

The Return of the Therapeut: The Genuine Psychotherapist (Part 1)

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Abstract

An ancient religious group known as the Therapeutes may be understood as the implicit model for a practice that has come to be known as “the cure of souls” (Oskar Pfister) or “the therapy of the word” (Pedro Lain Entralgo) – in everyday parlance, psychotherapy. After Freud’s remarkable vision of a situation and method of therapeutic encounter, psychoanalysis, there followed a period of medicalization of psychotherapy until people like the Scottish psychiatrist and psychoanalyst, R.D. Laing, again took up the original vocation of the therapist in his existential-phenomenological approach to human suffering, which he characterized as “genuine psychotherapy.” Part I of this discussion explores the present state of psychotherapy in the context of that history and Part II outlines Laing’s renewal of the work of the therapist and discusses Laing’s theory of practice in detail.

Keywords: psychotherapy, psychoanalysis, Therapeutes, existential psychology, phenomenology, R.D. Laing, Sigmund Freud, talking cure, therapy of the word

Die Rückkehr des Therapeuten: Der aufrichtige Psychotherapeut (Teil 1) Zusammenfassung

Die antike religiöse Gruppe, bekannt als Therapeutes, kann als unausgesprochenes Modell für eine Praxis dienen, welche als „Kur der Seele (Oskar Pfister) oder „die Therapie des Wortes“ (Pedro Lain Entralgo) – umgangssprachlich, Psychotherapie, bezeichnet wird. Nach Freuds bemerkenswerter Vision einer Situation und Methode der therapeutischen Begegnung, die Psychoanalyse, folgte eine Periode der Medikalisierung der Psychotherapie, bis der schottische Psychiater und Psychoanalytiker, R. D. Laing, sich wieder auf die originale Berufung des Therapeuten, in seinem, ihrem, existential phänomenologischen Zugang zu menschlichem Leiden besonnen hat, den er als „wahre Psychotherapie“ charakterisierte. Teil I, dieser Diskussion untersucht den gegenwärtigen Stand der Psychotherapie im Kontext dieser Geschichte, und Teil II, fasst Laings Erneuerung der Arbeit des oder der Therapeuten zusammen und diskutiert, im Detail, Laings Theorie der Praxis.

Schlüsselwörter: Psychotherapie, Psychoanalyse, Therapeutes, Existenziale Psychologie, Phänomenologie, R. D. Laing, Sigmund Freud, Sprechkur, Therapie des Wortes

Le Retour du Thérapeute: le vrai psychothérapeute (Partie I)

Résumé

Un ancien groupe religieux connu en tant que Thérapeutes peut être compris comme le modèle implicite pour une pratique qui est venue à être appelée « le soin des âmes » (Oskar Pfister) ou « la thérapie de la parole » (Pedro Lain Entralgo) – autrement dit, de la psychothérapie. Après la vision remarquable de Freud sur une situation et une méthode de rencontre thérapeutique, la psychanalyse, une période de médicalisation de la psychothérapie a suivi jusqu'à ce que certaines personnes, tel que le psychiatre et psychanalyste écossais R.D. Laing, ont repris la vocation originale du thérapeute dans son approche existentielle-phénoménologique vis-à-vis de la souffrance humaine, qu'il a caractérisé comme la « psychothérapie vraie ». La Partie I de cette discussion explore l'état présent de la psychothérapie dans le contexte de cet historique, et la Partie II trace le renouveau de Laing dans le travail du thérapeute et présente en détail la théorie de la pratique de Laing.

