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The Sceptic Dimension to Psychoanalysis: Toward an Ethic of Experience*

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Psychoanalysis is both a collection of ideas and a method based on those ideas whose goal is the right way to live. Hence, psychoanalysis is an “ethic” in the sense that it concerns the manner by which individuals conduct themselves. Derived from the Greek *ethike tekhnē*, meaning “the moral art,” *ethike* is in turn derived from the Greek *ethos*, meaning “character.” Both the character of a person who aspires to behave ethically and the customs of a people by which one's standards are measured derive from the concept. Morality, a subsidiary of ethics, pertains to distinctions between right and wrong and good and bad, whereas ethics, according to the Greeks, concerns the pursuit of happiness, the nature of which produces a state of equanimity by obtaining freedom from mental anguish.

If psychoanalysis is an ethic whose goal is liberation from psychic conflict, then the nature of that conflict must have something to do with the way one lives, thinks, and behaves. Although the character of an individual is no doubt decisive in the outcome of a patient's treatment, the psychoanalytic experience essentially revolves around a kind of work that is performed and accomplished, the outcome of which succeeds or fails. By analyzing the customs of a given patient—the manner by which that person lives—that patient is in a better position to change what needs to be changed and discover a better life. If psychoanalysis is an ethic, then what kind of ethic does it foster? What are the rules by which it is administered and what is the basis of its method?

While most people today associate ethics with little more than a set of rules that govern one's behavior, in ancient times ethical behavior was situated in philosophical debates concerning the right way to live. The

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- 457 -

important thing was the consequence that derived from one's ethic and whether it

obtained happiness or misery. In those days, philosophers didn't teach in universities, but earned their living by helping people sort out the troubles that contributed to their unhappiness. Unless they were independently wealthy, these philosophers were obliged to seek recognition as wise men in order to recruit followers who could support them. Like analysts today, philosophers offered any number of competing remedies for the relief of mental anguish. According to **Hallie (1964)**, "What interested the Greeks primarily was insight into the proper conduct of life, practical wisdom for producing a happy life" (p. 6). Whereas most of their ethical prescriptions were rooted in rationalist principles, one philosophical school, the sceptics, stood out from the others by arguing that the accumulation of knowledge was irrelevant for the relief of mental strife, or what we would call "mental illness." According to **Groarke (1990)**,

The most salient feature of the Sceptics' views was their rejection of the commitment to reason.... Thinkers who espouse this commitment extolled the human ability to discern the true nature of the world and proclaim the highest good to be the pursuit of rational inquiry. Plato exemplifies the spirit of such convictions when he writes that the sense of sight has given rise to number, time, and inquiry into the nature of the universe. [p. 3]

The Sceptics

The word "sceptic" comes from the Greek *skeptikos*, meaning to inquire or to be thoughtful. Like the psychoanalyst today, the ancient sceptics sought to inquire into the nature of experience by abandoning prejudice and claims to ultimate knowledge. As a form of "treatment," sceptic philosophy sought to deepen the weight of experience by inquiring into the forms of anguish we ordinarily seek to suppress. Hence, the sceptics were the first philosophers to organize those trends in Greek philosophy that emphasized subjectivity over objective knowledge. Consequently, they were more concerned with a person's character than what he claimed to know, how that person conducted his life, and how he was said to have faced his own death. The equanimity with which Socrates accepted his death without protest was an inspiration for sceptic philosophy and exemplified the ideal to which every sceptic aspired. By

relying on personal experience, instead of adopting what others claim to know, scepticism helped its adherents accept the intrinsic mystery of existence with a benign form of indifference. According to **Hallie (1964)**, “Scepticism [was] the hope of living normally and peacefully without metaphysical dogmatism or fanaticism” (p. 7).

According to **Groarke (1990)**, traces of the sceptic attitude can be seen as early as Democritus and Socrates (circa 450 B.C.), when the Greeks crystallized three philosophical trends that were subsequently incorporated into scepticism: an antirealist bias, the turn to a more subjective attitude about truth, and the development of philosophy away from epistemological concerns toward practical means of attaining happiness (*eudaimonia* or *ataraxia*).¹ Scepticism proper is attributed to Pyrrho of Elis, who lived around 300 B.C. (about 150 years after Socrates) during the time of Alexander the Great, to whom Pyrrho was an adviser. Pyrrho's teacher, Anaxarchus, successfully employed sceptic arguments to convince Alexander that he wasn't a god, but not all monarchs were as receptive to his interventions. When Anaxarchus employed a similar argument with the king of Cyprus, he was put to death, proving that the attempt to shatter illusions can sometimes prove fatal.

After Plato's death, the sceptics assumed control of his Academy and administered its teaching until its final demise, when they closed it because they believed it had become too “academic” (I shall say more about the distinction between the Pyrrhonian and Academic schools of scepticism later). The movement flourished for nearly 700 years, until after the middle of the fourth century A.D. when it virtually disappeared, after the rise of Christianity² (**Heaton, 1993**). Scepticism vanished for more than a millennium until it resurfaced in the sixteenth century, when a text by Sextus Empiricus was discovered, the only surviving document actually written by a sceptic. Pyrrhonian scepticism subsequently became the rage in Europe and served as an indispensable tool for intellectual debate. Erasmus, Montaigne, Mersenne, Gassendi, and Descartes are

1 Whereas most ancient Greeks conceived happiness as a state of *eudaimonia*—a state of elation and well-being—the sceptics conceived it as a state of *ataraxia*, a state of equanimity that obtains freedom from psychic conflict. (For a more thorough discussion of these principles see **Groarke, 1990**, pp. 55-56; 87-92; **Nussbaum, 1994**, pp. 499-507.)

