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Books Reconsidered

The Divided Self
R.D. Laing

R. D. Laing was perhaps the most famous psychiatrist in the latter half of the 20th century. Yet today, for a man of such international repute, within his profession he has many detractors and few admirers. Despite his later writings on birth, his name and fame are inextricably linked with schizophrenia. For the vast majority of psychiatrists, the name of Laing today conjures up images of psychedelic irresponsibility in which parents were blamed and patients misled.

Given the intensity of these attitudes it may be worthwhile to remind ourselves of the social context in which this book was written and its relationship to the rest of Laing's work. Taking the latter issue first, in my view, Laing proposed not one but at least four distinct and separate theories of schizophrenia.

(a) Schizophrenia is a syndrome that results from splits within the individual, leading to a 'false self' that is increasingly autonomous while the 'real self' fills up with envy, fear and hatred. Schizophrenia here is the manifestation of a splintered mind (*The Divided Self*; Laing, 1959).

(b) Schizophrenia is a series of strategies to cope with a 'mystifying' world arising out of confusing interactions within the family. "It is a special strategy that the person invents in order to live in an unliveable situation". Schizophrenia then is a stratagem for survival (*Sanity, Madness and the Family*; Laing & Esterson, 1964).

(c) Schizophrenia is a psychic voyage, a stage in a natural healing process containing the possibility of entry into a realm of heightened awareness. Schizophrenia is not a breakdown but a breakthrough (*The Politics of Experience*; Laing, 1967).

(d) Schizophrenia is a "political event": "the person labelled, is inaugurated not only into a role, but into a career by the concerted action of a coalition (a 'conspiracy') of family, GP and mental health professionals". This has been called the conspiratorial model by Osmond & Siegler (1974). Schizophrenia is deemed not to be a diagnosis but a disposition.

What was the social context in which *The Divided Self* was written? The clinical material is drawn from the patients Laing saw in Glasgow up to 1956. What sort of a world was this? In 1954 the population of patients in British mental hospitals reached its all time peak. Gross overcrowding and understaffing were commonplace as patients were warehoused in the name of treatment. The "mental million" the government had promised to improve conditions never materialised. Chlorpromazine was available, but in use by vets and anaesthetists, not psychiatrists. Squalid, dehumanising conditions and therapeutic nihilism were rife. For a young doctor in what would have been his trainee years, to set out to write a book utilising the insights of Freud and existentialism in the understanding of the incurable dementia of schizophrenia was a brave undertaking.

Laing was a man of high intelligence and wide learning who had a capacity to dazzle and shock with his intuition, insights and interpretations. Born in a Glasgow tenement flat, he became an army doctor and trained as an analyst. After a stint at the Tavistock Clinic, he published his first book, *The Divided Self*, in 1959. The radical politics of the sixties hailed it as a revolutionary work and he was catapulted to international fame as a guru, a seer and a saint.

For all the ballyhoo and controversy that has surrounded it, there can be no argument that his first and seminal work belongs to a far more staid tradition of psychoanalytical discourse.

The book is divided into three parts. The first is an exposition of the phenomenological approach, ending with a description of ontological insecurity. The second is a discourse with clinical examples

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of schizoid mechanisms. The final section is a description of the schizoid mechanisms seen in psychosis. The purpose of writing the book was to "understand people diagnosed as psychotic". He begins by citing a case of Kraepelin's. After demonstrating the case to a class of medical students, Kraepelin concludes "Although he understood all the questions, he has not given us a single piece of useful information. His talk was ... only a series of disconnected sentences, having no relation whatsoever to the general situation" (Kraepelin, 1905). Laing begs to differ and suggests that there is an alternate way of viewing this situation. Kraepelin presumes that he is an objective scientist eliciting the symptoms from a patient. Laing suggests that he is part of an interaction which affects the outcome: "The standard textbooks of psychiatry contain descriptions of behaviour of people in a behavioural field that includes the psychiatrist. The behaviour of the patient is to some extent a function of the behaviour of the psychiatrist in the same behavioural field".