Mots clés: psychothérapie, psychanalyse, Thérapeutes, psychologie existentielle, phénoménologie, R.D. Laing, Sigmund Freud, cure par les mots, thérapie de la parole

Возвращение терапевта: Истинный психотерапевт (часть I)

Резюме

Античная религиозная группа, известная как Therapeutes, может рассматриваться в качестве имплицитной модели практики, которая получила название «исцеление душ» (Оскар Пфистер) или «терапия слова» (Педро Лэйн Энтральдо), или, говоря обыденным языком, «психотерапия». После знаменитого концептуального видения ситуации Фрейдом и его метода терапевтической встречи – психоанализа, последовал период медиализации психотерапии. Это происходило до тех пор, пока специалисты, подобные шотландскому психиатру и психоаналитику Рональду Лэнгу, не вернулись к первоначальному пониманию профессии. Лэнго характеризовал свой экзистенциально-феноменологический подход к человеческому страданию «истинной психотерапией». В первой части представленной в статье дискуссии исследуется нынешнее состояние психотерапии в историческом контексте. Во второй части коротко излагаются идеи Лэнга по восстановлению понимания работы психотерапевта и детально обсуждается применение на практике его теории.

Ключевые слова: психотерапия, психоанализ, экзистенциальная психология, феноменология, Р. Лэнг, З. Фрейд, исцеление беседой, терапия слова

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It is remarkable that, among mental health professionals and those who consult them when in distress, there is no consensus about the criteria of what constitutes the good “healer of minds”. In part, this reflects the status of the concept of mind in the different yet related areas of psychiatry and clinical psychology. Even though the basic classificatory document used by psychiatrists¹ contains the word ‘mental’, they no longer consider themselves to be healers of the mind, but rather psycho-neurologists, who treat the brain and nervous system, much as cardiologists treat the heart and circulatory system. We live in an era when introductory courses on psychology focus on the brain, relegating the notion of mind to a footnote from the archives of the history of psychology. It is unlikely that a resident in psychiatry

1 The Diagnostic and Statistical Manual Disorders: DSM-5 (5th Ed), Washington: American Psychiatric Association, 2013.

will have studied psychology beyond a college freshman level course.² Similarly, if a non-medical clinical psychologist is consulted, the person seeking assistance will once again be mistaken if the practitioner is understood to be an expert on the mind. Nearly all the training programs now leading to the PhD (an academic degree) in clinical psychology or the PsyD (the professional degree in psychotherapy) take the behaviorist approach, which initially dispensed with the concept of mind.³ In nearly all non-medical degree programs cognitive behavioral therapy (CBT) is the first treatment modality that graduate students are taught and permitted to use with their clients. One would have to conclude that CBT is the most common modality of psychotherapy being practiced – if it were a form of psychotherapy, which in my opinion it is not (Groth, 2010).

While the very thought of a healer of the mind has become somewhat anachronistic, those who suffer from relatively benign (albeit serious) symptoms, such as anxiety and depression, or extremely disturbing and frightening symptoms (such as hallucinations and delusions), nonetheless continue to look for someone who, they believe, will be able to heal what most still think of as their mind, that is, the seat of their experience and their sense of self. An odd disconnection between the one who is suffering and the one who is being looked to in order to provide relief is unique to our time. While individuals seek help from mental health professionals, the latter have come to see themselves as practitioners who base their work either on the medical model of physical treatment or on the behaviorist model of adjusting clients to what the practitioner understands to be a certain shared social reality. Patients seen by a psychiatrist are usually medicated. If they engage in a form of counseling or psychotherapy, they can expect to be told to think differently about what bothers them. In neither case is any consideration given to the meaning of their experience, even though this is what concerns them most deeply.

When they are no longer able to work and love in ways that bring them satisfaction and a sense of value, many individuals are now challenging both of these professional responses to their needs and have begun to look for the good healer of the mind (or what used to be called the soul). They no longer turn to a religious leader or guide to talk about their problems and worries as nearly everyone did before the dawn of psychoanalysis. After a brief period during roughly the first half of the 20th century, when psychotherapists had taken over something of that role, now neither the psychiatrist nor the psychotherapist fulfills that function. Practitioners of *genuine psychotherapy*⁴ are now increasingly scarce. So, what happened and what are the consequences of these stunning changes in the field of mental health practice? What was the origin of the good healer of the soul and what has become of him?