2 There is some evidence that the Roman emperors were suspicious of philosophical schools in general and those that appeared to challenge faith in Christianity in particular. On the other hand, scepticism has generally flourished—as it did during the first three centuries after the birth of Christ—when there are many competing schools of belief, and recedes when challenged by a dominant belief system that is intolerant of heresy, as occurred during the fourth-century A.D.

only some of the philosophers, scientists, and theologians who were either influenced by the sceptic method of inquiry or, in the case of Descartes, committed to refuting it (**Popkin, 1979**). Shakespeare was also influenced by Montaigne's essays, and many of his plays featured sceptical arguments (**Heaton, 1993**).

Because Pyrrho himself wrote nothing, nearly all of what we know about scepticism was derived from Sextus Empiricus. Sextus was a physician who lived in the second century, near the end of the sceptic era. Only three of his books have survived, loosely translated as *Outlines of Pyrrhonism*, *Against the Logicians*, and *Against the Mathematicians* (**Annas & Barnes, 1994; Hallie, 1964**). The sceptics believed that most philosophers were of little use to the common man and, like Socrates before them, devoted their efforts to exposing the fallacy of what philosophers claimed to know. Instead, the sceptics viewed philosophy as a therapy whose purpose was to obtain peace of mind, or equanimity (*ataraxia*). Many of the sceptics, like Sextus and Galen, were physicians who belonged to the Methodist school of scepticism, which employed sceptic methods in the treatment of physical ailments. Through the use of *epoché*, which entailed the suspension of judgment, the sceptics sought to rid themselves of speculation by adopting an inquisitive state of mind that entailed ceaseless, open-ended inquiry.³ This use of the mind has been compared to certain schools of Buddhism that also advocate the suspension of rationality by effecting a meditative state of mind. For example, one of the common Buddhist devices for suspending judgment is to practice what is called the four lemmas:

- There is not something.
- There is not nothing.
- There is not something and nothing.
- There is neither something nor nothing.

Once the practitioner of Buddhism understands this riddle, he is said to have achieved enlightenment, or what the sceptics called “equanimity.” The sceptics, however, cautioned that a state of equanimity is not something one “achieves” in the way that some people, for example, achieve great wealth or renown. Rather, it is something one aspires to in situations

³ There is some debate as to whether the sceptics sought to eliminate belief as well as knowledge or embraced beliefs dispassionately. See **Frede (1997)** for a spirited discussion on this issue.

that tend to elicit anxiety, ill-will, or despair. Because life is always taking us by surprise, and we never know when something may happen that will elicit disappointment or frustration, it is at such moments that the sceptic method offers a means—or “way”—to simply let the occurrence *be*, without psychological defenses. Once one is able to allow such circumstances to occur without alarm (*epoché*), one has elicited, if only momentarily, a state of equanimity, or open-mindedness. Some sceptics have also depicted equanimity as gentleness, kindness, and openheartedness. Like the modern psychoanalyst, the sceptics resisted the temptation to offer “solutions” to people's problems and concentrated their efforts instead on exposing contradictions in the other person's beliefs.

Though some have countered that the simple rejection of objective truth offers no practical gain, such objections are rooted in a limited understanding of what sceptic practitioners did. For example, whereas most commentators tend to lump all the sceptics together, there were two groups of sceptics, the Academics and what I shall call the Therapists (i.e., the “Pyrrhonian” sceptics). The Academics were concerned with epistemological questions and spent their efforts refuting what philosophers claimed to know. This is the form of scepticism that most people are familiar with today, essentially a negative philosophy that claims one can never know anything for certain. Although it is impossible to prove the sceptics wrong on this count, such arguments ultimately lead to a cul-de-sac that offers little in the way of practical relief from one's suffering. Such arguments are frequently employed in debating societies wherein the position each party adopts is argued, then reversed and defended in turn, purely for the sake of argumentation. Quang Xi, the Chinese philosopher, employed a sceptic device when he posed the insoluble problem, “How do I know whether I am a man dreaming I am a butterfly or a butterfly dreaming I am a man?” This is an inherently academic question that fascinates simply because there is no conclusive answer.

The other school of scepticism, the Therapists, rejected epistemological questions in principle and devoted their efforts to developing an “ethic” (or therapeutic method) that they held could lead to happiness. This undertaking was a lengthy affair because it entailed an unusual, nonacademic use of the mind, a precursor to free association. As most analytic patients soon discover, replacement of one kind of thinking with another is disconcerting, because it entails a transformation in the role that knowledge typically plays in our lives. Whereas academic knowledge emphasizes the application of theory and a facility for abstraction,

the sceptics rejected rote learning in principle and emphasized, instead, the here and now of immediate experience.

The Epoché

The ability to attend to experience as it unfolds from one unpredictable moment to the next is what the sceptics termed *epoché*, the momentary suspension of judgment. In effect, the suspension of judgment requires that we abandon any theoretical, conceptual, or causal considerations that presume to explain why something is the way it is by approaching the problem instead with an “emptied” mind—what Keats termed “negative capability” (See **Leavy, 1970**, for a lucid depiction of Keats's conception of negative capability). Instead of claiming to know the answer simply because we have adopted a theory that sounds compelling, the sceptic adopts a form of Socratic ignorance—or what Husserl termed *naïveté*—instead. The result is that the sceptic maintains a state of suspended inquiry, open to the phenomena as it presents itself to experience. The rejection of knowledge to which the sceptics subscribed is so radical that even today a concerted amount of debate persists among classics scholars as to just how extreme their rejection of knowledge was.

For example, does the *epoché* require the rejection of all claims to knowledge—even what we derive from experience—or is it limited to those sources of knowledge derived from deduction and inference? Some have argued that the sceptics never refuted “knowledge” per se, but that they limited claims to knowledge to what they accrued from experience. Even so, experience is such that it is constantly changing, so the limiting of knowledge to this standard would necessarily entail qualification to time and place, and so on. Other commentators have argued that the sceptics rejected virtually all claims to knowledge, *including* what one derives from experience, but this position could be construed as simply another version of the former argument, depending on the degree of qualification one employs. It could even be argued that the sceptics not only rejected knowledge, but even one's reliance on “faith” and “belief.” (What the sceptics referred to as “belief” would include the modes of conscious fantasy emphasized in the psychoanalytic literature.) Moreover, the sceptic's rejection of theory was so total that it is virtually impossible to speak of a “sceptic theory.” Instead, we are obliged to discuss our respective impressions of the sceptic “perspective” or “sensibility” or

“method.” But how is a method of inquiry that rejects belief as well as knowledge possible in practice?

