From The Divided Self to the Voice of Experience

Theodor Itten

Abstract: The psychotherapeutic legacy of R. D. Laing (1927-1989) is explored. His testimony of experience as a psychoanalyst, psychiatrist, psychotherapist and theoretician are critically considered. His theory making, based on social phenomenological empirical research and the development of his integrative therapeutic approach are elaborated.

Keywords: Understanding, social phenomenology, false and true Self.

I. One of both.

Our self is at least divided into two, if not more sides than one. There is always more to one, which we like to call the Conscious, small in content to the large, if not to say immense Unconscious. One of life's tasks is to balance out the many in the one individual and the individual in the many of the one species. In a recent dream I go through the tiny and narrow entrance to the inner side of the earth, following the old chap in front of me. While walking behind him, I realise it is Ronald David Laing (1927-1989) who knows by heart the place of the entrance and the way down to the bottom of the mine. At the entrance, in a slight lightening of the wood, he asked for my torch, a yellow one, which I readily lend him. I follow his food steps. In the beginning the entrance tunnel is very tight and frighteningly narrow. Once we are down the long winding steps, the old man hands me a flat shovel. He silently shows me by doing, what a many mine workers have done before him and me. Slide the shovel gently a few centimetres between the copper filled earths, and then shovel it through a sieve. This is slow motion work. Digging deeper and thereby loosen up the copper in the inner earth, makes this vital material available for tin and zinc. Our everyday reality in the here and now is often helped along by our imagination. We human are a bundle of habits and particulars that have come together without the aid of a central organizing force. Structural anthropology has been pondering on this issue of the habit of a true and false self for quite a while. If we are in our true selves, are we actually mentally healthier? Yes. On the one side we are highly developed and cultivated primates. On the other side the human beings we became, have developed the ability to reflect on the culture of our own nature. Francis Huxley, who once described Laing as a demystifying mystifyer, makes it clear: "*The sacred itself is plainly a mystery of consciousness, using the* world mystery *to signify not a problem that can be intellectually solved, but a process of awakening and transformation that must be acted out in order to be experienced, and experienced if one is to make it one's own"* (1974, p31).

II. The Divided Self

One of Laing's mottos was, "I consider nothing human alien to me."

In madness something intentional is experienced. This movement of the soul implies a temperamental activity with a person, which often gets confused during this process. The Divided Self (DS) as R. D. Laing understood it starts in the image of the united self of the personified. His clinical work, examples of which is presented through the nine cases in his first book finished in 1957, were "done" in the Royal Mental Hospital, Gartnavel, Glasgow. Together with J.L. Cameron, A. McGhie and nurses he conducted the "Rumpus Room Experiment". (Cameron et al. 1955) Their basic axiom was: Treat "mad" people in the same human way as we treat each other. In due course their social interactions, communications become close to normal again. In the DS he presents a practical program of hermeneutic understanding of psychosis, using the method of the existential, interpersonal phenomenology. With Laing we get first a depiction of an experience. Then there are descriptions of those depictions. Explanations are based on these written up description, exploring what is the subjective case for the person involved. Then he made a first ad hoc theoretical reflection of this "data". Our experience of his or her behaviour and our behaviour as an answer of their experience of us, are the basis for Laing's theory making.

In order to put us into the picture he gave us in the DS sets of doublets.

1: Ontological Security vs. ontological insecurity

2: The embodied vs. the unembodied self

3: The inner self and the "outer" self

4: The false-self system vs. the true self system

5: Self-Consciousness and other Consciousness

This is followed up with the modes of interpersonal experiences which are shown in our applied forms of interpersonal actions. Laing's avowed aim was "to make madness and the process of going mad comprehensible". He clearly identified the dehumanising consequences of biological psychiatry (their models, technique and ideologies) in treating persons as malfunctioning biological mechanisms. Laing listened to his patients as persons, took his time to create a humane and personal rapport with their experience. Conducting research at the Tavistock Institute of Human Relations on interaction process and praxis (actions) especially in families and marriages, with reference to psychoses, he was interested to find out how intelligible madness is. To test his theory of dialectical intelligibility, a new treatment experiment, Kingsley Hall, was set up. Praxis usually leads to the question: what is done? Process on the other hand leads to the question: what is going on? He placed his research

results at the service of those people, who were then still labelled "mentally ill", lending them his expert voice in his anti-stigma publications, where he championed recovery from the souls suffering with his sagacious, household famous and eloquent voice. In his preface to the second edition of Sanity Madness and the Family, he made it absolutely clear where he and his research colleagues stood and what they were asking in the first place:

