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Mystification, Confusion, and Conflict

You can fool some of the people some of the time . . .

Marx used the concept of mystification to mean a plausible misrepresentation of what is going on (process) or what is being done (praxis) in the service of the interests of one socioeconomic class (the exploiters) over or against another class (the exploited). By representing forms of exploitation as forms of benevolence, the exploiters bemuse the exploited into feeling at one with their exploiters, or into feeling gratitude for what (unrealized by them) in their exploitation, and, not least, into feeling bad or mad even to think of rebellion.

We can employ Marx's theoretical schema, not only to elucidate relations between classes of society, but in the field of the reciprocal interaction of person directly with person.

Every family has its differences (from mild disagreements to radically incompatible and contradictory interests or points of view), and every family has some means of handling them. Here one

Part of the clinical material contained in this chapter also appeared in Laing and Esterson (1964).

way of handling such contradictions is described under the rubric of *mystification*.

In this chapter I shall present in discursive form this and some related concepts currently being developed in research and therapy with families of schizophrenics, neurotics and normals at the Tavistock Clinic and Tavistock Institute of Human Relations, London.¹ I shall compare the concept of mystification to certain closely related concepts, and I shall give brief descriptions of certain aspects of some of the families investigated in order to demonstrate, it is hoped, the heuristic value of the theoretical discussion and its crucial import for therapy. This paper will not, however, discuss the practical aspects of therapy.

The Concept of Mystification

By mystification I mean both the *act* of mystifying and the *state* of being mystified. That is, I am using the term both in an active and in a passive sense.

To mystify, in the active sense, is to befuddle, cloud, obscure, mask whatever is going on, whether this be experience, action, or process, or whatever is "the issue." It induces confusion in the sense that there is failure to see what is "really" being experienced, or being done, or going on, and failure to distinguish or discriminate the actual issues. This entails the substitution of false for true constructions of what is being experienced, being done (praxis), or going on (process), and the substitution of false issues for the actual issues.

The *state* of mystification, mystification in a passive sense, is possibly, though not necessarily, a *feeling* of being muddled or confused. The act of mystification, by definition, tends to induce, if not neutralized by counteraction, a state of mystification or confusion, not necessarily felt as such. It may or may not induce secondary conflicts, and these may or may not be recognized as such by the persons involved. The feeling of confusion and the experience of conflict have to be distinguished from mystification, either as act or state. Although one of the functions of mystification is to avoid authentic conflict, it is quite common for open conflict to occur in mystifying and mystified families. The masking effect of

¹ Investigators: R. D. Laing (Chief Investigator), Dr. A. Esterson, Dr. A. Russell Lee (1959-1961), Dr. Peter Lomas, Miss Marion Bosanquet, P.S.W. Dr. Laing is a current Research Fellow of the Foundation's Fund for Research in Psychiatry. Dr. A. Russell Lee's participation was made possible by the National Institute of Mental Health, Bethesda, Md. (Grant No. MF-10, 579).

mystification may not avoid conflict, although it will cloud over what the conflict is about.

This effect may be enhanced if the seal is placed on mystification by mystifying the act of perceiving mystification for what it is, e.g., by turning the perception of mystification into the issue of this being a bad or a mad thing to do.

Thus, the mystified person (or persons) is by definition confused, but may or may not *feel* confused. If we detect mystification, we are alerted to the presence of a conflict of some kind that is being evaded. The mystified person, in so far as he has been mystified, is unable to see the authentic conflict, but may or may not experience intra- or interpersonal conflict of an inauthentic kind. He may experience false peace, false calm, or inauthentic conflict and confusion over false issues.

A certain amount of mystification occurs in everyday life. A common way to mystify one person about his or her experience is to confirm the content of an experience and to disconfirm its modality (regarding perception, imagination, fantasy, and dreaming as different modes of experience, a theory developed elsewhere [Laing, 1962]).

Thus, if there is a contradiction between two persons' perceptions, the one person tells the other, "It is just your imagination," that is, there is an attempt to forestall or resolve a contradiction, a clash, an incomparability by transposing one person's experiential modality from perception to imagination or from the memory of a perception to the memory of a dream ("You must have dreamt it").

Another form of mystification is when the one person disconfirms the content of the other's experience and replaces it by attributions of experience conjunctive with self's view of the other (cf. Brodey's [1959] concept of the "narcissistic relationship").

A child is playing noisily in the evening; his mother is tired and wants him to go to bed. A straight statement would be:

"I am tired, I want you to go to bed."

or

"Go to bed, because I say so."

or

"Go to bed, because it's your bedtime."

A mystifying way to induce the child to go to bed would be:

"I'm sure you feel tired, darling, and want to go to bed now, don't you?"

Mystification occurs here in different respects. What is ostensibly an attribution about how the child feels (you are tired) is "really" a command (go to bed). The child is told how he feels (he may or may not feel or be tired), and what he is told he feels is what

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mother feels herself (projective identification). If we suppose he does not *feel* tired, he may contradict his mother's statement. He may then become liable to a further mystifying ploy such as:

"Mother knows best."

or

"Don't be cheeky."

Mystification may be over issues to do with what *rights* and what *obligations* each person in the family has in respect of the others. For example, a boy of fourteen tells his parents he is unhappy, and they reply:

"But you can't be unhappy. Haven't we given you everything you want? How can you be so ungrateful as to say you are unhappy after all that has been done for you, after all the sacrifices that have been made for you?"