The sceptics argued that each of us *already* rejects knowledge all the time, but that we simply fail to recognize that we do so and to what degree. For example, in a commonsensical sort of way, we (mistakenly) attribute what we (presume to) know to science, or theory, or to factual information we have accrued from education, whereas the sceptics would say we effectively rely on our experience instead. (For more on the unreliable foundation from which scientific knowledge is derived, see **Thompson, 1994**, pp. 69-77.) The problem is that many people have become so estranged from their experience they seek to buttress what they glean from it on some theory and lapse into an infinite regress that can be difficult to escape, even with the help of a psychoanalyst. This argument has profound implications for the education of psychoanalysts, because many analysts claim that they rely almost entirely on theory in order to treat their patients, whereas others insist that they know little about how analysis “should” be practiced and rely on their experience instead. Some analysts even confess that the more experience they accrue, the *less* they know! According to the sceptics, even those analysts who claim that they depend almost entirely on theory probably rely on their experience in ways that they fail to grasp. I will now offer two examples of how experience is decisive in the way psychoanalysts conduct themselves and the degree to which they rely on such experience.

The first example concerns the capacity to love. Most analytic patients (allow me this generalization) go into therapy because they suffer the absence of love in their lives.⁴ Such patients frequently claim they don't know “how” to love or complain they no longer believe love is possible, or even desirable. Yet it is perfectly obvious to anyone with even a modicum of clinical experience that reading about love doesn't provide a capacity for it, nor does it show how to obtain it. Many patients claim they don't know what love is, and those who presume to know often confess that they doubt whether they are capable of loving anyone, including themselves. No analyst would urge patients to read about love as a way to get in touch with it or counsel patients as to how they might obtain it. Indeed, the insistence that one must know “how” to love in order to experience it is symptomatic of obsessional neurosis.

For example, when I declare my love to someone, I wouldn't think of

⁴ I base this generalization on more than twenty-five years of clinical experience, in both psychoanalytic and in-patient treatment settings, in Europe as well as the United States.

qualifying this statement with the proviso that I also “believe” I am in love. Similarly, it wouldn't occur to me to insist that “I have no doubt whatsoever that I love you.” Either of these qualifications would sound awkward and less than convincing, because there are no proofs for love and no grounds for its certification. In fact, I never “believe” that I love someone unless I resort to deducing how I feel *logically* (“I must love her *because* we never argue,” and so on). Similarly, to suggest that I *know* I love someone implies I have *reason* to love her, and that I *know* that I do, indubitably. In fact, I don't “know” or “believe” I love anybody. Love is something one *experiences* without ever ultimately knowing or having to know “what” love is. Were I to qualify my declaration of love with the insistence that I know or believe it is so, I would immediately cast doubt as to whether my declaration is genuine (an observation that psychoanalysts make all the time). If it were subsequently discovered that my declaration was duplicitous, it is because I sought to deceive the person to whom my declaration was addressed, or even myself (as in the case of self-deception). When such deceptions are discovered it isn't one's knowledge about love that makes the difference, but rather the genuineness with which one professes love to another. Moreover, when self-deceptions do come to light, it isn't because now I “know” what I had failed to earlier about what love is, but because now I am in touch with my experience of how I feel about this person, whereas previously I was dissociated from my feelings, and so on. Hence, it isn't the presence or absence of knowledge that determines self-awareness, but the vicissitudes of my experience and what I take my experience to be.

The same can be said for how psychoanalysts are educated. Reading about psychoanalysis doesn't insure that one will be adept at applying it. The more scholarly an analyst becomes in his grasp of psychoanalytic theory says nothing about that analyst's competence with patients. Erudition about theory has virtually no correlation to one's performance, because the capacity to be a clinician entails the ability to be in touch with one's experience, while developing sensitivity to the experience of the patients one is treating. It is a commonsense convention that the more experience an analyst accrues, the more “seasoned” and, hence, the more accomplished. This isn't because older or more experienced analysts have had more time to acquire more knowledge, but because they have grown more comfortable in their capacity to sit with their experience of working with patients. Over time, they suffer their share of failures and successes and, due to experience, are more adapted to the unpredictable

nature of the treatment situation. These commonsense standards to which all of us incline derive from a sceptical sensibility, not a scientific one.

It should be noted, however, that the sceptics weren't necessarily opposed to learning theory in principle, nor did they claim that theories were useless. In fact, they held that it is necessary to learn theory in order to overcome it! The point they sought to emphasize in their queries about the human condition was whether knowledge is ultimately of any use in eradicating mental strife (i.e., “mental illness”).⁵ Their answer to this question was an unqualified “no.”

Only a century ago, a contemporary version of the sceptic sensibility was incorporated by Edmund Husserl into his new philosophical method, phenomenology (**Wachterhauser, 1996**). Though scepticism and phenomenology are not identical, Husserl made certain aspects of the sceptic sensibility a cornerstone of the phenomenological method, even utilizing the term *epoché* as its principal feature. Husserl's phenomenological investigations subsequently influenced Heidegger, Sartre, and Merleau-Ponty, who in turn inspired existentialist philosophy. Traces of scepticism can also be detected in hermeneutics, deconstructionism, and contemporary antirealist tendencies. The similarity of the sceptic method to some schools of Buddhism has also been documented, and it is common knowledge that Pyrrho visited India on a campaign with Alexander. It is unclear, however, whether Pyrrho was influenced by the Indian sages he met there, or if the features that their respective philosophies held in common were coincidental (**Groarke, 1990**, pp. 81-82). Some have even suggested that Pyrrho may have influenced traditions of Buddhism that arose after Alexander's campaign, such as Zen and the Tibetan notion of “crazy wisdom.”

