

## R. D. LAING: WHAT WAS THERAPEUTIC ABOUT THAT?

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*ABSTRACT:* In 1985 R. D. Laing, M. D. conducted a public interview with a homeless woman diagnosed as paranoid schizophrenic. The several thousand psychotherapists witnessing the event were dramatically split in their assessment of the encounter, some denouncing and some praising it. No comments were made suggesting that the interview was a transpersonally-inspired one, nor was there an in-depth examination of the responses of the therapist and client. This article offers such a discussion using a model of clinical supervision in which client adaptations are assessed to understand what is therapeutic (or not) in an encounter. It gives one author's view of R. D. Laing's approach, and demonstrates how both therapist and client bring intrapersonal, interpersonal, and transpersonal concerns to a session of transpersonal psychotherapy.

### INTRODUCTION

Long-time practitioners and students of transpersonal psychotherapy have a strong body of theoretical materials (Almaas, 1990; Assagioli, 1991; Boorstein, 1980, 1997; Grof & Grof, 1990; Quinn, 1997; Scotton, Chinen & Battista, 1996; Tart, 1975, 1996a; Wilber, 1985), an emerging volume of published research (Lukoff, Zanger & Lu, 1990; Lukoff, Turner & Lu, 1992; Lukoff, Turner, & Lu, 1993) and research constructs (MacDonald, LeClair, Holland, Alter, & Friedman, 1995; MacDonald, Friedman, & Kuentzel, 1999) to further their work. Many of these materials contain case studies, but few are moment-by-moment clinical transcripts.

Recorded clinical dialogues offer us another kind of canvas on which to paint impressions about the nature of genuinely effective psychotherapy. By studying the actual phenomena in these dialogues we can witness and assess immediate client and therapist reaction to one another and attempt to differentiate therapeutic from non-therapeutic activities. In the long run, of course, client response over time is the ultimate clinical supervisor. But even in the short run, observations can be made that suggest how the moments of psychotherapy are being received.

A most remarkable session of transpersonal psychotherapy on the record like this occurred in a cavernous convention center in downtown Phoenix, Arizona on December 13, 1985. Several thousand of us at The Evolution of Psychotherapy Conference watched on a large screen as R. D. Laing, M.D. interviewed "Christy," a woman who was described as paranoid schizophrenic, homeless, and not taking her medication. The two were sheltered off-stage in a small curtained 'room' made for the

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occasion, perhaps to diminish the impact of thousands of observers on them. A live video feed was shown to us as the session unfolded.

At the close of the interview, many of the professionals in the audience were angry and baffled, and many were enraptured and in tears. Several arose to excoriate that session that Laing held with Christy, and others including Salvatore Minuchin spoke in its defense. Said a later author (Amantea, 1989, p. 56) describing the clash: "It is a conflict as old, really, as the one that finally split Freud and Jung. It is the one that rages between those who choose to see psychotherapy as a rational science, with scientific parameters, and teachable techniques; and – on the other hand – those who see it as a process which is either instinctual, or, even more bizarre, a mystical transference of thoughts and feelings between client and therapist."

One challenger's voice echoed in that large hall and in my mind over the twenty years since: "I was wondering what you thought really went on therapeutically in that interview?" she asked. "What do YOU think went on therapeutically?" Dr. Laing shot back. Clearly he was not foolish enough, as I am here, to speculate on such a significant topic. But he did offer some ideas about the videotape of the session four years later, when the verbal text of the meeting was published (Laing, 1989a, pp. 141-142):

The main point is in the rhythm, the tempo – the timbre and pitch of the words that are in the paralinguistics. This is between Christy and me, a music of words... [and] kinesics – concerted movements involving arm, hand, finger, leg, the positions of our bodies in the chairs, set at 90 degrees to each other... You are publishing the libretto (the verbal content) without the music (the pitch, timbre, rhythm, tempo, the paralinguistics) and without the choreography (two symmetrical chairs placed precisely as intended), and the ballet (kinesics)... The point is that the rapport, which seemed to many so "mysterious," "mystifying," or "mystical" (the "love" to which Salvador Minuchin referred in his remarks) is there on video for all to see and to analyze in detail. There is a lot of technique there.

When I reviewed the videotape (Laing, 1985) myself, I observed some of those kinesics, the relationship between nonverbal body motions and the verbal communication, but I confess to seeing little of the 'music' that he describes above. There is a pacing or mirroring in Laing's responses that is noteworthy, where silences and topics that arise from the client are intimately respected. This kind of mirroring response is encouraged in many conventional psychotherapeutic disciplines. What more could be happening than that, and to what end?

Although I never discussed any of my ideas with Dr. Laing, I have read, felt, watched, listened, written, and talked about that session for nearly twenty years. I propose that the meeting can be best understood through the consideration of three factors: the progression of Laing's theoretical positions, the theories of transpersonal psychology,

and a method of clinical supervision employed primarily in psychoanalytic and psychodynamic psychotherapy.

#### BIOGRAPHY AND THEORETICAL POSITIONS

Born in Govanhill, Glasgow, Scotland, UK in 1927, Ronald David Laing was raised in what are said to be materially privileged yet emotionally bleak circumstances (Ticktin, 2005), close to his father and less so to his emotionally distant mother. He studied medicine at Glasgow University, as well as the traditions of phenomenology and existentialism. As a psychiatrist in the British Army, he began to question the value of orthodox treatments of the time (drugs, electroshock, insulin coma therapy) and instead spent his time listening and talking to patients, an act that he considered from an interpersonal standpoint.

After military service he began to focus on the importance of interpersonal relations in the treatment of chronic schizophrenia, and received analytic training (with Marion Milner and Donald Winnicott as his supervisors). He began publishing the first of many influential books in 1960 (Laing, 1960; 1967; 1970; 1990), and was acclaimed in public as a kind of psychological guru and prophet. It was in his book *The Politics of Experience* (1967) that he espoused the idea that real sanity involved the transcendence of the ego through spiritual practices and meditation. During these years, however, his personal life began to disintegrate, and he left his first wife (and two children) in 1965.

He went on to found The Philadelphia Association, a setting to provide true asylum for people in states of distress that would ordinarily call them to a psychiatric hospital. It was his hope that madness would represent not a breakdown but, potentially, a breakthrough into a more authentic way of being. He later studied Theravedic Buddhist meditation, conducted sessions in LSD therapy and rebirthing, and moved closer to humanistic and transpersonal psychology. He died of a heart attack in 1989.

One clear view of Laing's theories links him primarily to existential-humanistic practice, especially in that he considered the whole (as opposed to the part) of the human being, the human being in his or her particular world or life-context, and the human being in relation to existence or creation. Kirk Schneider emphasizes how Laing considered the variety of stances or angles from which he could perceive a client. He tried to perceive, through strong contact with the face of a client, minute impacts of culture, family, and biology, as well as minute impacts of existential issues, such as engulfment, chaos, and obliteration. "Laing's chief therapeutic concern it seems to me... was honesty in communicating, in understanding, in healing... honesty directly tied to phenomenology... and to maximal disclosure of experience (Schneider, 1999, para.6)."

Laing would try to understand where in the worlds of human experience (biological, cognitive, sexual, interpersonal, spiritual) the client was stuck, and how to gain access

to that “stuck place,” through a “disciplined naiveté.” A list of his technical activities includes presence, attunement, finding the opening, being courageous, and taking our interconnectedness seriously. He would provide three basic conditions in his therapy: presence and attention (to hold and illuminate that which is palpably relevant within his client and between himself and his client); invoking the actual (assisting the client into that which is relevant, charged) and vivifying resistance (assisting his client to overcome the block to contact that which is relevant).

To gain a sense of the way Laing viewed the therapeutic context, consider these remarks (Leviton, 1987, p. 40) published two years before he died:

EastWest Journal: Implicit in this discussion must be some model of psychological balance and integration, or what others would call sanity. As a psychiatrist, what state of mind are you trying to steer your clients towards?

