

Existential Psychoanalysis: A Laingian Perspective¹

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What is “existential” psychoanalysis?² This may seem like a rather arcane question at a time when few practitioners of psychoanalysis identify themselves with an existential orientation. In the 1960’s, when terms like existential analysis, existential psychoanalysis, and existential therapy were on the lips of every psychology student in America, no one knew what it meant then, either. Everyone talked about it all the same. Why? There’s no denying that the word sounds good. The term “existential” has a wonderful flavor to it, full of depth, resonance, meaning. It sounds at once European and personal; humanistic yet vaguely wise; intellectual but not academically so. It was the perfect word for anybody who professed to be “in the know,” streetwise but learned. To be existential was synonymous with being hip, modern, on the cutting edge. Existential psychoanalysis seemed to define itself, epitomized by spontaneous, in-the-cafe, encounters. Surely specialized training was irrelevant, if not obscene. Existentialism, a philosophical school of thought, was somehow related to the technique

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²For the sake of simplicity, I include under the rubric “existential psychoanalysis” any efforts to integrate the phenomenology of Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, or Maurice Merleau-Ponty into the psychoanalysis of Freud.

of existential analysis, but one was discouraged from making too much of the relationship between them. If you did, you might be accused of confusing treatment with philosophy. Yet existential analysis — whatever it is — is based on the work of a group of philosophers who are bound by *existentialism*. It's no wonder it was hard to fathom the nature of a clinical school whose roots were frequently suppressed.

Today, the question, "What is existential psychoanalysis?," is still being asked, but now because it's fallen out of fashion. All the people who made existential psychoanalysis a driving force in Continental psychiatry have died. Ludwig Binswanger, Medard Boss, Victor Frankl, R. D. Laing, David Cooper, Rollo May, Ludwig Lefebvre, and Eugene Minkowski are only some of the names of psychiatrists and psychologists who promoted the cause of the existential approach to psychoanalysis. Their passing has struck a near-death blow to the intellectual movement it inspired. While terms like deconstructionism, postmodernism, and hermeneutics have assumed a cachet that once belonged to the existentialists, many today have forgotten it was the existentialists who initiated these now fashionable - and inherently subversive - intellectual movements. This is why the question, "What is existential psychoanalysis?," is as relevant now as ever — and why it is important to answer it.

It is one of those supreme ironies that even while the newer intellectual schools are openly courted by contemporary analysts, a protracted antipathy has historically undermined the relationship between existentialism and psychoanalysis. This mutual animosity is perhaps the most intractable obstacle to delineating the elements of a school that was ostensibly rooted in their reconciliation. Indeed, one has to ask if it still makes sense to speak in terms of an existential school of psychoanalysis when one has never been recognized by the psychoanalytic community; nor have the existentialists sought to become *bonafide* members of that community. In fact, one of the principal aims of the existentialist movement was to challenge analytic orthodoxy, epitomized by its tendency to objectify the human condition and its advocacy of an excessive detachment in the treatment situation. The existentialist complaint with psychoanalysis was deftly summarized by R. D. Laing's observation that

[P]sycho-analytic theory in its weaker aspects ignores the active constituting, making, moulding moment of personal unity, thereby reducing the person to a resultant of instinctual vector-abstractions which leave no place for intentionality in each life (Laing and Cooper, 1971, p. 23).

A Brief History of Existential Psychoanalysis

The earliest existential analysts emphasized their differences with Freud even while indebted to his inherently subversive conception of treatment. Both Binswanger and Boss, though loyal to Freud personally, favored the existential philosophy of Martin Heidegger over Freud's energistic model.

Binswanger began his psychiatric career under the tutelage of Eugene Bleuler and Carl Jung who in turn introduced him to Freud (Spiegelberg: 1972, pp. 194-200). Though he initially embraced Freud's ideas, Binswanger became dubious about his positivistic conception of the unconscious. After reading Heidegger's *Being and Time* (1927), he converted to existentialism and developed his own clinical theory, *Daseinsanalyse*.³ Binswanger's conversion to Heidegger's philosophy coincided with other Continental psychiatrists who were also incorporating Heidegger's views into their clinical practice. Other versions of "existential analysis" emerged - notably that of Medard Boss - all rooted principally in Heidegger's work, not Freud's. Boss nevertheless took Freud seriously enough to commission a study of his clinical technique (1963), though it had a negligible impact on conventional psychoanalysts and is now considerably out of date.⁴ To make matters worse, Heidegger's regrettable lack

³*Dasein* was Heidegger's term for what is customarily depicted as the self or subject, emphasizing the ontological rather than strictly psychological dimension of human existence. Though human existence, according to Heidegger, is more encompassing than "subjectivity," for the sake of simplicity it is best to think of *Dasein* as a radical and highly unconventional approach to this age-old problem.