Michel de Montaigne

The sceptical perspective was not only a source of phenomenology, but was an important precursor to Freud's analytic method as well, presaging his conception of free association and its complement, the so-called rule of neutrality. Though a direct connection between Freud and

⁵ For the purpose of this article, I do not wish to debate the use or meaning of the term “mental illness,” or whether the psychoanalytic understanding of this term is consistent with the psychiatric one. Suffice it to say that the sceptics and modern psychoanalysts are essentially concerned with relieving forms of mental suffering that, by their nature, are extraordinarily resistant to generalization and conventional forms of “treatment.”

the Pyrrhonian sceptics has never been documented, I suspect Freud owed a debt in the development of psychoanalytic technique to Michel de Montaigne, a proponent of sceptic philosophy with whom Freud was intimately acquainted (**Reidel-Schrewe, 1994**, pp. 1-7). Famous for his invention of the *essai*, a literary genre noted for its deeply personal and autobiographical style, Montaigne was an aristocrat who lived in France during the time of Shakespeare. He loved a friend passionately, and when the friend died, Montaigne fell into a state of profound melancholy. Montaigne eventually retired to his castle outside Bordeaux and immersed himself in the sceptics, stoics, and other ancient philosophers, in an effort to find a cure. He soon began to put his most intimate thoughts to paper, and the resulting essays became not only a source of insight into his condition, but more importantly, a voice with which to articulate the fruit of his discoveries. Comparisons with Freud's self-analysis are instructive, as the essays were essentially soul-searching inquiries into the trials and tribulations of human suffering, just as Freud's correspondence with Fliess served a similar purpose. The simple revelation of Montaigne's innermost feelings was probably what finally cured him.⁶

Due to his aristocratic privilege, Montaigne was active in community affairs and even served as mayor of Bordeaux, a great honor, as it was the second largest city in France, after Paris. He soon became a favorite of the king, to whom Montaigne eventually became a counselor, or “psychotherapist.” With this new commission, Montaigne set out to apply the fruits of what he learned from the sceptics to the manner with which he handled his relationship with the king. By this time, Montaigne had become increasingly wary of the “knowledge” on which physicians based their prognoses, and sceptical of what scientists claimed to know. The sceptics believed that the only reliable source of wisdom is the trials and tribulations of personal experience, because equanimity is derived through *self-examination*, instead of adopting the advice of experts. If Montaigne concluded anything from his years of self-inquiry, it was to reject theory in principle by relying on common sense instead, a cardinal feature of sceptic philosophy.

⁶ The word “essay,” derived from the French *essai*, literally means “to try,” as in “to try a case” before a court; hence, “a trial” (**Partridge, 1958**, p. 187). For a more detailed account of Montaigne's and Freud's respective views about the nature of friendship and how Freud's relationship with Fliess influenced his conception of transference phenomena, see **Khan (1974)** and **Thompson (1998a)**.

Commonsense Experience

This is important to keep in mind at a time when most philosophers and psychoanalysts are increasingly preoccupied with theories, the nature of which are speculative and complex. It should be remembered that **Freud (1933)** criticized philosophers for this reason and saw psychoanalysis as a practical alternative to the questions philosophers typically address (p. 161). Contrary to popular opinion, Freud didn't arrive at this assessment because of ignorance or a constitutional inability to study philosophy; he was schooled in the classics, read Greek fluently, and prided himself on his knowledge of Greek philosophy and mythology (**Thompson, 1994**, pp. 51-56). His protestations to the contrary, Freud apparently chose to keep one foot in antiquity and the other in science, while not permitting himself the temptation of being dazzled by the latest theoretical fashion. I would be the first to admit, however, that what most people conceive psychoanalysis to be is not remotely sceptical, but dogmatic and abstract, and Freud is as much to blame for this situation as anybody.

Hence, if Freud's endeavor to situate psychoanalysis in science was not a total disaster, it was arguably a curse that has served to compromise its credibility at the anniversary of its first centenary. In the name of science, psychoanalysts spawn one theory after another, each insisting on its “correctness” at the expense of all the others. For the most part, students who continue to show interest in psychoanalysis and pursue analytic training are only too happy to adopt the latest theoretical argument, the nature of which is impossible for most students to grasp, let alone apply to a clinical situation. Because most students are incapable of assessing the veracity of what they are taught, they identify instead with whichever analysts they admire and then swallow their opinions whole. It shouldn't be any great surprise that the resulting relationship between the theories they adopt and their clinical behavior is fluid at best. Obviously, all of the theories offered cannot be correct, so it would seem that those who got it “wrong” would be ineffectual with patients, while the ones who got it “right” should enjoy extraordinary success. Yet there is no discernible difference in the treatment outcome between one analytic school and another. On the contrary, it would appear that most analysts, regardless of the school to which they adhere, suffer the same proportion of failures and successes, despite their claims to the contrary.

Meanwhile, the relationship between the increasingly abstract theories

that most psychoanalysts thrive on and the manner with which they treat their patients is, as far as I can tell, virtually nonexistent. This is, of course, a happy occasion for their patients, because for the vast majority of analysts common sense prevails over their penchant for theory. Yet for the most part, analysts must be doing something right, even if many of them don't seem to know what it is. I like to think that most of us, with enough experience, simply become sceptics over time as we allow our common sense to teach us what even the most elegant theory is incapable of disclosing. It is my impression that analysts do not model their clinical behavior on a given theory, but rather gravitate to the theory to which they are *already* (unconsciously) predisposed. Hence, analysts who are preoccupied with aggressive tendencies may adopt a Kleinian model; analysts who are drawn to the enigma of love may adopt a Freudian perspective; analysts who feel estranged from the analytic community may opt for a Lacanian paradigm, and so on.