He advances the possibility that the patient is mimicking Kraepelin.

> "Kraepelin asks him his name. The patient replies by parodying Kraepelin's interrogation, and challenging Kraepelin's attitude towards him. 'What is your name? What does he shut? He shuts his eyes. Why do you give me no answer? Are you getting impudent again? You don't whore for me' (i.e. he is not prepared to prostitute himself before a whole class of students) ... The construction we put on his behaviour will depend on the relationship we establish with the patient. The patient's behaviour can be seen in two ways – as signs of a disease or as expressive of his existence. The existential phenomenological construction is an inference about the way the other is feeling and acting. What is the boy's experience of Kraepelin? He seems tormented and desperate. What is he 'about' in speaking and acting in this way? He is objecting to being measured and tested. He wants to be heard."

Laing's description of ontological insecurity is fairly traditional in terms of existential analysis. A person beset with ontological insecurity "... may feel more unreal than real; in a literal sense more dead than alive, precariously differentiated from the rest of the world so that his identity and autonomy are always in question". He may have no sense of his existence in time. He may feel he is not a complete person. More seriously he may feel his self is split from his body (un-embodied). Such a person is so insecure that he is more concerned with survival than with the gratification of his wishes. Three ghosts haunt, threaten and terrify this precarious sense of self:

(a) *Engulfment*: the fear that he will be taken over by others. As a response to the fear of engulfment by others he uses the strategy of isolation to cut himself off from relationships.
(b) *Implosion*: the feeling of inner emptiness – the self is experienced as a vacuum that may be obliterated at any moment.
(c) *Petrification*: the dread of the possibility of being turned to stone, a dead inanimate object or robot. These fears affect not only his relationship with himself, but also his relationship with others. The self longs for love and affirmation, but is terrified by the prospect of it.

Laing goes on to illustrate and describe the schizoid mechanisms of defence. Threatened by his inner and outer world the individual undergoes psychic splitting and creates a social mask – the 'false self'. The paranoiac, for example, feels that something in reality is persecuting him. In order to protect himself, he withdraws into a private self and creates an outward 'false self' that transacts his social world. This way, he keeps his true self safe and out of contact with a mendacious world. This means he cannot encounter or interact with anybody, nor reveal himself. But like all defence mechanisms, it is an inadequate solution, and he comes to experience himself as empty and infested with anxiety. If the transactions with reality are delegated to the false self, reality becomes increasingly false, futile and meaningless. He comes to inhabit a persecutory Kafkaesque world full of threat, filled with an unnamed guilt, alone, isolated and without love.

Schizophrenia is an extension of this process whereby the splits become splinters – from molar to molecular levels of splitting. In schizophrenia, the inner self becomes fantasised, losing its sense of identity. The self becomes unreal, and is experienced as being impoverished, dead, empty and split. This emptiness leads to the self becoming increasingly charged with hatred, envy, and fear. The false self, on the other hand, grows in size and strength, becoming increasingly independent of the inner self. It comes to be harassed by compulsive behaviours. Like the inner self, it too comes to be experienced as being ever more false, dead and unreal.

Laing's concept of the false self gives us an insight into why some patients with schizophrenia appear to be playing games, teasing the interviewer with their answers, often having a haughty and arrogant or playful attitude. The history we obtain from such individuals is the story of their false self, through which they have transacted with their families and society.

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> "Schizophrenics often use irony, pretence equivocation and can pretend to be mad. This way the true self is kept private, secret, free of intrusion, engulfment and implosion. Despite longing to be loved, he is terrified of love. Any form of understanding threatens his whole defensive system ... a good deal of schizophrenic communication is nonsense, red-herring speech, prolonged filibustering to throw dangerous people off the scent and create boredom and futility in others."

Laing proceeds to analyse the communications of his patients and shows that behind this apparent screen of nonsense or schizophrenese, there is indeed a great deal of sense. "However one must be prepared to paraphrase her schizophrenia into sane speech before one can construct a phenomenological construct of this self" for example when a patient says "she the occidental sun" Laing understands this as the "accidental son" whom the patient's mother had wanted and not wanted.