⁴Indeed, a reading of the representative papers published by the "existential analysts" at

of interest in Freud's theories further discouraged the existential psychiatrists from taking his radical - if sometimes convoluted - theories more seriously. Many chose to dismiss psychoanalysis entirely and opted for an eclectic approach instead. Yet, beneath the din of all their purported differences, the respective views of Heidegger and Freud share a remarkable proximity, though this is seldom noted in the literature.⁵

It wasn't until Sartre's *Being and Nothingness*, published in 1943, that an existential philosopher initiated a reconciliation between the two camps. Unlike Heidegger, Sartre saw in Freud a profound thinker and devoted a considerable amount of attention to his ideas. Sartre even demonstrated his own version of psychoanalysis in biographical studies of Genet and Flaubert (Laing and Cooper: 1971). This act established a precedent that encouraged others to pursue a relationship with psychoanalysis outside its sanctioned societies. Sartre's daring - and typically French - combination of defiance and devotion inspired his friend, Jacques Lacan, to found a renegade school of his own after being expelled from the International Psychoanalytical Association due to unorthodox training methods (Roudinesco, 1990, pp. 373-478). Lacan even claimed to be the rightful heir to Freud's disturbing views about the human condition and devoted the rest of his life to condemning the establishment's "friendlier" - and more popular - version. Though Lacan subsequently aligned himself with the structuralist and surrealist movements, a significant portion of his clinical technique was indebted to the phenomenology of Heidegger and Sartre.⁶ Ironically, Lacan's refusal to disavow his identification with psychoanalysis - despite his "excommunication" by its

that time (See Rollo May's collection of papers by Continental existential psychiatrists, *Existence*: 1958) shows a disappointing tendency to encapsulate their theories in an excessively arid and technical fashion, no doubt contributing to the movement's eventual demise.

⁵For a closer look at the compatibility between Freud's and Heidegger's views, see my *The Truth About Freud's Technique: The Encounter with the Real* (1994a).

⁶For a more detailed treatment of Lacan's relationship with phenomenology see my *The Death of Desire: A Study in Psychopathology* (1985) and Anthony Wilden's *The Language of the Self* (1968).

principal accrediting body - inadvertently solidified the precarious ties between psychoanalysis and the existentialists.

Unlike the psychiatrists who based their clinical work exclusively on Heidegger, R. D. Laing was especially attracted to Sartre, a philosopher much closer to his age and temperament. When he devoted one of his books to a study of Sartre's philosophy (Laing & Cooper: 1971), Sartre graciously included a preface which praised Laing's "perfect understanding" of his work. In turn, Laing lauded Sartre's brand of existential psychoanalysis as a courageous testament to Freud's foundation (pp. 22-5). Laing and Sartre shared a genuine appreciation for the latent affinity between psychoanalysis and existentialism, just as many of Laing's views about the human condition were indebted to Sartre's philosophy (Kirsner, 1976). But it would be misleading to depict Laing's existentialism as "Sartrean." Laing insisted that his clinical theories were not derived from any one philosopher and a careful reading of his work confirms that the views of Heidegger, Merleau-Ponty, Scheler, Kierkegaard, Nietzsche, Tillich, Jaspers, Minkowski, Buber, Hegel and even Montaigne are among the many sources of Laing's treatment philosophy.

Laing was one of the few existentialists who formally trained as a psychoanalyst, though his experience at the British Psychoanalytic Institute was not an altogether enjoyable one. Some of the faculty perceived Laing as a renegade and insisted he repeat his final year of training because he had missed so many classes, an idea that Laing bitterly resisted and eventually won - with the enthusiastic support of his training analyst and supervisors. (Burston: 1995). After graduation he drifted away from the Institute to develop a more independent path. Even D. W. Winnicott, one of Laing's supervisors, kept a cautious distance from his former pupil, apparently dubious of Laing's ties to existential philosophy. Shortly thereafter, Laing and a group of colleagues founded the Philadelphia Association, Ltd. and established a training program which integrated psychoanalysis and phenomenology. A born maverick, Laing rejected his former ties to the mainstream and the subsequent rift between himself and orthodox psychoanalysis only hardened over the years. Indeed, the antipathy that Laing's British colleagues expressed toward existential philosophers was hardly an

isolated affair. It characterizes the sentiments shared by psychoanalysts the world over, particularly in the United States.⁷

Ironically, whereas Heidegger was the inspiration for Binswanger's and Boss's respective conceptions of existential analysis, neither was able to translate Heidegger's inherently practical philosophy into a readily accessible clinical language. Surprisingly, they also failed to systematically explore the one feature of Heidegger's philosophy that is most relevant to clinical practice: the relationship between truth and authenticity.⁸ More importantly, this is the feature of existential philosophy that resonates so deeply with Freud's analytic technique. Only in Laing's work is this theme situated at the heart of his clinical theory. Laing explicitly acknowledged his debt to Heidegger in his second book, *Self and Others* (1969), where he characterized Heidegger's conception of truth as,

[L]iterally that which is without secrecy, what discloses itself without a veil. This concept has practical interpersonal implications in terms of telling the truth, lying, pretending, [and] equivocating. (p. 111)

In other words, being truthful with oneself about what one genuinely believes characterizes what it means to be authentic - or, more colloquially, to be honest with oneself. In Laing's words, "To be 'authentic' is to be true to oneself, to be what one is. . . . To be 'inauthentic' is to not be oneself, to be false to oneself: to be not as one

⁷This prompted my decision to train with Laing and his colleagues at the Philadelphia Association in the 1970s. For a personal account of my experiences there, see my "The Fidelity to Experience in Existential Psychoanalysis" (1994b).

⁸While many clinicians attribute its origins to Kierkegaard (May: 1958, p. 118), it was Heidegger who actually made authenticity the cornerstone of his philosophy (Heidegger: 1962, pp. 219-224). In fact, the term "authenticity" never occurs in Kierkegaard, though it is generally acknowledged that his preoccupation with the nature of self-deception was the inspiration for Heidegger's views.

appears to be, to be counterfeit” (pp. 108-9). The basic thrust of existential psychoanalysis, if it aspires to be at all existential, must in turn be rooted in the sensibilities of existential philosophy. That sensibility may be characterized by two principal themes: a) all human knowledge is rooted in personal experience; b) the weight of experience is so exasperating that we seek to escape it through self-deception.