"We do not accept "schizophrenia" as being a biochemical, neurophysiologic, psychological fact, and we regard it as palpable error, in the present state of evidence, to take it to be a fact. Nor do we assume its existence. Nor do we adapt it as hypothesis. We propose no model of it. This is the position from which we start. Our question is: are the experience and behaviour that psychiatrists take as symptoms and signs of schizophrenia more socially intelligible than has come to be supposed?" (Laing and Esterson 1970, p.12)

The Philadelphia Association was founded in 1965 and their first therapeutic community established at Kingsley Hall. For five years Laing and his professional colleagues participated in this experiment, where everything was up for grabs, dispensing with roles of patient or doctor. Thereafter other households of the Philadelphia Association were founded (in the late 1970's there were 8 houses in London and one in Oxford) and developed further learning from the experiential research in Kingsley Hall. In each of us there is a hidden reserve of wisdom and skill, which we can tap and use in time of need and emergency. It lies there in the unconscious, inherited as human life evolves.

III Psychotherapy, a special form of camaraderie.

What Laing was practising was a sort of bios-therapy or reality therapy. *"You could call some of it psychoanalytic, some of it existential, some of it Gestalt, some of it eclectic, some of it psycho-synthesis, some of it primal all these little bits and pieces were all fragments of an integrated whole array of possibilities including reality therapy."* (Laing 1995/326-7)

The novelist and co-founder of the Philadelphia Association, Clancy Sigal, who published his distilled experiences in Kingsley Hall and Villa 21 in the book, *Zone of the Interior* (1976) first connected very well with Laing. *"From the start, Laing and I made a solemn compact that we would protect each other's back ... it either of us broke down. 'Braking down' was, of course, an essential precondition for 'braking through' that would finally cure us of the human condition.*" (Sigal, 2005, p.3). It was this moment in Laing's experiment in the healing arts, where he tried to do away with fixed roles, practiced a technique not to have a technique of healing, demystified mystifiers and tried to contain living on the other side of sanity. Nevertheless, when Sigal was the first to go at Kingsley Hall, "*Lost my mind entirely*

and not a bad feeling", in front of all the other communards, "*leaped and danced on the communal supper table, and with an imaginary prayer shawl around my shoulders skipped around wailing an authentic, or gobbledegook, Hebrew prayer. And then it came, the vision I'd been working and longing for. I had to laugh. God, in the shape of (I swear) a railway union organiser, sat me on His knee for some stern advice. Stop being so crazy, He commanded. It's self-indulgent. Go back to your writing and live normally like other folks"* Sigal then saw what he did not in the least expect. *"Laing, at the head of the table, had grown alarmed by my behaviour. His anxiety spread to others. That night, after I left Kingsley Hall, several of the doctors, who persuaded themselves that I was suicidal, piled into two cars, sped to my apartment, broke in, and jammed me with needles full of Largactil, a fast-acting sedative used by conventional doctors in mental wards. Led by Laing, they dragged me back to Kingsley Hall where I really did become suicidal. I was enraged: the beating and drugging was such a violation of our code."* (Sigal 2005, p3) He realised that he had ignored rule number One: Don't make your doctors more anxious than they already are.