Like it or not, we are all creatures of experience, even when we fail to fathom what our experience is. At best, an adopted theory serves for little more than a calling card, a shorthand for how we wish to be perceived in the professional community to which we belong. This is as it must be, because no theory could ever do justice to the mind-bending complexity and maddening inconsistency that characterize our clinical experience. Even the practical gain we are willing to allow that at least some of our patients obtain from their therapy experience is unknown to us, simply because we have no way of determining how our erstwhile patients have gotten along with their lives after the termination of treatment. And even if we did have the opportunity to see them once again (as per Freud and Dora), we would share little agreement among ourselves as to how their (alleged) therapeutic gain should be assessed; asking an “impartial observer” to do this for us only begs the question, because we have no way of knowing whether one set of criteria is necessarily more reliable than the next. Like it or not, we are in no position ever finally to “know” of our patients' so-called progress in life, as much as we are prone to tell ourselves that their experience has been beneficial.

The Sceptical Dimension to Freud's Technical Recommendations

Despite the dogmatic features of typical psychoanalytic theories, I suspect the sceptic attitude surreptitiously insinuated itself into Freud's conception of psychoanalysis in the earliest days of its development, despite

his efforts to situate it in science. To support my contention I shall undertake to explore those elements of psychoanalytic technique that I take to be specifically sceptical, the free-association method and the rule of neutrality. I would be the first to acknowledge that no one knows whether the sceptics influenced Freud's development of these technical principles or if, as Freud was so fond of saying, he “discovered” them himself. We do know, however, that Freud became acquainted with Montaigne around the time his technique took a decidedly sceptical turn— between 1912 and 1915—and that Montaigne's essays contain “instructions” that bear an uncanny resemblance to Freud's technical recommendations. First I shall offer a selection of Montaigne's comments that I see as precursors to the free-association method, and then examine those technical recommendations that strike me as inherently sceptical.

As noted earlier, at the peak of his powers and renown Montaigne became an adviser to the king of France. One must assume that advising a king was a precarious affair that required extraordinary powers of persuasion and finesse, not unlike the conditions for conducting a psychoanalysis. In one of his most famous essays, “On Experience,” Montaigne reviewed the necessary qualifications for assuming such a task and the difficulties invariably encountered. For example, for those who would undertake to counsel (i.e., analyze) others, **Montaigne (1925)** cautioned that,

We need very good ears to hear ourselves judged of by others; and since there are few who can stand it without being stung, those who venture to undertake it must employ a peculiar form of friendship, for it is an act of love to undertake to wound and offend in order to benefit. [vol. 4, p. 307; Ives' translation slightly revised]

In his role as advisor, Montaigne took pains to maintain a nonjudgmental air when offering his counsel to the king, whether the counsel proffered was embraced or rejected. From experience, Montaigne had learned that the prospect of baring one's secrets to others is a painful affair, because the counsel one receives is bound to take one by surprise. The sceptics recognized that the intensity with which we typically attach ourselves to our beliefs is so strong that we resist examining them with all the force at our disposal. Montaigne concluded that the passion with which we defend ourselves from the ordeal of questioning our most sacred assumptions is the root cause of suffering.

Whereas psychoanalysts are typically biased in terms of the importance given to the patient's past, the sceptics observed that most people live in “anticipation” of what they fear will happen to them, and expend enormous amounts of energy avoiding their fate—the principal source of their anxiety. On closer examination, however, this ostensibly contrary view is more compatible with the psychoanalytic position than one would expect. If neurotics engage in defensive maneuvers in order to ward off the return of what was repressed, then surely it is the *anticipation* of a future discovery that accounts for their anxiety, not its mere “recollection.” Seen in this light, psychoanalysis is not so much invested in the “past” as in the movement of a latent temporality, the precise features of which are almost impossible to determine (**Merleau-Ponty, 1962**, pp. 410-433; **Thompson, 1985**, pp. 118-135). The root problem for the neurotic is his insistence on harboring a belief (e.g., fantasy, wish, delusion) that is opposed to the reality of the situation. The sceptics concluded that if one can find a means of removing the belief, or at least its intensity, the patient “will remain unaffected in matters of belief and will endure only moderate suffering in respect to what he cannot avoid” (**Sextus Empiricus, 1949, vol. 3**, p. 325-326).

Such counsel is not only good scepticism, but good psychoanalysis as well.

Whereas psychoanalysts tend to focus on the past as the source of the patient's neurotic anxieties, Montaigne presaged (and in turn influenced) the modern existentialist view that the anxiety with which one anticipates the future is the more likely source of the misery that neurotics inflict on themselves. On reflection, this view is not antithetical to the psychoanalytic perspective, but complements it, because the impetus to repress a painful experience in the first place is effected for the purpose of avoiding a disappointment that is bound to follow (see **Thompson, 1996c**, for a more thorough discussion of the relation between repression and anticipation). Anticipating obsessional neurosis some three centuries before Freud coined the term, **Montaigne (1925)** alluded to the obsessional character type when he observed,

Men do not recognize the [un]natural disease of their mind: it does nothing but ferret and search, and is incessantly beating the bush and idly obstructing and impeding itself by its work, and stifles itself therein like our silk-worms; like a mouse in a pitch-barrel [Erasmus]. It thinks that it beholds far off I know not what glimmer of light and fancied truth. But while the

mind hastens there, so many difficulties block its path with obstacles and new quests, that they turn it from the path, bewildered. [vol. 4, p. 294]

Hence, the sceptic way was uniquely suited for overcoming precisely those features of resistance that are increasingly emphasized in the analytic literature, including the transference tendency to project onto the analyst a godlike ability to fathom the inherently ambiguous nature of one's difficulties and decipher them accordingly, preferably in a tidy package. Exhibiting a surprising sophistication for working with transference phenomena, Montaigne emphasized the need to maintain strict confidentiality in order to avoid splitting the transference. When turning to the qualities that are necessary for serving in this role, Montaigne advises that

