

Alja Lah

Title: The Family Game and How to Play it

Introduction

In the essay I take a multidimensional perspective on the family system as a family game. I consider Laing's conceptualization of schizophrenia within a family. Further on I also consider Open Dialogue as a way of being and a way of working with families that are undergoing extreme experiences. In order to apply the theories onto a real life example I introduce a case of a family. All of this leads me to consider and reflect upon my way of working with clients and comprehending their positioning within a family system.

The Family Game

"We are acting parts in a play that we have never read and never seen, whose plot we don't know, whose existence we can glimpse, but whose beginning and end are beyond our present imagination and conception."
(Laing, 1999, p.87).

What is a family and what are its functions beyond the obvious answer? Laing (1999) writes that we tend to speak about families as though we all know what families are but that the more one studies the family system, structure and dynamics, the less clear it becomes what it is and what its functions are.

In this essay I will look at a family from a multidimensional perspective as an intricate game. Game meaning "an activity usually involving skill, knowledge, or chance, in which you follow fixed rules and try to win against an opponent or to solve a puzzle" (retrieved online from Collinsdictionary.com). With that perspective there are many questions that come up. What kind of game is it and how to play it? What are the rules of this family game and does anyone even know them? Is it a game that is being co-created by all the family members and the rules are written as they play it?

Laing (1999) understands family as 'internalized space-time system' (p. 4) or also 'introjected set of relations' (p. 6), with 'spatial relations' and 'temporal sequence' (p. 4). "What is internalized are not objects as such but patterns of relationship by internal operations upon which a person develops an incarnate group structure" (Laing, 1999, p.8). This could mean that the members of the family internalize the rules of the game. Not only that but they also internalize their own and other members' techniques of playing it. Sometimes it is only from an outside observation that one can appreciate the complexity of the game of a

particular family.

Case Description

“His body was a sort of mausoleum, a haunted graveyard in which the ghosts of several generations still walked, while their physical remains rotted away. This family had buried their dead in each other.” (Laing, 1999, p.57)

Maryann is in her mid thirties, single with a steady job. She lives alone in a flat not far away from her parents' home. During the covid lockdown she started working from home and being alone most of the time, also staying away from her family and friends for safety reasons. She started experiencing lots of stress at work, found it increasingly difficult to relax and think about other things. After a particularly stressful event at work and being worried about the outcome and her responsibility, she couldn't sleep or eat for a few days. During that time she started getting more and more confused, worried, ruminating and panicking about work and other things. By the time her friends and family realized something was wrong she was already in a very bad state. She started getting very angry, panicked, confused and unable to sleep. She was consistently talking about the events in her work, past issues in her family, catastrophic things that might occur, fearing for her own and other's lives and seeing bad signs all around her. When her parents wanted to take her to the doctor she refused, they started getting afraid and uncertain about what to do and thus they called the ambulance to take her to a psychiatric hospital. That is where they gave her antipsychotic drugs to calm her down and in a few days she regained her awareness and coherent communication. The psychiatrists were pondering about the possibility of schizophrenia but did not want to diagnose at this point.

One could say this was the end of an extreme experience for Maryann or one could see it as an opening, a beginning of a new way of being for her and her whole family. As they all started to communicate with psychiatrists, psychotherapists and amongst themselves, the family secrets revealed themselves as buried fears and traumas; the price for keeping them hidden was a life of pretense, deception, alienation and above all fear. A new truth started to emerge, an old story told from a new perspective. There was a history of psychological breakdowns running in the family as well as a history of fearing and hiding them. Her mother often told Maryann that she should take care of what she does or says or she will go crazy. Sometimes she was called crazy when her words expressed too much disturbing truths. No wonder she would oftentimes doubt her own sanity and fear going crazy. The truth was quite the opposite as she was a very aware and sensitive woman, and above all kindhearted. She couldn't stand dishonesty and selfishness of the world. One could say she was a little bit naive in her idealism and certainly one could also say the world would be much better with more people like her.

Extreme experiences within the Family Game

“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” (Laing, 1960, p. 2).