R.D. Laing: That is the last chapter I haven't written yet! I've thought about this for many years and I still haven't come up with a satisfactory answer. Maybe it's because it's difficult to put into words or maybe because I haven't got it clear myself. Let's say someone ought to have autonomy, not a schizoid autonomy, but rather a balance within themselves, a center. Then we must divide the realms that exist between people into intrapersonal, interpersonal, and transpersonal – which is difficult to lay out systematically because there is no coherent psychological theory that brings the transpersonal, or rare experience, into coherent psychological play. Psychological health must be wholeness, with the complete, untrammled functioning of all aspects of the mind. Despite the credibility given in some circles to transpersonal reality, it is, to a considerable extent, not part of our culture. It's a subculture that some people believe in but very few people actually experience. It's something unusual – although practically everybody has some story about coincidences or synchronicities – but it's on the side, not like a constant backdrop to everything all the time in the West. If you accept once and for all transpersonal reality, then you can't just put it into an appendix or footnote. It has to be built into the whole psychological system. Mental health has to have something to do with all functions operating coherently and harmoniously...

Laing was here offering a brief yet comprehensive version of psychological health and wholeness that is summarized in what is known as the fourth force of psychology (after psychoanalytic, behavioral, and humanistic): the transpersonal force.

## TRANSPERSONAL PSYCHOTHERAPY

Early definitions of transpersonal psychology grew out of humanistic psychology, generated by psychotherapists and researchers who wanted to acknowledge the role of spirituality and religion in the development of the human being. Transpersonal psychotherapy came to be seen as "...an open-ended endeavor to facilitate human growth and expand awareness beyond the limits implied by most traditional Western models of mental health ... The therapist may employ traditional therapeutic techniques as well as meditation and other awareness exercises derived from Eastern consciousness disciplines." (Vaughan, 1979, p. 101).

"All forms of psychotherapy can be seen as a process of altering or modifying the patient's self-image," stated A. H. Almaas (Almaas, 1992, p. 39-40), who brought ego psychology and object relations theory into the field of transpersonal psychotherapy. He noted that in conventional psychotherapy certain boundaries of the self that promote pathology are recognized, modified, or dissolved to suit a more healthy self-image. This was accomplished by bringing them to consciousness and checking them with reality to encompass more and more of what is "real". "In our perspective," he wrote, "this means more openness and spaciousness in the mind... (and) if we (continue this process and) go beyond this limit of trying to achieve a "normal" condition... the person's experience of himself becomes more and more open and spacious until this openness culminates in the direct experience of the nature of the mind: space." Almaas is here pointing towards that state which is beyond conventional definitions of a healthy ego, and a healthy mind.

Precursors to transpersonal psychotherapy are seen in traditions of human functioning that describe a developmental arc (Wilber, 1985). In these traditions the human being is understood to be essentially a spiritual entity. These precursors are seen cross-culturally and are variously described in Hindu, Buddhist, Jewish, and Christian traditions (Huxley, 1944). They are observed in shamanic (Walsh, 1996) and Native North American traditions (Sander, 1996).

Although less-frequently addressed in transpersonal literature, the Sufi tradition inside Islam articulates one such developmental progression, and the steps (Shafii, 1988, p. 175-207) that were outlined centuries ago pointing towards higher forms of human capacity. These are steps that include and yet go beyond a healthy ego, personality, family, career and community. These steps are described by many Sufi teachers as being seven levels of the self (Frager, 1997), offering stages beyond "normal" human development, accounting for the entire spectrum of psychospiritual human functioning. Contemporary efforts (Almaas, 1990) to link Sufism and object relations theory also differentiate 'personality' from 'essence,' and attempt to describe techniques of 'metabolizing experience' that shift a person from his or her conditioned

behaviors (a.k.a. personality) into an experience of his or her co-existing essential features.

These are a few of the ideas that form an intellectual background for a transpersonal psychotherapist. Lukoff & Lu (2005) note correctly that when we are working transpersonally we consider spirituality as valid human experience. We do not believe, as did Freud, that religion was merely wishful illusion; as did Ellis, that religion was irrational; or as did Skinner, that it should be disregarded.

The psychotherapist establishes a transpersonal context in several basic ways: by being personally educated in conventional and transpersonal psychotherapy; by listening for a client's dreams, myths, ideas, and experiences that connote a relationship with the Universal (Metzner, 1998); and by working on oneself using transpersonal methods (Vaughan, 1979). Ram Dass/Richard Alpert (Alpert, 1975, p. 89), describing his encounter with R. D. Laing, noted that they had discussed the meditation practices they were doing, and were realizing that "...we were going to have to work on ourselves to get behind our own thinking minds, to be able to hear more clearly how it all is." The transpersonal psychotherapist is working to get behind his or her own thinking mind: to return again and again to a point of view that, technically, will provoke the therapist's own intuitions and insights that inform responses to the client and promote personal, interpersonal, and spiritual growth.

The content of the therapy considers material at the level of the ego (coping with life, identifying types of cognition, tolerating emotion); of interpersonal phenomena (family of origin, relationship patterns, successes and failures); of existential concerns (authenticity, meaning, and purpose); and of the transpersonal (the Divine, God, the Void, Allah: the larger trans-experiential impersonal cosmos). In some cases 'depersonal' psychotic material surfaces as well and is addressed (Grof & Grof, 1990; Lukoff, 1996; Lukoff & Lu, 2005).

If the transpersonal psychotherapist begins with the expansion of awareness as a goal, the therapy addresses the identification and disruption of maladaptive patterns of cognition, emotion, and behavior, using the client's increasing mindfulness (a strengthened observing ego) as the basic tool. "Transpersonal practices enable the individual to see beyond the conditioned ego, to identify some deeper and more enduring sense of self, and to implement beliefs that consider individual existence as an expression of some wider reality or larger life force" (Clark, 1998, p. 351). It is this larger life force that we acknowledge.

When a client introduces a transcendent idea or an event of altered-state of consciousness into a psychotherapy session, a transpersonally-trained psychotherapist does not ignore the comment. Instead that new topic is accepted and considered, part of the 'traditional, legitimate' topics of symptom relief and ego strengthening that are relevant and of value to the effort that the client is making.

In this way, the transpersonal orientation makes room (pun intended) for the spaciousness, the wholeness of the experience of being human, and inspires us to become identified with the larger Being, that vastly interconnected one heart beat, one Universal Mind.

But a psychotherapist's orientation does not guarantee successful work with clients. In the real world of conducting any form of psychotherapy, the method of clinical supervision (Hess, 1980) has since the analytic days been a recognized method of developing clinicians towards more effective and efficient functioning with clients. Its job is to assess, from actual session dialogue between a client and a clinician, what insights are being gained, what is being learned, what derailments are happening, and how to understand 'what is therapeutic about that?'

#### CLINICAL SUPERVISION OF PSYCHOTHERAPY

One method of psychoanalytically-inspired clinical supervision (Langs, 1979) is described as adaptational-interactional (Langs, 1980), and involves a number of basic practices, four of which are employed here.

The first is identifying strongly with the client. This is an effort to sense the experience of this person with these strengths and weaknesses, at this time and place in his or her life. The supervisor actively recreates, in his or her imagination, the emotions, the stance, the thinking that the client is and is not reporting.

The second practice of supervising this way is to observe how both client and clinician adapt to one another verbally, emotionally, and physically. The clinician adapts to the client using his or her own psychotherapeutic ground rules and goals, establishing a relationship and following technical lines of inquiry, constrained by his or her own countertransference dilemmas. The client adapts to the clinician, reacts to what that participant says or does, and those adaptations tell us something about both parties, and whether or not the meeting is proceeding in a therapeutic or non-therapeutic fashion.

The classic positive client response, from this point of view, is in evidence when the client adapts to the therapist by reporting material that recontextualizes what has been understood up to this point, provides material that shifts and deepens and broadens the therapist's (or suddenly the client's) understanding of what the client is presenting.

The third supervisory practice employed here is to study the derivatives seen in what the client says. Derivatives, also known as substitute or symptom-formations, demonstrate "the tendency of repressed impulses to use any opportunity for an indirect discharge " (Campbell, 1996, p. 693). A crude but still-accurate way to consider derivatives is in the realm of 'what can be derived, decoded, deduced' from what the client is saying. Langs cited two types of derivatives in an effort to illuminate the

meaning of the client's remarks and the function of them in the ongoing therapeutic interaction. "Type One derivatives ... are immediate inferences developed by the therapist; and Type Two derivatives... are organized around specific adaptive contexts... yielding meanings and functions... in terms of the ongoing therapeutic interaction" (Langs, 1980, p. 104). He used the phrase 'adaptive context' to refer to intrapsychic and external-world events that stimulate the client's conscious and unconscious responses.

