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Title: We're all a little mad here.

I'm not crazy. My reality is just different from yours.
~ Cheshire Cat

Introduction

In the essay I am exploring the concept of mental illness and madness in particular. I propose that above all else it is a form of social distraction and control. I go on to discuss that by diagnosing we exclude people who have not excluded parts of themselves that the society finds unacceptable. Those labeled schizophrenic are an example of that process when in fact they might only be mal-adapted. I propose that pluralism of mind is something we all share and is merely a bit more prevalent in those labeled as schizophrenics. I discuss and expand Laing's view that schizophrenic experience is a way to preserve the inner aliveness as well as explore how it could be restored in psychotherapy.

Coming to terms with madness

"But I don't want to go among mad people," Alice remarked.

"Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad."

"How do you know I'm mad?" said Alice.

"You must be," said the Cat, "or you wouldn't have come here."

~ Lewis Carroll, Alice in Wonderland

In the tale Alice in Wonderland it is said there is a land so full of wonder, mystery and danger; to survive it you need to be as mad as a hatter. This land just might be the Western society. And when people in their confusion and distress wander to the psychiatrist, we can easily imagine a dialogue much like the one above. With one important difference being, that the psychiatrist would probably not disclose he or she is a little mad as well. But the label would certainly fall onto the person coming for help. Unfortunately diagnosing primarily serves a socio-political function of control camouflaged behind simplistic theories. In reality receiving a diagnose and according biological psychiatric 'treatments' for it is very rarely beneficial to people considered mad (Read, 2004).

In our known history treatments for madness transitioned from error based on a form of authority, which at the time was religion (for example: exorcism and inquisition), to error based on equally dangerous, to this day present, form of authority – simplistic and reductionist 'medical science': "The violence continued, masked by a different rationale" (Read, 2004, p.15). Read stresses that inquisition is "one of the most horrifying examples of the extent of the violence that can be justified by theories about groups of people considered defective. The target group is typically that which best symbolizes the nature of a society's collective anxiety" (Read, 2004, p.13).

What is societies collective anxiety today? It seems that uncertainty and the unknown have always been humanity's weak spot. The 'unknown out there' and even more the 'unknown in here' is something we seem to desperately seek answers for (some more than others). As a society we have successfully 'invented' the answers firstly with religion and later on with science. Could it be that our newfound religion named science is failing to bring us the answers we were hoping for? It is failing to provide us with successful means to project our inner confusion and despair onto the outer world, onto others? When we find ourselves being torn inside, feeling hate, anger, ill will, sadness, despair, guilt, manic happiness, confusion do we own all of these parts that all

clearly are inside of us or do we try to explain them away with psychological or medical theories, treat them, project them onto others? Do we point our fingers onto the ones who are sensitive and honest enough to express their feeling and make them feel there is something wrong with them? That makes us feel at least a bit better because there are they who are really mad and like the demons or the witches they can be held responsible for problems of society. Already in the year 1960 Szasz exclaimed "this seems hardly the proper time in human history for obscuring the issue of man's responsibility for his actions by hiding it behind the skirt of an all-explaining conception of mental illness" (p. 118). He stated that the concept of mental illness is a myth that serves mainly to obscure the hard fact that life is a continuous struggle for survival but even more (with our increasing self-reflectiveness it is becoming) a struggle with the problem of how one should live.

Acknowledging the many sides of ourselves

I believe if we were able to really pay attention to our experience we would all find that there are many sides to us and that at different points in time we feel completely different. The multiple parts of us are sometimes arguing when we feel torn, at other times one part takes over and pushes the rest aside. Similarly from an existential perspective there is no conception of a solid self or identity, rather there is a "dynamic and ever-changing experience of being at the narrative centre of gravity of one's particular world experience" (Van Deurzen & Arnold-Baker, 2005, p.160). Kierkegaard (1980) wrote about holding together the many possible versions of 'me' and conceptualized the self as 'synthesis' of opposing tendencies in relation to itself, as continuous process of becoming, "but not be itself is precisely despair" (p. 30). Likewise Sartre (1943) posited that we are a process of change and choice. For Buber (2004) the 'I' only exists in relation to others and the way I relate determines who I am. Correspondingly evolutionary psychologists are starting to propose a modular view of the mind; rejecting a single self or a general intelligence, instead they propose the mind is composed of a dissociated collection of specialized modules selectively

processing qualitatively different information in order to solve different adaptive problems (Cosmides & Tooby, 1992; Kenrick & White, 2011). In this view our experience and behaviour is governed by the module that takes over in a specific situation, but we are not aware and do not control these modules.

Could this be the reason why schizophrenia is the cornerstone of models of mental illness? Or as Geekie (2004, p. 147) views our search for the 'Holy Grail' of schizophrenia in broader terms as a reflection of the need of our Western culture to come to grips with our own 'madness'. Nevertheless it is merely pathologizing human distress, which doesn't seem to be beneficial to anyone but instead serves social exclusion, control, and the interests of the pharmaceutical industry.

