

Laing's Presence

Miles Groth
Wagner College

Encountering Laing

I saw R.D. Laing only once. It was in the early 1980's, in the auditorium of the Society for Ethical Culture, on Central Park West in New York City, where he was the featured guest. He seemed tired and looked grey, even haggard. His shoulders were rounded and, while seated, he focused on the floor. This was a man who seemed to be a bit annoyed and somewhat self-conscious, even embarrassed about being where he was. He did not smile once during the evening, though some of his comments were very witty. His Scottish accent was entirely engaging.

My memory of Laing is dominated by a picture of the way he responded to the individuals to whom he spoke. When asked a question and before answering it, he placed himself directly in front of the person to whom he was responding. This meant he moved around quite a lot after the introductions were over and he had had his turn to speak. He moved across stage, to the edge of the platform, or even down the steps into the auditorium in order to face his inquirer. I had never seen anyone behave like this at a conference and have not since my evening with Laing. I say "my evening" because, even though I did not raise a question, I had the feeling that he was there for me alone. This was the impression he elicited and I imagine that all his interlocutors had that feeling, though I am sure it was more intense for them.

Laing did not look into the eyes of the person he was listening to or addressing. He always looked down, his eyes narrowed as though he were peering into a microscope. So penetrating was his presence, it seems to me now that if he had been gazing directly into the eyes of the person to whom he was listening or speaking, he would perhaps have invaded their personal space. On the other hand, his physical closeness seemed to do what a look usually accomplishes. In this way, Laing was able to be intimate without encroaching, close without dominating. I sensed that he was guarding, even protecting, the people to whom he was listening. He seemed to be praying in front of them.

Taken together, the features of his mode of encounter included the averted gaze, physical proximity, and a position directly vis-a-vis the person with whom he was speaking. But the whole, as we know, is more than the sum of its parts. I am unable to describe Laing's full presence. I can only say that he was wholly there with each individual, even though there were many auditors. He was able to focus this intimacy

on one speaker or questioner after another, without giving the impression that he was leaving the preceding interlocutor behind.

This was not a performance, I thought, but an example of how Laing dealt with people whom he took seriously. He was not playing at being eccentric but acting as he would any time he was in the presence of another human being who mattered to him. Moreover, Laing seemed to be not at all interested in the large group of people who were leaning on his every word. I would go so far as saying that he seemed incapable of taking a group of people seriously. As I have suggested, even among an audience of several hundred people, Laing seemed to be "in private" with each person who was in his presence.

That evening I tried to match the person I saw with the one I was expecting to see. Like many of his readers in the early 70s, I had been fascinated by Laing's appearance on the covers of *The Divided Self* (1969 [1960]) and *Self and Others* (1969 [1961]). No psychiatrist had ever looked that way. It was an exceptionally balanced face, a clear and direct look of youthful equanimity. Like the cover photographs of these volumes, the picture inside the dust jacket of the second edition of *Sanity, Madness and the Family* (1971 [1964]) suggested an enigmatic person, perhaps somewhat demonic. Later, he (or his publicists) favored the early picture for *Knots* (1970). By the time of *Conversations with Adam and Natasha* (1977), two of his ten children, he looked merely serious. At last, the cover of his autobiography, *Wisdom, Madness & Folly* (1985), pictured what appeared to be a happy man. As I watched Laing, I tried to recollect what I had read about his therapeutic style and technique.

In what follows, I conjecture what Laing might have been like as a psychotherapist. This is a speculative undertaking, I admit, since only Laing himself or his patients would be in a position to say something definitive. But, as Freud's example suggests, what a therapist says he does and what he actually does are sometimes very different. As we all know, a patient's recollections are usually a faulty source of information about such things. I do not know whether Laing ever worked with patients in the presence of a third person, though I suspect he did. If that is the case, his clinical colleagues, including Aaron Esterson, the co-author of *Sanity, Madness and the Family*, could report on what he did, but again what one observes another therapist doing and what is going on between therapist and patient or client are not the same. I conclude that at best we must rely on what Laing himself said about his method of psychotherapy (which is precious little); but on the basis of what we infer from these data and what we know about the man himself we must speculate what his therapeutic style might have been, both from a theoretical perspective and in practice.

I am not interested in drawing up a list of Laingian dos and don'ts, rules for clinical interventions and the like, since any such regularities of practice a therapist might

have adopted are, in the case of a good therapist, always subject to modification, both among different patients and with the same patient from time to time. As I have already indicated, I am interested most of all in the spirit of Laing's therapeutic effort, what I am calling his therapeutic style. The first thing to say about it, I have already said; namely, that it most certainly must have had something to do with the distinctiveness of Laing's presence.