The final supervisory practice employed here is this: we believe that the client is the ultimate clinical supervisor. The client's responses to the therapist demonstrate the meaning that he or she (the client) has drawn from the interaction.

If you can forgive the horrible similarities: we are employing a few of Robert Langs' supervisory techniques along with Ronald Laing's therapeutic technique of reflecting critically on the phenomenology of the meeting. In this way we attempt to understand how the psychotherapeutic dialogue is progressing, what impact it is having, and 'what is therapeutic about that'.

But enough of all this stage dressing. Let us get on to the play itself as it unfolded in 1985.

#### THE SETTING

The Conference I am attending is a five-day event where Minuchin, Polster, Haley, Satir, Masterson, Bettelheim, Satir, Szasz, Polster, Rogers, and R. D. Laing are speaking. I have been a psychotherapist for ten years already and am excited with this opportunity to hear from such legendary professionals.

A psychiatrist colleague and I sit together for the first presentation Dr. Laing makes, entitled "Theoretical and Practical Aspects of Psychotherapy." (*Knots* (1970) is the only piece of his published material that I have ever read. I know very little about him at this point.) After listening for a time, I turn to my colleague with astonished tears in my eyes and say, "This guy knows how I do psychotherapy!"

"I can't understand a thing he's saying," mutters the psychiatrist, who departs the lecture immediately. I decide to attend every presentation Dr. Laing does for that week. In this first speech, he describes some of his methods and their origins. Here are some of his paraphrased comments from my notes:

Psychotherapy involves many words, meanings, definitions... The etiology of therapy derives from a Judeo-Christian sect, the "therapeutae." The word means 'attendants' and refers also to attention and meditation. This was a sect who didn't go monastic or into the desert but formed communities to practice the holy life. They practiced "attentiveness toward each other,"

therefore the cultivation of attentiveness toward each other is the type of psychotherapy that I practice.

Social phenomenology is what is going on between us... Phenomenology is a descriptive discipline... We describe the phenomena of what is going on and we reflect critically on that.

People come to see us and are usually suffering about the past... It is the past, but this is present in the present... Is it what happened an hour ago? Yesterday? Childhood? Birth? Past lifetimes? Phenomenology here has a useful nuance: 'suspended belief or disbelief' can be useful. I can describe how people feel stuck in some incarnation, some intrauterine state, with an equal suspension of belief/disbelief... One can allow the client to feel free to be anywhere in the wheel of recursive birth and death...

A good deal of my therapy is "interpersonal meditation," meditating together, meditative conversation, a shared experience of NOT going into separate worlds but a coming together in a reflective meditative mood... Out of this comes much intuition, and value... The incubatorium was a snake pit under the temple at Delphi: the person sat on a pedestal for 72 hours seeking inspiration...

Showing people what they are 'caught in' can work: this could be "dehypnotizing" rather than hypnotizing... you find very little written about dehypnotization which should also be brought into the fore.

Several years earlier, psychiatrist Arthur Deikman was indeed writing about dehypnotizing clients (Deikman, 1982). He referred to the conditioned (hypnotic) automated human ways of seeing, thinking, feeling, and behaving in life, especially when one is grappling with the world. He contrasted those ways of being with those that are less grasping, more likely to perceive 'what is', more mindful, aware. And he discussed how the Sufi tradition (among many others) had developed techniques, teaching stories, and practices to accomplish that task of de-automization. Through discussions with current practitioners of Sufism in Morocco (Clark, 2004) and studies of these authors' works, it is my impression that Laing, Deikman, the Sufis (Shah, 1964), and the therapeutae demonstrate technical examples of working to disrupt mechanized human activity, often using 'applied intrapersonal or interpersonal mindfulness' as one of the primary tools. And they did that work in the context of the transcendent, God, Allah, the Void.

#### THE INTERVIEW

*The published transcript (Laing, 1989b) of Laing's interview with Christy begins amidst a joke that they are having with one another, and even the qualities of that joking have particular,*

telling, ingredients. The joke is one that Christy is telling about a friend of hers and Dr. Laing is responding precisely within that joke, but using different terms, about 'the nether or upper regions.' He is laughing with her about some extra-ordinary place that they cannot quite get to together. I have added emotional tones I heard on the tape in brackets, and my commentary on their exchanges in italics. Note again that my comments are only the music that I myself can hear and see in the encounter, that my version of their dialogue differs in small ways from the published text, and that my speculations here were never validated by Laing or Christy.

CHRISTY: ...he says when you try to torture him and he's gonna get... uh... a parachute and bail out!

DR. LAING: Uh-huh... to the nether regions. [laughing].

CHRISTY: Huh?

DR. LAING: To the upper regions.

CHRISTY: To the what?

DR. LAING: To the nether or upper regions. Anyway, you aren't... I don't know anything about you at all. And I don't know what to ask you about yourself, you know. [Christy laughs uncomfortably] What would you feel is appropriate to say under the circumstances?

*Christy is talking about a friend who is being tortured and wants to bail out. The topic, her tone of voice, and the setting suggest that she is expressing very real and present anxiety about the interview. Dr. Laing follows along with the joke, mirrors her humor and probably makes it even more absurd than her original, but she does not understand his imagery. Then he becomes self-disclosing, admitting he does not know what to ask. He offers her the opportunity to determine what to disclose. "What would you feel is appropriate to say...?"*

CHRISTY: I don't know. [uncomfortable laughter, then silence, both parties moving their feet nervously]

DR. LAING: Is there anything that, uh... do you feel that your situation is okay for you just now, or ---you say, you tell me coming over here you are taking some nox vomica to calm your system.

*He now offers her a bit of a directive, and alludes to what might interest them both.*

CHRISTY: And to sharpen my stupid wits!

DR. LAING: What is it that is creating the static in your system... the disturbance in your system?

CHRISTY: Oh, well, I think that my brain don't work right.

DR. LAING: In what way?

*He is using common slang phrases, attempting to contact her using words that would be more like her own. "Speak to every man according to his understanding (Shah, 1970, p. 204) the Sufis said centuries ago. This may have been the historical precedent for the 20<sup>th</sup> century psychotherapy "discovery" that clients use particular language and metaphors, and that if the*

*therapist uses similar ones, the client will experience contact, a sense of mirroring, empathy, of being understood. No matter who invented the stance, the client responds here by disclosing information, indicating that this first 'intervention' is effective:*

CHRISTY: Let me see, well, I guess the nox vomica doesn't treat this per se -- I'm getting another remedy for that problem. I get things turned around. I get opposites confused. I get, when I write, I get my letters confused. I get words confused. The end. And... either I tend to be paranoid or they really are after me --- I don't know which.

DR. LAING: So you are not sure whether you are confused about that or not?

*Why would he ask if she is confused about this or not? He may be trying to assess the strength of her paranoia. Is it strongly held (delusional) or merely an idea of reference? If she is confused about 'whether they are after me or not,' then the idea is less fixed, thus less delusional. Naïve views of transpersonal psychotherapy imagine that one excludes psychopathological assessments in favor of some 'higher' thinking. More traditional and long-standing transpersonal views propose that thinking about 'lower levels' of human functioning becomes integrated into a full-spectrum of consideration of a client's world.*

*In the traditional transpersonal school of Sufism, there has always been an acknowledgement of 'the nafs,' a word meaning "breath, animal life, soul, spirit, self, individual, substance, and essence... (but) the closest meaning in English would be "personality," "self," or "levels of personality development" (Shafii, 1988, p. 19). A lower level of nafs concerns perceptual forces, conscious and unconscious areas of the mind (imagination, illusions, and memories). An early Sufic healer, Avicenna, divided imagination into two types of nafs..."that used for adaptation to daily life, and that which overtakes wisdom and intellect and expresses itself in the form of irrational fears and massive anxiety"(Shafii, 1988, p. 26).*

*Transpersonal psychotherapy includes diagnosis and assessment of symptoms of emotional disorders. When considered as transpersonal psychiatry (Scotton, 1996, p. 4), it "seeks to foster development, correct developmental arrests, and heal traumas at all levels of development.... It extends the standard biopsychosocial model of psychiatry to a biopsychosocial-spiritual one." It is not uncommon to encounter clients, especially in spiritual emergencies (Grof & Grof, 1990) who have psychotic processes in evidence. But back to Laing's question, 'are you confused about that impression you are being pursued, or not?'*

CHRISTY: About what?