Such a man would not be afraid to touch his employer's heart to the quick, dreading to lose the continuance of his advancement and income.... And furthermore, I would wish that such a position be given to one man only, since to dilute the privilege of such freedom and intimacy among many would engender a harmful lack of reverence. And finally, from any man that I would undertake to grant such a privilege, I would exact, above all, the fidelity of silence. [vol. 4, p. 308]

Montaigne concluded that if anyone hopes to benefit from therapy, the counsel received must be offered with honesty and tact. He recognized that therapy is a painful affair and that the patient's willingness to endure the necessary suffering is an essential prerequisite to therapeutic change—just as the courage to inflict such suffering (in the case of abstinence) is a precondition for anyone who has the stomach for analytic work. Whereas the above example was at least partially indebted to stoic philosophy (which emphasized the virtues of hardship), Montaigne had a genius for weaving the sceptic sensibility into views that were seemingly antithetical to it, a device that Freud adopted when commingling the rules of neutrality and abstinence. (For more on the antithetical nature of neutrality and abstinence, see **Thompson, 1996a, 1996b.**)

Because suffering is something that is necessarily *experienced*, we instinctively try to suppress the full force of experience the moment we encounter the suffering it occasions. Montaigne recognized that if one expects genuinely to *experience* one's suffering—which is to say, to succumb to it, to *be* with it—one must ultimately *submit* to the suffering

experience engenders (see **Heidegger, 1971**, p. 57, for a detailed treatment of the relationship between experience and suffering). This observation served as the basis for the distinction Montaigne made between the Pyrrhonian and dogmatic (i.e., other philosophical) perspectives. Whereas the former argues that change is effected through the business of suffering one's experience and hence, owning it, the latter argues that change is the consequence of acquiring more know-how (or theory) with the aim of rising above it. Montaigne concluded that the only way change is ever finally realized is by suffering one's experience and experiencing one's suffering, not by determining what one ought to believe or how one ought to behave, the essence of sophistry. With a note of irony, Montaigne suggested that the only reliable prescription for obtaining peace of mind is to “*Simply suffer!* [We] do not [have] to follow any other treatment” (p. 328). And for those who counter that suffering should be minimized and even eradicated, Montaigne replies, “He who dreads suffering already suffers what he dreads!” (p. 329).

Montaigne's allegiance to the sceptic's fundamental rule—that experience is our only teacher and that we determinedly avoid it at every turn—comprised the entirety of his therapeutic method, what Freud subsequently subsumed under the rule of free association. It entailed nothing more complicated than exploring one's experience with an other, by relying on one's capacity to remember past experiences while confiding them with candor and honesty. Perhaps the most striking feature of Montaigne's therapeutic recommendations is the virtual absence of anything even remotely resembling a technique. Rather, the sense conveyed is one of accrued wisdom, accumulated from the trials of experience suffered over the course of a lifetime. For Montaigne, the ability to counsel is not a “skill” that can be taught, but a *manner of being* that employs nothing more arcane than the art of conversation. Freud's free-association method relied entirely on the same principle of confiding to another person all that we have to say about ourselves, our experiences, hopes, and failures, virtually all that we are able to recollect, in short, the entirety of what comes to mind in the course of the analytic hour. Freud also recognized that we resist this simple instruction for the same reasons Montaigne observed: because the change experience occasions elicits a quota of suffering that we resist at every opportunity.

The Way of Neutrality

Perhaps even more sceptical in spirit than the free-association method is Freud's ill-understood rule of neutrality, only now we are dealing with a principle that concerns the behavior of analysts instead of their patients.

As with free association, Freud devised this technical principle gradually over time and only broached it explicitly in the technical papers he published between 1912 and 1915. Freud never actually used the term “neutrality” specifically, nor did he coin any other technical term for this attitude, probably because it isn't a technique in the proper sense of the word; it isn't a technique that can be employed, but rather an “attitude” or frame of reference that must be cultivated over time. One of the terms Freud did use when depicting this technical principle was “indifference,” which he invoked only once. Strachey translated the German *Indifferenz* into the English “neutrality” (*Neutralität* in German) because he thought it more aptly characterized the sense of noncommittal open-mindedness that Freud was seeking to convey. Whether we like it or not, the word stuck.⁷ In retrospect, analysts have subsumed any number of prescriptions under the term “neutrality” and this technical principle subsequently assumed a life of its own, much of it considerably removed from Freud's original intention (see **Thompson, 1994**, pp. 230-240, **1996a**, **1996b**, for a thorough discussion of Freud's conception of neutrality).

I shall now review what Freud observed about the mental attitude he believed analysts should follow, which, whether we prefer another term or wish to dispense with technical nomenclature altogether, is ingrained in the analytic lexicon as “neutrality.” There is no better source for what Freud had to say about this attitude than in the second of his technical papers, “Recommendations to Physicians Practising Psychoanalysis,” published in 1912. No specific term was invoked in this paper to depict what he was alluding to, but the spirit of what was subsequently termed “neutrality” — or indifference — permeates the entirety of the paper. Though most analysts today typically characterize this rule as little more than the act of concealing one's thoughts and feelings from the patient, Freud's conception of it was surprisingly open-ended. The essential idea of adhering to neutrality is (1) assume nothing during the course of the treatment; (2) abandon all pretensions to knowledge; (3) allow the patient's experience to determine the course of the treatment with minimal interference from the analyst; and (4) abandon all claims of scientific inquiry by adopting a state of “evenly suspended attention” toward everything that is communicated by the patient. Virtually everything that

⁷ In his study of Freud's technical papers, **Ellman (1991)** preferred Joan Riviere's translation over Strachey's, in part because she translated the German *Indifferenz* into the English “indifference.” Ellman's preference in this case has proved to be the exception to the rule.

Freud had to say about neutrality was elaborated from these four principles.