"Now, someone is *there*."

Laing as Psychotherapist

In his autobiography, Laing recounts his training as a psychiatrist and his first experiences with institutionalized patients, in 1953, after completing his service in the British Army. He writes in general terms about how we relate to one another, but the background of his reflections is his work with withdrawn, seriously disturbed "backward" patients. He speaks about the "presence" of another person:

This *presence*, so immediate to our sensibility, of the other eludes being pinned down entirely objectively. A few moments ago there was just a body making a few movements. Now, someone is *there*. The moment we snap into this sense of the immediate presence of the other, movements express intentions, and we are back in the realm of human *conduct*, however vestigial. Our sense of the presence of the other endows his or her movements with meaning. We may be wrong. . . This movement of recognition of the other may coincide with the first time we feel "looked at" by the other "coming around." We feel the other feels us.

I am sure that the people who talked with Laing that night in New York had the experience of being "looked at" in which they felt Laing feeling them. I suspect this mutuality of feeling and feeling of mutuality were also a hallmark of Laing's therapeutic style and one of the foundations of his success with even the initially most inaccessible patients.

Laing concludes his autobiography with a reference (p. 146) to *The Divided Self*, which he had just completed. It is clear from what he says, that he had already found a way of working with patients which exempted them from both their self-enclosing clinical diagnosis and his potentially off-putting status as their psychiatrist. But what was his manner of working with patients?

In the section "The Relationship to the Patient as Person or as Thing" in *The Divided Self*, Laing identifies his theoretical orientation as a therapist "existential phenomenological." Although the topic of psychotic patients is his speciality, what

Laing says would, I assume, apply to any client population. In this text from 1960, he says that the therapeutic relationship has the features of Buber's I-Thou relation (p. 87) and that his focus is on "the patient's way of being-with-me" (p. 24). He adds that, as a therapist,

one has to be able to orient oneself as a person in the other's scheme of things rather than only to see the other as an object in one's own world, i.e. within the total system of one's own reference. One must be able to effect this reorientation without prejudging who is right and who is wrong. (p. 25)

A second principle of therapeutic work

is the crucial one in psychotherapy as contrasted with other treatments. This is that each and every man is at the same time separate from his fellows and related to them. (p. 25)

In other words, it is especially crucial in the psychotherapeutic endeavor for the clinician to bear in mind that he and his client are *alone together* in their undertaking. What goes on in life also goes on in therapy, though in the therapeutic setting, the isolation of the participants from each other is highlighted and becomes, along with much else, a theme for investigation and elucidation.

Using the language of psychoanalysis, Laing discusses the use of interpretation with his patients. He draws on Dilthey's notion that the interpretation of a text implies a relationship between the author of the text and the reader, noting that the therapeutic setting is comparable to the situation of the reader.

Like the expositor [of a text], the therapist must have the plasticity to transpose himself into another strange and even alien world. In this act, he draws on his own psychotic possibilities, without foregoing his sanity. Only thus can he arrive at an understanding of the patient's *existential position*. (p. 34)

Laing is referring to psychotic patients, but, once again, what he says about transposing oneself into another world would seem to apply to work with all patients. He comments on the nature of this "understanding" of the patient:

For understanding one might say love. But no word has been more prostituted. What is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself. If one cannot understand him, one is hardly in a position to begin to "love" him in any effective way. (p. 35)

In *Self and Others*, published in 1961, Laing makes a few observations about "confirmation or disconfirmation in psychotherapy" (p. 87) that reveal something about his therapeutic style. Considering the validation of the existence of a patient, he cites the case of a woman who, after ten minutes of immobile muteness, entreats Laing not to move away from her. Laing admits in hindsight that he had lost interest in her during the interval and his "mind began to drift away on preoccupations of my own." He had not moved, of course, but he realized he must confirm the removal of the young woman's existence from his presence and, "the fact that she experienced me as away." Rejecting some possible theoretically correct standard psychoanalytic interpretations, he recalls that

the most important thing for me to do at that moment was to confirm that she had correctly registered *my* actual withdrawal of my "presence."

He recounts that "[t]he only thing, therefore, I could say to my patient was, . I am sorry. " (p. 88).