This incident, which is confirmed by several people, most certainly is a very dark plot in the note book of Laing's professional life. He lost his nerve and Sigal broke with Laing who, ten years later, blocked the publication (threatening libel) of *Zone of the Interior*, a comic novel based on his experience of schizophrenia, life in Villa 21 (David Coopers experimental ward at Shenley hospital), Kinsley Hall and his life in London as a writer and one time boyfriend of Doris Lessing. I was at that time an apprentice of Laing and Huxley, and the latter wanted us trainees to buy this book sold in a few places, like in Compendium at Camden. As the anthropologist in the PA he called this "Laing's-taboo", which he wanted us know all about.

What is the morale of this painful story? The chorus of commentators including some of those doctors, who participated, like Joe Berke, features Thomas Szasz (2009) by now in his 90's an 'anti-antipsychiatrist' loves to attack Laing no bars hold. Of course Laing, like all of us, has his failings from grace. Nevertheless, many others and I have experienced in deed and word, his celebration of a spirit of fellowship. (Roberts & Itten 2006). Sigal has here last word: *My feelings about Laing have changed over time, especially since his sudden death on a tennis court in southern France in 1989. The problem is there were several RD Laings: doctor, prophet, father, husband, builder, destroyer, personal friend and ultimately my bullyboy. Looking back, I now see that his own "need to be needed" – a capital crime in his rule book – cause him to panic , when he believed, for example, that a patient, patron or friend was about to leave him. And, a he taught us, there's nothing scarier than a medical professional who has lost control over others but not over his own anxiety."* (2005, p.4) Presently we hear the

61years old Laing voice of 38 years of experience in the art and science of healing: "*There is an asymmetry in the room in that the other person has asked to see me for what they want to see me about. I haven't asked to see them and I am making a living out of this activity. Psychotherapy: it entails giving one's attention and the availability of one's presence. Listening in the first place is very hard work. ... 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. ... If they came to see someone who actually sees and hears them and actually recognizes their reality, their existence, that in itself is liberating. ... They've had my company and attention, my engagement on their behalf. I've put myself at their service and of their life and addressed myself as best as I could to what's troubling them. The way that could turn out could take many different varieties of the range of my presence and attention and my training, and my hopefully refined, trained, cultivated intuition, spontaneity and sensibility."* (Laing 1995, S. 328-1)

Fellow Scottish Psychiatrist Isobel-Hunter-Brown, a year Laing's junior fellow student in Glasgow (thus having had the same professors) reappraises Laing's work in her critical book: *R. D. Laing and Psychodynamic Psychiatry in 1950's Glasgow.* She looks into the Scottish psychiatric and psychotherapeutic traditions, which shaped the basic professional stance of Laing and her. Laing as a humanist and compassionate psychotherapist gave not only his voice to the suffering, fellow woman and man, but also gave his undivided attention to those who became his patients. Laing's ideas are deeply rooted in the professional approach of people like their professor Ferguson Rodger's psychodynamic outlook. The psychoanalyst Tom Freeman served as a role model for Laing. "*The personal human approach Laing preached as if his own, permeated the Scottish School as I knew it."* (p.28). Patients were treated as persons. The patient's expression of their misery was facilitated by supportive psychotherapy in The Royal Gartnavel of the 1950's. The doctors pursued the ideal of understanding patients and maximising their potential. This personalist approach offered the patient the initiative. Junior doctors, like Hunter-Brown and Laing (then 26 years of age) were learning on the apprenticeship model, just as we students of Laing's did in the 1970's. The task was to learn to see and 'read' the meaning in behaviour and experience in the other, to trust ones own intuition, to practice talking to the unconscious and look for the patient's motivation and the psycho-dynamic understanding of their symptoms. "*Scottish psychiatry put forward the idea that in psychological illness and interaction should be sought between intra-personal factors (from constitution and early experience) and environmental ones (both interpersonal and cultural)."* (Hunter-Brown 2008, p.93)