Schizophrenia literally means 'split mind' and after all said I propose we rather see it as 'not fully joined up mind'. Could those labeled schizophrenic be closer to the extreme point of a bell curve along the lines which we can all find ourselves and the way we experience being-in-the-world? Meaning that pluralism of mind is merely more prevalent in those labeled as schizophrenics but in essence we all find ourselves experiencing it to some extent.

Laing's view on schizophrenia was a giant leap from psychoanalytic to existential thinking, although in my view he was still standing on the shoulders of psychoanalytic and psychiatric giants and thus was failing at acquiring a phenomenological stance in relation to his patients and instead of merely describing and trying to understand their experience, he was too busy objectifying it into a cohesive theory. Laing (1960) proposed there are three forms of anxiety encountered by a schizophrenic individual: engulfment, implosion and depersonalization. His stance was that we all experience these anxieties in some way or another but that the schizophrenic lacks the ontological security to withstand them. We can all at times experience the feeling of being engulfed with too much self-serving love without feeling really seen by the other. Likewise we can experience implosion of reality,

especially when we feel ill (Laing, 1960). Lastly depersonalization can be a technique of dealing with the tiresome or disturbing other (Laing, 1960) or an I-It way of relating to another which is a standard way we interact with the world: objectifying, using, experiencing people as an It (Buber, 2004).

Mal-adaptation

Is it a successful adaptation to be able to withstand these anxieties? Thus mal-adaptation implies a standard way of being human to which some individuals cannot live up to or is that they refuse to live up to? What if some individuals simply cannot accept the abnormal social reality that is being enforced upon them from childhood? Refuse to being objectified and objectify loved ones. What if they are trying to protect the innocent and caring selves in a world that does not value these same qualities? The qualities of facing life and death with honesty and respect, keeping a deep connection with spirit and nature, living out all feelings freely, exploring the world without fear of failure, trusting in own experience, loving and caring before everything else. In the end they are forced to split a part of themselves off and keep it safe, away from everyone. What if splitting is the only protection against becoming what they hate in the world? The abuser. The research shows that in majority of cases those labeled schizophrenic have at some point suffered physical, sexual or psychological abuse (Read, Goodman, Morrison, Ross and Aderhold, 2004). But a form of abuse can be done also by not accepting the whole being that one is, with all the 'unacceptable' parts of him or her. Let us try to look at it from another perspective, what if these individuals did not split at all but merely kept a part of themselves, the 'aliveness' (Laing, 1960, p.90) that the rest have successfully adapted or killed? In the words of Laing (1960, p. 2) "the cracked mind of the schizophrenic may let in light which does not enter the intact minds of many sane people whose minds are closed". It might be a protection against acquiring the illusory solid identity that others project upon us during the process of growing up, against becoming alienated from the world but most importantly from oneself. As Laing (1967) would put it "a strategy that a person invents in order to live in an unlivable situation" where

he is being pushed and pulled from all sides by contradictory and paradoxical demands and pressures. Contrary to Laing I think it is a successful protection against alienation and enables the individual to keep a very deep connection with himself and the world. But he does become alienated from those who cannot share or understand his experience and pose a threat to that aliveness. Social adaptation to a dysfunctional society may indeed be very dangerous as Laing (1967) stresses but finding a way to live un-adapted in a dysfunctional society might be an even more dangerous and difficult task that not everyone succeeds to accomplish without acquiring a few diagnoses on the way.

Preserved aliveness and how to restore it

Could the experience that gets labeled as schizophrenic be viewed as a cry for help, for reparation, for justice, desperately fighting for authenticity one was not granted space to develop, wanting to become who one is? Without help, support or understanding this is extremely hard to do. Without that possibility the only other way one can go on living is a complete split of self and falling into despair (Kierkegaard, 1980).

Could the aliveness be preserved in the child kept hidden and protected inside, that is still very emotional and vulnerable but also very alive, pure, raw, creative, communicative? Laing (1960, p.158) calls it the 'original self of the individual' and believes that can still be nursed back into life in psychotherapy. One can keep living behind that protection in 'bad faith' (Sartre, 1943) or can choose to dig out the aliveness and let it shine. The question is what keeps us living in bad faith and what moves us to search for authenticity?

How can psychotherapy be supportive of that process? Maybe truly understanding and seeing how the individual is experiencing himself and the world? Laing (1960) believed that the self longs to be understood. Similarly Jung (1995) tried to understand the meaning of the patient's psychoses and if

the patient felt understood then the symptoms would disappear. In my view what is even more important than the therapist understanding the client is helping the client understand himself and thus make sense of his own experience in his own way. Theorizing about it, diagnosing, finding reasons, causation, blaming does not help. In the words of Laing (1960, p.164) the individual "longs for one whole person who might accept his total being, and in doing so, just 'let him be'." In psychotherapy this means giving the client back his or her freedom and responsibility. Laing (1960) speaks about withholding the 'comfort' the client seeks by being told what she should be, instead "imposing upon her the necessity to make her own decision about the person she was to become" (p.60). In the end a part of reparation process might be to accept and forgive, to remember that we are not fighting against the immediate others in our surroundings but trying to come to terms with our nature as human beings living in a 'mad' society.

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