In what follows, I will discuss the differences between the healer of bodies and the healer of minds (relating both to the terminology of contemporary mental health practice) with reference to (1) an ancient tradition that marked the beginning of the healing of minds, (2) the disappearance and renaissance of that tradition, (3) the nature of the modern healer of

2 In recent years the American Psychiatric Association has directed its program heads in hospitals to introduce the study of psychodynamic theory into the residents' training curriculum. It is not clear how many programs are rigorously implementing the directive and to what degree the instruction is having any impact on young psychiatrists. A six-week course in cognitive-behavioral therapy (CBT) is quite less demanding than a four-year series of weekly lectures and seminars on psychoanalytic theory, object relations theory, ego psychology and self-psychology.

3 Clinical psychology began with the psychodynamic tradition established by Sigmund Freud and his form of treatment known as psychoanalysis. By the time the new millennium had begun, however, hardly any mental health professional was exposed to psychodynamic ideas. The concept of experience had become passé. The object of study and treatment was the behaving organism.

4 The term is adapted from Laing's usage, where he speaks of the "genuine psychotherapist" (1960), p. 25.

minds or psychotherapist, and (4) particularly in Part 2, R.D. Laing as the quintessential model of such a healer, whom I nominate as the model of the therapist for the 21st century.

The physician and the psychotherapist have had a kinship that began in the first century CE when the Therapeutes (or Therapeutae), a Jewish sect related to the Essenes living in Egypt, practiced an art that differed from that of physicians, who worked in the already well-established Hippocratic tradition (see Taylor & Davis, 1998).⁵ For the most part, their unique style of interaction with others seems to have disappeared for two millennia, only to resurface at the end of the 19th century with Freud's psychoanalysis. What did the Therapeutes do that was so different from what Virgil in the *Aeneid* called the *ars muta* (silent art) of the physician? Why did their form of healing disappear for two thousand years and why did it reappear just when it did, then all but go underground again shortly thereafter, only to reappear in the middle of the 20th century?

Although Freud was not the first physician to use the word *psychotherapist* in the modern sense,⁶ as early as 1893 he spoke of such healers in a way that gave them legitimacy, chiefly in connection with what would come to be known as the "talking cure" (Freud, 1895/1995, p. 159).⁷ Freud used the term psychotherapy (*Psychotherapie*) as early as 1904, even though he was also already writing about his "psychoanalytic procedure (*psychoanalytische Methode*)."⁸ In 1900, Freud had differentiated between the physician (*Artz*) and the psychotherapist (*Psychotherapeut*),⁹ but, in 1905, still conflated the two roles, writing of "my medical practice as a psychotherapist (*meine ärztliche Tätigkeit als Psychotherapeut*)."¹⁰

Understandably, Freud preferred the professional designation psychoanalyst as part of the promotion of his new "science," but it is fair to say that he never ceased to think of himself as a psychotherapist (*Psychotherapeut*), and I take that to mean someone in the tradition of the Therapeutes.¹¹ By 1909, Freud had replaced the term 'psychotherapist' with the neologism 'psychoanalyst' (*Psychoanalytiker*) in his writings, and while he wrote only about psychoanalysts, I would claim Freud always had in mind what I refer to as the therapist.¹²

Given Freud's medical background and the early interest of psychiatrists (most notably Eugen Bleuler and Carl Gustav Jung) in psychoanalysis, the impression was easily formed that the first psychotherapists since the Therapeutes had to be psychiatrists, and that meant being physicians. Freud did not at all support this, however, and welcomed and defended

5 That there actually was such a group has been questioned. This is of little importance, however, since of interest to us is only the report of what certain individuals did.

6 Hippolyte Bernheim had apparently first used the word 'psychotherapy' in 1891, and Freud had studied with Bernheim in Nancy in 1889. Freud also seems to have "adapted" Pierre Janet's phrase "psychological analysis" to "psychoanalysis." Similarly, it has been suggested, Janet's "restriction of consciousness" became "repression," "psychological dissociation" became "catharsis," and what Janet called "rapport" became "transference." See Boadella (2012), pp 55-57.

7 In his first lecture given in the United States, in September 1909, at Clark University, Freud announced that one of Josef Breuer's English-speaking patients had coined the term "talking cure" (translated by Breuer as Redekur). Five Lectures on Psycho-analysis, SE 11, p. 12.