Hence, human beings have a hard time accepting the truth about themselves and circumvent it by devising convoluted methods of escape. Existentialism is a subversive and inherently sceptical philosophy that seeks to undermine established truths, whether those truths assume the form of edicts that are popularized by scholars and politicians, or neurotic phantasies that are substitutes for an irrepressibly disturbing reality. In that spirit, Kierkegaard attacked Christianity for the distortions it espoused about Christ’s teachings, and Nietzsche - the father of postmodernism - railed against those who pretended to be authorities on any subject. In turn, Heidegger and Sartre founded their philosophies on the proposition that truth is rooted in personal experience, but that the toll of life is so harsh that we embrace deceptions to relieve it. What philosophy could be more relevant to the aims of psychoanalysis, whose principal goal is liberation from self-inflicted delusion? While existentialists have always been critical of that tendency in psychoanalysis which belies its own premise, they have done so in order to reconcile their views with the one analyst whose work is closest to their sensibilities: Sigmund Freud. What is it about Freud’s conception of psychoanalysis that existentialists find so appealing?

Freud’s Conception of Psychoanalysis

Freud’s abandonment of hypnosis in favor of the free association method officially inaugurated his technical innovation of “psychoanalysis.” Free association simply means to utter the thoughts that come to mind during the therapy session. This entails the willingness to refrain from keeping those thoughts to oneself, no matter how personal or private they are. The rule of free association was only introduced when

Freud arrived at the conclusion that neurotic conflicts are the consequence of extremely personal secrets we manage to conceal from ourselves. These secrets are repressed from consciousness in the first place because they concern painful disappointments we experienced in childhood. Suppressing our knowledge of these experiences by “forgetting” them magically relieves the anguish and frustration they elicited. Freud concluded that the suppression of thwarted desire produces psychical conflicts which, in turn, leads to psychopathology, symptomatic expressions of the anguish that was previously repressed.

In order to render the practice of free association compelling and not a mere adjunct to treatment, Freud subsequently introduced the “fundamental rule,” the patient’s explicit pledge to be candid. If exercised with sufficient discipline, the patient’s candor should serve to untangle the conflicts that had been instigated earlier. In other words, the fundamental rule of psychoanalysis is nothing more than the promise to be honest, by unreservedly “free associating” with one’s analyst (Freud: 1913, pp. 134-6). Hence, Freud’s conception of psycho-therapy was really a form of moral therapy because its curative power lay in the patient’s capacity for honesty. One of the implications of this thesis is that the principal cause of psychopathology is self-deception.

Laing recognized the inherently existential nature of Freud’s views about the etiology of psychopathology, that it is rooted in the patient’s experience. But he also felt that Freud’s thesis needed further development. After incorporating the fruits of his research into the etiology of pathology with families of schizophrenics,⁹ Laing concluded that our tendency to conceal painful experiences from ourselves is significantly compounded in families where secrets are systematically hidden from one another. I know what you are thinking, but you deny it and pretend to think the opposite. Or I know how I feel, but you insist that I really experience the opposite. This kind of “mystification” can be so extreme that the child no longer knows what he believes (Laing: 1965). In fact, his sense of reality may become so compromised that he seeks

⁹At the Tavistock Institute for Human Relations, from 1958 to 1964.

refuge through psychotic withdrawal (Thompson: 1985, pp. 88-117).

Laing believed that the treatment of psychosis should serve to reverse the pathogenic process that had been initiated in order to escape an intolerable situation. To make this transition possible — the transition from the treatment of neurotic conflict to that psychotic loss of reality — Laing needed a more encompassing conception of experience than Freud's formulation provided. He turned to Hegel and Heidegger, both of whom had published extensive critiques on the phenomenology of personal experience (Hegel: 1949, pp. 131-145; Heidegger: 1970). Hegel, for example, showed how the foundation of experience is much deeper than the simple awareness of an act, in the sense that I have an experience of writing this sentence. When I truly experience something I'm affected by it because it entails confronting the unexpected. In other words, my experiences violate my familiar view of reality as a consequence of perceptions or insights that unexpectedly force their way into consciousness. It is just this kind of experience which characterizes the shock that existential analysts depict as the therapeutic "encounter," when we're suddenly taken out of our depth.

Due to its intrinsically unsettling nature, Hegel concluded that experience elicits despair. Hegel, however, also noted that despair is essentially positive because the experiences that elicit it occasion transformations of consciousness which, in turn, account for maturation. Consequently, Hegel was the first to recognize that experience isn't merely subjective; it's also transcendental because it takes me "outside" of myself and puts me in a new situation which alters my perspective. The effect that my experiences have over me also changes, to a significant degree, the person I am. Hegel's term for my relationship with the things that affect me through my experience of them was the famous "dialectic."

This dialectical process which consciousness executes on itself — on its knowledge as well as on its object — in the sense that out of it the new and true object arises, is precisely what is termed Experience. (Hegel, 1949, p. 142)

Hegel arrived at this unusual conception of experience while exploring the nature of consciousness and its relation to change and history. It had an enormous impact on the way philosophers saw the relationship between thought and action.¹⁰ Heidegger was so impressed with Hegel's views about the nature of experience he devoted a book to it (1970). There, Heidegger emphasized the revelatory aspects of experience in addition to the transformative ones. According to Heidegger, experience not only changes the world I inhabit, it also reveals things I hadn't realized by bringing them into the open. Hence, experience elicits truth. Heidegger was particularly interested in the handy, practical aspects of experience. He noted, for example, that my capacity to experience can be nudged this way or that in order to prepare myself for "undergoing" experiences of a wide variety. By anticipating my experiences purposefully I can even use experience to gain knowledge about myself. In other words, there are degrees to which I experience things; it isn't all or nothing.

