

Thompson, M.G. (2000). The Heart of the Matter: R. D. Laing's Enigmatic Relationship with Psychoanalysis... *Psychoanalytic. Rev.*, 87:483-509.

The Heart of the Matter: R. D. Laing's Enigmatic Relationship with Psychoanalysis

M. Guy Thompson

One might expect that a paper concerning R. D. Laing's enigmatic relationship with and contribution to psychoanalysis would examine Laing's impact on the psychoanalytic community in England, where Laing lived and practiced, and in the United States, where he enjoyed enormous popularity throughout most of his career (though it had significantly waned by the time of his death in 1989). Were this my objective I would be faced with a quandary because, in fact, Laing enjoyed relatively little, if any, impact on the psychoanalytic community in either England or the United States. Indeed, rather than assume Laing's influence, one must ask, What has R. D. Laing contributed to psychoanalysis, in the widest possible meaning of this question? Is there, for example, a Laingian theory that delineates his conception of psychoanalysis? Or can we point to a Laingian technique that Laing counseled others to follow? Despite his enormous contribution to contemporary thought, it must be admitted that there is neither a Laingian theory nor technique that pertains to his way of conducting psychoanalytic treatment or, for that matter, any form of treatment whatsoever. Nevertheless, Laing was trained as a psychoanalyst at the British Psychoanalytic Institute and, though he drifted away from the psychoanalytic community following the completion of his training, he continued to call

This paper was presented at the symposium on "The Legacy and Future of R. D. Laing's Contribution to Contemporary Thought," sponsored by the Saybrook Graduate School in association with Free Association and the Existential-Humanistic Institute, in San Francisco, on March 13-14, 1999.

himself a psychoanalyst on the back of his book jackets and elsewhere for the rest of his life.

If Laing regarded himself a psychoanalyst, then what kind of a psychoanalyst was he? Specifically, how did Laing apply what he conceived psychoanalysis to be in his clinical work? Moreover, what manner of psychoanalysis did he practice, and who were the principal influences on his technique? Finally, if Laing was for all intents and purposes a psychoanalytic practitioner, did this practice involve the entirety of his clinical work, or did he employ other forms of psychotherapy on some occasions and a psychoanalytic form of therapy on others?

These questions are not easy to answer, in part because Laing never addressed such questions in any of his published writings nor, as far as I am aware, in any of his public lectures. Yet for those of us who received our analytic training at the Philadelphia Association, which Laing founded in 1965, and were either in analysis or supervision with him, it was perfectly obvious that what we were being taught was in fact *psychoanalysis*, however rarefied a form of analysis it was regarded to be by conventional standards. So what kind of analysis was it?

I readily confess that my views on this question are based almost entirely on my relationship with Laing as a student and later as a colleague, confidant, and friend. I was supervised by Laing for four years during my analytic training and attended theoretical seminars and case conferences that he convened over this time. Occasionally Laing would also invite me to sit in on a consultation he was scheduled to have with a prospective patient, providing a rare opportunity to actually watch him at work. As often as not, this was a patient that Laing would subsequently refer to me for treatment, and occasionally Laing would suggest that the three of us meet during the course of my supervisory experience.

This practice was unorthodox in the extreme, but it afforded me an unusual opportunity to learn from him, and as far as I could determine, it had no negative effect on the patient's treatment experience. For the most part, however, my relationship with Laing conformed to what most analytic candidates would characterize as a conventional one, whereby I offered my cases for supervision on a regular basis and incorporated his responses

into my clinical behavior to the best of my ability. Laing also recommended readings over the course of my training experience, some of which were papers of his own, while others were publications by others that had influenced his own clinical practice. Included in his recommendations were topics that he addressed in his second book, *Self and Others* (Laing, 1961), which is the only one in which he sought to insinuate his way into the psychoanalytic conversation in London. It was written at a time when he was completing his own analytic training and, hence, at a time when he was still predisposed to playing a part in the British psychoanalytic community.

Fortunately or unfortunately, depending on how you view it, Laing's interest in becoming a part of that community waned shortly thereafter. Consequently, in 1965 he and a group of colleagues¹ founded the Philadelphia Association, a nonprofit charitable organization that served as the umbrella through which Laing disseminated the bulk of his teachings and professional activities. I say “fortunately or unfortunately” because, both are applicable: It was unfortunate for the psychoanalytic community that Laing distanced himself from it over time because in so doing they lost what would have otherwise been a formative addition to the Middle, or “Independent,” group of British analysts. This was a group of independently minded analysts who did not wish to be included in either the Kleinian or (Anna) Freudian faction of the institute in the early days of its formation, causing the Institute to fashion a tripartite structure that survives to this day. Hence, students in training were expected to select which “track” they wished to follow during the course of their training, whether Kleinian, Freudian, or a loose mixture of the two. At the time of his analytic training Laing opted to align himself with the Middle Group, which in those days (c. the late 1950s) included D. W. Winnicott (one of Laing's supervisors), Charles Rycroft (Laing's analyst), Masud Khan, Margaret Little, Marion Milner, John Sutherland, Michael Balint, W. R. Bion, and others.

On the other hand, it was arguably fortunate that Laing was shunned by the British analytic community because had he become a training analyst there he probably would have never founded the Philadelphia Association. From a purely selfish perspective I am immeasurably grateful that Laing never opted to

become involved with the British Psychoanalytical Society because, had he done so, I doubt that I would have been willing to attend that Institute in order to train with him. This is a technicality worth noting because, in hindsight, it was by no means an accident that Laing became alienated from the Society and was subsequently obliged to go his own way. What his “way” was and why I (and others who followed him) found his way so appealing is the topic of this paper.² I hope in addressing this topic I can do justice to what is an inherently difficult, if not impossible, task to accomplish. Whether my personal experience has any bearing on the other students who trained there I cannot say. The fact that my training experience followed no “lockstep” curriculum and had no ostensible beginning or end, and that certification was anathema to Laing's educational philosophy more or less guaranteed that each student's path and, hence, experience was bound to be unique, unpredictable, and unrepeatable by others. Consequently, I do not elaborate on what Laing's teaching methods specifically entailed and limit my discussion to the heart of what he believed the practice of psychoanalysis involves.

Where, then, should I begin?