8 Sigmund Freud, "On Psychotherapy," in SE 7, p. 256-267, and "Freud's Psycho-Analytic Procedure," in SE 7, p. 247-257.

9 Sigmund Freud, The Interpretation of Dreams, SE 4, p. 105.

10 Sigmund Freud, Jokes and their Relation to the Unconscious, SE 8, p. 158.

11 Was Freud aware of the sect and its tradition? Given his broad classical education, it is very likely he had heard of them, but he seems not to have written about the relation between what he was doing and their particular art of healing.

12 Sigmund Freud, "On the History of the Psycho-Analytic Movement," in SE 14, p. 6. In The Interpretation of Dreams (1900 [1899]) Freud spoke retroactively of having "treated psychoanalytically" a patient in 1895. SE 4, p. 105.

non-medical psychoanalysts.¹³ Yet the association between psychotherapy and medicine continued and was enhanced in the United States, even while being contended in Europe where several countries' laws still nonetheless restrict the practice of psychotherapy to licensed psychologists and psychiatrists.

To supplement this brief historical introduction, please recall that as psychoanalysis came into prominence in the United States, so also did behaviorism. Here they were known, respectively, as the first and second "forces" in psychology. Beginning in the 1960s, however, both began to take a back seat to the widespread utilization of pharmacotherapy, which in turn depended on the remarkable increase in the authority of the psychiatric profession in society. Forms of behavioral counseling hung on as adjuncts to pharmacotherapy, chiefly because of their cost effectiveness (a few sessions were authorized by third-party payers, chiefly for post-discharge visits of former hospital patients that were for the most devoted to enforcing compliance with taking medications) and because of the relatively brief period of training (about six weeks on average) required to prepare a psychiatrist to employ a form of such counseling.

Currently, with a wistful glance back to humanistic psychology (termed by Abraham Maslow as the "Third Force" in psychology, which briefly flourished during the second half of the 20th century) and in response to reports of the potential harm to patients (especially children) of the long-term use of psychotropic medications and the acknowledged limited effectiveness of cognitive-behavioral counseling, it has occurred to many that there may be something valuable in what Freud originally called "the talking cure" – if it is carried out well. This manifests itself as an interest in existential-phenomenological psychology, which has yet to be well understood and widely applied.

As we will see, the psychotherapist, as descendant of the Therapeutes, is not represented by the psychoanalysts of our time, especially in the United States. Eager to preserve the identity of the physician-psychoanalyst, contemporary psychoanalysts have lost the innovative

13 Many of the first-generation psychoanalysts (Otto Rank, Theodore Reik, Hanns Sachs, Oskar Pfister) were not physicians and, in fact, Freud recommended that the best preparation for doing psychoanalysis was to read great literature, not study medicine. The matter of the relation between doctors and psychoanalysts came to a head in 1926 in "The Question of Analysis," SE 20, p. 182 ff., where the term lay analyst (*Laienanalytiker*) was first used by Freud (p. 242). In spite of Freud's position on the matter and ultimately to its disadvantage, psychoanalysis as a profession in the States was marked from the start by an insistence that a candidate should bring to a psychoanalytic training institute credentials and experience as a physician, including a specialization in psychiatry. That was not the case in Europe. Perhaps this had something to do with the fact that the three European visitors who brought psychoanalysis to the United States (Freud, Jung and Sandor Ferenczi) were all physicians. In the States, lay candidates were eventually admitted only grudgingly to the psychoanalytic training institutes, usually as "research associates" and then only providing they signed a waiver promising never to practice as psychoanalysts. Things changed as lay psychoanalytic institutes formed and fewer psychiatrists went on for psychoanalytic training. To seem as rigorous as the psychiatric institutes, however, lay analytic institutes emphasized orthodox psychoanalysis although they also trained candidates in what came to be known as psychoanalytic psychotherapy. By the end of the 20th century as psychoanalysis went into decline in the States, the number of "mental health professionals" multiplied, most of them drawn from the ranks of social workers. Most candidates in lay institutes still come from that background. The upshot of all this is that the psychoanalyst became the model of the psychotherapist at his or her best. This is still alive in the memory of those of us born just after the Second World War but it is now for the most part beyond the ken and appreciation of current generations of psychiatrists and students of general psychology in university programs of clinical psychology. As for the "field" to be occupied by the psychotherapist at his best, Freud's comment in a letter to Oskar Pfister on the fate of psychoanalysis is germane. In it he refers to "a field (Stand) which does not yet exist, a field of secular curers of souls (*weltlichen Seelsorgern*) who need not be doctors and should not be priests." Heinrich Meng and Ernest L. Freud (eds.), *Psychoanalysis and Faith. The Letters of Sigmund Freud and Oskar Pfister*, New York: Basic Books, 1963, p. 126 (translation modified). See also Bruno Bettelheim, *Freud and Man's Soul*, New York: Vintage Books, 1983. I would argue that this is the emerging field occupied by the "genuine psychotherapist" or therapist.