A group of four psychiatrists: Dr David Cooper, Dr R. D. Laing, Dr Joseph Berke and Dr Leon Redler, held a Congress on the Dialectics of Liberation in 1967, where they presented their understanding of the socially stigmatized madness that is called schizophrenia (Cooper, 2015). According to them most people who are called mad “come from family situations in which there is a desperate need to find some scapegoat, someone who will consent at a certain point of intensity in the whole transaction of the family group to take on the disturbance of each of the others and, in some sense, suffer for them” (p.8). Moreover Laing (1999) hypothesizes that “this set of ascriptions to a person, and this induction into the role of schizophrenic, themselves generate much of the behavior that is classified as 'symptomatology' of schizophrenia” (p.46). Read, Seymour and Mosher (2004) similarly summarize various research showing that many families are part of the picture when it comes to understanding the causes of schizophrenia.

Rather than psychosis or schizophrenia, Seikkula and Arnkil (2017) talk about extreme experiences. They progressively understand them as a problem arising in the space between individuals. These extreme experiences of individuals reach something that is unseen or hidden by the rest of the family. It is often connected to some real incidents that did not get processed or spoken about. Extreme experiences can be seen as a way to deal with traumatic events “so terrifying that they cannot be expressed other than through the language of hallucinations and delusions” (Seikkula, Arnkil and Eriksson, 2003, p.191).

Returning to our multidimensional perspective on the family as a game, what is an extreme experience from that vantage point? Is an extreme experience pulling out the joker card that no one wants? Being the black sheep of the family onto whom everyone else gets to project their unwanted, undigested, uncomfortable parts? It might be a protection against acquiring the illusory solid identity that others project upon one during the process of growing up: “a strategy that a person invents in order to live in an unlivable situation” (Laing, 1967, p.13) where he is being pushed and pulled from all sides by contradictory and paradoxical demands and pressures. Laing (1999) explains that when one wants someone to do something, they give an order. But when one wants someone “to be what one wants him to be or supposes he is or is afraid he is” (p.78) they get them to “embody one’s projections” (p.78). This happens in a sort of hypnotic context where one is not told what to be but is rather told what he is, or what he feels. Such hypnotic projections are much more powerful than orders. All of this raises the question: how much of what we feel do we actually feel? And how much of who we are, is what we have been told to be?

Social adaptation to a dysfunctional society may indeed be very dangerous as Laing (1967) stressed, but finding a way to live un-adapted in a dysfunctional

society and a dysfunctional family might be an even more dangerous and difficult task, and just like Maryann not everyone succeeds to accomplish this, without acquiring a few diagnoses on the way.

The Rulebook - Open Dialogue

How can we play the family game, put together the puzzle and solve the riddle? The challenge is how to become aware of the problem of the family game and then how to agree on the rules with all the players, so that all engage, follow the rules and play fairly. How to play the game in the most beneficial way for all included, to help each other through? We either all get through or neither of us gets through. The answer to this might be Open Dialogue.

Open Dialogue as a therapeutic approach and a psychiatric practice was first developed in the 80s by Seikkula and Arnkil (2006). It was inspired by Mikhail Bakhtin's (1981) dialogue ideas and polyphonic way of life, where no voice can be more important than another. Seikkula and Arnkil (2017) actually describe Open Dialogue not as a specific approach but as a way of being between people, where individuals are "met as comprehensive embodied human beings in responsive relations" (p.12). The focus is not on diagnosing and changing the family system but on generating a dialogue in which the family can present the problem in their own language. It is about listening, reflecting and mutuality between the whole family and the treatment team. Instead of reducing the complexity of family life, they experience and share the complexity of relationships in the present moment. This gives the family an experience of a dialogue that they can reproduce themselves at home. The idea is to make use of family's own psychological resources, not to initiate change but to generate new words and new happenings.

Everything that is oftentimes observed in families that have a family member diagnosed with schizophrenia is mostly against the Open Dialogue rules. It is not honest, not compassionate, there is little to no awareness and the family is engaging in the game by pretending and keeping secrets. According to Seikkula and Arnkil (2017) the function of the symptom behavior or an extreme experience is to increase coherence instead of separation in the family – so that the family starts to work together in a family game instead of working against each other. The aim in the Open Dialogue is to generate language for those experiences. Especially during the first days of a crisis the 'hallucinations' may be handled and reflected upon, but after they easily fade. Because of that neuroleptic medication is not always the best solution, as it has a sedative effect that calms down psychological activity and thus may be a hindrance to psychological work. "The challenge is to create a process that increases safety and encourages personal work" (Seikkula and Arnkil, 2017, p.58).