On the other hand, experiences don't just happen to me whether I want them to or not. I'm also capable of resisting the experience of things I'm afraid of. In turn, the degree to which I'm able to experience is determined by my willingness to submit to it. According to Heidegger,

To undergo an experience with something — be it a thing, a person, or a god — means that this something befalls us, strikes us, comes over us, overwhelms and transforms us. When we talk of "undergoing" an experience, we mean specifically that the experience is not of our own making; to undergo here means that we endure it, suffer it, receive it as it strikes us and submit to it. It is this something itself that comes about, comes to pass, happens. (1971, p. 57)

The extent to which I am able or willing to listen to what my experience tells me

¹⁰Hegel's views about the dialectic of desire influenced an entire generation of French intellectuals - including Jean-Paul Sartre, Maurice Merleau-Ponty, and Jacques Lacan - through Alexandre Kojève's lecture course on his work (1969).

determines how fully I experience what I happen to be doing, whether I'm eating a meal, solving a problem, or undergoing a psychoanalysis. Heidegger recognized that because experience is transformative, I fear it and resist by holding back. I'm perfectly capable of suppressing my experiences and even repressing the significance or memory of experiences I've just had in order to "forget" them. In effect, I can resist change by suppressing my experience or elicit change by succumbing to it.

Laing and Experience

Heidegger's phenomenological critique of experience had a profound impact on the way Laing conceived the nature of psychopathology¹¹ and, by extension, the therapeutic process. He saw psychotic withdrawal, for example, as a desperate attempt to stay true to one's experience when the people in one's environment are violently opposed to it. This is paradoxical because psychosis, as Laing understood it, is both an attempt to escape the experience of an intolerable situation while clinging to the very thing one wants to escape. The convoluted compromise that ensues constitutes "psychotic breakdown." In other words, the psychotic is actually trying to be true to his or her experience when forbidden by others to give voice to it.¹² This theory of psychosis, though somewhat radical, conforms with Freud's view that psychotic symptoms comprise a desperate attempt to heal the rift with reality that the psychotic, by employing denial, has just created (Freud: 1924, pp. 185-6). The problem with this

¹¹Even the concept of "psychopathology" bothered Laing because of the inherently medical connotation that one is suffering from some type of *condition*, which Laing believed was antithetical to the existentialist perspective. In later years he dropped the term entirely.

¹²This conception of psychosis was also indebted to D. W. Winnicott who construed various forms of psychopathology as a desperate effort to *feel real*. (Winnicott: "Fear of Breakdown" (1964) in Kohon (Ed): *The British School of Psychoanalysis* (1986), pp. 173-82.

strategy is that it usually - though not always¹³ - ends in failure: the psychotic gets lost and can't find a way out.

Laing believed that anything we are capable of experiencing can't, in and of itself, be truly "pathogenic." Rather, it is the suppression of experience - by self or others - that gives rise to the distortions in consciousness we associate with psychopathology. Hence anything that we're called upon to experience must have a meaningful purpose, even "psychotic" experience. Following Heidegger, Laing concluded that the ability to submit to wherever our experience leads us is the principal vehicle for psychic change.¹⁴

Laing's emphasis on the transformative nature of experience epitomizes the existential component of his clinical technique. Existential psychoanalysis strives to deepen experience by giving voice to it, irrespective of the kind of psychopathology being treated. Freud's free association method - a verbal form of meditation which relies on the patient's utterance of experience - was a clinical variation of the transformative and revelatory dimension to experience articulated by Hegel and Heidegger. Its efficacy rests on the patient's willingness to submit to the experience of the analytic hour by verbalizing what those experiences are.

Laing's relationship with Freud was developed gradually and extended over the breadth of his clinical career. When he was training as a psychoanalyst Laing, like most existentialists, was critical of Freud and readily identified with the views of Melanie Klein, Ronald Fairbairn, and D. W. Winnicott. But subsequent to his training Laing became disenchanted with the object relations theorists (including the Middle group) and grew increasingly appreciative of the subtlety of Freud's position. Though Laing published nothing about this "conversion," by the time I began my psychoanalytic

¹³The bulk of Laing's contribution to the treatment of schizophrenia was based on the notion that psychotic breakdown is an attempt to "break through" the existential impasse one is in. Laing's treatment center at Kingsley Hall was devoted to permitting its inhabitants the opportunity to do just that, without being medicated by the psychotherapists they were seeing.

¹⁴For more on the relationship between experience and psychical change see Freud (1914a) and a synopsis of that paper in Thompson (1994, pp. 192-204).

training with him at the Philadelphia Association in 1973 Laing was convening seminars in which he characterized Freud as having obtained a grasp of the human condition that rivaled even that of the existentialists - including Binswanger and Boss!¹⁵

Truth and Trauma

Laing's relationship with Freud was complex, but one of the most significant points of convergence between them probably entailed their respective views about the nature of deception and trauma. Deception was a cornerstone of Freud's theory about the etiology of psychical conflict and the formation of psychopathology. Freud - like most conventional psychiatrists today - initially believed that hysterical symptoms were the consequence of a psychological trauma: sexual abuse by one of the child's parents. In his "History of the Psychoanalytic Movement," published in 1914, Freud described his initial attraction to Charcot's theory of hysteria.