courage of the founder of psychoanalysis and the first generation of psychoanalysts (for example, Sandor Ferenczi, Georg Groddeck, Melanie Klein and Wilhelm Reich). There have been, of course, exceptions to this generalization: Frieda Fromm-Reichmann, Harry Stack Sullivan, Wilfred Bion, Jacques Lacan, Masud Khan – and R.D. Laing.

I will argue (in Part 2) that, after Freud, the tradition of the Therapeutes was taken up almost single-handedly by Laing. After a period of loss of interest in his work, a stance based on his work – in the broadest sense known as existential-phenomenological analysis – is emerging that picks up where the early psychoanalysts and he left off. In Laing's work we find an example of what an effective or genuine encounter between therapist and therapand can be.¹⁴

There is renewed interest in psychotherapy, then, but as the practice was originally understood. We have need of a certain kind of "healer," other than the physician, but we have lost sight of who and what the therapist is. Genuine psychotherapy, as described here, would not take the form of classic psychoanalysis. The sort of talk that is psychotherapeutic is also different from the brash exhortations and admonishments of CBT counselors or life-coaches who order clients to "think differently" about their thoughts. These interventions have effects that lasts little longer than a few weeks of doses of "anxiolytic," "antidepressant" or "antipsychotic" medications. As a new generation catches wind of it, existential-phenomenological analysis (as represented by Laing's practice) will gradually be acknowledged as paradigmatic of the "therapy of the word" that is most like that practiced by the Therapeutes.

II

Before looking more closely at Laing's contribution to the discussion of what is a "genuine psychotherapist", we must ask: What is psychotherapy and what does carrying it out well actually mean? How does one practice "effective psychotherapy," as Helmut Kaiser (1965) termed it in his book of the same name? What does the therapist actually do, no matter how one explains it theoretically or what name is given to it? What makes healing *psychotherapeutic*? And, once again, how is what the therapist does different from the forms of practice of mental health practitioners, social workers, and counselors, on the one hand, and physicians (especially psychiatrists), on the other?

A congeries of loose usage and powerful criticisms of the very notion of psychotherapy by individuals such as Thomas Szasz (1961/2010, 1974a, 1974b) requires that we examine who the therapist is and what he does. Understanding the origin of the calling may serve to accomplish this and at the same time once more legitimize psychotherapy as Freud and Laing practiced it.

One of the unique qualities of the therapist is captured by Pedro Laín Entralgo's (1958/1970) expression *curacion por la palabra* (healing by the word).¹⁵ Laín Entralgo's book is a history of the idea of the psychagogue and the art of what would most accurately be called

14 The approach has been variously termed existential analysis, existential-phenomenological psychotherapy, and daseinsanalysis (Ludwig Binswanger, Medard Boss). Laing's own term for his approach was "social phenomenology" (Laing, 1967). It is odd that we do not have a word for someone who is to be treated psychotherapeutically. The terms patient (suggesting the relationship with a physician in which one takes a passive role), client (suggesting the relation with a counselor in which one takes the position of one who does not know), and analysand (the neologism coined by Oskar Pfister for someone undergoing psychoanalysis) are inadequate. Neil Middleton has used the word 'therapand' which seems quite good. Bob Mullan (ed.), R.D. Laing, *Creative Destroyer*, London: Cassell, 1997, p. 22, and I adopt it here. Laing himself referred to the Therapeutes in a seminar he gave in 1985. See Schneider (2000), p. 597.