The main contributions of *The Divided Self* to the understanding of schizophrenia are threefold. First is the demonstration that sense can be made of the schizophrenese the patients speak. The second is a cognitive map of the splits and splinters that make up the divided mind that Eugene Bleuler identified as schizophrenia. Finally, there is a clarification of what Bleuler considered to be a diagnostic sign of schizophrenia – ambivalence. For Laing, the schizophrenic yearns for love, but fears that he will be possessed and taken over by others. He longs for affirmation and understanding, but is terrified that by being understood, he will be overpowered. Threatened by engulfment, he copes by withdrawing from relationships and isolating his feelings.

The Divided Self differs substantially from Laing's later work in several respects. Far from denying the reality of schizophrenia, as he is often charged with doing, in this book he employed a far larger concept of psychosis that includes people who were asymptomatic in clinical terms. Psychosis was diagnosed not on the presence of perceptual disorders but by the degree of internal splitting. The acid test of psychosis is the experience of what Jaspers (1963) called "un-understandability". As Laing describes it: "Sanity or psychosis is tested by the degree of conjunction or distinction between two persons where the one is sane by common consent. The critical test whether or not a patient is psychotic is a lack of congruity, an incongruity, a clash between him and me". This is consistent with research findings which show that psychodynamic psychiatrists tend to judge their patients as being more disturbed than do their biologically orientated counterparts.

Except for the final chapter, the book is written from an individual psycho-analytical/medical perspective which studies the patient as a complete system. Only in the final case of Julie is the family context and the successive good–bad–mad roles they impose on her disclosed. The reason for the shift of perspective is not explained in *The Divided Self*. By 1965 in the preface to the Pelican edition, Laing had discarded his individual approach in favour of an interactional model, arguing that an "understanding (of the) social context, especially the power situation within the family" was necessary.

In *The Divided Self*, schizophrenia is seen to be a disease entity and the patients communicate in convoluted speech, whose inner sense Laing proceeds to clarify for the reader. In *Sanity, Madness and the Family*, in the extracts of taped interviews reproduced in the book, the patients no longer speak in schizophrenese but in ordinary understandable English. In the preface to the 1970 edition, Laing appears to have revised one of the central contributions of *The Divided Self* – making schizophrenese understandable. He now states that, if interviewed correctly in a family context, schizophrenics can make sense. He challenges his critics to prove that, if he is wrong, it would be easy to show that "schizophrenics really are talking a lot of nonsense after all". There is no hint of the mysticism, psychedelia or radical politics in *The Divided Self* that made him a folk hero of the left. When speaking of the existential origins of the false self, he draws no political parallel with the fact that the father of phenomenology, Edmund Husserl, a Jew, created a 'false self' by becoming a Catholic to avoid persecution by Hitler. There is an uncritical acceptance of the ideas of the French existentialist philosopher, Jean Paul Sartre. For Laing, Sartre appears to have been the ultimate arbiter of reality. Sartre is the guiding light of *The Divided Self*. In 1964, together with David Cooper, Laing produced an extraordinary condensation of Sartre's *Critique de la Raison Dialetique* as *Reason and Violence* (Laing & Cooper, 1964): a summary so reductionist that it is totally opaque to anyone not conversant with the original. Sartre's ideas about series and nexus, process and praxis dominate the analysis of schizophrenic family interaction in *Sanity, Madness and the Family*.

Of all his writings, and despite his later revisions and recantations, Laing's *The Divided Self* endures as his most popular work. Translated into several languages, it has sold over 400,000 copies. Whatever schizophrenia proves to be, there can be no question that in *The Divided Self* Laing made the *experience* of being schizophrenic more understandable. Despite the detraction of its critics, the sales of

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his book among sufferers and their carers is an enduring testament to the fact that within its pages they found some echo of their experience.

In the hopelessness and the darkness of the psychotic mind Laing lit a candle. Its light will flicker on.

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