The most salient feature of analytic neutrality was Freud's counsel to adhere to a mode of “free-floating” attentiveness that is fundamentally foreign to academic inquiry. Ironically, Freud's conception of neutrality is probably more familiar to practitioners of Buddhist meditation than to scientifically trained physicians or psychologists. Any activity or preoccupation that interfered with one's capacity to adopt this mental attitude was considered anathema to psychoanalytic inquiry, as Freud conceived it. For example, in one of the technical recommendations, analysts are admonished against striving to remember anything that patients confide to them because, according to **Freud (1912)**, “As soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material,” instead of giving everything equal weight (p. 112).

In other words, one cannot treat everything patients say with equanimity (i.e., neutrality) while selecting one thing as important and dismissing something else as irrelevant. In so doing, the analyst inadvertently selects from the material and introduces a bias into the inquiry. Besides, analysts who think they know what is important to remember and what isn't are invariably mistaken, because, Freud continues, “The things one hears are for the most part things whose meaning is only recognized later on” (p. 112). Consequently, the analyst should be content to “simply listen, and not bother about whether he is keeping anything in mind” (p. 112).

Freud correlated this inherently sceptical mode of attentiveness with the act of free association, the disclosure of the patient's experience to the analyst. In Freud's view, the rules of neutrality and free association are inextricably linked, the one serving as a necessary complement to the other. He observed that if analytic patients are expected to take the fundamental rule seriously, then the analyst must in turn behave in a reciprocal manner. Hence, if analysts expect patients to treat their own thoughts, feelings, and inclinations without prejudice by disclosing everything that comes to mind, then analysts must treat everything they are told with an open mind.

As we saw earlier, Freud characterized this state of mind as one of indifference, a sceptic term that Sextus Empiricus equated with equanimity (**Groarke, 1990**, pp. 87-92). In hindsight, one wonders why Strachey didn't invoke the term “equanimity” instead of “neutrality,” because it approximates Freud's intentions precisely. According to the *Oxford English Dictionary* (**Onions, 1973**), equanimity means “impartiality, evenness

of mind or temper, and the ability to remain undisturbed by good or ill fortune” (p. 673). It is difficult to conceive a more apt depiction of the prescribed analytic attitude that Freud sought to convey throughout his technical recommendations.

Moreover, Freud argued that if analysts are to take the rule of neutrality to heart, then they need to abandon the practice of taking notes during the analytic session, because such activity involves the critical use of the mind. Such preoccupations only serve to detract from the free-floating attentiveness that neutrality is intended to foster, by encouraging the tendency to obsess over what is or isn't being remembered. Whereas note taking is a habit that is difficult for scientifically trained practitioners to break, Freud was merciless in his insistence on this recommendation. Inasmuch as Freud was a champion of science, it would probably surprise some of his critics to discover that he dismissed the notion that analytic treatments could ever be subjected to anything like a “scientific” study or report (pp. 113-114). While he admired science enormously, Freud also recognized that the treatment experience should be protected from the potential for abuse that scientific institutions and physicians commit as a matter of course. Freud offered what is probably his most eloquent depiction of neutrality when arguing against mingling science with treatment objectives: “Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, *free from any presuppositions*” (p. 114; emphasis added). And for those analysts who take Freud's admonition against taking notes seriously, even the intention of publishing an analytic case in the future may contaminate the delicate balance of attentiveness and relaxation that Freud advised analysts to adopt, a lesson he probably learned from his treatment of Dora (see **Thompson, 1994**, pp. 93-95, for more on the dynamics of Freud's decision to publish this case). The point, however, is not that analysts should do whatever they must to avoid committing errors, but rather to protect themselves from *knowing too much* about matters that are ultimately inconsequential, thereby encumbering themselves with details that may subvert their ability to cultivate the ideal of equanimity, in themselves as well as their patients (**Thompson, 1996a, 1996b**).

Perhaps the most renowned feature of analytic neutrality in Freud's writings was his admonition against succumbing to “therapeutic ambition,”

which he alluded to when suggesting that analytic candidates should be analyzed in order to minimize the potential for countertransference. Though Freud cites therapeutic ambition in the context of the need to model oneself on the demeanor of the surgeon, this recommendation is usually taken to infer that Freud cold-heartedly suppressed any feeling of sympathy or concern for the patient's condition (actually a feature of abstinence, not neutrality). I shall review this recommendation more closely to determine whether such criticisms hold up.

Freud (1912) begins with a passage that is familiar to virtually every psychoanalyst: “I cannot advise my colleagues too urgently to model themselves during psychoanalytic treatment on the surgeon who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible” (p. 115). What is customarily omitted, however, is the rest of the recommendation, which explains what Freud had in mind. He continues:

Under present day conditions, the feeling that is most dangerous to a psychoanalyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people.” This will not only put him into a state of mind which is unfavorable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life, and for the patient the largest amount of help that we can give him today. A surgeon of earlier times took as his motto the words, “I dressed the wounds, God cured him.” The analyst should be content with something similar. [p. 115; emphasis added]

When one examines the context in which Freud invoked the “model of the surgeon” analogy, it becomes obvious that he was merely admonishing analysts against the potential for committing hubris, the temptation of acting like gods who would aspire to shape the course of their patients' lives. Besides, preoccupations about the unforeseeable outcome of treatment only distract analysts from absorbing the entirety of what is happening in the here-and-now of the treatment situation. Psychoanalysts are ambitious people; they have to be in order to survive the sacrifice entailed in undertaking the necessary training and to survive the extraordinary demands of sustaining a viable income. Freud recognized, however,

that this experience is just as likely to arouse hubris as to encourage the degree of humility that a psychoanalytic (and sceptical) attitude entails.