Influenced by Charcot's view of the traumatic origin of hysteria, I was readily inclined to accept as true and etiologically significant the statements made by patients in which they ascribed their symptoms to passive sexual experiences in the first years of childhood - to put it bluntly, to seduction. (1914b, p. 17)

The weight of contradictory evidence, however, eventually demolished the efficacy of Charcot's theory. While sexual molestation was probably just as common in 1914 as it is now, it couldn't explain the prevalence of hysterical symptoms in patients who couldn't have been molested. This conclusion was initially disheartening, but it also provided Freud with a crucial insight. If some patients are capable of complaining about "traumas" they hadn't actually *experienced*, then mightn't their phantasies concerning those alleged traumas account for the emergence of their neurotic conflicts? Freud

¹⁵See Laing's scathing critique of Binswanger's application of existential analysis in *The Voice of Experience* (1982), pp. 53-62.

concluded that:

If hysterical subjects trace back their symptoms to traumas that are fictitious, then the new fact which emerges is precisely that they create such scenes in *phantasy*, and this *psychical* reality has to be taken into account alongside *practical* reality. (p. 17-18)

The implications of this discovery completely altered Freud's conception of trauma. Literally meaning wound, the concept of trauma was adopted from medicine and the procedure that was used to treat injuries. When one thinks of trauma, the words violation, shock, and violence readily come to mind. Whereas Freud initially assumed that neurosis was the consequence of a traumatic experience - an act of violence - his subsequent rejection of the "seduction theory" altered his way of conceiving the child's experience of pain and disappointment.

Freud concluded that the *anticipation* of trauma can be even more "traumatic," in a manner of speaking, than one's actual experience of it. In a stroke of genius, Freud grasped the degree to which young children are vulnerable to disappointment and how difficult it is for them to bear it. Children are capable of repressing virtually anything that becomes too painful to accept, and it is notoriously easy for them to substitute objectionable realities with more pleasing phantasies. By defending themselves from painful disappointments - i.e., "traumas" - in this way, children avoid experiencing their disappointments in the ordinary sense, even though they occur in "reality." A child's phantasy of being seduced, for example, may harbor a wish to be special in order to counter the disappointment of occupying a subsidiary role. In effect, the child's phantasy displaces a disappointing reality and serves to keep the repression of that reality in check.

Having repressed what the child doesn't want to know, she becomes anxious that it will *discover something it can't permit itself to learn*. In other words, children intuitively ward off painful experiences they unconsciously anticipate in order to ease the anguish of disappointment. Freud's appreciation for how terribly painful the

experience of disappointment is and the liberties children take to avoid them characterizes the existential dimension to his work.

Truth and Deception

This view of trauma explains the nature of “psychical conflict” in Freud’s model, whether the pathology in question is neurotic conflict or psychotic withdrawal.¹⁶ People who suffer such conflicts are of two minds: they struggle against the intrusion of a reality that is too painful to bear on the one hand, while harboring a phantasy that is incapable of being realized on the other.¹⁷ Their lives are in abeyance. Following this conception of psychopathology, the goal of psychoanalysis is to help analytic patients face the realities they avoid by experiencing them in the analytic situation. To paraphrase an axiom of Nietzsche’s in a different idiom, we allow the dreadful - which has already happened - to happen!

Freud’s analysis of Dora, though the treatment was a failure, is a prototypical example of how the relationship between truth and deception is decisive in the etiology of neurosis (Freud: 1905). Dora, who was only eighteen when she began her analysis, had been subjected to the most extraordinary deceptions and intrigues imaginable. Her father had been involved in a love affair with a married woman right under Dora’s nose - and presumably her mother’s - for years. He even conspired to look the other way while his mistress’s husband - the infamous Mr. K - attempted to seduce Dora, a child only fourteen years of age. Though he failed in his efforts, two years later he tried again. This time Dora took the matter to her father, not realizing he was aware of Mr.

¹⁶In Freud’s model, both neurotic and psychotic individuals seek a means of escaping a frustrating reality. The neurotic endeavors to conform with reality by repressing a thwarted desire, whereas the psychotic seeks to protect his desire narcissistically by simply denying the troublesome reality and withdrawing from it.

¹⁷See Kierkegaard’s conception of double-mindedness outlined in his *Purity of Heart is to Will One Thing* (1956).

K's intentions and even supported them. Dora's father went through the motions of confronting Mr. K who (ostensibly) denied everything. Dora subsequently fell into a prolonged depression, compounded by a host of related hysterical symptoms.

By the time she was eighteen and suicidal, Dora's father took her to see Freud. Her brief analysis uncovered the intrigues that Dora had "known" of, but repressed. Perhaps the most remarkable aspect of Freud's inquiry into the causes of Dora's condition concerned the question: what specifically drove Dora to her pathological condition, the traumatic events that transpired at the hands of her family, or the consequent self-deceptions Dora employed to protect herself from disappointment? Freud suspected that Dora was secretly in love with Mr. K but that her devotion to her father and jealousy over his affair with Mrs. K made it impossible for her to confront the reality of her situation. As unsettling as her family's duplicity must have been, Freud believed it was Dora's unwillingness to face the truth - i.e., about her own feelings - that provoked the neurotic conflict she subsequently suffered.¹⁸

One of the most surprising aspects about this case concerned Freud's novel conception of trauma. Whether the reality one is confronted with is so terrible that no one could be expected to accommodate it, or whether that reality simply doesn't suit the individuality of the person who is embroiled in it, it still comes down to the same thing: *the rejection of reality, for whatever reason, gives rise to a "dual reality" that manifests a pathogenic conflict.* But what if the reality in question differs according to the type of pathology that is manifested? Inspired by the interpersonal theories of Harry Stack Sullivan and Frieda Fromm-Reichmann, Laing suspected that the reality schizophrenics are trying to get away from must be more harrowing than one which engenders simple frustration. In other words, psychotics must have a good reason to be even more terrified of reality than neurotics who don't go to such lengths to escape it.