The first thing I want to clarify is that Laing has traditionally been associated with the so-called “existential” camp of psychoanalysts instead of the object relations school, the classical perspective, the hermeneutic, or any other. This is another paradox, because existential psychoanalysis is not now nor ever has been officially affiliated with the psychoanalytic community, at least as far as the International Psychoanalytical Association (the principal psychoanalytic accrediting body) is concerned. Hence it would seem prudent to examine, if only provisionally, what existential psychoanalysis is said to entail, in what manner it presumes to be psychoanalytic, and to what degree Laing may be said to represent this school of analysis.

To be fair to the many practitioners who include themselves under this designation, existential psychoanalysis is probably best conceived as a mode of orientation derived from a wide range of loosely associated theorists who have only marginally influenced the mainstream of psychoanalytic theory and practice. For example, Roy Schafer's rejection of Freud's instinct-driven motivational mechanisms in favor of a view that emphasizes

the individual's agency (including the refrain, "people are authors of their existence") suggests the influence of existentialism. Moreover, **Hans Loewald (1980)** explicitly acknowledged his debt to Heidegger in his conception of psychoanalytic theory and practice, and Stanley Leavy (**1980, 1988**) has acknowledged his debt to phenomenology in virtually all of his psychoanalytic publications. Existential psychoanalysis has also been an important and frequently unacknowledged forerunner of the now modish intellectual movements of deconstructionism, postmodernism, and hermeneutics, views that have recently influenced psychoanalytic theory in this country. Related to the existential (or phenomenological) perspective are the interpersonalists, intersubjectivists, and hermeneuticians, though none of these camps can be said to adhere to strictly existential preoccupations.

Brief History of Existential Analysis

Existential psychoanalysis was originally conceived by Ludwig Binswanger and Medard Boss, both of whom were devoted to the existential philosophical tradition of Martin Heidegger.³ Although Binswanger and Boss found much in Freud that was illuminating, their work can be best understood as a reaction to and, to some extent, a rejection of Freudian psychoanalysis. Whereas Freud saw human beings as harboring a "dark continent" of disavowed motives, intentions, and lust that he believed occupies a part of the mind that is unconscious, Binswanger and Boss viewed existence from a Heideggerian perspective, situating existence as well as mind "in-the-world," with mind and world so merged that the intelligibility of each is discernible only in terms of the other. From this fundamental perspective followed other disagreements between the existentialists and mainstream psychoanalysts. Freud articulated what was construed as a deterministic view of behavior that is a consequence of early experience, Binswanger and Boss conceptualized the individual as a composite of conscious processes, continuously in flux and continually struggling toward an always elusively approximated state of self-fulfillment. Freud formulated psychoanalysis in terms of linkages between conscious experiences and their underlying

unconscious determinants, while the existentialists challenged the very notion of an aspect of the mind that can be said to be unconscious and replaced it with Heidegger's view that man's essential Being is "hidden," so that what we call "consciousness" also fails to account for the mind's elusive role in our inherently mysterious existence.

Yet Binswanger and Boss were unable to fashion a therapeutic method that could do justice to its underlying theoretical premises. Binswanger's most famous clinical case (see May, Angel, & Ellenberger, **1958**, pp. 237-364), "Ellen West," is an embarrassing demonstration of an insensitive and at times arguably brutal clinician so driven by therapeutic ambition that he was obliged to rationalize his patient's suicide as an example of "authenticity" before death! Whereas Boss was in all appearances a more compassionate and skillful clinician who enjoyed Heidegger's friendship, his (**Boss, 1963**) critique of Freud's clinical technique (published in English as *Psychoanalysis and Daseinsanalysis*) shows a serious misreading of Freud's clinical papers and pales in comparison with Freud's candid admission of his clinical shortcomings and failure.⁴

What Makes Wing's Views Existential?

In 1960, with the publication of Laing's first book, *The Divided Self*, existentialism finally "found its Freud," in the words of Jean-Paul Sartre.⁵ Unlike Binswanger and Boss and a host of other existential analysts⁶ who were rooted more or less exclusively in the perspective of Martin Heidegger, Laing's conception of psychoanalysis was derived from a synthesis of numerous philosophers, including Heidegger, Sartre, Søren Kierkegaard, Frederick Nietzsche, Maurice Merleau-Ponty, Max Scheler, Paul Tillich, Eugene Minkowski, Martin Buber, G. W. F. Hegel, and even Michel de Montaigne, the sixteenth-century skeptic who conceived the essay as a literary genre—and this list does not even begin to include Laing's debt to the Classical philosophers, a host of Christian theologians and mystics, and the considerable influence of Eastern philosophy. Laing's debt to the work of the American Harry Stack Sullivan as well as the American family therapy movement that flourished during the 1960s has also

been noted by many commentators (**Burston, 1996; Friedenberg, 1973; Kotowicz, 1997**).

When one takes the breadth and depth of Laing's intellectual résumé into account it becomes obvious that it is both unfair and misleading to characterize him as simply an “existential” analyst, in spite of his having become one of the most prominent proponents of existential analysis, especially in its heyday, which culminated in the 1970s. On some occasions Laing also characterized himself as a phenomenologist and at other times a skeptic, each of which more closely approximates his intellectual position. It is perhaps for this reason that, in spite of his debt to and identification with the existential tradition, the only label to which it is feasible to assign Laing's analytic bias is that of simply “psychoanalyst,” the precise nature of which resists categorization.

Laing felt that Binswanger and Boss, despite their devotion to Heidegger, failed to do justice to the essence of Heidegger's philosophy, that is, to Heidegger's enigmatic conception of truth which **Laing (1961)** characterized as “that which is literally without secrecy” (p. 111 in 1969 ed.). Laing also derived from Heidegger his preoccupation with the existentialist notion of authenticity and its correlate, self-deception, or inauthenticity. For Laing, the basic thrust of any effort to situate psychoanalysis in existential and phenomenological principles necessarily has to be rooted in the dialectic between truth and falsehood and how the conflict between them accounts for a split in the self that engenders forms of human suffering that are typically labeled as forms of “psychopathology.”