The sceptics believed that because one can never know what the truth is at a given time, it is impossible to predict whether a given course of action will culminate in success or failure. In the analytic situation, one can't even be certain what success or failure entail. Freud began his researches into psychoanalysis with the conviction that he would be able to determine the causality of neurotic symptoms and, armed with this knowledge, develop a method for their resolution. But his technical writings and case reports suggest that he gradually abandoned this search on both counts. His case reports on Dora and the Rat Man, for example, failed to provide conclusive answers to the etiology of symptom formation, and by the time Freud wrote "Analysis Terminable and Interminable" (1937) at the end of his analytic career, he had summarily rejected the notion of "cure" in the conventional meaning of the term.⁸ What Freud was left with was an avowedly sceptical attitude about the aspirations of psychoanalytic treatment, accrued from his increasing tolerance of unresolvable ambiguities, not scientific certitude. Some commentators have taken this paper to exemplify a growing pessimism in Freud's views about the value of psychoanalysis, because they failed to appreciate the sceptical nature of his perspective. Freud's comments that the goal of analysis may be characterized as increasing "one's capacity for love and work," or could be reduced to the simple formula of "Where id was, there ego shall be," only beg the question, because it is never finally determined in anyone's analysis whether (and to what degree) one's capacity for love has been realized, or even what love ultimately entails. Whereas it is no doubt commendable that many analytic patients discover after their analysis is over that they are able to work more productively and even enjoy an increased vigor in their capacity to love, these considerations can hardly be reduced to "goals" of the treatment. The goal of analysis can only be what it has always endeavored to be since its origins: to increase self-knowledge by becoming more honest with oneself, through one's relation with an interlocutor. Whatever effects one derives from this experience must be secondary to the spirit of unbiased, open-minded inquiry. How one can possibly "measure" such a goal at

⁸ See **Thompson (1994, pp. 93-132, 205-240)** for a detailed discussion of Freud's treatments of Dora and the Rat Man, respectively, and **Thompson (1994, pp. 241-274)** for an exhaustive account of Freud's views about cure.

the completion of treatment and the degree to which it can be said to have been “successful” remains a mystery for every psychoanalytic practitioner, no matter how astute or accomplished a given analyst may be.

But even if one were able to determine what success comprises, the sceptics would argue that failure is sometimes a necessary prelude to success, and that success, if and when it occurs, is always temporary, so the quest for equanimity could never rely on this standard. That doesn't mean analysts don't harbor opinions or that they should conceal the opinions they entertain—as long as they are treated as “opinion” and nothing more.⁹ Ultimately, they must rely on the exercise of discretion as to whether to voice an opinion or remain silent. There is a fine line, however, between discretion and secrecy, and Freud recognized that silence can be just as manipulative as interpretation. Freud's treatment of the Rat Man indicates that he believed it is better to offer opinions than conceal them, and to deal with the consequences later (**Thompson, 1994**, pp. 205-240).

Conclusion

In summary, what are the practical benefits of scepticism and how does it inform one's conception of psychoanalysis? By adopting the state of mind to which neutrality aspires, the sceptic sensibility¹⁰ offers analysts the wherewithal to suffer their trials with their patients with equanimity, just as free association permits patients the opportunity to disclose the entirety of their experience by giving it voice, whatever the consequences may be. Such permissiveness, however, has a price, because no matter how conscientious analysts may be, they invariably make mistakes. While many analysts nowadays seem concerned with minimizing errors and even eliminating them altogether, Freud accepted his mistakes and even argued it is unwise to conduct the treatment with a view to committing as few errors as possible, as though this factor alone accounts

⁹ Whereas the sceptics argued that “rules” in principle are antithetical to the spirit of open-mindedness they sought, they nevertheless advocated the employment of *epoché* (i.e., open-mindedness) as a palliative for psychic conflicts. The technical principles of free association and neutrality may be read in a similar light: experience suggests that the adoption of this attitude tends to foster a desirable result, though there is no guarantee it will work in every case. See **Burnyeat (1997)**, pp. 36-46) for a discussion on how the sceptics viewed their own aims.

¹⁰ In fact, scepticism and neutrality are more aptly characterized as “sensibilities” than *methods*, because they share in common an attitude that one aspires to cultivate rather than a technique one is obliged to perform.

for the outcome of treatment (see **Thompson, 1994**, pp. 137-139, and **Lipton, 1977**, for more on this feature of the analyst's temperament).

The sceptics concluded that the only truths we ever finally approximate are derived from experience, so the truths we live by are subject to revision because our experience is constantly changing. This can prove unnerving to some, because life is always taking them by surprise and they can never be certain of the outcome. Consequently, they may try to escape the weight of their experience by seeking objective (i.e., anonymous) truths instead. Once adopted, such truths only serve to alienate them even further, culminating in a split that engenders an increase in psychological conflict. This, the sceptics concluded, is the basis of mental anguish: *to be divorced from the ground of experience while searching further afield for a truth that is ultimately unknowable*. Hence, equanimity is compromised even further when we use knowledge to serve as a buttress against the suffering that experience necessarily engenders.

By keeping an open mind to their patients' experience and not imposing the bias of their own, analysts help them obtain a modicum of relief from their obsessive quest for knowledge. The sceptic sensibility helps one overcome neurotic conflicts by abandoning the futile quest to ever really “know” the self, by substituting in its place a benign acceptance of the self, by letting one's self *be*. In the final analysis, analytic patients achieve equanimity by substituting one form of suffering for another: by replacing “symptomatic” suffering, with its plethora of evasive maneuvers, with a form of suffering that is simply a consequence of living, what Freud (**Freud & Breuer, 1893-1895**) termed “common unhappiness” (p. 305).

If it seems ironic that Freud would shun the pursuit of happiness while the sceptics pursued it, it should be remembered that there is no precise definition for “happiness” and that the respective languages used to invoke it are only approximate. Freud would have agreed with the sceptics that equanimity is inherently ambiguous, because its aim is not to eradicate suffering, but to remain “unbothered” by it, by accepting it as a condition of our existence. By examining our condition with a measure of equanimity, we acquire, even without noticing it, a new attitude about what suffering and happiness entail. The truly happy individual is one who can cope with life's problems without avoiding them, who can endure the slings and arrows of misfortune without suppressing them. If this attitude is indeed the essence of the analytic perspective, then the sceptics of old would undoubtedly be happy to see that their philosophy

has made it all the way to the third millennium, despite its setbacks and hardship, still alive and more or less intact.

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- 481 -