He concluded that frustration alone couldn't account for the crippling effects of psychotic withdrawal. If Freud's principal thesis was correct - that the psychotic rejects

¹⁸ See my *The Truth About Freud's Technique: The Encounter with the Real* (1994a: pp. 93-132) for a more thorough discussion of Freud's analysis of Dora.

reality because it's so painful - then what would compel someone to withdraw in such a radical fashion? Isn't it possible, Laing conjectured, that the reality psychotics reject is qualitatively different from the one we ordinarily encounter? This is the type of question - what is going on in the real world that might account for the pathology in question - that an existentialist is more likely to ask. This is the same question that prompted Laing to seek an alternative to narcissism as the principal motive force in schizophrenia. Laing applied Freud's conception of psychic trauma to his research into extreme forms of delusional confusion, but in a more dialectical framework. While Freud emphasized the use of phantasy as a way of avoiding objectionable realities, Laing was interested in the means by which people systematically employ deception on one another in order to manipulate the other person's experience - and hence, that person's reality. This dialectical dimension to my experience of others - what I think they think about me; and what they in fact think but conceal from my awareness - was derived from Laing's debt to Hegel's "master-slave" dialectic: my internal critique of how others affect - and help to comprise - my experience.

Whereas Freud conceived of trauma in terms of the frustration that thwarts the experience of pleasure, Laing envisioned a different form of trauma that could convincingly account for psychotic symptoms. He saw it in terms of a state of confusion that follows when one's reality has been compromised, not through self-deception alone but as a consequence of being deceived by somebody else. The two forms of deception - Freud's intrapsychic version and Laing's more dialectical one - are not mutually exclusive. In fact, they typically interact. What's more, Laing believed that both forms of deception are discernible in virtually every form of psychopathology.

Deception and Madness

The nature of deception was a common theme in Laing's writings throughout the 1960's, his most prolific decade as an author. Ironically, *The Divided Self* (1960) - Laing's first and most famous book - is the only one in which deception between persons doesn't play a major role. It was a classic existentialist study about the

experience of going mad but said little about the social context that would subsequently play such a critical role in Laing's thinking. It did, however, presage his later work with a compelling exploration of the relationship between self-deception and psychopathology.

Laing's next book, *Self and Others* (1969), examined the relationship between interpersonal relations and the etiology of severe psychological disturbance. Many of the terms that Laing introduced in that book for the first time - e.g., collusion, mystification, attribution, injunction, untenable positions - were coined for the purpose of providing a conceptual vocabulary that could explain how human beings, in their everyday interactions with each other, distort the truth so effectively that they are able to undermine the other person's sense of reality. It was just this vocabulary that Laing suggested was missing in Freud's theories. Even the object relations theorists who were critical of Freud's drive model were unable to formulate the kind of phenomenological critique of psychotic experience that Laing's interpersonal focus provided.

For example, in 1964 Laing and his research colleague, Aaron Esterson, published a study of eleven schizophrenic patients emphasizing their interactions with the members of their respective families. *Sanity, Madness and the Family* (Laing & Esterson: 1964) stands out as one of the most impressive phenomenological studies of this kind ever undertaken.¹⁹ It demonstrated how massive forms of trickery, deception and mystification were systematically employed against each of the schizophrenic family members by their parents. One of the patients, whom Laing called "Maya," is typical of the families studied. Her parents, who come across as pretty crazy themselves, believed their daughter had special powers which enabled her to read their minds. The father spoke openly - when his daughter wasn't present - of having systematically employed surreptitious tests on his daughter to "confirm" that Maya knew what her parents were thinking. Maya, in turn, suspected something of the sort was

¹⁹See also *Interpersonal Perception* (Laing, Phillipson & Lee: 1966) in which Laing and his research colleagues provide a phenomenological critique of communication patterns among married couples.

going on, but when she was finally able to confront her parents in one of their family sessions, they coyly winked at Laing and brazenly denied it - as they had done all her life.

In case after case Laing and Esterson unearthed a casual and often chilling array of deceptive maneuvers of this kind, employed by devoted parents against their unsuspecting children. The parents also systematically distorted the truth about their efforts to manipulate their children so that, by means of this double-distortion they effectively nullified the child's efforts to determine the truth. Laing's approach to this problem prompted many parents to accuse him of blaming them for the plight of their schizophrenic children. In fact, Laing attributed the conflicts that parents so easily get embroiled in to the human condition. The blood is on all our hands. Laing adopted and in turn incorporated into his clinical theory the existentialist view that all human beings are inherently devious and, without giving it much thought, deceive one another as a matter of course. Schizophrenia is only one of the inevitable consequences of this state of affairs.

In *The Politics of Experience* (1967) - his most popular book - Laing directed his efforts to a more complicated and inherently convoluted "politics" of interpersonal experience where he delineated how others are able to determine my experience through the power they possess to obfuscate what my experience is. Beneath the mask of our carefully crafted social veneer each of us, Laing suggested, are "murderers and prostitutes" at heart (Laing: 1967, p. xiv). The theme throughout this study was as compelling as it was provocative: human beings employ acts of casual deception on one another - which Laing depicted as carefully disguised acts of "violence" - often in the service of the most well-intentioned motives.