A skeptic at heart, Laing held that knowledge is intrinsically personal and that the totality of everything we believe is rooted in our experience, which is unique to each person. In turn, experience engenders suffering, so it is in our nature to mitigate such suffering by deceiving ourselves about what our experience tells us. In our efforts to deny our experience, we inevitably adopt false “truths” that are more pleasing (or, at any rate, more acceptable) than the ones we actually experience, and split ourselves accordingly. It was for this reason that Laing emphasized the “political” nature of psychical suffering and deemed psychoanalysis an inherently subversive endeavor that, when it is successful,

undermines established truths, whether the truths in question assume the form of edicts that are popularized by a given culture or are elicited by neurotic fantasies that serve as substitutes for a painful reality. Hence, Laing's conception of psychoanalysis is characterized by two fundamental principles: (1) All human knowledge is rooted in personal experience, and (2) the weight of experience is so painful that we seek to relieve it through self-deception.

What Makes Laing's Views Psychoanalytic?

What makes Laing's clinical philosophy specifically psychoanalytic is the affinity between Laing's philosophical assumptions and Freud's technical recommendations, which continue to serve as the fundamental principles upon which psychoanalytic therapy of every persuasion is founded. For example, Freud, like Laing, believed that virtually all forms of psychopathology are the consequence of secrets that human beings manage to conceal from themselves. Freud also believed that we harbor such secrets due to the weight of our experience, the nature of which engenders insupportable suffering. In turn, Freud's treatment method was the model upon which Laing fashioned his clinical philosophy, if only loosely. Laing's and Freud's respective styles, however, were quite different. Whereas Freud insisted that his patients use a couch so they could not stare at him for eight hours a day, Laing, though he also made a couch available for those who insisted on using it, achieved the same purpose by employing comfortable chairs that were situated at opposite ends of his darkened consulting room, so that it was difficult given the distance between them for his patients to make eye contact, or even to determine whether or not he was looking at them.

If these distinctions indicate some of the differences in style between Laing and Freud, the similarities they shared were more substantial. Like Freud, Laing believed that the only way to undo the consequences of self-deception is to take part in a therapeutic relationship wherein the two participants endeavor to be as honest with each other as they can. Freud believed that psychopathology is caused by the difficulty that every human being has

with an intrinsically harsh reality, but Laing concluded that some “realities” are harsher than others and that the difference between your reality and mine has vast implications for how we experience each other. Perhaps this explains why Laing was so uncomfortable with the very concept of “psychopathology” and its vast nomenclature that he found it difficult to draw a sharp line between the normal and the pathological. Such a view undoubtedly has considerable implications for the way one conceives the treatment situation, and this was most certainly the case for Laing. His approach was particularly evident in his treatment of patients who had been diagnosed as schizophrenic at one time or another, a designation Laing never entirely embraced. However, in the course of treating people whom others had diagnosed (and treated) in this fashion, Laing concluded that their problems were probably the consequence of having been deceived by the people on whom they were most dependent. This thesis implicates society at large, but it obviously includes the family in which one was reared.

Laing's emphasis on the interpersonal basis of reality and the capacity every human being possesses to subvert the other's experience through the use of lies and deception characterizes the specifically existential aspect of Laing's conception of psychoanalysis. This assessment of psychological suffering led Laing to endorse in even stronger terms Freud's observation that the therapeutic relationship should be rooted in a strict adherence to truthfulness. Laing not only embraced Freud's insistence on fidelity to the fundamental rule (that patients should endeavor to be as honest as they are able), but also endorsed its correlate, the analyst's neutrality, even more emphatically. In Laing's assessment, this technical principle, in spite of the current tide of opinion against it, meant nothing more onerous than to be unequivocally open-minded toward the person one happens to be treating, no matter how trying or difficult a given patient may be.⁷

Laing's Fidelity to Experience

With this rough sketch of how Laing situated himself in the psychoanalytic tradition in mind, I turn to his views on the therapeutic process itself, specifically one's experience of it. The deceptively

simple though ambiguous term experience” was the basis of Laing's treatment philosophy and played a principal role in his thinking. Two of his books-*The Politics of Experience* (1967) and *The Voice of Experience* (1982)-include the term in their titles. Of course, other psychoanalysts besides Laing have used this term in their book titles although the concept plays no discernible role in their thinking. Wilfried Bion (*Experiences in Groups* [1961], *Learning From Experience* [1983]); Neville Symington (*The Analytic Experience* [1986]); and Thomas Ogden (*The Primitive Edge of Experience* [1989]), among others, have also included “experience” in the title of their books but neglect to explain what they take the term to mean. They simply embraced the common-sense notion of experience that we employ in an everyday sort of way.

However, what Laing meant by experience is of critical importance because no other term more pointedly demonstrates the differences between the psychoanalytic tradition and Laing's phenomenological interpretation of it. Because Laing's employment of experience is situated in phenomenology, his conception of this term serves, more than any other, to differentiate his approach to psychoanalysis from more conventional schools of thought, including recent trends in the interpersonal, relational, and intersubjective perspectives. In order to demonstrate the inherently enigmatic nature of experience it is useful to review the etymology of the term and how it has developed over the course of this century.

To begin with, the English “experience” is derived from the Latin *peritus*, meaning “peril,” which in turn denotes “to try out,” “to test,” or “to risk.” The Greek root, which is older than the Latin, derives from the word *empeiria*, which gives us the word, “empirical,” a term that was adopted by the British empiricists (e.g., John Locke and David Hume), who founded their philosophy on the primacy of “sensual” experience over rationality. *Pathos* is yet another Greek antecedent to what eventually became “experience” in English, emphasizing that dimension of experience when something happens to us, passively. Finally, according to the *Oxford English Dictionary*, the everyday definition is “to feel,” “to suffer,” and even “to undergo,” in the sense that what we experience is not of our own making. The term “experience”

also gives us the word “experiment,” which now serves as a technical term of empirical science, connoting the means by which one endeavors to test a theory through practical application. In our century, the words empirical, experiment, and experience are often used interchangeably, though each has vastly different connotations when invoked outside a scientific framework.

Over the past two centuries the German language has offered subtle variations on the specific types of experience of which we are capable, which the English language subsumes under the one term. It is perhaps not surprising, then, that German philosophers have dominated nineteenth- and twentieth-century investigations into the nature of experience, which subsequently spilled over to other European countries, including France, Great Britain, Switzerland, and Spain. The German philosophers Hegel, Nietzsche, Husserl, and Heidegger each elaborated on the notion of experience in their respective philosophies, allowing the concept a central role in phenomenology and existential philosophy. These German philosophers influenced, for example, the French existentialists, including Jean-Paul Sartre, Simone de Beauvoir, Maurice Merleau-Ponty, and Gabriel Marcel, as well as the Spanish philosophers Miguel Unamuno and Jose Ortega Y Gasset. Before examining phenomenology further, it is instructive to review the German conception of experience and the etymology from which their conception of it is derived.