DR. LAING: About whether they really are after you or not.

CHRISTY: Well he sounds like it! [pointing at the camera man]

DR. LAING: What, him?

CHRISTY: Oh, ya. [laugh together]

DR. LAING: He might be after me for all I know!

*They are mutually joking about paranoia, about who is after whom, in this anxiety-provoking situation. Christy reacts with some irritation to this but then she discloses some new material*

*that recontextualizes the conversation entirely. Such a response demonstrates that the intervention (joking) was effective. She takes it to a new level, away from the interpersonal and to the explicitly transpersonal:*

CHRISTY: Well I am just trying to help you guys get some sense into your brains, I don't know if it is worth it though, you know? I had a guru for a long time who said, there isn't any sense in it. What you gotta do to, to be able to perceive reality is attain a level of consciousness which he offered, which I never attained, which is -- he said -- beyond the mind. It's completely above the mind.

DR. LAING: What sort of guru is this character?

*While this question may sound pejorative, ('what sort is this character'), by observing the client's subsequent response below one can ascertain that she did not take it so. These are entirely new topics, the perception of reality, attaining higher states of consciousness, and studying with a guru. Rather than ignoring this or interpreting it as resistance or as delusional, Laing follows her emerging agenda. What is therapeutic about having a therapist that validates your spiritual concerns, even though they might be unconventional? The value is tremendous. It is emotionally corrective. It promotes a therapeutic alliance, or better yet, a therapeutic dialogue where the therapist shares his tentative understandings and encourages the client to correct or challenge him. She responds to his curiosity:*

CHRISTY: This is, this is Guru Maharaji.

DR. LAING: Ah, well, what do you take him to mean by that? Beyond the mind... uh, above the mind?

*He is now is actively engaging in a dialogue about transpersonal experience, the realm of reality that is 'beyond the mind.' This comment not only validates that there can be such a discussion, it encourages Christy to access her own understanding about what that state might be.*

CHRISTY: Well, whatever it is, I couldn't imagine with my mind because it's beyond the mind. I suppose that it is some sort of... I suppose it involves a universal, being conscious of the Universal Consciousness. You know, everybody is subconsciously aware of everybody else's mind. Well, you know that, I've seen that, I've seen you read my mind.

DR. LAING: I don't see how you can be conscious of the Universal Mind, the Universal Mind is conscious of you, but you are not conscious of it.

*Here Christy cites several things: she has studied esoteric systems; she is aware that a human cannot even imagine the nature of the Universal Consciousness; she knows that higher states of perception occur, and can produce the impression of minds being read. Or is this a paranoid delusion, where she believes that others are reading her mind? We do not know yet.*

*Laing responds to Christy with his own cosmology, using the term Universal Mind. He is telling her that he believes it is futile to try to be aware of God, to try to be conscious of the Universal*

*Mind. He has not shunned her theme or redirected her, nor debated her 'mind reading' observation. It may be countertransference on his part, this expressed futility about his personal spiritual efforts, and it can be seen as a form of arguing with her. Remember, however, that the client is the ultimate clinical supervisor. Note in her next comments that she does not respond as if in an argument: she responds in the classic way a client does when an intervention has been successful. She discloses more of her emotional life in the present in a way that puts the discussion in a new context:*

CHRISTY: I... uh... Well.

DR. LAING: Y'know.

CHRISTY: Maybe so, maybe out of my bitterness I just say "Well, the Universal Mind doesn't know anything." [Laughing] Maybe I say that because I look around and I don't see any superior intelligence taking care of anything. [Pause]

*She starts out by longing for a kind of consciousness, 'that beyond the mind,' that promised by her guru, one which she could never obtain. Here now she acknowledges her bitterness (about that effort? her life?), and her anger at the Universal Mind. She is angry at God for all the suffering she sees, and projects her own 'not knowing anything' out onto the Universal Mind (as in a projective identification: depositing a part of oneself in another person). Laing responds both to her transpersonal topic and to her suffering about that topic:*

DR. LAING: How would you expect to see a... [note how he appears to shift here from forming a confrontation to taking an empathic stance with her] you mean that all the pain, suffering, stupidity and confusion in the world, how can there be a Universal Mind if our Universal Mind allows all that sort of stuff to go on?

*Laing is not going to engage her about her dualistic understanding of God, where the Universal Mind must be the source of only the Good, never the Bad. Nor will he pursue her insistence that the Universal Mind is perceivable in some fashion. He is though clearly empathizing with her pain and suffering and despair about the nature of existence.*

CHRISTY: Especially stupidity.

DR. LAING: Ah... maybe the, either the, either the Universal Mind is stupid itself or it's mad itself, or it doesn't exist.

*He is continuing her metaphor, as she might think it, drawing it out to its logical conclusions, perhaps to empathize with the depth of her separation from the Universal Mind, from God. "According to the Sufis, human beings are separated from their origin in nature and from Reality, Truth, God (haqq). They believe that emotional suffering or "sickness" originates from this separation" (Shafii, 1988, p. 46). 'Maybe the Universal Mind is stupid or mad or non-existent?' It is an empathic statement, and her response below delineates the degree of her alienation from the Transcendent, which is not so extreme after all.*

CHRISTY: Oh, it exists, it might be the sum total of the human minds, but it exists.

DR. LAING: Well, are you trying to... well, I mean I've spent a lot of time trying to work out how that can be the case, if it is the case. But I haven't found any answer to that, myself. I still put a coat and tie on under the circumstances. Why not?

*Self-disclosure begins what is therapeutic here: about his spiritual search, his paucity of answers, his resolution to work actively with the material world in any case. ("Trust in God and tie your came to a post" is a phrase heard in some Sufi circles.) He is giving her a suggestion about what to do in the face of this profound human dilemma: "If God exists, how can He let all this suffering happen? Is there really a Universal Mind here?" It is an existential response ('in the face of the Unknown, you might as well wash the dishes') but with transpersonal connotations. Her next answer indicates, however, that his suggestion has suddenly disrupted their alliance:*

CHRISTY: Yeah, I asked him why he didn't kill himself, and he said that he is not ready yet. [silence, pause] I guess if you are dead, then you blow any chance of doing anything good, huh?

DR. LAING: This time 'round, anyway. (now, a period of about fifteen seconds of silence)

*He offers no confrontation about her non-sequitur and takes the new topic up with her, alluding to reincarnation. But the conversation has gotten derailed. He has admitted he has not found clarity about the Universal Mind, and urged her to just work with the world anyway. She has responded with a story about someone not quite ready to die yet, not ready to give up the effort to 'do something good'. The derivatives suggest she is alluding to her despair about her own spiritual search, and to her fear that this longing-for-God part of her would die if she rejoined the world in a more ordinary way. She is also rejecting his suggestion, in an oblique fashion. They sit quietly and finally he speaks.*

DR. LAING: If we were just sitting here without these cameras on and these microphones, I wouldn't say anything just now, but I feel impelled to make an effort to keep talking for the sake of the people that are listening to it. Maybe I shouldn't bother.

CHRISTY: Are people listening to this?

DR. LAING: Yes, a whole lot of people are listening. That's why the camera...

CHRISTY: [interrupting] Nobody told me that the camera was on.

*Note that he referred intentionally to the camera: it is present, right here in the room 'with us'. He is bringing them both back into the present physical moment, out of the silence that has been happening. He has referred to his own experience in the present ('feeling impelled'), and suddenly she has realized that the present includes a large viewing audience as well.*

DR. LAING: The camera, that guy has got the camera on just now. And there are a whole lot of people listening to it.

CHRISTY: Geez, I wouldn't of talked about that stuff if I'd of known it was on.

*The great majority of clients are uncomfortable talking about their transpersonal experiences or despairs or longings. They do not come with that agenda in mind, and certainly do not feel comfortable broadcasting that part of their lives to the general public. But Laing goes on to console her about it, letting her know that her comments are completely germane to their interview. She stopped talking about the Universal Mind when he suggested she 'put on a coat and tie anyway'. On that topic, he derailed her with his own discomfort and a confrontation, and now they return at his invitation to more earthly material. He directs her to some more common, mundane ideas, decreasing her (and his) anxiety about 'talking about that stuff' in front of a large audience. In response to this, she discloses some paranoid thinking:*

DR. LAING: It doesn't matter. [Laughs] How long have you been in Phoenix then?

CHRISTY: A year and a half.