15 Laín Entralgo, P. (1958/1970). *The Therapy of the Word in Classical Antiquity*, New Haven: Yale University Press (first published as *La Curacion por la Palabra en la Antigüedad Clasica*). See also Laín Entralgo's later work *Doctor and Patient*, London: Weidenfeld and Nicholson, 1969, which traces the changing nature of the doctor-patient relationship in the West.

logotherapy – literally, the therapy of the word.¹⁶ Trained as a physician and psychiatrist, Láin Entralgo identified the point at which medical practice in the Hippocratic tradition of the *ars muta* was complemented by another art of healing, first outlined by Plato and Aristotle, that Láin Entralgo termed “verbal psychotherapy” and described as the “utilization of the *physis* proper to the human word or the *physiologia* of the *logos*.”¹⁷ Like Hippocratic medical practice, the work of the Therapeutes had the goal of seeing the lot of the other improved, but with this difference.

The Therapeutes did not make use of physical interventions such as surgery (early on known as chirurgy or what we might call deploying the healing hand), medications, and forms of what we now term “physical therapy” (exercise, massage), but relied only on the power of words. Such healers made use of “prayer, the magic charm, and the suggestive or cheering speech” – all spoken. The “verbal psychotherapy” of the Therapeutes, wrote Láin Entralgo, produced “in the soul [of the other the virtue] *sophrosune*, a beautiful, harmonious, and rightful ordering of all the ingredients of the psychic life: beliefs, feelings, impulses, knowledge, thoughts, and value judgments.” The “persuasive word” (here Láin Entralgo refers to what has been called the first work of psychology, Aristotle’s *Rhetoric*, the topic of which is persuasion) produces a certain situation, ethos and atmosphere, and brings about a “reorganization (*catharsis*)” of the soul.¹⁸ “Apt” speech or “the psychagogic word,” Láin Entralgo said, “creates [in the listener] a new order, more ‘natural’ and proper than the one existing prior to the speech” and “corrects the disorder (*ametria*) from which the constitution of the psychic life may have been suffering.” This is the “verbal psychotherapy that the . . . *Greek physicians were not wise enough to take up and make their own* [emphasis added].”

Here, although something happens to the Other, nothing is *done* to the Other by the therapist. The speech of the “talking therapist” is not interventional in the way that the acts of the physician and surgeon are. It is the word, as spoken and heard in a certain way, which is therapeutic. The art of the therapist consists in speaking a certain way and effecting a certain kind of hearing in the other. Such speaking has verbal (linguistic), vocal and gestural features that can be identified. Qualities of the personality of the therapist can also be described.¹⁹

We recall that both the physician and the therapist of the word belonged to the tradition of the healer, one of a trio of incarnations unified in the extraordinary figure of the original shaman, who is teacher, healer and judge (or arbiter) all in one (Eliade, 1951/1972).²⁰ The notion of the physician or medical *doctor* (literally, teacher) combines features of these first two roles. Some would argue that psychiatrists appropriated features of the third role, especially given their close association with the courts. Physicians are said to heal the body,

16 Viktor Frankl’s choice of the term ‘logotherapy’ to characterize his form of practice does not go unrecalled here. His neologism was meant to differentiate what he did from psychoanalysis and the individual psychology of Alfred Adler: “Let me explain why I have employed the term ‘logotherapy’ as the name for my theory. Logos is a Greek word that denotes “meaning.” Logotherapy, or, as it has been called by some authors, “The Third Viennese School of Psychotherapy,” focuses on the meaning of human existence as well as on man’s search for such a meaning. According to logotherapy, this striving to find a meaning in one’s life is the primary motivational force in man.” (Frankl, 1992, p. 104). The original title of his book, published in 1946, was *Ein Psychologe erlebt das Konzentrationslager*, which was only partly reflected in the original title of the English translation (1959), *From Death-Camp to Existentialism*. Frankl emphasizes one meaning of the Greek word logos. The primary sense of logos is “word.” In Heraclitus, logos began its life as one of the founding concepts of Greek philosophy, the importance of which was emphasized in a decades-long meditation on the concept by Martin Heidegger.