In "The Psychotherapeutic Experience (From the Point of View of the Psychotherapist)," which dates from 1964, Laing characterizes psychotherapy as an enterprise that consists in the paring away of all that stands between us, the props, masks, roles, lies, defenses, anxieties, projections and introjections, in short, all the carryovers from the past, transference and countertransference, that we use by habit or collusion, wittingly or unwittingly, as our currency of relationships. (p. 46)

He notes that, in contrast to the classical psychoanalysts, therapists have begun to concern themselves not only with what happened in the patient's past, which returns in the transference, but also "on what has never happened before, on what is new" (p. 47).

In this text, which Laing gave in his late thirties at a meeting of the Sixth International Conference of Psychotherapy in London, he may or may not have been talking about himself, but commenting on new developments in psychotherapy in general. He says:

The therapist may allow himself to act spontaneously and unpredictably. He may set out actively to disrupt old patterns of experience and behavior. He may actively reinforce new ones. One hears now of therapists giving orders, laughing, shouting, crying, even getting up from that sacred chair. (p. 47)

Did Laing allow himself such behavior with his patients? Did he sometimes take on the roles of surrogate parent, teacher or trainer?

As for technique, while Laing claims there are a few "general principles . . . for the man who has both quite exceptional authority and the capacity to improvise" (p. 47) in the therapeutic setting, he does not enumerate them. He says only that

[p]sychotherapy must remain *an obstinate attempt of two people to recover the wholeness of being human through the relationship between them.* (p. 53)

Details aside, one thing is very clear to him:

Any technique concerned with the other without the self, with behavior 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. (p. 53)

Beginning from the assumption that both therapist and client are in the same existential fix, each alienated from his self, Laing concludes:

The psychotherapeutic relationship is therefore a re-search. A search, constantly reasserted and reconstituted, for what we have all lost and whose loss some can perhaps endure a little more easily than others, as some people can stand lack of oxygen better than others, and *this re-search is validated by the shared experience of experience regained in and through the therapeutic relationship in the here and now.* (pp. 55-56)

But what *works* in psychotherapy to allow this to happen? What maneuvers or interventions have the transforming effect that allows the patient to rediscover what he or she has lost? Once again, Laing is not specific. There are the standard regularities of a meeting place and time, and the exchange of money remain, but what is new here is the openness and directness that Laing seems to have made part of his therapeutic style.

But the really decisive moments in psychotherapy, as every patient or therapist who has ever experienced them knows, are unpredictable, unique, unforgettable, always unrepeatable and often undecipherable. (p. 56)

But, surely, this smacks of experiences that are the effect of the work of only a few charismatic healers, like a Laing or a Harry Stack Sullivan. Laing raises and answers the possible objection himself: "Does this mean that psychotherapy must be a pseudo-esoteric cult? No" (p. 56).

All the same, Laing's readers have been presented the image of a maverick psychiatrist who evidently had a special sense for working with severely regressed patients, perhaps because he shared some imponderable peculiarity of sensibility with them. He had the reputation of being able to gain admittance to the extraordinary worlds of individuals whose florid excesses of behavior and expression left the garden variety of therapist without a clue and perhaps even frightened. The really interesting question remains: What did he do in order to make use of his privileged place within his patient's world, "but without foregoing his sanity"?

Laing's Presence in Contemporary Psychotherapy

What is Laing's presence among psychotherapists today? We are now at a time in the recent history of the practice of what Laín Entralgo has termed "the therapy of the word" in which the medical model of treatment and what, in general terms, we may call the existential humanistic approach to the disturbed human being have diverged to such an extent that they now seem to have little in common save a brief time shared, during which a few psychiatrists (including Jan van den Berg, Wolfgang Blankenburg, Medard Boss, Thomas Szasz, and Laing) attempted to neutralize the hegemony of the view that disturbances of emotional and cognitive life can only be explained and understood in physiological terms.

Today psychiatrists may have had little training as therapists and usually do not undertake intensive psychotherapy with their patients. The few who specialize in psychoanalysis after completing their psychiatric training treat only a handful of patients in the classic mode of three or more sessions a week using the couch. Many of their patients are independently wealthy or belong to the next generation of analysts and psychoanalytic psychotherapists. Most psychiatrists use pharmacotherapy as the primary treatment modality, though they may refer certain patients for group counseling or more intensive forms of psychotherapy. Their scant appreciation for the existential humanistic approach is further moderated, once again, by a skepticism based on the conviction that psychological life is merely an epiphenomenon of physiological functioning.

On the other hand, outside of mainstream psychiatry there are signs of a renaissance of interest in existential analysis, and Laing's presence there is strong. Unhappily, we hear little now of or from his successors in residential treatment centers in the United Kingdom. Laing's influence, therefore, now flows mainly through his books and from contributions by scholars and practitioners who recognize the importance of Laing in the re-envisioning of psychotherapy that is currently under way.