DR. LAING: And what brought you to Phoenix?

CHRISTY: I was trying to escape the conspiracy, and it didn't work.

DR. LAING: What conspiracy?

CHRISTY: Well, if there is one, I suppose that you are a conspirator, so you know already. If there isn't, I guess I just imagined it.

DR. LAING: Well, ah, whether or not I am a conspirator, and whether or not you are imagining it, are you prepared to give me your account of what that conspiracy is?

*He does not take up the topic of her imagining this nor of his being part of it. He simply requests she describe her experience of it. He is asking her for the phenomenon she observes.*

CHRISTY: As much as I can figure out, yeah.

DR. LAING: Well go ahead.

CHRISTY: Well, I think the conspiracy doesn't exist, so I just don't think about it. If I don't think about it, it's not there too much. But then, people like Peter, people like Dr. Stumph, they tend to make me believe in it again. So I try to avoid those people. I am not going to talk to you any more. *[a comment to the doctor, off stage]* No, he's all right when he's talking about the job.

*It appears that she is naming treatment professionals that she has encountered in her Phoenix clinic, and reporting that after talking to them she has an increase in paranoid thinking. Thus she avoids them. Laing responds to this by returning her to her experience of the conspiracy. Interestingly, she is talking about what triggers her paranoid thinking, and he is directing her toward what her thinking is like, its nature, the phenomena of it.*

DR. LAING: Is it a benign conspiracy or a malign conspiracy? Is it a conspiracy for good or for evil?

CHRISTY: Well... oh heck if I know. But if anybody messes with me like that *[meaning, like the doctor does]*, I don't care. You know what I figure is, the mind creates a whole lot of things, I see mind as really powerful. People subconsciously... their minds always interact, they do, I've seen that. And people see what they expect to see, so it stands to reason, if I believe in a conspiracy, then people are going to act like conspirators.

DR. LAING: Ya... so far, okay.

*It is my contention that he is supporting her assertions that 'peoples' minds interact,' also that 'what one believes, one sees'. Both these concepts are explored in detail in transpersonal literature and indeed in psychoanalytic literature (Searles, 1966), where countertransference clouds a psychotherapist's own vision.*

*The first idea that minds interact is a transpersonal one, displayed in writings about synchronicity, parapsychology, extra-sensory perception, guru-disciple transmission of knowledge, and therapist-client relationships, in which there appears to be demonstrated some form of personal boundary opening between minds that cannot be conventionally explained. As Tart states, "...we may occasionally have psychic contact with events in the "external" world (including the contents of other people's minds)... so that the simulation we experience as reality may have inputs affecting it other than ordinary sensory input." (Tart, 1996b, p.190). This would be hard to accept from a client without the personal experience of it or a study of transpersonal literature.*

*The second comment, that one believes what one sees, is both ancient teaching and contemporary psychological research on human perception. It acknowledges the dramatic way that one's own values, beliefs, culture, experience, and attitudes distort what one comprehends, 'sees,' about a single event. One can learn to observe how one's own version of reality is radically distorted by various conscious and unconscious factors in one's own psychological reality. A transpersonally- inspired psychotherapist believes this is part of the technical meaning of 'having eyes that do not see' or 'being asleep' (Tart, 1996a), while a cognitive-behavioral psychotherapist believes that this is part of having recurring cognition that needs to be challenged. Laing is encouraging her to notice that she has, sometimes, eyes that do not see. People's expectations, Christy notes, veil their perceptions.*

*Christy's comments represent part of the continuum addressed by transpersonal psychotherapy. She is alluding to coping in the world (ego), to how she experiences merged relationships (interpersonal), to how the mind distorts perception (intrapsychic), and to how she believes minds interact (transpersonal). It appears in her next comments, then, that if she says something negative about her doctor that it comes back to bite her.*

CHRISTY: Ya, but I told Dr. Stumph... he walked into the room, just as I was saying something negative about doctors but he denied that he heard it.

DR. LAING: Who walked in the room, Peter?

CHRISTY: Huh?

DR. LAING: Who walked in the room just as you were saying something negative?

CHRISTY: Dr. Stumph, but I don't know maybe I expected him to walk in when I was saying something negative about doctors. I mean, they try! (laughing)

*Christy is trying to figure it out: was it just a coincidence or was it evidence of the conspiracy? Laing suggests to her it was just coincidence:*

DR. LAING: Well, that sort of thing is happening all of the time, I don't see why you are making a special point of that.

CHRISTY: What do you mean?

DR. LAING: I don't see why you are making a special point of telling me that just now, since that sort of thing, as you know I know, and I know you know, happens all of the time anyway.

*He is helping her differentiate coincidence from conspiracy. This confrontation implies 'you are confusing what you imagine is happening with what is actually happening: it is magical thinking, not conspiracy evidence'.*

*A solid transpersonal psychotherapy dialogue dismantles false impressions and pseudo-spiritual understandings and maladaptive cognitive-emotional habits. He is helping her develop ego strength here, specifically, the art of reality testing, just as a solid cognitive-behavioral psychotherapist would do.*

CHRISTY: Ya, well – 'cause they are watching us [pointing to the cameras]!

DR. LAING: Well, ya, alright... we better stop that [laughs]. Well, I mean, this whole set up is an enormous conspiracy, you are right in the heart of the conspiracy, just now.

CHRISTY: Oh.

DR. LAING: So you haven't... If you came to Phoenix to get away from the conspiracy, you haven't done very well [laughter]!

CHRISTY: What do you mean?

DR. LAING: Well, you are in this situation.

CHRISTY: You mean that the conference is a conspiracy?

DR. LAING: Ya...of course!

CHRISTY: What kind of conspiracy?

DR. LAING: Well I have got a plane booked to get to Boston Sunday, so I am not going to see what sort of conspiracy it is, because I want to go on that plane, you know, in good order, as far as I'm concerned. No, I think that it is quite a benign conspiracy. It is certainly a very concerted deep plan. And it involves... it's much wider than the number of people who are actually here; seven thousand people have flown in. That's sort of a minor conspiracy in terms of the galaxy, but it is quite a big conspiracy.

*While this appears to be a deft paradoxical intervention, where the therapist now seems crazier than the client, I believe it as more than that. I believe that Dr. Laing is expressing his own genuine understanding of some of the meta-dynamics that surround the long-term work of humans to develop themselves, and labeling that effort a benign conspiracy. He is alluding to a genuine 'conspiring' by the large group of people present to promote conscious human development towards the good and the true. He is not just 'reading from the paradoxical intervention playbook'. This is evident from his next responses:*

CHRISTY: What do you know about it?

DR. LAING: Well I guess... I think that the Universal Mind has been asleep a bit as far as this planet goes. I mean in this galaxy, and this planet. It's uh... it is itching a bit. And it's sort of waking up a bit to do something about it.

*Here Dr. Laing is using the terms "asleep" and "awake." Although he attributes them to the Universal Mind, they are transpersonal concepts (Metzner, 1998; Tart, 1987) associated with human behavior and cognition as being mechanical, habitual, unaware ("asleep"), versus coming to objective awareness, coming up out of that sleep ("waking up") so as to be better able to comprehend the nature of existence. These terms are most fundamental to transpersonal philosophies, and frame the understanding that most of what human beings regard as conscious action and behavior is in fact conditioned, unfree, rote response and reaction. With this language various states of 'higher consciousness' or 'wakefulness' can be differentiated from lower ones, and technical forms of effort can be prescribed to cultivate that consciousness. In asserting that the Universal Mind has been lagging, sleeping, however, he engenders more of her bitterness in her response:*

CHRISTY: It is capable of doing anything? [sounding not convinced]

DR. LAING: Well, Jesus Christ 'has got no other hands but ours.'

CHRISTY: Oh.

DR. LAING: It's certainly capable of doing what we do. I mean as far as we are concerned.

*He refers to the psychomystical observation that the earthly is a manifestation of the Divine, that the work the Transcendent is work done right here on earth. He is trying to engender hope and is alluding to Christ's comment that 'the Kingdom of God is within'. Her response:*

CHRISTY: Are you a Christian?

DR. LAING: Well that depends who I am talking to.

*While one can speculate as to the meaning of this comment for Laing, Christy's adaptation to it demonstrates that it was frustrating for her:*

CHRISTY: Just tell me.