The book had an explosive impact on an entire generation of psychology students in America at a time when the counterculture had lost its faith in a government that was dragging its children into a meaningless war. Laing suggested that virtually anyone in a position of power over others - whether government officials or generals, even parents and psychiatrists - are invariably corrupted by that power when they use it to gain influence over others. Indeed, depending on the situation, each of us finds

ourselves committing treasons against others just as often as we are victimized by them. The implications of this view for analytic technique were immense.

While this arguably stark critique of human nature owed much to Nietzsche, Heidegger and Sartre, it was a view that Laing also attributed to Freud. In his papers devoted to the technical rules of psychoanalysis, Freud went out of his way to admonish analysts to be truthful with their patients even when it is painful to do so, and to dispense with the “lies and pretenses which a doctor normally finds unavoidable” (1915, p. 164). Similarly, Laing argued that the most important element in the therapeutic experience is the honest and straightforward manner with which patients are treated, not the cleverness or complexity of the psychoanalyst’s techniques.

Laing and Dora

Ironically, Freud’s analysis of Dora is a prototypical example of the kind of manipulation and deception that Laing believed is typically employed in families of schizophrenics (Freud: 1905). Laing once told me that the case had a profound impact on his thinking and that he was even startled, in subsequent readings of it, with the degree of mystification Dora’s father employed against her. The most blatant example of the kind of deception employed against her was when Dora’s father conspired with Mr. K (who had accosted her while walking by a lake) to convince her she had only imagined his attempt at seduction. In other words, Dora’s experience of the incident was reinterpreted back to her, by the two men whom she loved the most, as the inventions of a disturbed and oversexed imagination. This is the kind of mystification - the reinterpretation of one’s experience as phantasy - that Laing attributed to the etiology of psychotic disintegration.

If Laing’s thesis is correct, why did Dora not develop a psychosis instead of the most celebrated case of hysteria ever documented? In fact, Laing never suggested that mystification is exclusive to families of schizophrenics. While mystification is a necessary determinant to schizophrenia, it doesn’t necessarily engender a psychotic reaction. One needs to take into account the purpose for which deceptions are

employed as well as the intentionality that prompts the victim of those deceptions to respond in the particular manner that she does. There were numerous factors that distinguished the interpersonal “politics” of Dora’s family from a typical schizophrenic one.

For one thing, there is generally a naivete about the pre-psychotic individual that belies the precocious sophistication which characterized Dora’s behavior. And while the pre-psychotic will typically comply with the mystifying parent by abdicating his or her perception of reality in deference to the parents,’ Dora knew that Mr. K was lying when he contradicted her version of what happened by the lake; she wasn’t the least confused by the disparity between their respective accounts of what happened. Another important distinction between the way Dora’s family employed deceptions and the way the family of a schizophrenic might is that, in Dora’s case, the purpose of the mystification was merely to deny Dora’s accusations. Dora’s father and Mr. K colluded together in their deception of Dora to avoid the potentially embarrassing revelation of the secret pact they had instigated between them. They simply didn’t want Dora - now that she had seen through their scheme - to expose their plans. On the other hand, the purpose for which mystification is employed in families of schizophrenics serves a more subtle purpose: to subvert the child’s experience of reality by bending its intentionality to the parents’ will.

The point Laing wanted to emphasize is that the line between neurotic and psychotic forms of deception isn’t so easy to determine. What they share in common is far more instructive than what sets them apart. Whether deceptions are employed for the purpose of safeguarding uncomfortable secrets, or whether the purpose served is to gain control over somebody’s mind, virtually every form of psychopathology is the consequence of lies, employed by human beings against each other, and against themselves. Indeed, the line between psychopathology and “normality” is even more difficult to discern than the one between neurosis and psychosis - an observation that Freud was the first to point out. Secrecy and deception are axiomatic in every culture. All of us have been subjected to deviousness of one kind or another as children. Years later, when we become analytic patients, we instinctively employ deceptions of our own

against anybody who endeavors to determine what we're hiding. Deception is so ingrained in each of us that it has become our currency for relationship - and the principal source of resistance to psychotherapy.

The Truth About Technique

The reason Laing went to such pains to labor this aspect of human existence was because he believed human deviousness isn't a matter that can be relegated to the "sick" members of society alone. Every one of us employs deceptions for the same reason. Whenever we're thwarted in our endeavors we feel disappointment and frustration. We may fear that we won't get our way by being honest and resort to guile and manipulation - the principal source of neurotic guilt. Children and mental health patients are the most defenseless victims of such tactics. They lack the credibility and maturity to make their case heard, even when they realize they're being manipulated. Laing argued that psychiatrists and even psychoanalysts, in their zeal to effect change, frequently resort to tactics of this nature. They become manipulative and, without realizing it, transform analysis into a sort of contest where the more clever protagonist "wins."

Freud was the first to recognize the dilemma every psychoanalyst encounters when trying to effect change without resorting to coercive maneuvers. Indeed, the abandonment of such maneuvers epitomized the ethical foundation of psychoanalysis from its inception. Freud coined a number of terms - e.g., neutrality, abstinence, countertransference, therapeutic and educative ambition - that were intended to alert analysts to the inherent dangers of their power. Similarly, Laing's therapeutic technique embodied a single overriding concern: how honestly are therapists treating their patients, and how honest are they committed to being with them?