Once in London, Laing came to express this Scottish psychotherapeutic approach in his own variation. What mattered foremost was the sufferers own point of view. In all the case presentations of Laing's – from *The Divided Self* to *The Voice of Experience* - this became his state of the art, depicting the patients mode of "being in the world". Speech, behaviour, experience, gestures and other non verbal communication are always to be seen as "meaningful" in terms of the sufferer's particular contextual life situation. Laing was skilled in making contact with very withdrawn patients, by empathically mirroring any gestures they made. The way we "see" our patients experience and behaviour, the ability to "see" how we go about "seeing" and construing the given of what is actually the matter with this person, influences consciously and unconsciously, of how we go about treating her or him. "*The Theory conditions how we look at people, how we proceed with people, and how we think about and talk about them (us) among ourselves. The way people are "treated" is the outcome of that theoretical position which one has to not only internalized as input, but be fully fluent in as output. When we "apply" such theory to humans, we, at our gentlest, most human, are led down the path of such procedures as "behaviour modification". The point of therapy is to get behaviour out of that sort of control (I should have thought), not to get it more efficiently technologically controlled.*" (Laing 1976, p.113)

The Voice of Experience is Laing's late therapeutic and epistemic credo. Psychoanalytically he belonged to the independent group of the British Psychoanalytic Movement. Here he learned how important matching between patient and therapist is. For psychotherapy to work at all there need to be a fitting match. The Voice of Experience sings the tune of our conditional, temporal and limited life. Laing was always concerned, in his work on pre-and postnatal psychology that we should have a rigorous use of concepts in which we are talking about this theme. At the same time, where there are as jet just no concepts for the phenomenon experienced, we can use prose to check out own metaphors. Laing imagined them as a message for a self-healing process longing to arrive at a secure sense of the Self. Our psychotherapeutic task is to bring out the visibility, the audibility, the existential identity of the other person, seeking our counsel and help. Our own sense of context of what we consider to be real and unreal has to be made clear.

IV Conclusion

Laing's main theme was the pain of living the one we are not, while the inner or true self is shut out or sometimes shut up. Yet our adult embodiment and power of the true self (authentic living) can't be silenced. If we don't listen to the soul embodied within us (without soul no body) it makes our body ill. Laing's healing dream illustrates, how we can loosen up the knots

we are tied in. In *Knots*, he refined his insights into a most precise and concise set theory of interpersonal communication. To be able to tune in with others, to play it by ear, I have to be in tune with my own true Self.

Author
Theodor Itten (*1952), lives and works as a psychotherapist ASP/UKCP, and clinical psychologist BPS, in private practice in Hamburg and Sankt Gallen. From 1976-1981 he trained with R.D.Laing, Francis Huxley and the Philadelphia Association London. Principal of the International R.D.Laing Institute. www.laingsinsitute.ch

Reference

Cameron JL, Laing R.D., McGhie A. (1955) Patient and nurse: effects of environmental change in the care of chronic schizophrenics. *Lancet,* (11) (31. Dec.), 1384-6

Hunter-Brown I. (2007) R. D. Laing and Psychodynamic Psychiatry in 1950's Glasgow: A reappraisal. London, Free Association Books (FAB)

Huxley F. (1974) The Way of the Sacred. London, Aldous books

Laing R.D. (1960) The Divided Self. London, Tavistock Publications

Laing R.D. (1961) The Self and Others. London, Tavistock Publications.

Laing R.D., Esterson A. (1964) Sanity Madness, and the Family. London, Tavistock.

Laing R.D., Phillipson H., Lee A.R. (1966) Interpersonal Perception. London, Tavistock.

Laing RD (1976) The Facts of Life. New York, Pantheon books.

Laing RD (1982) The Voice of Experience. London, Allan Lane

Mullan B (1995) Mad to be Normal - Conversation with R.D. Laing. London, FAB.

Roberts R., Itten T (2006) Laing and Szasz: Anti-psychiatry, Capitalism, and Therapy. *The Psychoanalytic Review,* (5) October. pp 781-799

Sigal C (1976) Zone of the Interior. New York, Popular Library

Sigal C (2005) A trip to the far side of madness. Manchester, The Guardian, Saturday 3. 12. http://www.guardian.co.uk/books/2005/dec/03/society

Szasz T (2009) Antipsychiatry – Quackery Squared. New York, Syracuse University Press