Mystification is particularly potent when it involves this rights-obligations system in such a way that one person appears to have the right to determine the experience of another, or, complementarily, when one person is under an obligation to the other(s) to experience, or not to experience, himself, them, his world or any aspect of it, in a particular way. For instance, has the boy a right to be unhappy, or must he be happy because if he is not he is being ungrateful?

Implicit in Marx's formulation is that before enlightened action can be taken, the issues have to be demystified.

By issue we mean, as in law, "the point over which one affirms and another denies" (*Oxford English Dictionary*). The issue, in our material, frequently is how to define the "real" or "true" axis of orientation: the point at issue is what is to be the issue. Quarrels are often about what the quarrel is about: what is going on is a conflict, or a struggle, to agree or determine the "main issue." In the families of schizophrenics, one of the most fixed aspects of the extremely rigid family system is often a particular axis of orientation, which is the lynch-pin, so it seems, that keeps the whole family pattern in place.

In some families, every action of different members of the family is evaluated in terms of its particular axis or axes of orientation. An action of a family member thus plotted may become the issue, or the issue may be, as stated above, what is the valid axis of orientation to hold.

Judith, aged 26, and her father frequently quarrel. He wishes to know where she goes when she leaves the house, who she is with, when

Ok -
how can you
be sad?

she will be back. She says that he is interfering with her life. He says that he is simply doing his duty as a father. He says she is impudent because she does not obey him. She says he is being tyrannical. He says she is wrong to speak in that way to her father. She says she is entitled to express what views she likes. He says, provided that the views are correct and that they are not correct, etc.

Anyone, including the investigator, is free to make an issue out of any part of the interactivity of the family. The issue may be agreed upon among all the family members, but the investigators may not see the issue in the same terms as do the family members.

Our axis of orientation both as researchers and as therapists is to pick out what the axes of orientation and issues are for each member of the family in turn. These may be expressed explicitly or be implicit. Certain members of a family may conspicuously fail to recognize any axis of orientation or to pick up the existence of any issues other than their own.

In order to recognize persons and not simply objects, one must realize that the other human being is not only another object in space but another center of orientation to the objective world. It is just this recognition of each other as different centers of orientation, that is, as persons, which is in such short supply in the families of schizophrenics we have studied.

There are as many issues as people can invent, but we have come to regard the issue of person perception as central in all the families we have studied. Although this issue may be central as we perceive it, we have to recognize that it is not necessarily seen or accepted as such by the family members themselves.

If active mystification consists in disguising, masking, the praxes and/or processes of the family, in befogging the issues, and in attempting to deny that what is the issue for oneself may not be so for the other, we have to ask how we decide what to us is the central issue, if our perception of the central issue is disjunctive with the perceptions of the family members themselves.

The only safeguard here is to present the perspectives of everyone in turn (including our own) on "the shared situation," and then to compare the evidence for the validity of different points of view. For instance, one can pick out certain axes of orientation in terms of which the actions of the family are evaluated by particular others:

June's mother described the following changes in June's personality that came on (aged 15) six months before what to us were the first signs of psychosis. A change in her personality had occurred in the last six months after she had been to a holiday camp, and away from home, for the first time in her life.

According to her mother, June was:

BEFORE	AFTER
boisterous	quiet
told me everything	does not tell me what is going on inside her
went everywhere with me	wants to be by herself
was very happy and lively	often looks unhappy; is less lively
liked swimming and cycling	does not do this so much but reads more
was "sensible"	is "full of boys"
played dominoes, drafts, and cards at night with mother, father, and grandfather	is not interested in these games any more; prefers to sit in her room and read
obedient	disobedient and truculent
never thought of smoking	smokes one or two cigarettes a day without asking permission
used to believe in God	does not believe in God

In the six months between her first perception of such changes in June and the onset of what we recognized as a psychotic breakdown, June's mother had gone to two doctors complaining about these changes in June, which she regarded as expression of an "illness" and perhaps expressions of evil. "It's not June, you see. That's not my little girl." Neither doctor could see evidence of illness or evil in June. Her mother actively attributed these changes in June, that to us were normal maturational, culturally syntonic expressions of growing up and achieving greater autonomy, etc., to expressions of a more and more serious "illness" or of "evil." The girl was completely mystified, because although becoming more autonomous, she still trusted her mother. As her mother repeatedly told her that her developing autonomy and sexual maturation were expressions of either madness or badness, she began to *feel ill* and to *feel evil*. One can see this as *praxis* on her part to attempt to resolve the contradiction between the *processes* of her own maturation and her mother's barrage of negative attributions about them.

From our standpoint, June appears mystified. She feels she has a lovely mummy, she begs forgiveness for being such a bad daughter, she promises to get well. Although at this point she is complaining that "Hitler's soldiers are after her," not once in many interviews does her mother make any other complaints about June except to attack as bad or mad those processes of development that we regard as most normal about her.

That is, her mother's only axes of orientation, in terms of which she saw and evaluated the changes in June, were good-evil, sane-mad. As June began to recover from a psychotic breakdown, her mother became more and more alarmed that June was getting worse, seeing intensified evidence of evil in her concurrently with our evaluation that she was achieving greater ego strength and autonomy.