The first term for experience is the German *Erfahrung*, which is derived from the word *Fahrt*, meaning “journey.” Hence, *Erfahrung* suggests the notion of temporal duration, for example when one accumulates experience over time, including the accruing of wisdom that one obtains from living to old age. The other German term is *Erlebnis*, which is derived from *Leben*, meaning “life.” Hence, the word *Erlebnis* connotes a vital immediacy in contrast to the more historical notion of *Erfahrung*. When invoking *Erlebnis*, the speaker is emphasizing a primitive unity that precedes intellectual reflection.

Allow me to summarize the implications of what the etymological aspects of the word “experience” suggest and the many senses that the concept, whether of English, Latin, Greek, or German origin, conveys. In the scientific community the notion of experience suggests the accumulation of empirical knowledge

through the use of experimentation, an inherently active emphasis. Experience may also suggest something that “happens” to us when we are in a passive state and open to stimuli, such as the experience of watching a film in a movie theater. It may connote the process whereby we submit to education, which entails the accumulation and memorization of knowledge over time. Or the term may be used to connote a journey I have taken while traveling to a foreign country, perhaps in wartime when I face peril and danger, the experience of which may have expedited my journey to manhood. In other words, experiences do not merely happen to me whether I want them to or not; they are potentially transformative, depending on how deeply I allow a given experience to affect me.

One can see from this brief excursion into the etymology of this term that even while it offers tantalizing hints as to what the word has been taken to mean in all its variety, there remains something ineffable about the concept that defies categorization and even definition. This presents us with yet another paradox, because the word is often employed, according to **Jay (1998)**, “to gesture towards precisely that which exceeds concepts and even language itself” (p. 3). Indeed, the notion of experience has often been employed as a marker for that which is so private or personal that it cannot be rendered in words. One's experience of love, for example, is a kind of experience that many insist is impossible to express or even grasp in words alone, precisely because it is experienced long before it is understood, if then. Even when I endeavor to communicate my experience to others, only I ultimately know what my experience is. Hence, just as experience resists definition, our efforts to convey the peculiarities of our experience are imperfect because experience, by its very nature, is impossible to reduce to the words with which we convey it. This ineffable dimension to experience made a profound impression on Laing, and many of his clinical vignettes emphasize the power that silence plays in the treatment situation.

This observation has enormous implications for the psychoanalytic experience, for patient and analyst alike, who rely almost entirely on the passage of words between them. This also raises questions as to the nature of nonverbal and even preverbal

experience, as well as the notion of so-called unconscious experience. Experience also strikes at the heart of interpretation, because of what is at stake when an analyst interprets what he or she takes the patient's utterances to mean. It raises fundamental questions: Is the analyst in a better position than the patient to determine the nature of the patient's experience? Are there dimensions to the patient's experience that the patient is resistant to experiencing because the patient prefers to “intellectualize” the experience instead of *experiencing* it? These questions resist a conclusive response, yet we find ourselves grappling with their consequences throughout the duration of every psychoanalytic treatment.

The Contribution of Phenomenology

Despite these considerations, our commonsensical notion of experience pales when contrasted with the enormous contribution that phenomenology has made to our understanding of potential experience and what experience specifically entails. No psychoanalyst has given more thought to the implications of this contribution than Laing. In order to appreciate the contribution of phenomenology to our understanding of experience, it is necessary to explore in greater detail the difference between the two forms of experience that are distinguished by the German terms *Erfahrung* and *Erlebnis*. Phenomenology is concerned almost exclusively with the nature of *Erlebnis*; in other words, with the question, What does it mean to actually experience something? Empiricist philosophers such as Hume separated experience from rationality by consigning to experience sensual data alone. Hence modern scientific methodology, which endeavors to combine the experience we derive from our senses with our capacity to think about and reflect upon the nature of such experience (through methodical testing via “experimentation”), is unable to account for the human subject's *experience of ideas, thoughts, and imagination*. This is because philosophers have traditionally “split” human being in half, assigning one portion of the human project to rationality (the mind) and the other portion to sense experience (the body). Though the notion of reflecting upon the data provided by our senses would appear to

bring the two together, it does not explain how the two are ever finally connected.⁸ Moreover, given the assumptions of this schema, the possibility of reconciling the two is theoretically impossible.

The singular contribution of Husserl at the turn of the century was to reconcile the split between sense experience and rationality by suggesting that all experience is already inherently “thoughtful” because the nature of consciousness is intentional, which is to say, the act of consciousness and its object are given at one stroke. One is not “related to the other because each is irrevocably dependent upon the other; neither can stand alone. As some Buddhists have argued, the presumed split to which Western thought has been devoted is illusory because the “two” are actually One. Hence, phenomenology is able to claim that there are levels of experience, just as there are levels of awareness, or consciousness, depending on how diligently I set out to *see* (rather than “comprehend”) what my experience discloses to me, through the passive activity of critiquing my experience as it unfolds. This thesis is especially relevant to psychoanalysts who endeavor to direct the patient's attention to experience by “interpreting” its meaning. Viewed from this angle, a good interpretation is not intended to explain one's experience, but to *deepen* it, in the phenomenological sense.

Whereas Husserl, however, was invested in finding a means through subjective experience to absolute knowledge, Heidegger rejected absolute knowledge in principle and adopted a more skeptical approach to what experience makes available to us. For Heidegger, experience is essentially the revealing of Being. In other words, my experience discloses “who” I am as well as the “world” I inhabit: The two are interdependent because they serve to constitute each other. By anticipating my experiences with a specific aim in mind, I can make use of my experience to gain insight into the person I am. In other words, there are degrees to experience; it is not all or nothing. This is why I am also capable of resisting experience, avoiding it, and even forgetting experiences (repression) that have proven too painful to bear. In turn, the degree to which I am *able* to experience anything, whether a piece of music, a work of art, even a psychoanalysis, is determined by how willing I am to submit to my experience

of it. According to Heidegger, the notion of “submission” (common to Eastern philosophy) is vital to the role experience plays throughout my life and the use or neglect with which I treat it.