DR. LAING: If I am talking to you? Well I am not sure what I should say about that. I am a Christian in the sense that Jesus Christ wasn't crucified between two candlesticks in a cathedral; he was crucified in a town garbage heap, between two thieves. In that sense, I am a Christian.

*This is a phenomenological comment, alluding to the actual crucifixion circumstances of Christ that anyone present could witness. Laing is contrasting the living-breathing activity of 'being present, witnessing objectively' and 'having eyes that see' with institutionalized rituals that commemorate the one who taught that. But it confuses his client:*

CHRISTY: You're a what?

DR. LAING: What?

CHRISTY: I didn't hear your last words.

DR. LAING: In that sense, I am a Christian. But in another sense, in another sense I mean I wouldn't admit to being a Christian in most Christian company. Why? Are you a Christian?

CHRISTY: Hell no.

DR. LAING: Huh?

CHRISTY: I don't think so. I think God doesn't know what he is doing. So, who knows, maybe Jesus had a mental problem you know?

DR. LAING: Maybe he didn't have time to mature, they got him too young.

*Here he is staying with her metaphor, and suggesting that we all need time to mature, to grow, to develop. He does. She does. Christ did. But she is talking about her alienation from the Divine Presence now, and that does suggest that she feels far a field from her Supreme Being.*

CHRISTY: Ya, or maybe... I was talking to my friend about this the other day. I told him that I don't believe in God and he said he believed in many Gods, and they eat their disciples after they die.

DR. LAING: Oh?

CHRISTY: So maybe that is what Jesus does.

DR. LAING: Well, worse things could happen than if when I die, I was eaten up by Jesus, sounds quite gross for him!

CHRISTY: You think that it would be okay? Well, I thought that it might be better than getting eaten by the devil.

DR. LAING: It might be indeed.

CHRISTY: But then, it might be better not to be eaten at all.

DR. LAING: Well, I don't think that you can help it. I mean -- we're either in the bowels of hell, or in the bowels of heaven, or both, at one time.

*Without debating the ideas she proposes or labeling them disturbed or psychotic, he is alluding to the de facto nature of our being here in the spiritual predicament that we are in. He understands that in a certain sense we have little to do with the meta-forces that are at work in the cosmos, we are indeed very small in the face of the All and Everything. And that we endure the bowels of heaven and hell right here on earth.*

CHRISTY: The what?

DR. LAING: The bowels.

CHRISTY: Oh. Yeah. I think that is awfully mean, but then, that is just what my friend said, it doesn't mean that it is true.

DR. LAING: Did you think that it is fair? You say that is awfully mean.

*Again he is exploring for her suffering and for her experience of her own worldview.*

CHRISTY: I think that it is awfully mean, that humans...are at the consciousness that we are at. We are just halfway, someplace. We are intelligent, but we are not intelligent enough. At least I haven't figured anything out. Have you? You are older.

*Her ideas about humans being 'halfway someplace' are repeated by many authors in the tradition of the perennial philosophy (Huxley, 1944). Just being here in adult form is not quite enough. We have work to do in our project of conscious evolution. We have to be engaged in deliberately developing ourselves. Dr. Laing points out that mere chronological aging does not help:*

DR. LAING: What difference does that make?

CHRISTY: You have had more time. Have you figured anything out?

DR. LAING: You don't get any wiser when you get older. [audience laughs]

*This self-disclosure admits his limited knowledge of the metaphysical concepts they are discussing. It has the impact of demythologizing him as a psychiatrist, and as an 'older person,' and puts him squarely on the earth with her as a fellow human. It is a good joke too.*

CHRISTY: See! [hearing audience reaction]

DR. LAING: Well, that got a laugh! [both laugh, then silence]

DR. LAING: What about your mom and dad, and that sort of thing. What sort of... are they alive?

*He now re-directs her into her family of origin, exploring for some psychodynamic material that may be relevant. This is part of the transpersonal spectrum, too, the understanding that the 'Freudian layer' is a genuine arena of data and conditioning, and can be seen as a source of a great many of the client's current difficulties. 'Are your parents alive?' he has asked, a question about the present times.*

CHRISTY: Who, my parents?

DR. LAING: Yeah.

CHRISTY: Ya.

DR. LAING: What sort of chap is your father?

CHRISTY: Oh well -- he is a Christian preacher.

DR. LAING: Oh, I didn't know. [sounding surprised]

CHRISTY: Yeah, my parents are very religious. At least they say that they are.

DR. LAING: Well... you are very religious.

*He is giving her an opportunity to identify as a valid religious person. She does not go that direction, and indeed takes the comment as if it were some form of imposition or insult. She prefers to continue on the topic of her parents and who they are, away from the comment about religion.*

CHRISTY: Yeah, I guess I am [sounds like she is grimacing]...

DR. LAING: Oh, it's not meant as an insult!

CHRISTY: And my parents are currently running a shelter up in [Midwestern state]

DR. LAING: What? [astonishment]

CHRISTY: They are running a shelter.

DR. LAING: Oh, yeah.

CHRISTY: Yes.

DR. LAING: Where was that?

CHRISTY: [names the city]

DR. LAING: How do they feel about you? [said with ironic, gentle laughter]

CHRISTY: [laughing too] I don't know! I wrote them a letter, and asked them and... I haven't picked it up in the mail yet. I asked them if it was okay to send a Christmas present. That's... I don't know.

DR. LAING: No reply?

CHRISTY: I haven't been to the post office yet to pick it up. If they did reply... they probably did.

DR. LAING: Do you expect them to send you a Christmas present?

CHRISTY: I don't know. Let's see I was... I had some Christmas gifts, so I thought I'd send them some, 'cause I was making crafts for Christmas.

DR. LAING: Because you were making...?

CHRISTY: Crafts.

DR. LAING: I would have never thought of writing my parents and asking them if it was okay for me to send them a present for Christmas. I mean, why wouldn't it be okay?

*This gentle confrontation attempts to assess how estranged she is from her parents.*

CHRISTY: Maybe they hate me after all I... after being an unfaithful daughter.

DR. LAING: Unfaithful to whom? Them?

*He goes on to explore for the nature and the causes of her negative self-image. This is important: note the sequence of her self-descriptions in the interview: first, unfaithful to the Universal Mind, then to unfaithful to the doctors, and now unfaithful to her parents. The repeating theme demonstrates clearly how she sees herself, a way of self-seeing that begs for identification and disruption by the work of the therapist. The hypothesis is that this is a derivative, surfacing unconsciously, provoked by an inner negative psychic structure.*

CHRISTY: Yes, I haven't visited in years.

DR. LAING: Uh-huh.

CHRISTY: And in fact I don't communicate well with them either. But you see -- I have my own life to live. You know, I hope that they understand that, but maybe they don't.

DR. LAING: Well, if you are faithful to the Lord Jesus Christ, how can you be unfaithful to your Father? Well, I mean, He said, that didn't He, that 'unless you hate your father and mother and follow me, you cannot be my disciple'.

CHRISTY: Ya.

DR. LAING: What does your father make of that?

*He is using a psychological interpretation of Biblical verse to support her right to differentiate from her parents, as well as to allude to the tremendous conditioning that a person receives in the family setting, and to a way out of that bind. He is here following along with the derivatives above, where her 'unfaithful client-patient-daughter' self-image might be reframed as a 'differentiating woman' instead.*

CHRISTY: Well, probably that ... well this current Christian emphasis on family is ... is against the teachings of Jesus. You know, the modern Christian emphasis on families.

DR. LAING: Yeah, I guess. I mean I don't'... do you know that passage where Jesus... I always said I thought that there was something wrong with that translation. It said, 'unless you hate your father and mother, brothers and sisters, you cannot be my disciple.' In the English version. I think it means unless you "prefer" me to you father and mother.

CHRISTY: I don't recall that it said, "hate". Something like "deny."

DR. LAING: Yeah -- I asked a guy, an Aramaic scholar, but he said he thought that it meant, "unless you are happily indifferent to them."

CHRISTY: That makes a lot of sense [laughs]!

DR. LAING: Ya, call his bluff!

*Again, he is encouraging her to differentiate, to consider a teaching of Christ as embodied in the more direct commentaries that were offered to the disciples rather than in the parables offered to the masses. These kinds of commentaries are noticeably outlined in esoteric Christian literature (Koester & Lambdin, 1981; Nicoll, 1999; Pagels, 1979). He is not talking about "honor thy father and thy mother," as does exoteric Christian literature.*

CHRISTY: 'Cause if you are not happily indifferent to your parents, they would be on your case all of your life!