Mystification entails the action of ~~one person on the other~~. It is ~~transpersonal~~. The ~~intrapersonal~~ defenses with which psychoanalysis has familiarized us, or the various forms of "bad faith" in Sartre's sense, are best distinguished at present from ways of acting on the other. It is in the nature of the mystifying action of persons on each other, rather than of each on himself or herself, that we wish particularly to consider in this paper.

The one person (p) seeks to induce in *the other* some change necessary for his (p's) security. Mystification is one form of action on the other that serves the defenses, the security, of the own person. If the one person does not want to know something or to remember something, it is not enough to repress it (or otherwise "successfully" defend himself against it "in" himself); he must not be reminded of it by the other. The one person can deny something himself; he must next make the other deny it.

It is clear that not every action of the one person on another, in the service of the one person's security, peace of mind, self-interest, or whatever, is necessarily mystifying. There are many kinds of persuasion, coercion, deterrence, whereby the one person seeks to control, direct, exploit, manipulate the behavior of the other.

To say: "I can't stand you talking about that. Please be quiet," is an attempt to induce silence over this topic in the other, but no mystification is involved.

Similarly, no mystification is involved in such statements as:

"If you don't stop that I'll hit you."

or

"I think that is a horrible thing to say. I'm disgusted with you."

In the following instance, a threat of something very unpleasant induced the boy to deny his own memory. The tactic is not, however, one of mystification.

A boy of four stuck a berry up his nose and could not get it out. He told his parents, who looked and could not see it. They were ~~disinclined~~ to believe that he had got a berry up his nose, but he ~~complained~~ of ~~pain~~ and so they called the doctor. He looked and could not see it. He said, showing the boy a long shining instrument, "I don't see anything, but if you say it's still there tomorrow, we shall have to take this to you." The boy was so terrified that he "confessed" that he had made up the whole story. It was not until twenty years later that he summoned up the courage to admit even to himself that he had actually put a berry up his nose.

By contrast, the following is an example of mystification.

MOTHER: I don't blame you for talking that way. I know you don't really mean it.

DAUGHTER: But I do mean it.

MOTHER: Now, dear, I know you don't. You can't help yourself.

DAUGHTER: I can help myself.

MOTHER: No, dear, I know you can't because you're ill. If I thought for a moment you weren't ill, I would be furious with you.

Here the mother is using quite naively a mystification which is at the very heart of much social theory. This is to convert praxis (what a person does) into process (an impersonal series of events of which no one is the author). This distinction between praxis and process has recently been drawn in an extremely lucid way by Sartre (1960).²

We unfortunately tend to perpetuate this particular mystification, I believe, when we employ the concept of family or group "pathology." Individual *psychopathology* is a sufficiently problematic concept, since without splitting and reifying experience and behavior to invent "a psyche," one can attribute to this invention no pathology or physiology. But to speak of family "pathology" is even more problematic. The processes that occur in a group are generated by the praxis of its individual members. Mystification is a form of praxis; it is not a pathologic process.

The theoretically ultimate extreme of mystification is when the person (p) seeks to induce in the other (o) confusion (not necessarily recognized by o) as to o's whole experience (memory, perceptions, dreams, fantasy, imagination), processes, and actions. The mystified person is one who is given to understand that he feels happy or sad regardless of how he feels he feels, that he is responsible for this or not responsible for that regardless of what responsibility he has or has not taken upon himself. Capacities, or their lack, are attributed to him without reference to any shared empirical criteria of what these may or may not be. His own motives and intentions are discounted or minimized and replaced by others. His experience and actions generally are construed without reference to his own point of view. There is a radical failure to recognize his own self-perception and self-identity.³ And, of course, when this is the case, not only his self-perceptions and self-identity are confused but his perceptions of others, of how they experience him and act toward him and of how he thinks they think he thinks, etc., are

² For an exposition of this theory, see Laing and Cooper (1964).

³ In most forms of psychotherapy the therapist attributes motives and intentions to the patient which are not in accord with those the patient attributes to his own actions. But the therapist (one hopes) does not mystify the patient, in that he says implicitly or explicitly: You see yourself as motivated by A and intending B. I see you, however, as motivated by X and intending Y, and here is my evidence, drawn from my personal encounter with you.

necessarily subjected to multiple mystifications at one and the same time.

The Function of Mystification and Some Related Concepts

The prime function of mystification appears to be to maintain the status quo. It is brought into play, or it is intensified, when one or more members of the family nexus (Laing, 1962) threaten, or are felt to threaten, the status quo of the nexus by the way they are experiencing, and acting in, the situation they share with the other members of the family.

Mystification functions to maintain stereotyped roles (Ryckoff, Day, and Wynne, 1959) and to fit other people into a preset mold, Procrustean fashion (Lidz, Cornelison, Terry and Fleck, 1958). The parents struggle to preserve their own integration by maintaining their rigid preconceptions about who they are and who they ought to be, who their children are and ought to be, and the nature of the situation that characterizes family life. They are impervious (Lidz *et al.*, 1958) to those emotional needs in their children that threaten to disrupt their preconceived schemata, and they mask or conceal disturbing situations in the family, acting as if they do not exist (Lidz *et al.*, 1958). Imperviousness and masking are very common concomitants of mystification in the present tense when, for instance, they are backed up by transpersonal action on the other person, when, for instance, attempts are made to induce the other to believe that his emotional needs are being satisfied when clearly they are not, or to represent such needs as unreasonable, greedy, or selfish because the parents are unable or unwilling to fulfil them, or to persuade the other that he just thinks he has needs but has not "really," and so on.