17 Quotations from *The Therapy of the Word* that follow are from the book’s “Conclusion” (pp. 240-45).

18 This is the Platonic sense of catharsis. Only somewhat later, with Aristotle, was it understood as the effect of tragedy on the spectator.

19 See my *After Psychotherapy: Therapeutic Phenomenology and the Return of the Therapeut* (forthcoming).

20 Freud once referred to teaching, healing and leading as the “three impossible professions.” In fact, Freud wrote about the three “impossible callings [or vocations] (Berufen).” Freud (1925), p. 272.

but, of course, they do nothing of the kind. Their work is marked by gently, but forcefully, interrupting (with the consent of the patient Other) the everyday management of the Other's body. Practitioners of the *ars muta* manipulate and manage the internal physiological and external environmental routines of a human being's body. Their interventions are guided by signs of pathology (visible, audible, palpable and other indications that the physician's senses can apprehend, often with the help of instruments). With the advent of highly sophisticated diagnostic equipment and procedures – especially those in the field of nuclear medicine, such as computerized axial tomography (CAT scans) and magnetic resonance imaging (MRI), including studies of the functioning body (fMRI) – and hundreds of analyses of blood, saliva, urine and other body fluids, the ancient art of macroscopic diagnosis has been all but replaced by technologically sophisticated assessments of the disease process. The real diagnosticians are now the radiologists and laboratory technicians – or, more accurately, the equipment they use. In the end, of course, the physician must encounter his patient, take responsibility for the findings of tests, and interpret the data provided, in order to form an opinion of the etiology of the disease process, its prognosis, and any optimal treatments. In this role, physicians address the patient's symptoms, which refer to reports of subjective experience (unease, malaise, pain and other disturbing perceptions of internal states). They must say a few words to the patient, but these are limited as much as possible to brief reports of “findings” – and orders.

The physician always intervenes in some fashion. Sometimes he reaches the conclusion that some unaccountable “functional disorder” is manifesting itself, to which the miseries reported by the patient must be attributed. Now he must say a bit more, and this is the most difficult part of being a physician. Since the mechanisms of most diseases are still only partly understood, the physician opts for the likely best course of treatment, based not only on his own experience with similar “cases” of the illness (or the set of signs) that the given disease process produces, but also on the collective clinical wisdom of countless other physicians whose work is known to him.

There may be a number of courses of treatment from which to choose, the least potentially harmful of which is always chosen first. Informed by the principle of watchful waiting and guided by the basic Hippocratic admonition *primum non nocere* (in the first place to do no harm), the physician's way of treating the Other is often to leave her body alone for a time, to allow it to restore itself to homeostasis and optimal functioning. In the meantime, he may provide palliative care by moderating the symptoms with the judicious use of certain medications, most of which work against body processes, as their names suggest (*analgesics, antihistamines, anti-inflammatories, antipyretics*). As the physician waits and watches, the patient's perception of pain may be reduced. Sleep is often induced chemically to allow the disease process optimally to follow its inevitable and often tedious course as the body heals itself. Posted in the hallways of old general hospitals was the photograph of a nurse with her finger poised against pursed lips, captioned “Quiet, please! Sleep heals” – not the doctor, we might add.

With little understanding of what is really going on, even in our time of rapidly increasing knowledge, medical treatment, then, remains based on two sorts of strategies: waiting or acting, not doing or doing. When there is a reliable tradition of treating an illness, acting may entail few risks, but all interventions have potentially adverse side effects. Even recommendations to a patient to make lifestyle changes may instigate further disturbances of the body's subtle homeostasis. For example, the patient who has had hip replacement surgery may be advised to “take it easy” only to die of the effects of a blood clot that has formed due to inactivity and has moved to the lung or heart.