Seikkula and Arnkil (2006, p.52) summarize seven main principles of Open Dialogue: (1) responding immediately; (2) including the social network; (3)

adapting flexibly to specific and varying needs; (4) taking responsibility; (5) guaranteeing psychological continuity; (6) tolerating uncertainty; and (7) dialogicity.

The rulebook or guidelines for Open Dialogue meetings are that everyone gets a chance to say something as early as possible; comments follow what the other has said; not interpreting or 'reality orientating' psychotic experience but asking for more information; reflecting on own thoughts and feelings with others is key (Seikkula and Arnkil, 2017).

Maryann and her family have not been treated by an Open Dialogue team and thus some opportunities for increasing family coherence and understanding Maryann's experience have been missed. However after hospitalization Maryann and her family got included in the communication with the treatment team. They started to feel that they can each express their own truth, how they feel and be heard instead of being dismissed. Most importantly they reevaluated their priorities, started taking greater care of each other and working together rather than against each other in their family game.

Conclusions

Laing's view on schizophrenia was a giant leap from psychiatric to existential thinking, depicting a more expanded understanding of the family system and not condemning the schizophrenic. However in my view he was too eager objectifying the families' experience into a cohesive theory and was failing at acquiring a phenomenological stance. This is where Open Dialogue leaps into a new paradigm of psychiatric treatment by including family, friends and treatment workers as entire human beings that are capable of insight and responsive relations. Thus they lean on listening, reflecting, describing and making dialogical space for everyone to understand each other more. That fits into my way of working as an existential therapist much better. I am not there to analyze, intervene or change anyone but am there to shine light and create space for the client to become aware of their role in the family game and realize the choice they have to play it consciously. Perhaps part of the family game is coming to a greater awareness that it is a game and that we are its co-creators.

Cheshire Cat (We're All Mad Here) By SJ Tucker

I grew up seeing things a little differently, appearing
Disappearing, hardly innocent, nor
Tied down to the ground
I learned to roll and tumble with the punches
Glory in my stripes and spots
Walk by invisible and never make a sound

But heavy is the crown that's always hidden
Tender is the heart you never see
Hard and fast shines the grin that we flash, but there's a vulnerable stripe or two
on me
Maybe any place outside of Wonderland
Is not for me, my friend

If I leave my grin behind, remind me
That we're all mad here
And it's okay

Sun up, sun down the shadows hide me down in
Wonderland, Wonderland, nobody knows the way
But if you find it in your dreams, you can
Find it at your day job
Somewhere south of Hell

Take the path to left or right with
Just your gut to guide you
The story is not for anyone else to Tell

Go down the rabbit hole and out the other side
You can't go home in the middle of the
Magic carpet ride
You gotta greet the sun before his
Lovely daughter moon
You can't forsake the journey for the
Safety of your room
Until you learn your lesson well

I have learned to see and hear
Everybody loud and clear
But the truth comes out in riddles that are
Safe enough to share
That's how it is in songs, you see
And stripes always look good on me
Whether or not I'm really there (smile hangs in the air)

But heavy is the burden of the wise ones
When no one understands a word they say
The Jabberwock never bothered anyone
But nobody believes him to this day
And why should they?

References

Bakhtin, M. (1981). *Dialogic Imagination*. Austin: Texas University Press.

Cooper, D. (2015). *Dialectics of Liberation*. London: Verso.

Laing, R.D. (1967). *The Politics of Experience & The Bird of Paradise*. Middlesex: Penguin Books.

Laing, R. D. (1999). *The Politics of the Family*. London: Routledge.

Read, J., Seymour, F. & Mosher, L.R. (2004). *Unhappy Families*. In J. Read, L.R. Mosher & R. P. Bentall (Ed.), *Models of Madness*(pp. 223-252). East Sussex: Routledge.

Seikkula, J., Arnkil, T. E., and Eriksson, E. (2003). *Postmodern Society and Social Networks: Open and Anticipation Dialogues in Network Meetings*. *Family process*, 42(2), pp. 185–203.

Seikkula, J., Arnkil, T. E. (2006). *Dialogical Meetings in Social Networks*. London: Karnac Books.

Seikkula, J., Arnkil, T. E. (2017). *Open Dialogues and Anticipations*. Helsinki: Juvenes Print.