The Psychoanalytic Experience

What, then, does the essence of experience specifically entail in the psychoanalytic treatment situation? Is experience antithetical to one's capacity to reason, as some have suggested? Or is our ability to reason dependent upon our capacity to experience the very thoughts that our words endeavor to reveal? Moreover, how do these considerations pertain to Laing's employment of the term in his conception of the treatment experience? First, it should be noted that Freud also granted experience a critical role in the evolution of pathogenic symptoms, even if his conception of experience relied on the commonsensical notion of the term. For example, Freud believed that our capacity to bear painful experience as children more or less determines whether we will develop neurotic symptoms (or worse) when we grow up. This is actually a Heideggerian conception of experience, though Freud never knew this. According to Freud, if a child is faced with an experience that is too painful to bear, the child simply “represses” the experience from consciousness, making the experience of frustration magically disappear.⁹ The only problem with this short-sighted solution is that the repressed memory finds an alternate means of expression through which it is transformed into a symptom, which the adult subsequently suffers and complains about, though she hasn't a clue what caused the symptom or what purpose it might serve.

For Freud, the purpose of pathogenic symptoms is simple: They shield the individual from a painful disappointment that the person who suffers the symptom wants desperately to forget (or in the case of the obsessional, ignore). Because the disappointment in question was only repressed, not entirely eradicated, the individual instinctively avoids experiencing it and anything that may subsequently remind him of it. The irony of Freud's thesis is that so-called “traumatic” experiences are never actually *experienced* as such, but are deferred until a later date when, with the help of a psychoanalyst, perhaps, the repressed

memory may be elicited and finally experienced, *but for the first time*. In other words, it is the (belated) *experience* of trauma, not the mere “recollection” or understanding of it, that gives psyche analytic treatment its curative power.

Based on this hypothesis, psychoanalytic treatment is nothing more than an investigation into the patient's experience, suffered over the entirety of one's life. Hence, analysts seek to learn about the experiences-*Erfahrung*-that patients remember over the course of their history, and they also seek to understand the patient's experience of the analytic situation-*Erlebnis*-which is to say, the patient's experience of the relationship with the analyst, the so-called transference phenomena. But analysts are also interested in eliciting what may be characterized as “lost” experience (what Heidegger would call “potential” experience) through the patient's free associations. Change comes about through the patient's ability to speak of her experience instead of concealing it, as in the past. In other words, giving voice to one's experience serves to “deepen” it in the Heideggerian sense, but only if the kind of speech elicited succeeds in plunging the patient to the depths of her existence.

So far my description of psychoanalysis sounds a lot more like phenomenology than psychoanalysis per se. All I can say in defense is that, in its latency, psychoanalysis is phenomenological, at least in the way Laing conceived it. On the other hand, there is something about Freud's notion of the unconscious that is explicitly nonphenomenological when it alludes to things going on “in” a person's mind that the patient has no awareness of. Be that as it may, the phenomenologist and the psychoanalyst both recognize that we are perfectly capable of engaging in acts that we claim no awareness of and, hence, that we have no “experience” of, either. *Awareness and experience, from a phenomenological perspective, are interdependent concepts*; one cannot have one without the other. According to Husserl, experience presupposes an “I” who *suffers* his or her experience, so that no matter how de-centered or obscure one's “I” or “ego” may be, subjectivity is consistent with experience itself. Yet we saw in Heidegger how it is possible to account for levels or degrees of experience, depending on whether one is prepared *to undergo the suffering that is necessarily entailed in determining what one's experience is*.

The proposition that there are levels of experience and, hence, levels of consciousness as well offers profound implications for what Freud depicted as unconscious motivation and intentions, which, when interpreted in the treatment situation, are seldom remembered by the patient to whom such intentions are attributed. Yet, there are undeniable moments in every treatment when the patient does remember, or “realizes,” his part in a drama that had heretofore been erased from memory. Laing accounted for this phenomenon by suggesting that Freud's conception of the unconscious is nothing more than a mode of thinking (consciousness) that the patient is “unaware” of thinking. In other words, the patient has no experience of *thinking* the thoughts attributed to her because she did not “hear” herself thinking (in the act of reflection) the thoughts in question. At the moment such thoughts occurred, her mind was “somewhere else.” The psychoanalyst says she was “unconscious” of what she was thinking, whereas the phenomenologist would say she simply failed to listen to, and thus *experience*, what she unwittingly disclosed. Hence, the psychoanalytic experience is designed to reacquaint us with that dimension of our Being that we typically conceal. By *listening* to what we say to the analyst, we reflect upon our consciousness at the moment we share our free associations and finally hear them for the first time, by experiencing the occasion of their disclosure.

Whereas Laing would say that the ambiguous aspect of our experience should be assigned to its inherently mysterious nature and should be broached with appropriate care and attention, Freud would say that one's experience is subject to “repression” when overwhelmed with anxiety and, thus, is rendered “unconscious.” In Freud's schema, something must be done to retrieve (and ultimately return) our repressions to consciousness by giving voice to our experience as it occurs to us in the analytic moment.¹⁰ The *raison d'être* of psychoanalytic theory is the assumption that neurotics live “in their heads” and have lost touch with what they think is so and how they genuinely feel about it. Consequently, the purpose of psychoanalytic treatment is to “come home” to the ground of an experience from which one's patient has been estranged, allowing the patient to finally claim the experience *as his own* and to live it.

An apt example of how Laing incorporated the basic tenets of phenomenology into his psychoanalytic perspective was his phenomenological treatment of “defense mechanism.” According to **Laing (1967)**,

Under the heading of “defense mechanism,” psychoanalysis describes a number of ways in which a person becomes alienated from himself. For example, repression, denial, splitting, projection, introjection. These “mechanisms” are often described in psychoanalytic terms as themselves “unconscious,” that is, the person himself appears to be unaware that he is doing this to himself. Even when a person develops sufficient insight to see that “splitting,” for example, is going on, he usually experiences this splitting as indeed a mechanism, an impersonal process, so to speak, which has taken over and which he can observe but cannot control or stop. [Hence] there is some phenomenological validity in referring to such “defenses” by the term “mechanism.” (p. 17, emphases added)

Note that Laing uses phenomenology for the purpose of emphasizing what the patient *actually experiences* in relation to the analyst, not what the analyst believes, supposes, or imagines is going on in the patient's (“unconscious”) mind. Analytic patients, Laing allows, may indeed have a sense of themselves as living “in a fog,” feeling “out of it,” “going through the numbers,” being “on automatic pilot,” and so on. Hence, when the analyst suggests that such experience (or nonexperience) may be construed as a mechanism, the patient is perfectly capable of appreciating the metaphorical quality of this terminology. Laing's point, however, is that psychoanalysts tend to take this notion not metaphorically but literally, as though there are indeed mechanisms and the like controlling our behavior, the nature of which we are unaware of and may never become aware of, no matter how much analysis we endure.