Needless to say, no mystifying-mystified relationship can be a reciprocally confirmatory one in a genuine sense. What may be confirmed by the one person is a false front put on by the other, a prefabricated schema on the one person's part that the other is induced more or less to embody. Elsewhere I have tried to describe the structure of certain forms of such unauthentic relationships (Laing, 1960, 1961).

Such concepts are close to the concept of nonmutual complementarity developed by Wynne and his co-workers. The intense pseudo-mutuality described by these workers, "the predominant absorption in fitting together at the expense of the differentiation of the identities" (Wynne, Ryckoff, Day, and Hirsch, 1958, p. 207) is very much in line with our findings.

Mystification appears to be one technique, highly developed in

the families of schizophrenics, to maintain the rigid role structure in such pseudomutual nexuses. We are currently investigating the extent to which, and the manner in which, pseudomutuality and mystification occur in the families of nonschizophrenics. Lomas (1961), for instance, has described the family of a girl diagnosed as an hysteric in which unauthentic fitting together and rigidly maintained stereotyped roles of an engulfing nature were clearly in evidence.

Searles (1959) describes six modes of driving the other person crazy, or techniques that tend "to undermine the other person's confidence in his own emotional reactions and his own perception of reality." I have slightly recast Searle's six modes of schizogenesis into the following form.

- ✓ 1) p repeatedly calls attention to areas of the personality of which o is dimly aware, areas quite at variance with the kind of person o considers himself or herself to be.
- 2) p stimulates o sexually in a situation in which it would be disastrous for o to seek sexual gratification.
- ✓ 3) p simultaneously exposes o to stimulation and frustration or to rapidly alternating stimulation and frustration.
- 4) p relates to o at simultaneously unrelated levels (e.g., sexually and intellectually).
- 5) p switches from one emotional wave length to another while on the same topic (being "serious" and then being "funny" about the same thing).
- ✓ 6) p switches from one topic to the next while maintaining the same emotional wave length (e.g., a matter of life and death is discussed in the same manner as the most trivial happening [Laing, 1961, p. 131-132]).

Each of these modes of schizogenesis is liable to induce muddle in the victim, without the victim necessarily perceiving the muddle he is in. In this sense they are mystifying.

I have suggested (Laing, 1961, pp. 132-136) that the schizogenic potential of such maneuvers lies not so much in the activation of various areas of the personality in opposition to one another, the activation, that is, of conflict, but in the generation of confusion or muddle or doubt, often unrecognized as such.

This emphasis on unconscious or unconscious confusion or doubt about one's self, the other(s), and the shared situation, this emphasis, that is, on a state of mystification, has much in common with Haley's (1959b) hypothesis that the control of the definition of relationships is a central problem in the origin of schizophrenia. The mystified person is operating in terms that have been misdefined for him. This definition is such that, without realizing it or without under- } *

standing why he may perhaps intensely but vaguely feel it to be so, he is in an untenable position (Laing, 1961, p. 135). He may then attempt to escape from his untenable position in the mystified situation by in turn deepening the mystifications.

~~The concept of mystification overlaps, but is not synonymous with, the double-bind concept (Bateson, Jackson, Haley, and Weakland, 1956).~~ The double-bind would appear to be necessarily mystifying, but mystification need not be a complete double-bind. The essential distinction is that the mystified person, in contrast to the double-bound person, may be left with a relatively unequivocal "right" way to experience and to act. This right thing to experience or right way to act may entail, from our viewpoint as investigators and therapists, a betrayal of the person's potentialities for self-fulfillment, but this may by no means be felt by the person himself.

However, the right and wrong things to do in the mystified situation can be only *relatively* unequivocal. The tourniquet is always liable to be tightened by a further twist, and this is all that is necessary for the mystified situation to become a double-bind in the full sense.

In the example given earlier of the boy for whom happy equaled grateful and unhappy equaled selfish and ungrateful, the conflict and confusion would have been much intensified if strong prohibitions had been put on dishonesty. In such circumstances, to express unhappiness would be to be bad, since to be unhappy was to be selfish and ungrateful, while to put on an act of happiness would be equally bad because this would be dishonest.

In the case of the boy who put a berry up his nose, his parents could well be imagined saying: "But we *asked* you if your nose was all right and you told us it was and that you had made the whole thing up." This turns the situation into one that is at once double-binding and mystifying.

Case Descriptions

The following examples are from the families of three female schizophrenics, Maya, Ruby, and Ruth.⁴

MAYA

Maya (aged 28) thinks she started to imagine "sexual things" at about the age of 14 when she returned to live with her parents after a six-year separation during World War II. She would lie in her bedroom and wonder whether her parents had sexual intercourse. She began to

⁴For extended phenomenologic descriptions of these and other families of schizophrenics, see Laing and Esterson (1964).

get sexually excited, and at about that time she began to masturbate. She was very shy, however, and kept away from boys. She felt increasingly irritated at the physical presence of her father. She objected to him shaving in the same room while she had breakfast. She was frightened that her parents knew that she had sexual thoughts about them. She tried to tell them about this, but they told her *she did not have any thoughts of that kind. She told them she masturbated and they told her that she did not.* As for what happened in 1945 or 1946, we have, of course, only Maya's story to go on. However, when she told her parents in the presence of the interviewer that she still masturbated, her parents simply told her that she did not!