Laing's approach to this problem owed an undeniable debt to the basic rule that comprised Freud's vision of psychoanalysis: the fundamental rule and its correlate, the rule of neutrality. The fundamental rule was rooted in the premise that it is imperative to establish a rule of thumb at the beginning of treatment whereby patients agree to be as

truthful as they can by concealing nothing that comes to mind. Secondly, analysts by the same token should take everything they are told with a grain of salt. In other words, they should adopt a sceptical position by assuming that their patients are telling the truth while reserving judgement about the veracity of what they say. More importantly, analysts shouldn't endeavor to determine the direction of the treatment, even when they are convinced that the direction they favor is the "right" one. Instead, they should permit their patients to proceed in the manner they are predisposed to; in the manner that is true to their experience. This second rule of thumb became the "rule of neutrality."

Laing endorsed these two rules as axiomatic to existential psychoanalysis. He cautioned, however, that the fundamental rule shouldn't be construed as nothing more than a means of obtaining knowledge "about" the patient's unconscious. On a deeper level it entails the patient's willingness to plumb the depths of experience while accepting responsibility for whatever comes to light, for better or worse. This can't possibly happen unless the analyst, in his or her neutrality, is able to accept the person we reveal ourselves to be. Though Laing was uncomfortable with the idea of exacting an "oath" fro

m patients in the manner that Freud advocated, he nonetheless believed that some form of implicit understanding needs to develop which is rooted in mutual honesty and respect.

Since candor is the principal means of overcoming neurotic conflict, Freud was concerned that the analyst's behavior may inadvertently inhibit rather than encourage the patient's efforts to comply with this rule. Deviousness on the part of analysts would render analytic treatments negligible, or worse. Hence the rule of neutrality - keeping an "open mind" to whatever patients say - should encourage patients to express themselves more freely. Indeed, the real danger to analysis, Freud believed, doesn't lie in analysts making their views known to their patients but in pretending to entertain views they don't have. Why was Freud so concerned that analysts might deliberately distort their views to their own patients?

Freud discovered that some analysts, eager to guide the treatment into a more

predictable course, resorted to techniques he considered un-analytic because they were dishonest. Some analysts were uncomfortable with their patients' seductive demands, for example, while others went to the other extreme and urged their patients to fall in love with them. Some even encouraged their patients to believe that if they "behaved" a certain way they would ultimately be rewarded with their analyst's love - knowing that such a reward was impossible. It was in this context that Freud condemned the use of trickery as a tool of analytic treatment and introduced the rule of neutrality, to serve as a foil to these temptations. In Freud's words:

My objection to this expedient [i.e., the use of trickery] is that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value. . . . Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth. (1915, p. 164)

In their neutrality, analysts should neither encourage nor discourage patients from expressing whatever feelings they happen to experience, whether love, hatred, spite, or jealousy, nor to compel patients to feel what they don't (by "manipulating" the transference). Hence, the rule of neutrality is rooted in the same premise as the fundamental rule: truthfulness. The gist of Freud's message is disarmingly simple. The only way anyone can hope to resolve the effects of self-deception is to submit to a relationship with another person wherein they endeavor to be as honest with each other as they can.

It isn't difficult to appreciate how Freud's views about the relationship between deception and psychopathology, on the one hand, and honesty and treatment, on the other, would inspire an existentialist like Laing to embrace him as a model to emulate and admire. Laing's analytic technique was essentially comprised of "neutrality:" taking care to never manipulate his patients. Since Freud's death, however, neutrality has become increasingly confused with the rule of abstinence - strictly withholding one's sympathy. Contemporary analysts now incorporate those aspects of neutrality that

involve attending to the analyst's experience of the treatment situation into a revised conception of countertransference - whereas Freud conceived of neutrality as a foil to countertransference, in the sense that he originally intended (Freud, 1915, p. 164).

From a contemporary perspective, Laing's treatment philosophy was almost exclusively rooted in attending to the analyst's "countertransference" (i.e., neutrality, properly speaking). He saw his role as one of helping patients to "untie" the knots they had managed to tie themselves in. He believed this entailed exercising extraordinary care to not repeat the same types of subterfuge and coercion that had got them into their knots in the first place. In my supervision experience with Laing he treated students with the same degree of openness and non-interference that he brought to bear with his patients. He never dictated the course that analytic candidates should follow, nor did he undertake to "correct" the mistakes they invariably committed. He was there simply to listen and to offer advice only in the event that it was needed.

This degree of non-interference in the context of analytic treatment and training has become such a rarity that even the idea of it is summarily dismissed as unprofessional, irresponsible, and unethical. Those analysts who believe it is incumbent on them to run a "tight ship," to maintain their authority over patients (as well as students) at all costs, and who attribute analytic failures to "insufficient treatment" or, worse, "inadequate training," aren't likely to embrace a method of treatment that is as modest in its claims as it is cautious with its interventions. It is worth keeping in mind, however, that this attitude of uncommon restraint and sceptical caution epitomized Freud's clinical behavior as much as it does Laing's. We correct or improve such matters at our peril if such "progress" loses sight of the freedom that all human beings require to find their own way - and to make their own mistakes.

Existential psychoanalysis isn't now nor was it ever supposed to be an alternative to psychoanalysis, nor is it a radically new vision of what psychoanalysis never was but should have been. It is what psychoanalysis was always intended to be and, in its latency, always was. It is at once Freudian and heretical, tolerant and deviant, respectful of the limitations to human knowledge but not content to stop there. Bringing my thoughts to a close, it is perhaps appropriate to give Laing the last word on the matter,

when he concluded that,

Existential thinking offers no security, no home for the homeless. . . . It addresses no one but you and me. It finds its validation when, across the gulf of our idioms and styles, our mistakes, errings and perversities, we find in the other's communication an experience of relationship established, lost, destroyed or regained. We hope to share the experience of a relationship, but the only honest beginning, or even end, may be to share the experience of its absence. (1967, p. 34)

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