Laing (1967) emphasizes the importance of extending this notion further by examining the ways in which so-called unconscious aspects of a person's behavior (and experience) must be accounted for *in terms* of what one experiences and how one experiences it, instead of speculating about what a patient may be said to be experiencing when the experience is inaccessible to both patient and analyst, alike. Laing suggests, for example, that the patient's defenses “have this mechanical quality because

he person, as he experiences himself, is dissociated from them,” and because he is alienated from his own experience and, hence, himself (p. 17). Laing asks, What are defenses if they are not *protective maneuvers employed to keep one's experience at bay*? Phenomenologically, repression characterizes the patient's capacity to forget painful experience, just as denial provides a means of simply ignoring what one's experience is. Similarly, projection provides a means of attributing one's experience to others, just as splitting characterizes the person's ability to “divide” experience into two isolated worlds, wherein the existence of the one is kept in abeyance from the existence of the other, and so on.

This reading of psychoanalysis is unfamiliar to the vast majority of psychoanalysts because it entails an existentialist reading of Freud from the perspective of phenomenology. Hence, this reading of Freud-and, by extension, of psychoanalysis-is barely evident in the psychoanalytic community, although there have been attempts to address the situation by incorporating some of the basic tenets of phenomenology into psychoanalytic theory.¹¹ In the main, however, even these efforts have fallen short of reframing the corpus of psychoanalytic theory and practice along phenomenological lines, which would necessitate greater emphasis on the psychodynamics of what experience specifically entails, from a phenomenological perspective. Indeed, the mainstream of psychoanalysis has more or less factored the very notion of experience (in the phenomenological sense of the term) out of existence. Recent interest in the intersubjective dimension to psychoanalysis, which borrows heavily from the interpersonal tradition, still employs an empiricist account of experience instead of a phenomenological one.

The Demise of Experience in Contemporary Psychoanalysis

I shall offer an example of what I mean by this claim that mainstream psychoanalysis has negated the notion of experience and how the gradual decline of experience has affected the development of psychoanalysis over the course of the last fifty years or so. Although the example is placed in the context of Kleinian theory, it is nonetheless representative of the direction psychoanalytic

theory and technique have taken over the second half of the twentieth century. Laing was acutely aware of this trend during his own psychoanalytic training at the British Psychoanalytic Institute in London, in the late 1950s. He was well aware that Melanie Klein was all the rage then, just as she subsequently became in South America and more recently on the West Coast of the United States. Although Klein enjoyed enormous influence over the British psychoanalytic community, the Middle Group served as a foil against her more radical ideas, one of which concerned the nature of experience.

In his second book, *Self and Others*, **Laing (1961)** offered his clearest statement regarding his own approach to psychoanalysis in his critique of a paper that was written by Susan Isaacs, in which Isaacs explicated Klein's notion of "unconscious experience"-a contradiction in terms for the reasons we have just examined. Isaacs argued that the nature of the psychic world is such that every human being lives two parallel lives, one that is conscious and one that is unconscious. The conscious one we are aware of and the unconscious one we have no awareness of and never can. Hence, according to Klein, we must resort to *inferring* what is going on "in" the unconscious if we hope to determine what is there.

Isaacs insisted that the unconscious has aims, wishes, and motives of which we are not and cannot become conscious and in the sense that we have been discussing, could have no experience of. According to Isaacs, the nature of unconscious fantasy is such that we suffer "unconscious experiences" of which we are unaware but which, in turn, determine what we experience consciously. The implications of this theory are considerable because Isaacs's conception of experience says a great deal about the way many contemporary psychoanalysts view the experiences of their patients, their own experience of their patients, and how analysts interact with their patients in turn. For example, the Kleinian conception of projective identification has assumed a life all its own, far outstripping the meaning that Klein attributed to it. For some analysts, it has virtually replaced conventional notions of transference and countertransference or altered their original meanings to such a degree that they are virtually unrecognizable. For instance, **Bion (1961)**, perhaps Klein's most revered

follower, suggests that the analyst can determine the patient's unconscious experience *through the analyst's experience of his own countertransference*.

The experience of countertransference appears to me to have a quite distinct quality that should enable the analyst to differentiate the occasion when he is the object of a projective identification. ... The analyst feels he is being manipulated so as to be playing a part ... in someone else's phantasy. ... From the analyst's point of view, the experience consists of two closely related phases: in the first there is a feeling that whatever else one has done, one has certainly not give a correct interpretation. ... I believe the ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state is the prime requisite of the analyst. (p. 149)

In other words, Bion is suggesting that the patient's "unconscious" experience is periodically *experienced* by the analyst via the analyst's own experience of thoughts and feelings that the analyst should construe *as originating in the patient's unconscious*. Notwithstanding the speculative nature of interpretations that seek to determine whether the analyst's experiences originate in the analyst or the patient, Bion's conception of experience is such that it is rendered virtually meaningless. In effect, experience can mean virtually anything that the analyst wants it to mean, whether the interpretations that the analyst attributes to the patient's (so-called) experience are subsequently confirmed by the patient or not. We shall see some of the implications of this position later, after reviewing my argument thus far;

Freud believed that we repress intolerable experiences in order to deny their existence. Hence, the goal of analysis is to contrive a situation in which patients feel safe to speak their minds, eventually giving voice to the experiences that had at one time been "forgotten" (which is to say, repressed). On the other hand, Klein is saying that the nature of what is going on in one's unconscious has always been unconscious and always will be so. Hence, the patient's disclosures will never reveal in any direct way what *is* going on. How, then, from a Kleinian perspective, is one supposed to determine what is going on there, and how is a patient supposed to determine what accounts for his or her suffering?

