences by 'forgetting' or minimising them temporarily relieves the anguish they occasion, Freud concluded that



repression produces psychological conflicts that result in crippling symptomatic expressions of the pain that is avoided. In effect, the fundamental rule of therapy is nothing more than the endeavour to be honest, or authentic, with one's therapist by agreeing to free associate to the best of one's ability.

Laing accepted this premise and developed it further. He thought that our tendency to conceal painful experiences from ourselves is compounded in families where secrets are kept from each other. Following Sartre, Laing was particularly sensitive to acts of deception that he believed families of schizophrenics typically engage in, based on research he conducted at the Tavistock Institute (with Aaron Esterson, 1964). To his astonishment, he found in a follow-up study of 'normal' families that deception was just as rampant, if not worse! The type of double-speak, or what Laing termed 'mystification', which these families engaged in was so extreme that the children were beset with palpable confusion. Laing concluded that the children's experience of such a toxic

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reality had prompted them to seek solace in a fantasy world, effectively divorcing them from reality.

The function of experience

Although Laing was a trained psychoanalyst, he felt little affinity with the British psychoanalytic community due, in no small measure, to its antipathy to philosophy, especially existentialism. After completing his analytic training in 1960 (the same year his first book, *The Divided Self*, was published), Laing went his own way and increasingly identified with the existential psychiatry community that was thriving in France, Germany and Spain. Over time, he

developed his own perspective on the etiology of psychological disturbance and its relief. Though he never completely abandoned his roots in psychoanalysis, Laing more readily embraced those philosophers who had made the concept of experience a cornerstone of their thinking, GWF Hegel and Martin Heidegger. Laing concluded that the significance of experience, the basis of empirical and phenomenological investigation, had been hopelessly marginalised by varied psychoanalytic conceptions of the unconscious. Virtually all his publications during the 1960s sought to emphasise the function of experience in psychotherapy, and the role of agency that was missing in psychoanalytic conceptions of the self. Laing deftly summarised the existentialist complaint with psychoanalysis in the preface to a book he co-authored with David Cooper on Sartre (1971: 23):

‘Psychoanalytic theory in its weaker aspects ignores the active constituting, making moment of personal unity, thereby reducing the person to a resultant of instinctual vector-abstractions which leave no place for intentionality in each life.’

In the briefest possible terms, I now want to summarise Hegel’s and Heidegger’s respective conceptions of experience, emphasising those elements that influenced Laing’s approach to psychotherapy. Hegel believed that our common sense notion of experience cannot simply be reduced to one’s subjective awareness of or involvement in an event, in the manner that I have an experience of writing this sentence, for example. The conventional view of experience reduces it to nothing more than conscious awareness of a perceptual, mental or emotional act. One of the reasons why Freud developed his conception of the unconscious was to account for those acts we commit without recollection or awareness by designating them ‘unconscious acts’. According to Laing, to say that we are ‘unconscious’ of committing such acts at the moment they occur only begs the question, ‘How can I be both unconscious of committing an act, while a portion of my mind is directing such actions (for example, defence mechanisms)?’

Hegelian dialectic

Hegel was the first philosopher to realise that experience isn’t simply subjective; it is also transcendental because it takes me outside of myself and places me in a situation that alters my perspective. According to Hegel, when I truly experience something, I am not merely cognisant of that experience: I am affected by it – it comes as a shock. In other words, my experience confronts me with the unexpected. Whenever I experience something, that experience violates my familiar view of things by forcing something new into consciousness. Because of its intrinsically unsettling nature, Hegel concluded that experience also elicits despair, because it disturbs my cozy accommodation with

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reality. Because despair leads to something new, experience necessarily occasions a transformation of some kind. In other words, because experience subverts what is familiar, it changes things. The effect my experience has over me discreetly *changes who* I am, from one day or era of my life to the next. Hegel’s term for my relationship with the things that affect me through my experience of them is the famous Hegelian ‘dialectic.’ According to Hegel:

‘This dialectical process which consciousness executes on itself – on its knowledge as well as on its object – in the sense that out of it the new and true object arises, is precisely what is termed *Experience*.’ (Hegel, 1949: 142)

If we equate experience with anything we perceive, think or feel, no matter how banal the experience may be, then the very concept of experience becomes to all intents and purposes meaningless. Laing recognised that our common sense notion of this term was rendered even more irrelevant by the psychoanalytic notion of *unconscious* experience, a contradiction in terms. By suggesting that

patients in psychotherapy experience things they are not conscious of experiencing, the therapist becomes the expert who is uniquely capable of interpreting what patients are ‘really’ experiencing, unbeknownst to them. This seemingly harmless alteration in our understanding of this word, in Laing’s view, sometimes sets the stage for acts of mystification that place therapy patients – especially those inclined toward paranoia – at a significant disadvantage, by compromising what little sense of agency they have left.