I will close with a few observations about how psychotherapy is evolving and Laing's place in these developments. I will focus on the therapist-client relationship.

In its classic form, the therapeutic relationship occurs at three levels: the therapeutic alliance, the transference, and the real relationship. From the point of view of the patient, the therapeutic alliance allows for a modicum of disinterested distance from his disturbances, so that he can appreciate a plan and course of treatment. The transference occurs, at first, at various levels of unconscious mental life and gradually, though never entirely, becomes apparent to the client as he constructs a picture of his life. From the point of view of the therapist, the transference is both consciously monitored and unconsciously experienced. Countertransference reactions provide him with clues about unconscious trends in the patient's transference. Laing seems to have appreciated the place of these elements of the therapeutic relationship, although the establishment of a therapeutic alliance with psychotic patients was undoubtedly a precarious affair.

The establishment and maintenance of the therapeutic alliance depends upon how the real relationship is experienced. It seems to me that Laing differs from most therapists in his view of the nature and meaning, as well as the therapeutic uses of, the real relationship, in connection with which, as Laing observed (cited above), a "therapist may allow himself to act spontaneously and unpredictably . . . giving orders, laughing, shouting, crying, even getting up from that sacred chair." Or are these expressions always merely excesses, the consequences of inadequate training, an incomplete didactic analysis, or even psychopathology in the therapist?

How revealing of himself should a therapist be? The discussion has been in the air at least since the time of Sandor Ferenczi, who advocated a more active form of psychoanalysis than Freud would permit, at least in print. More recently, beginning with Carl Rogers, measured revelation of the details of the therapist's life has been considered appropriate, beneficial and even necessary for effective "client-centered" treatment. But what about those therapists whose personal needs are placed before those of the client? The examples of therapists whose personal lives have unevenly blended with their work are well known and can be held responsible, in part, for the tightening of regulations for licensing psychotherapists in the United States and even for the increasing doubts among the public about the safety of psychotherapy. What is the difference between what one might call an iatrogenic excess in treatment and a revelation of the shared humanity and existential fate of the therapist in the presence of the patient? How are we to determine whether a grandiose delusion is masking as therapeutic zeal? Is a therapist who denies, in principle, the usefulness of the concept of psychopathology hiding a serious, albeit ego-syntonic, psychological disturbance of his own by a well-defended theoretical notion? Is there even a place for psychotherapy in a view (which Laing seems to have held) that claims that apparent peculiarities of behavior are really attempts at self-healing, and should not be considered pathological, especially when it is clear the person is trying to save his

sanity (albeit without success) in a pathogenic social situation (for example, his family)?

These are some of the questions in the background of an assessment of the therapeutic use of the real relationship between therapist and patient. Clearly, we are not all R.D. Laings. By that I mean, not everyone is as passionate about discovering the means of penetrating the complicated, disabled lives of individuals who have retreated from the conventionalities of consensual reality or have, perhaps by default, lost faith in the capacity of verbal communications to temporarily defer the heavy acceptance of our fundamental isolation from each other. In such circumstances, it may be helpful, even necessary, for a psychotherapist to reach across the void that has opened up, a void he shares with his patient. However, this may not always be possible with words alone. Laing's point seems to be that effective psychotherapy can take place only on condition that both parties involved experience that void, which is real for both of them, though it may be, for the moment, more vivid and critical for the patient. It may be essential that the therapist get up from her chair, walk across the room and sit down on the floor in front of her patient. It may happen that a therapist hazards addressing someone who hasn't said a word to anyone for ten years. Should she sometimes reach across that fifteen or twenty inch abyss between them and touch the patient's arm or take his hand? Should he sometimes, with considered directness, look the patient in the eye and say nothing? Should he join in a patient's howling?

His own peculiarities aside, Laing was evidently a therapist whose style allowed him to break the rules (as Freud had) in order to secure admission to the patient's world. In effecting that "reorientation," he risked being misunderstood, just as he might have been wrong about the structure and details of his patient's world. Laing seems to have been both a very confident and a humble presence. I suspect he was capable of enduring long periods of angry or regressive silence.

Ralph Greenson somewhere says that, in the end, the therapist's instrument is his personality. It has been my observation that regardless of their theoretical orientation, all good psychotherapists share a presence that is difficult to describe. That is certainly the case with R.D. Laing. Perhaps there was something about Laing's presence that will resist description as strenuously