According to Klein (and Isaacs, as well as Bion), *it must be interpreted by the analyst to the patient*, because there are no other means available for the patient to grasp it. In other words, whereas Freud says that the goal of analysis is to “make the unconscious conscious,” Klein says that the goal is for the analyst to interpret to the patient what the unconscious is (presumed to be) harboring. One of Laing's favorite examples of how this conception of experience translates into psychoanalytic interpretation is taken from one of Bion's (cited in **Klein, Heimann, & Money-Kyrle, 1957**) most famous clinical vignettes. Whereas Laing would say that the purpose of interpretation is to help the patient get in touch with his or her experience, Bion (following Klein's theoretical perspective) uses interpretation to “translate” to the patient what the patient is (presumed to be) “experiencing” in his or her unconscious. The following is what Bion (**Klein et al., 1957**) characterizes as “the essentials” of two sessions with a schizophrenic patient whom he had been treating for five years in psychoanalysis. Interpretations, according to Bion, should be offered in language that is simple, exact, and mature:

Patient: I picked a tiny piece of my skin from my face and feel quite empty.

Analyst: The tiny piece of skin is your penis, which you have torn out, and all your insides have come with it.

Patient: I do not understand ... penis ... only syllables and now it has no meaning.

Analyst: You have split my word “penis” into syllables and now it has no meaning.

Patient: I don't know what it means, but I want to say, “if I can't spell I can't think.”

Analyst: The syllables have now been split into letters; you cannot spell—that is to say you cannot put the letters together again to make words, so now you cannot think. (p. 229)

The following day, the exchange goes as follows:

Patient: I cannot find any interesting food.

Analyst: You feel it has all been eaten up.

Patient: I do not feel able to buy any new clothes and my socks are a mass of holes.

Analyst: By picking out the tiny piece of skin yesterday you injured yourself so badly you cannot even buy clothes; you are empty and have nothing to buy them with.

Patient: Although they are full of holes they constrict my foot.

Analyst: Not only did you tear out your own penis but also mine. So today there is no interesting food-only a hole, a sock. But even this sock is made of a mass of holes, all of which you made and which have joined together to constrict, or swallow and injure, your foot. (pp. 229-230)

I grant that there is a fine line between employing interpretations for the purpose of *enlivening* the Patient's experience, on the one hand, and for the purpose of *intellectualizing* that experience, on the other. The Analyst has no control over which of the two a given Patient is more likely to be inclined toward nor how a given Patient will respond to interpretations in principle. All Patients are prone to intellectualizing the treatment experience because doing so serves to protect them from precisely those experiences that they are want to avoid. Hence the ultimate outcome of a given treatment is impossible to predict, try as we may to influence it to the degree that providence permits. Laing's reaction to Bion's work with this Patient pertains less to the "correctness" of such interpretations than to what it says about what the Patient *appears to be experiencing* and how Bion responds to it. By all appearances, Bion virtually ignores what the Patient is telling him about his experience because Bion does not appear to think that the Patient knows what his experience is. Instead, Bion proceeds to "interpret" to the Patient what he is convinced the Patient is "really" trying to say to him. Yet when his Patient responds with obvious consternation to the interpretations, Bion simply construes such comments as evidence of how confused his Patient must be. The confusion that Bion attributes to his Patient is not a consequence of Bion's interpretations, mind you, but of the Patient's *failure to recognize his own experience*, as it is recounted to him by Bion!

What is the consequence of this dramatic alteration in Klein's, Isaacs's, and Bion's (and by extension, the psychoanalytic) conception of experience? Basically, it has done away with it. I am no longer conscious or in any discernible sense aware of what my most important experiences are and, according to Klein, I never will be. Consequently, I must rely on others to tell me what is going on in my own mind and explain to me the content of my own experience in order to finally know myself. This development speaks to a crisis of experience in contemporary

psychoanalysis because it has demolished any vestige of what we take subjectivity to be as well as our sense of our own experience, even in the most ordinary, mundane sense of the term.

Ironically, recent efforts to incorporate the phenomenological conception of intersubjectivity into the psychoanalytic landscape¹² have misconstrued phenomenology's aim as that of doing away with the notion of subjectivity altogether. Although Heidegger, in particular, has been responsible for replacing the Cartesian preoccupation with subjectivity with the decentered dimension to personal existence, he never did away with the subject entirely and even deemed it the instrument *through* which our conscious experience may come into being. On the contrary, the specific focus of phenomenology is and always has been to delineate *the precise features of experience as they become manifest in the here and now of the situation one is in*, whether the situation in question is of a clinical nature or otherwise. Any theory of intersubjectivity that proposes to dispense with this critical component of the phenomenological method ceases to be “intersubjective,” properly speaking, and withdraws by fiat into a *socialization* of the therapeutic process that is closer to the interpersonal tradition than, properly speaking, a phenomenological one. The entire range of recent so-called intersubjective contributions to contemporary psychoanalysis are prone to committing this error.

The Crisis in Contemporary Psychoanalysis

Psychoanalysis is in a state of crisis that appears to have affected the United States more than other parts of the world, for reasons that are too complicated for me to discuss here. In the United States the culture is turning away in increasing numbers from psychoanalysis and other “depth,” long-term therapies; as a consequence, there is considerable debate in the psychoanalytic community about what has accounted for this state of affairs. Some blame it on managed care and less expensive and more accessible forms of therapy, while others blame it on the psychoanalysts themselves. This second group accuses psychoanalysts of having oversold analytic therapy in its infancy, thereby misleading people into expecting it would work miracles by making

all of their woes and suffering go away. We all know that it cannot and was never really intended to do anything of the sort.

All that psychoanalysis has ever been good at is to help us get in touch with our experience, by talking from our experience and about it while sharing it with another human being who, no matter how misguided or crazy our account of our experience may be, is capable and willing to treat it with the care and sensitivity it deserves. It would seem that recent developments in the psychoanalytic culture in the United States (such as, for example, questioning the frequency of sessions and the use of the sacred couch) are finally catching up with Laing's inherently skeptical sensibility. Even the unquestioned adherence to "theory" and "technique" is being challenged by a new generation of psychoanalysts who are more willing to integrate a philosophical sensibility into their clinical perspective.