Hegel arrived at this unconventional understanding of experience while exploring the nature of consciousness and its relationship to change and history. It had an enormous impact on the way philosophers subsequently viewed the relationship between thought and action. Heidegger was among those philosophers who were influenced by Hegel, and developed Hegel’s insight into the nature of experience further. Heidegger (1970) was more interested in the potential revelatory aspects of experience that Hegel’s notion of it implied. According to Heidegger, experience doesn’t merely change the world I inhabit; it also reveals things I hadn’t realised. Without this important caveat, it would be possible to mistakenly assume that the kind of changes Hegel was concerned with can occur without awareness. By pointing out that change is also revelatory, Heidegger shifted the emphasis onto our deliberate participation in the process. Consequently, experience elicits truth, not objective truth, but the personal kind of truth that applies to psychotherapy. Heidegger was especially drawn to the ‘handy’ and inherently practical aspects of experience, whereas Hegel was seeking a path to absolute knowledge. Heidegger believed that one’s experience could be purposefully nudged in a particular direction for a specific task. By anticipating my experiences with a particular aim in mind, I can make use of experience to gain insights about myself. In other words, there are degrees to experiencing; it isn’t all or nothing. Experiences don’t just happen willy nilly, whether I want them to or not. I am also capable of resisting experiences, avoiding them, and – apropos for psychoanalysts – forgetting experiences I find objectionable. In turn, the degree to

which I am able to experience this or that is determined by how willing I am to submit to the experience in question. In Heidegger's words:

'To undergo an experience with something – be it a thing, a person, or a god – means that this something befalls us, strikes us, comes over us, overwhelms and transforms us. When we talk of 'undergoing' an experience, we mean specifically that the experience is not of our own making; to undergo here means that we endure it, suffer it, receive it as it strikes us and submit to it.' (Heidegger, 1971: 57)

Painstakingly clear

Part of Laing's genius was his gift for making such abstract philosophical concepts intelligible to the average educated individual. In his painstakingly clear language, Laing (1967) explained that the extent to which I am able and willing to listen to what my experience tells me determines how fully I experience, whether the experience in question is that of reading a book, watching a movie or undergoing psychotherapy. Laing realised that because experience elicits momentary despair, I may fear experience in principle and resist it by holding back. I am perfectly capable of suppressing my experiences and even repressing the significance or memory of experiences I have suffered in order to deny them. In other words, I can resist change by suppressing experience, just as I can further change by submitting to it (see Thompson, 2000).

After his psychoanalytic training Laing studied a variety of practices that advocated a relatively submissive approach to change, including varieties of meditation, yoga, and even psychedelic drugs (when they were still legal in the 1960s). Laing was particularly drawn to LSD and briefly incorporated its use into his clinical practice because it seemed to help some patients 'submit' to experiences they would otherwise resist.

Laing saw psychotherapy as a place where one is invited to undergo whatever experience one feels compelled to, without interference. His patients were given permission to endure and even court forms of experience that we are typically alarmed by, even psychotic breakdown. Laing applied this principle to

a wide spectrum of mental disturbance, from alienated businessmen to chronic schizophrenics. Whereas neurotics are typically frustrated in their efforts to obtain their desires, psychotics typically feel they are 'forbidden' to enjoy the most basic human experience: to simply be themselves. Laing's understanding of psychotic process was partially indebted to Freud's thesis that psychotic symptoms are the consequence of a desperate attempt to heal a rift with reality that the psychotic him or herself initiated. The basic problem with that strategy is that it almost always ends in failure; psychotics get stuck in their psychosis and can't find a way out, without help.

Therapeutic change

Laing believed that anything one is humanly capable of experiencing, in the sense we have been exploring, can never serve as a traumatic or pathogenic agent. Instead, it is the avoidance of experience that elicits the kinds of trauma and distortions in consciousness we typically associate with pathological symptoms. Consequently, anything we are capable of experiencing must have an intelligible purpose. Laing concluded that our fidelity to experience and devotion to cultivating it is a necessary prerequisite for any kind of therapeutic change we may hope to obtain. This transformative dimension to experience epitomises the clinical component of Laing's work as a psychotherapist. Any treatment methodology, whether existential, psychodynamic, or other, should be structured in such a fashion that gives rise to experience by giving voice to it, no matter how frightening or irrelevant

that experience might seem. This isn't to say that one can reduce psychotherapy to the simple task of getting 'in touch' with one's feelings, as though that were transformative in itself. In order to be therapeutic – which is to say, genuinely transformative – one's treatment of experience must *exploit the way consciousness keeps pace with experience by yielding to the effect it has over us*.

Whether we designate that experience existential, psychoanalytic or something else, its voice needs to be heard by someone who is willing, and prepared, to listen, by submitting to the varieties of experience that are inevitably elicited. **P**

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