Maya's mother does not say: "How bad of you to masturbate," or "I can hardly believe that you could do *that*." She does not tell Maya not to masturbate. She simply tells her that she does not.

Her mother repeatedly tried to induce Maya to forget various episodes that she (mother) did not want remembered. She did not, however, say: "I don't want you to mention this, much less remember it." She said, instead: "I want you to help the doctor by remembering, but of course you can't remember because you are ill."

Mrs. Abbott persistently questioned Maya about her memory in general, in order (one gathers, from the mother's point of view) to help her to get insight into the fact that she was ill by showing her either (1) that she was amnesic, or (2) that she had got some facts wrong, or (3) that she imagined she remembered because she had heard about it from her mother or father at a later date.

This "false" but "imaginary" memory was regarded by Mrs. Abbott with great concern. It was also a point on which Maya was most confused.

Mrs. Abbott finally told us (not in Maya's presence) that she prayed that Maya would never remember her "illness" because she (mother) thought it would upset her (daughter) to do so. In fact, she (mother) felt this so strongly that she said that it would be kindest even if it meant she had to remain in a hospital!

Both her parents thus not only contradicted Maya's memory, feelings, perceptions, motives, intentions, but their own attributions are curiously self-contradictory. And, further, while they spoke and acted as though they knew better than Maya what she remembered, what she did, what she imagined, what she wanted, what she felt, whether she was enjoying herself or whether she was tired, this "one-upsmanship" was often maintained in a way which was further mystifying. For instance, on one occasion Maya said that she wanted to leave the hospital and that she thought her mother was trying to keep her in the hospital even though there was no need for her to be an in-patient any more. Her mother replied: "I think Maya is . . . I think Maya recognizes that whatever she wanted really for her good, I'd do . . . wouldn't I . . . Hmm? (no answer) No reservations in any way . . . I mean if there were any changes to be made I'd gladly make them . . . unless it was absolutely impossible." Nothing could have been further from what

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Maya recognized at that moment. But one notes the mystification in the statement. Whatever Maya wanted is qualified most decisively by "really" and "for her own good." Mrs. Abbott, of course, was arbiter (1) of what Maya "really" wanted, in contrast to what *she* might *think* she wanted, (2) of what was for her own good, (3) of what was possible.

Maya sometimes reacted to such mystifications by lucid perceptions of them. But this was much more difficult for her to achieve than for us. Her difficulty was that she could not herself tell when she could or could not trust her own memory, her mother and father, her own perspective and metaperspective, and her parents' statements of their perspective and metaperspectives.⁵

Close investigation of this family in fact revealed that her parents' statements to her about her, about themselves, about what they felt she felt they felt, etc., and even about what factually had happened could not be trusted. Maya *suspected* this, but she was told by her parents that such suspicions were her illness. She often therefore doubted the validity of her own suspicions; often she denied what they said (delusionally) or invented some story that she clung to temporarily. For instance, she once insisted she had been in the hospital when she was eight, the occasion of her first separation from her parents.

This girl was an only child, born when her mother was 24, her father 30 years of age. Mother and father agreed that she had been her daddy's girl. She would wake him up at 4:30 in the morning when she was 3 to 6, and they would go swimming together. She was always hand in hand with him. They sat close together at table, and he said prayers with her last thing at night. Until she was evacuated at the age of 8 they went for frequent long walks together. Apart from brief visits home, she lived away from her parents until the age of 14.

Mrs. Abbott expressed nothing so simple as jealousy in and through her account of Maya's early intimacy with her father. She seemed to identify herself so much with Maya that she was living through her a re-vision of her relationship with her own father, which had been, according to her, one of rapid, unpredictable switches from acceptance to rejection and back.

When Maya at 14 came back to live permanently at home, she was changed. She wanted to study. She did not want to go swimming or for long walks with her father anymore. She no longer wanted to pray with him. She wanted to read the Bible by herself, for herself. She objected to her father expressing his affection for her by sitting close to her at meals. She wanted to sit further away from him. Nor did she want to go to the cinema with her mother. She wanted to handle things in the house and wanted to do things for herself. For instance (mother's example), she washed a mirror without telling her mother she was going to do it. Her parents complained to us also that she did not want to

⁵ By perspective is denoted p's point of view in a situation. By metaperspective is denoted p's viewpoint on o's point of view (see Laing, 1961, appendix).

understand her mother or her father and that she could not tell them anything about herself.

Her parents' response to this changed state of affairs, which was evidently a great blow to them, was interesting. Both of them felt that Maya had exceptional mental powers, so much so that both the mother and the father became convinced *that she could read their thoughts*. Father attempted to confirm this by consulting a medium. They began to put this to the test in different ways.

FATHER: "If I was downstairs and somebody came in and asked how Maya was, if I immediately went upstairs, Maya would say to me, 'What have you been saying about me?' I said, 'Nothing.' She said, 'Oh, yes, you have, I heard you.' Now it was so extraordinary that unknown to Maya, I experimented with her, you see, and then when I'd proved it, I thought, 'Well, I'll take Mrs. Abbott into my confidence,' so I told her, and she said, 'Oh, don't be silly, it's impossible' I said, 'All right, now when we take Maya in the car tonight, I'll sit beside her and I'll concentrate on her. I'll say something, and you watch what happens.' When I was sitting down, she said, 'Would you mind sitting at the other side of the car. I can't fathom Dad's thoughts.' And that was true. Well, following that, one Sunday I said—it was winter—I said, 'Now Maya will sit in the usual chair, and she'll be reading a book. Now you pick up a paper and I'll pick up a paper, and I'll give you the word and er . . . Maya was busy reading the paper and er . . . I nodded to my wife, then I concentrated on Maya behind the paper. She picked up the paper . . . her . . . em . . . magazine or whatever it was and went to the front room. And her mother said, 'Maya, where are you going? I haven't put the fire on.' Maya said, 'I can't understand . . . No, 'I can't get to the depth of Dad's brain. Can't get to the depth of Dad's mind!'"