Perhaps the day will come when Laing's contribution will finally receive the attention it deserves, when his "far out" perspective will appear less enigmatic than it did a generation ago. Whether these recent developments are too late on the one hand, or whether there is still time to reverse these disturbing trends on the other, we do not know, because the future, like the outcome of every treatment experience, is impossible to predict. In closing, it seems only fitting to give **Laing (1967)** the last word on the matter, offered on reflection of what we can realistically expect from any clinical endeavor, psychoanalytic or otherwise:

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, errands, 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. (p. 34)

Notes

1 The others included Aron Esterson and David Cooper, both of whom collaborated with Laing on some of his books (e.g., **Laing & Cooper, 1964**; **Laing & Esterson, 1964**).

2 See also my other publications on Laing's relationship with psychoanalysis (Thompson, **1996a, 1997, 1998**).

3 See **Heidegger (1992)** for selection of essays representative of the breadth of his thought.

4 See **Thompson (1994)** for a thorough treatment of Freud's clinical technique in light of an existential perspective.

5 See Sartre's preface to **Laing and Cooper (1964)** for a glowing tribute to Laing's "perfect" understanding of his philosophy.

6 See **May et al. (1958)** for an excellent selection of contributions from Continental existential psychiatrists and psychoanalysts.

7 This view of neutrality is in contrast to the conventional notion that it merely requires that the Analyst withhold sentiments of sympathy and avoid personal feelings, in principle. For an exhaustive treatment of this technical principle, see **Thompson (1996b)**.

8 Descartes suggested that the mind and body are somehow "connected" at the base of the brain (representing the mind), where it is connected to the spine (representing the body)! Other attempts to explain the mind/body problem have been no more successful.

9 While this form of repression is more typical of the hysteric character type, the obsessional typically remembers such experiences but suppresses the depth of affect that occasioned the experience when it occurred, leaving it with no discernible significance.

10 Although I am emphasizing the example of repression as the prototypical defense mechanism, the same may be said for any defense whatsoever, such as projection, denial, splitting, reaction formation, and so on.

11 See, for example, **Atwood & Stolorow (1984)**; **Leavy (1980, 1988)**; **Loewald (1980, p. viii)**; **Schafer (1976)**.

12 See, for example, **Atwood & Stolorow (1984)**; **Benjamin (1990)**; **Reis (1999)**; **Stolorow (1997)**; **Stolorow & Atwood (1992)**.

References

- Atwood, G., & Stolorow, R. (1984). Structures of subjectivity: Explorations in psychoanalytic phenomenology. Hillsdale, NJ: Analytic Press.
- Benjamin, J. (1990). An outline of intersubjectivity: Recognition and destruction. *Psychoanal. Psychol.*, 7(Supp.): 33-46.
- Bion, W. R. (1961). Experiences in groups. New York: Basic Books.
- Bion, W. R. (1962). Learning from experience. New York: Aronson, 1983.
- Boss, M. (1963). Psychoanalysis and Daseinsanalysis. New York: Basic Books.
- Burston, D. (1996). The wing of madness: The life and work of R. D. Laing. Cambridge, MA: Harvard University Press.
- Friedenberg, E. (1973). R. D. Laing. New York: Viking Press.
- Heidegger, M. (1992). Basic writings (rev., expanded ed.). San Francisco: HarperCollins.
- Jay, M. (1998, November 14). The crisis of experience in a post-subjective age. Public lecture presented at the University of California, Berkeley.
- Klein, M., Heimann, P., & Money-Kyrle, R. E. (eds.). (1957). New directions in psychoanalysis. New York: Basic Books.
- Kotowicz, Z. (1997). R. D. Laing and the paths of anti-psychiatry. London: Routledge.

- Laing, R. D. (1960). *The divided self*. London: Tavistock.
- Laing, R. D. (1961). *Self and others*. New York: Pantheon Books, 1969.
- Laing, R. D. (1967). *The politics of experience*. New York: Pantheon Books.
- Laing, R. D. (1982). *The voice of experience*. New York: Pantheon Books.
- Laing, R. D. & Cooper, D. G. (1964). *Reason and violence: A decade of Sartre's philosophy-1950-1960*. London: Tavistock.
- Laing, R. D. & Esterson, A. (1964). *Sanity, madness, and the family*. London: Tavistock.
- Leavy, S. (1980). *Psychoanal. Dial.*. New Haven, CT: Yale University Press.
- Leavy, S. (1988). *In the image of God: A psychoAnalyst's view*. New Haven, CT: Yale University Press.
- Loewald, H. W. (1980). *Papers on psychoanalysis*. New Haven, CT: Yale University Press.
- May, R., Angel, E., & Ellenberger, H. (eds). (1958). *Existence: A new dimensions in psychiatry and psychology*. New York: Basic Books.
- Ogden, T. (1989). *The primitive edge of experience*. Northvale, NJ: Aronson.
- Reis, B. (1999). Thomas Ogden's phenomenological turn. *Psychoanal. Dial.*, 9(3): 407-414.
- Schafer, R. (1976). *A new language for psychoanalysis*. New Haven, CT: Yale University Press.
- Stolorow, R. (1997). Principles of dynamic systems, intersubjectivity, and the obsolete distinction between one-person and two-person psychologies. *Psychoanal. Dial.*, 7: 859-868.
- Stolorow, R. & Atwood, G. (1992). *Contexts of being*. Hillsdale, NJ: Analytic Press.
- Symington, N. (1986). *The analytic experience*. New York: St. Martin's Press.
- Thompson, M. G. (1994). *The truth about Freud's technique: The encounter with the real*. New York: New York University Press.
- Thompson, M. G. (1996a). Deception, mystification, trauma: Laing and Freud. *Psychoanal. Rev.*, 83(6): 827-848.
- Thompson, M. G. (1996b). The rule of neutrality. *Psychoanal. Contemp. Thought*, 19(1): 57-84.
- Thompson, M. G. (1997). The fidelity to experience in R. D. Laing's treatment philosophy. *Contemp. Psychoanal.*, 33(4): 595-614.
- Thompson, M. G. (1998). Existential psychoanalysis: A Laingian perspective. In P. Marcus & A. Rosenberg, ed., *Psychoanalytic versions of the human condition and clinical practice* (pp. 332-361). New York: New York University Press.