*She takes in his idea about differentiation from the parents. It is therapeutic to have personal and spiritual support for doing something that one has believed was "unfaithful" behavior. It relieves one bruise of the negative self-image, reframes it for her, legitimizes a part of her that troubles her.*

DR. LAING: That is right! I have to go back, now. I am going to go up on stage and talk.

CHRISTY: Okay.

DR. LAING: All right, I will see you later.

CHRISTY: Okay.... Hey can I come out?

DR. LAING: You want to come out?

CHRISTY: To see what you say, yeah. [audience applause; Christy and Dr. Laing leave the room and come to the stage together]

*Christy's request here demonstrated a remarkable bond with Dr. Laing. Suddenly, here and now, she was faithful to the significant other! Could it thus be assessed that their conversation had strengthened her ego-state, or that Laing was functioning as an auxiliary ego for her here? Did she feel perhaps radically understood, seen, stronger?*

*In any case, the impact of her sudden unanticipated gesture was dramatic, with many of us literally weeping with a sense of inclusion, of encouragement, of pleasure at what we were seeing and hearing. It was, simply put, astonishing. It appeared to be 'a sense of communion that is unspoken,' as Dr. Laing went on to say later.*

*Laing and Christy joined a group of panelists on stage.*

BILL MCCLLOUD: Perhaps I could ask if any of the panel would like to make a comment before we go for questions and answers, and comments from the audience? How is that for you [Christy] now that you see there is a large group of people here? Thank you for your graciousness for being here by the way. [applause]

CHRISTY: [to the audience] You are very nice to clap.

MODERATOR: An acknowledgement of your courage. So we will take questions from the audience, if anybody would like to come up and address a question to a member of the panel.

FIRST AUDIENCE MEMBER: I am only getting up because no one else did. And I wanted to tell you that my impression was that our young lady is extremely bright. I would like you to know from my point of view that one of the reasons I am at this conference is to get answers to some of questions about life that you are looking at through your eyes. I appreciate you being up there.

SECOND AUDIENCE MEMBER: [to Dr. Laing] Yes, I was wondering what you thought really went on therapeutically in that interview? [sounding skeptical, critical, frustrated]

DR. LAING: What do you think went on therapeutically? [returning her fire]

SECOND AUDIENCE MEMBER: I am mystified to tell you the truth. Maybe you could explain it to me.

DR. LAING: If you are mystified, I can't explain it to you.

*This comment can be made about any process of learning how to learn (Shah, 1978) actually. At some stages the student cannot take in what is taught, is too filled up (with, in this case, her sense of skepticism and her lack of understanding). The state of 'being mystified' is indeed one that prevents ideas and information from entering.*

SECOND AUDIENCE MEMBER: Did anything go on?

BILL MCCLLOUD [MODERATOR]: There is an observation, perhaps, you could make as to who is up on the platform, which might partly answer your question.

*By emphasizing the phenomenology of the event, the actual unanticipated fact of sometimes-paranoid Christy choosing to place herself in front of a large audience, the moderator suggests that this is confirming that 'something actually went on' in the interview. Phenomenological, present, obvious, experienced, ordinary reality is commonly referred to in transpersonal literature as the arena in which events will be verified or refuted.*

THIRD AUDIENCE MEMBER: A couple of days ago, Dr. Laing, you spoke about creating a kind of transpersonal reality. Not creating, but stepping into something that is a shared reality between you and the person you are working with. That spoke to me, very deeply. I was really interested in hearing from the young woman, that you have been interviewing with, and also from you, about the experience of moving into that place. You, the young woman, mentioned some feeling of Dr. Laing having read your mind earlier, and I would like to hear anything you have to say about that experience. Either as his stepping into your head, or the two of you being in some kind of shared reality.

[an exchange of whispers occurs here between Dr. Laing and Christy]

DR. LAING: Neither of us knows how to answer that question. [audience laughter] But I'll start putting a few words to this and [aside to Christy] tell me if I strike a wrong note. It is with the greatest reservations that one can talk about transpersonal reality. It is certainly non-verbal and it is fundamentally, essentially, impossible to express in the content of words. It is possible to convey it, however, more, through words, in the music of words, in the manner of words. And then there are other ways which I was trying to explain, two days ago, we communicate with each other interpersonally.

If that realization is present, of the transpersonal field, then nothing needs to be said between those people who are aware of that transpersonal field. When one tries to explain one's awareness of that transpersonal field to people who are not aware of it... and I know that in this company there are a lot of you who are aware of it and many of you who are not aware of it.

To those of you who are aware of it, you know how difficult it is to talk about. And to those of you are not aware of it, I would say this. Don't... be too impatient. Don't, because you don't understand it, because you are mystified, don't get angry. Something IS happening... something is happening... something is happening between us in this hall, at this very moment. You can't express it in words.

There is a conspiracy. There is a divine conspiracy, which has brought us together. There is a divine conspiracy as well as conspiracy of the devil. I am not going to go on, and say any more about that just now. But as I tried to say before: It makes all of the difference if there is a sense of communion which is unspoken. It doesn't have to be said. It shouldn't actually be spoken about anymore than it sometimes needs to be. Out of which interpersonal communication occurs and which links up with the intrapersonal.

If that is there it makes all of the difference. If that is absent, sort of going at it like this: making interpretations, trying to understand, trying to do psychotherapy, whether it is behavioral therapy, psychotherapy, psychoanalytic therapy or what not, it will come to nothing.

It doesn't get anywhere with those people who find it very difficult to live in the world of the interpersonal and the intrapersonal and see how stupid it all is, how ugly it all is, how it expressively confused all this [is]... and yet, are disregarded as crazy and mad, for realizing that... and are either locked up or run away. [audience applause]

FOURTH AUDIENCE MEMBER: Speaking about conspiracy, I would like to ask the members of the panel, how this young woman came to be interviewed in front of hundreds, or thousand of us today, without knowing that this was the case?

CHRISTY: I knew it was the case.

DR. LAING: She knew it was the case. She [just] didn't know that the camera had started running. She knew. Absolutely.

CHRISTY: Yeah, I knew that you guys were watching me. I didn't know when they started the camera.

FOURTH AUDIENCE MEMBER: I got it. Thank you.

FIFTH AUDIENCE MEMBER: It seems to me, that what seems to be happening is that a vacuum has been created. It reminds me of a professor friend of mine that said: "I feel, I feel, I don't know what I feel, but oh, how I feel."

What I am wondering is: that vacuum allows people in the medical professions to bring zombies to us and we have to work with them and the vacuum doesn't really give to me, at least, a feeling of understanding. And when you refuse to understand, it sounds sort of "nirvana-ish." Although I am not against that, I think that some kind of clearer explanation, clearer understanding should be given so we know what we are doing. When you avoid those things, you are breaking down the whole therapeutic process, it would seem to me. Enlightenment does not come just by remaining silent although that is a nice feeling.

DR. LAING: [rising voice, approaching an impatient angry tone] This young lady sitting beside me is supposed to be an absolute paranoid schizophrenic, on medication. She is sitting here just now, perfectly composes mentus, perfectly clear, facing this most intimidating situation from the stage, not exhibiting any symptoms of schizophrenic disorder.

If you knew of any medication that could do that in twenty minutes, from there to here, would you say you wouldn't give that to a patient? You would have to spend the rest of your life being a biochemist to understand what the chemical effects of that sort of thing are supposed to be in the central nervous system.

[Intensely] So you don't know anything about this sort of process! Have the humility to admit that and keep your place, instead of the arrogance that you seem to have, to think that because that you don't know something that there is something the matter with those people that do! [loud audience applause]

FIFTH AUDIENCE MEMBER: I didn't say that I don't, I have a mind that could understand, I am sure that you do. I don't think that we should call each other names and say "arrogance." I think that there is more arrogance in silence sometimes than there is expressing wisdom, if somebody has it. If there is wisdom, give it to us, but don't let us feel as though there is some kind of mystical communion going on when there isn't.