Such mystifications have continued from before her first "illness" to the present, coming to light only after this investigation had been underway for over a year.

Maya's irritation, jumpiness, confusion, and occasional accusations that her mother and father were "influencing" her in some way had been, of course, completely "laughed off" by her father and mother in her presence for years, but in the course of the present investigation the father told Maya about this practice.

DAUGHTER: Well, I mean you shouldn't do it, it's not natural.

FATHER: I don't do it . . . I didn't do it . . . I thought . . . 'Well, I'm doing the wrong thing, I won't do it.'

DAUGHTER: I mean, the way I react would show you it's wrong.

FATHER: And there was a case in point a few weeks back, she fancied one of her mother's skirts.

DAUGHTER: I didn't. I tried it on and it fitted.

FATHER: Well, they had to go to a dressmaker . . . the dressmaker was recommended by someone, Mrs. Abbott went for it, and she said,

"How much is that?" The woman said, 'Four shillings.' Mrs. Abbott said, 'Oh, no, it must have cost you more than that,' so she said, 'Oh, well, your husband did me a good turn a few years back and I've never repaid him.' I don't know what it was. Mrs. Abbott gave more, of course. So when Maya came home, she said, 'Have you got the skirt, Mum?' She said, 'Yes, and it cost a lot of money too, Maya.' Maya said, 'Oh, you can't kid me, they tell me it was four shillings.'

DAUGHTER: No, seven I thought it was.

FATHER: No, it was four you said, exactly, and my wife looked at me and I looked at her . . . So if you can account for that, I can't.

Another of Maya's "ideas of reference" was that something was going on between her parents that she could not fathom and that she thought was about her but she could not be sure.

Indeed there was. When mother, father and Maya were interviewed together, mother and father kept up a constant series of knowing smiles, winks, nods, gestures that were so "obvious" to the observer that he commented on them after about twenty minutes of the first triadic interview. From Maya's point of view, the mystification was that her mother and father neither acknowledged this remark from the researcher, nor had they ever, as far as we know, acknowledged the validity of similar perceptions and comments by Maya. As a result, so it seemed to us, she did not know when she was perceiving something to be going on and when she was imagining it. The open, yet secret, nonverbal exchanges between father and mother were in fact quite public and perfectly obvious. Her "paranoid" doubts about what was going on appeared, therefore, to be in part expressions of her lack of trust in the validity of her suspicions. She could not "really" believe that what she thought she saw to be going on was going on. Another consequence to Maya was that she could not discriminate between what (to the researchers) were not intended to be communicative actions (taking off spectacles, blinking, rubbing nose, frowning, and so on) of people generally and what were indeed signals between mother and father. The extraordinary thing was that some of these signals were partly "tests" to see if Maya would pick them up. An essential part of the game the parents played was, however, that if commented on, the rejoinder should be, "What do you mean, what wink?" and so on.

RUBY

When Ruby (aged 18) was admitted to the hospital, she was completely mute, in an inaccessible catatonic stupor. She at first refused to eat, but gradually she was coaxed to do so. After a few days she began to talk. She rambled in a vague way, and she often contradicted herself. At one moment, for instance, she said her mother loved her, and the next she said she was trying to poison her.

In clinical psychiatric terms, there was incongruity of thought and affect, e.g., she laughed when she spoke of her recent pregnancy and

miscarriage. She complained of bangings in her head and of voices outside her head calling her "slut," "dirty," "prostitute." She thought that "people" were talking disparagingly about her. She said she was the Virgin Mary, and Elvis Presley's wife. She thought her family disliked her and wanted to get rid of her; she feared she would be abandoned in the hospital by them. "People" did not like her. She feared crowds and "people." When she was in a crowd, she felt the ground would open up under her feet. At night "people" were lying on top of her, having sexual intercourse with her; she had given birth to a rat after she was admitted to the hospital; she believed she saw herself on television.

It was clear that the fabric of this girl's sense of "reality," of what is the case and what is not the case, was in shreds.

The question is: Has what is usually called her "sense of reality" been torn in shreds by others?

Is the way this girl acts and are the things she says the intelligible effluxion of pathologic process?

This girl was confused particularly as to who she was—she oscillated between the Virgin Mary and Elvis Presley's wife—and she was confused as to whether or not her family and "people" in general loved her and in what sense—whether they liked the person she was or desired her sexually while despising her.

How socially intelligible are these areas of confusion?

In order to spare the reader the initial confusion of the investigators, not to say that of the girl, we shall tabulate her family nexus.

BIOLOGICAL STATUS

father
mother
aunt (mother's sister)
uncle (mother's sister's husband)
cousin

TITLES RUBY WAS TAUGHT TO USE

uncle
mummy
mother
daddy, later uncle
brother

Simply, Ruby was an illegitimate child, reared by her mother, her mother's sister, and the sister's husband.

We shall refer to her biological relatives without inverted commas, and as she called them, and/or as they referred to themselves, with inverted commas.

Her mother and she lived with her mother's married sister, this sister's husband ('daddy' and 'uncle'), and their son (her cousin). Her father, who was married and had another family elsewhere, visited them occasionally. She referred to him as 'uncle.'

Her family violently disagreed in an initial interview with us about whether Ruby had grown up knowing "who she was." Her mother ('mummy') and her aunt ('mother') strongly maintained that she had no inkling of the real state of affairs, but her cousin (her 'brother') insisted that she must have known for years. They (mother, aunt, and uncle) argued also that no one in the district knew of this, but they admitted finally that of course everyone knew she was an illegitimate

child, but no one would hold it against her. The most intricate splits and denials in her perception of herself and others were simultaneously expected of this girl and practiced by the others.

She got pregnant six months before admission to the hospital (miscarriage at four months).

Like so many of our families, this one was haunted by the specter of scandal and gossip, by the fear of what "people" were saying or thinking, etc. When Ruby was pregnant, all this became intensified. Ruby thought "people" were talking about her (they in fact were) and her family knew they were, but when she told them about this, they tried to reassure her by telling her not to be silly, not to imagine things, that of course no one was talking about her.

This was just one of the many mystifications to which this girl was subjected.

The following are a few of the others.

1) In her distracted, "paranoid" state, she said that she thought her mother, aunt, uncle, and cousin disliked her, picked on her, mocked her, despised her. As she got "well," she felt very remorseful about having thought such terrible things, and she said that her family had been "really good" to her and that she had a "lovely family."

Indeed, they gave her every reason to feel guilty for seeing them in this way, expressing dismay and horror that she should think that they did not love her.

In actuality, they told us that she was a slut and little better than a prostitute—and they told us this with vehemence and intensity.

They tried to make her feel bad or mad for perceiving their real feelings.

2) She guiltily suspected that they did not want her home from the hospital and accused them, in sudden outbursts, of wanting to get rid of her. They asked her how she could think such things, but in fact, they were extremely reluctant to have her at home.

They tried to make her think they wanted her home and to make her feel mad or bad if she perceived that they did not want her home, when, in fact, they did not want her home.

3) Extraordinarily confused attitudes were brought into play when she became pregnant.

As soon as they could after hearing about it from Ruby, 'mummy' and 'mother' got her on the sitting-room divan, and while trying to pump hot soapy water into her uterus, told her with tears, reproaches, sympathy, pityingly and vindictively at once, what a fool she was, what a slut she was, what a terrible plight she was in (just like her 'mummy'), what a bastard the boy was ("just like her father"), what a disgrace, history was repeating itself, how could one expect anything else. . . .

This was the first time her true parentage had ever been explicitly made known to her.

4) Subsequently, Ruby's feeling that people were talking about her began to develop in earnest. As we have noted, she was told this was nonsense, and her family told us that everyone was "very kind" to her

"considering." Her cousin was the most honest. "Yes, most people are kind to her, just as if she were colored."

5) The whole family was choked with the sense of shame and scandal. While emphasizing this to Ruby again and again, they simultaneously told her that she was imagining things when she said she thought that people were talking about her.

6) Her family *accused* her of being spoiled and pampered, but when she tried to reject their pampering, they told her (1) she was ungrateful, and (2) she needed them, she was still a child, etc. (as though being spoiled was something *she* did).

The uncle was represented by the mother and aunt to the researchers also as a very good uncle who loved Ruby and who was like a father to her. They were assured that he was willing to do anything he could to help them elucidate Ruby's problem. Despite this, at no time was it possible to see him for a prearranged interview. Six mutually convenient appointments were made during the period of the investigation, and every one was broken, and broken either without any notice at all or with no more than twenty-four hours' notice. The uncle was seen eventually by the researchers, but only when they called at his house without notice.

According to the testimony of uncle, mother, and aunt to the researchers, this girl was repeatedly told by her uncle that if she did not "mend her ways" she would have to get out of the house. We know that on two occasions she was actually told by him to go and she did. But when she said to him that he had told her to get out, *he denied it to her* (though not to us)!

Her uncle told us tremblingly how she had pawed him, run her hands over his trousers, how he was sickened by it. His wife said rather coolly that he did not give the impression of having been sickened at the time.

Ruby, when questioned later, had apparently no conscious idea that her uncle did not like being cuddled and petted. She thought he liked it, she had done it to please him.

Not just in one area, but in every conceivable way—in respect of her clothes, her speech, her work, her friends—this girl was subject to mystifications, permeating all the interstices of her being.

The members of the families of the schizophrenic patients so far studied use mystification frequently as the preferred means of controlling the experience and action of the schizophrenic patient.

We have never yet seen a preschizophrenic who was not in a highly mystified state before his or her manifest psychotic breakdown.

This mystified state is, of course, unrecognized as such by the actively mystifying other family members, although it is frequently pointed out by a relatively detached member of the family circle (a "normal" sib, an aunt or uncle, a friend). The psychotic episode can sometimes be seen as an unsuccessful attempt to recognize the state of mystification the person is in. Each attempt at recognition

is violently opposed by every conceivable mystification by the active mystifiers in the family.

RUTH

The following example of mystification again entails the confusion of praxis with process.