*This audience member is demonstrating the basic impediment of many aspiring "students" of any tradition or discipline: the absence of beginner's mind, a non-critical openness to what-is. Instead the member is impatient and angry, labeling patients as "zombies," projecting his own arrogance onto the silence of the instructor, and rejecting the very teaching that is being present and that is being presented. He is assuming that wisdom is a kind of commodity that can be given to him rather than arriving from his effort and direct experience. Transpersonal literature and the apprentice model of psychotherapy training acknowledge the necessity of learning by direct experience. Dr. Laing seems quite angered at the comments that are discrediting him and the transpersonal realities in this encounter, at the statement that 'there isn't a mystical communion going on'.*

DR. LAING: There is! There is! That is the point! There certainly is, but... see you say, "when there is some sort of mystical communion going on when there isn't".

FIFTH AUDIENCE MEMBER: Well again its, [mocking Dr. Laing] "I feel, I feel, I feel, I feel, I don't know what I feel, I feel."

DR. LAING: [mocking him back] "I feel, I feel, I feel!" -- who's talking about I feel?

FIFTH AUDIENCE MEMBER: "I don't know what I feel, but, oh, how I feel it!"

DR. LAING: Well -- I do know! And you don't know! And I'm saying that it is not verbal, and it can't be put into words. Because you can't understand it, obviously, you say... [mocking again] "Ha, ha, ha, some sort of mystical communion going on."

FIFTH AUDIENCE MEMBER: But there are people that have claimed to have seen the devil, there are people who have claimed all kinds of things.

DR. LAING: Give someone else a chance at the microphone!

FIFTH AUDIENCE MEMBER: If it bothers you than I can quit.

DR. LAING: [loudly] It bothers me! [audience applause]

[Another audience member deflects focus to the on-stage panel in a discussion about using medication with seriously mentally ill clients. The psychiatrist who has seen Christy a few months before reports that she exhibited "loose associations, prominent delusions, was visibly hallucinating, and was disoriented." He attributes her current stability to having a stable place to live now. Christy disagrees and motions she wants to talk.]

CHRISTY: The reason I'm doing better is that I quit putting mental energy into the conspiracy, and creating it to a certain point. But this guy says that there is one! [audience laughter] I think that is because... [aside to Dr. Laing]: You know how to share minds?

DR. LAING: [nods affirmatively]

CHRISTY: He knows how to tap into other people's minds, on a subtle level, not by just asking questions. 'Cause everybody reads minds, you guys read minds, I tell you everybody does. If you observe and look around, you notice it... And, one more thing... I don't go around like a paranoid schizophrenic all the time, I know how to keep my cool! And I think this guy would be a great psychotherapist because he does that, he knows how to tap into where other people's minds are at...

*She is alluding to the deep connection she felt with Dr. Laing, the authenticity and accuracy of the contact they had, the sense of his being fully with her, being able to 'tap into' her mind, go past the ordinary normal boundaries. 'Transpersonal' means, in one sense, beyond the person. We have all had clients, especially those with loose boundaries, who can 'pick up on' where we are at that day. And it is not an uncommon experience, in a transpersonal moment, to note that a therapist's intrapsychic experience includes intuitions or precognitions about a client's commentary. If one is indeed 'interpersonally meditating', one is practicing mindfulness when in a therapeutic interview. Such a practice loosens some of the restriction that the therapist's ego has on his or her own perceptive capacities and ordinary ego boundaries. This is not mystical or magical: it is part of the impact of mindfulness, that's all.*

[After the exchange, another audience member talks to Christy:]

SIXTH AUDIENCE MEMBER: [later identified as Dr. Salvatore Minuchin] I loved it. I thought that it was wonderful, and I think that you should learn something from Ronald because I don't think that you did. You see, what we have experienced here is a communion of love.

What I was observing... I fell in love with this young person. She was able to release it from Ronald and so did he from her, that kind of experience. It was experienced at the level not of the words, but there was an element of joining that was expressed in their hands, in their legs. They were moving exactly in the same place and I loved it. I think that it is important that you should know that. I am talking to the physician that talks about drugs because the drug that existed there is very, very powerful. [loud audience applause]

In my first professional psychotherapeutic job in 1975, I was a counselor in a residential treatment program for clients with character disorders, mood disorders, and chemical dependency problems. A visiting Hindu guru urged me to "love your clients" as a treatment method. It seemed kindly advice but it dodged what I consider to be more to the point: there are specific methods of activity and inactivity that can and do reach clients with increasing degrees of effectiveness. These methods are a function of the client and the therapist, the theories and research, the place and the times. Clients respond in definitive observable ways when those methods are successful.

I do think that Joseph Needleman has it right (Needleman, 1996, p. 80):

The possible love relationship between human beings must now include, and even be principally constituted by, the help that one human being can give another toward the aim of inner self-development. To love one's neighbor is to regard him/her as a being containing the spark of divinity... who is, at the same time, in need of help in order to actualize his or her possibility.

#### SUMMARY

Thus we have on record a conversation between R. D. Laing and Christy at their first meeting. I contend that it offers a direct picture of a number of transpersonal psychotherapy concepts and interventions, including answers to the vexing question, 'what was therapeutic about it?'

It begins with a psychotherapist who has been practicing meditation and studying the esoteric elements in Christianity. These efforts build capacity in the practitioner who constitutes now a Real Companion for a client's psycho-spiritual struggle. With this company one has a time of repair for the usual experience of 'I'm all alone out here, railing at God'. It is a genuine kind of alliance that is the subject of Christian parables and Sufi teaching stories and Jewish rabbi tales and psychotherapy interviews. This alliance diminishes the experience of separateness from the Transcendent and from significant others who are struggling towards It as well.

The two companions here embark on a discussion weaving back and forth between standard, psychodynamic topics and esoteric, transpersonal commentary. In the beginning, the therapist adopts the client's organizing metaphors which are spontaneously of an esoteric, spiritual nature. He makes some attempts to help her reformulate her relationship with her spiritual life, one which is characterized by some confusion, and a bitter disappointment that God is not accomplishing more good in the world.

He encourages her to press on, to 'still put on a coat and tie under the circumstances,' rather than to give in to her despair, which she shares by alluding to 'others' who may try to commit suicide. At this point she realizes that "other people are listening to this" in real time, and brings up her fears of "a conspiracy." He helps her clarify her confusion about this and supports her contentions that psychomystical events ('minds interact') do occur, rather than discrediting this idea as paranoid.

It is interesting to note that as long as Dr. Laing is engaging and mirroring her, and they elaborate on the transpersonal world, that 'all goes well'. As soon as he confronts her about her failing to 'put on a coat and tie', she alludes to suicidal despair and a conspiracy. I have done it myself and it is not therapeutic: the ill-timed confrontation that is more than a fragile client can tolerate. A clinical supervisor might speculate that

she splits off from her resentment about the confrontation and unconsciously projects that resentment out onto the world, alluding to it as 'out to get her'.

They then go back into a discussion of transpersonal ideas and agree on the notion that people do distort what they see in the world. (Note how that can be seen as a meta-comment on what Christy has just done here in their meeting.) Dr. Laing then takes her fears one step further but reverses them. He says it is a conspiracy by the Universal Mind to do good. She says that that Mind 'isn't capable of doing anything!'

They touch on a fundamental element of transpersonal theory, differentiating between 'wakefulness' and 'sleep.' But Laing is talking not about humans, he refers here to the Universal Mind, and the client cannot take this in. Thus Laing shifts into esoteric Christian metaphors, supporting both her spiritual search and her psychodynamic needs to be autonomous from her (probably constrictive) parents. She has described herself as unfaithful to God, doctors, and her parents, and then she ends the session in a remarkable show of ego strength and faithfulness by going on-stage with Dr. Laing to answer to a huge and somewhat hostile professional crowd. She is, in the here and now, being faithful to a significant other, and this experience will help her repeat it in the future, and assist her to alter that negative self-image. It can thus be observed that the encounter has been therapeutic for the client.

Neither this recorded session nor this assessment will end the long-standing debate between those practitioners valuing evidenced based interventions corroborated by experimental studies and those valuing interventions that are less quantifiable, involving intuition, empathy, authenticity, and mindfulness. It is hoped nonetheless that the two camps can move a bit closer together in this consideration of technique (that can be taught and tested) and of interpersonal meditation (that increases intuition and perception). One might propose, in fact, that what appear to be 'two separate camps', just like in a Sufi teaching story, are merely two sides of the psychotherapist's own whole self.

After all: the part of us that 'parachutes into the nether regions' with our clients and is in love with the mystery of it All – is intimately interconnected with and needs the scientific part of us that wonders, 'what was therapeutic about that?'

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