What to the investigators is an expression of the girl's real self, however disjunctive it is with her parents' model of what this is, her parents regard as mere process; that is, they ascribe no motive, agency, responsibility or intention, to such behavior. Behavior that to the investigators seems false and compliant, they regard as healthy, normal, and her true or real self. This paradoxical situation is a constantly repeated one in our data.

Ruth from time to time puts on colored woolen stockings and dresses generally in a way that is quite usual among certain sections of Londoners, but unusual in her parents' circle.

This is seen by her parents as a "symptom" of her illness. Her mother identified Ruth's act of putting on such stockings as the first sign of another "attack" coming on. That is, her mother (and father) convert her action (praxis) into a sign of a pathologic process. The same action is seen by the investigators as an assertion of a self that is disjunctive with her parents' rigidly held view both of who Ruth is and what she ought to be.

These acts of self-assertion are met with tremendous violence both from Ruth herself and from her parents. The result is an ensuing period of disturbed experience and behavior that is clinically diagnosable as a "psychotic episode." It ends with a reconciliation on the basis that Ruth has been ill. While being ill she felt things, did things, said things, that she did not really mean, and which she could not help, because it was all due to her "illness." Now that she is better again she herself realizes this.

When Ruth puts on colored stockings at first, the issues for the parents are: What is making her disgrace us this way? She is a good girl. She is always so sensible and grateful. She is not usually stupid and inconsiderate. Even if she wants to wear stockings, etc., like that, she knows it upsets her father and she knows he has a bad heart. How can she upset him like that when she really loves him?

The difficulty in analyzing this girl in her nonpsychotic periods, as is not infrequently the case with schizophrenics in their "mute" phase, is that she completely sides with her parents in their view that she has "attacks" of her "illness" periodically. Only when she is "ill" does she repudiate (and then, of course, only with part of herself) her parents' "axis of orientation."

An approach to the logic of the mystification in this case might be attempted as follows.

X is good. All not-X is bad. Ruth is X. If Ruth were Y she would be bad. But Ruth appears to be Y.

Thus Y must be the equivalent to X, in which case Ruth is not really not-X, but is really X.

Moreover, if Ruth tries to be, or is, Y, she will be bad. But Ruth is person X, that is, she is good, so Ruth cannot be bad, so she must be mad.

Ruth wants to put on colored woolen stockings and go out with boys, but she does not want to be bad or mad. The mystification here is that without being bad or mad she cannot become anything except a dowdy aging spinster living at home with her aging parents. She is persecuted by the "voices" of her own unlived life if she is good and by the "voices" of her parents if she is bad. So she is maddened either way. She is thus in what I have called an *untenable position* (Laing, 1961, p. 135).

The therapist's task is to help such a person to become *demystified*. The first phase of therapy, in such a case, consists largely in efforts at demystification, of untangling the knot that he or she is tied in, or raising issues that may never have been questioned or even thought of except when the person was "ill," namely, is it bad or is it a disgrace, or is it selfish, inconsiderate, ungrateful, etc., to be or to do not-X and is it necessarily good to be X, etc.?

But the *practice* of therapy is another story.

References

- BATESON, G., JACKSON, D. D., HALEY, J., AND WEAKLAND, J. (1956). Toward a theory of schizophrenia. *Behav. Sci.* 1, 251-264.
- BRODEY, W. M. (1959). Some family operations and schizophrenia. *A.M.A. Arch. gen. Psychiat.* 1, 379-402.
- HALEY, J. (1959a). The family of the schizophrenic: a model system. *J. nerv. ment. Dis.* 129, 357-374.
- HALEY, J. (1959b). An interactional description of schizophrenia. *Psychiatry* 22, 321-332.
- LAING, R. D. (1960). *The divided self*. London: Tavistock. Chicago: Quadrangle Press, 1961.
- LAING, R. D. (1961). *The self and other*. London: Tavistock. Chicago: Quadrangle Press, 1962.
- LAING, R. D. (1962). Series and nexus in the family. *New Left Rev.* 15, May-June.
- LAING, R. D., AND COOPER, R. D. (1964). *Reason and violence. A decade of Sartre's philosophy—1950-1960*. London: Tavistock. New York: Humanities Press.
- LAING, R. D., AND ESTERSON, A. (1964). *Sanity, madness and the family*, vol. 1. *Families of schizophrenics*. London: Tavistock. New York: Basic Books.

- LIDZ, T., CORNELISON, A., TERRY, D., AND FLECK, S. (1958). Intrafamilial environment of the schizophrenic patient: VI The transmission of irrationality. *A.M.A. Arch. Neurol. Psychiat.* 79, 305-316.
- LOMAS, P. (1961). Family role and identity formation. *Int. J. Psychoanal.* 42, July-Oct.
- RYCKOFF, I., DAY, J., AND WYNNE, L. C. (1959). Maintenance of stereotyped roles in the families of schizophrenics. *A.M.A. Arch. gen. Psychiat.* 1, 93-98.
- SARTRE, J. P. (1960). *Critique de la raison dialectique*. Paris: Gallimard.
- SEARLES, H. F. (1959). The effort to drive the other person crazy—an element in the etiology and psychotherapy of schizophrenia. *Brit. J. med. Psychol.* 32, 1-18.
- WYNNE, L. C., RYCKOFF, I. M., DAY, J., AND HIRSCH, S. I. (1958). Pseudomutuality in the family relations of schizophrenics. *Psychiatry* 21, 205-220.