The physician, who alone has access to the pharmacopoeia, is honored for somewhat

alleviating the unavoidable suffering of the ailing and healing body. Given the sedating and euphoric effects of many of the medicines that he introduces into the patient's body, physicians have allowed the understandable misapprehension to form that it is the physician who makes the person better, when in fact he only helps the patient feel less, which may be interpreted as feeling better, especially when the patient has been in pain. It is only in a manner of speaking therefore that the physician is a healer.²¹

The physician is also forced to give up the *ars muta* by providing reassurances, all the while monitoring the process of healing or dying. Here, he can become easily confused with the therapist. This is a strategy that readily plays into human beings' suggestibility. Those of us who grew up as recently as during the 1950s recall the friendly general practitioner who might have comforted us with his calm confidence that "This too shall pass." While others pulled back in horror of possible contagion, he drew close to us and touched our ailing bodies. His lack of fear of the disease process helped dissipate our fear of our illness and our bodies. The burden of care for one's body, while healing took place, seemed to be transferred to the doctor. The temporary strangeness of our diseased bodies was demystified.

In sum, apart from reassurances and a few terse parental orders, the physician's art is silent. The best physicians listen a great deal, look closely, and scribble out brief directives or prescriptions. Gently calming words are kept to a minimum and are effectively incidental to the *ars muta*.

By contrast to the physician, the therapist of the word *does* heal. The body heals itself, but the soul can be made whole by another.²² The tradition of the therapist is as old as that of the physician. Writing in the first century CE, Philo of Alexandria described the Therapeutes as a sect who practiced "an art of medicine" that was "more excellent than that in general use in cities (for that only heals bodies, *but the other heals souls which are under the mastery of terrible and almost incurable diseases, which pleasures and appetites, fears and griefs, and covetousness, and follies, and injustice, and all the rest of the innumerable multitude of other passions and vices, have inflicted upon them . . .*)" [emphasis added].²³

What made their art easily confused with that of the physician is that they healed both soul *and* body as a unity with the words they uttered, while the physician treated only the body as somehow divested of its soul.²⁴

And then, presumably, the Therapeutes – as a distinct group – disappeared. The question now arises about the gap of two millennia between the first practitioners of "the cure of souls" and "the therapy of the word" and its rediscovery and revival by Freud in the last years of the nineteenth century.

21 There were narcotics and stimulants to administer (and not much more) until the discovery of steroids, antibiotics and psychotropic drugs.

22 The etymology of the word 'heal' and its cognate 'healthy' is fascinating. The basic sense is wholeness, soundness and integrity. Functionally a whole, the body is susceptible to being divided into systems, organs, and so on. So, too, is the unity of the soul. We recall that the art of the therapist (as described by Laín Entralgo) produces "a beautiful, harmonious, and rightful ordering of all the ingredients of the psychic life." A "divided self" is restored to its unity. The virtue *sophrosune* found in the soul and the structural and functional integrity of body are analogous. There is a further sense of the soul so ordered as spiritually sound, that is, in harmony with the numinous. The first translator of the Bible into English, John Wycliffe, rendered the Trinity as "Father, Son and Healthy Spirit."

23 Philo of Alexandria, *De vita contemplativa* I.2.

24 The Therapeutes recognized a dual unity of body and soul (*soma* and *psyche*) in what we would now call the person or self. This was not based on a Cartesian division between body and mind as two sorts of substance that, found apart in the initially divided human being, required some means to be brought into relation with each another. Following the tradition of Plato and Aristotle, the Therapeutes saw the body and soul as comprising an original unity that could nonetheless be appreciated from the perspective of its somatic and psychic manifestations, respectively.

III

What happened to “the cure of souls” described by Philo? Here, one can only speculate, but the explanation seems to be that, within Christianity, the priest almost certainly replaced the therapist. In his third-century history of Christian church, Eusebius of Caesarea suggested that the Therapeutes were the model of (if not, in fact) the first Christian monks (Eusebius, 1998). Whoever they were (a Jewish sect or among the earliest ascetic Christian groups whose lives were devoted to God), their skill as healers made them unique among both religious groups. We may understand Jesus as a transitional figure, not only between Judaism and Christianity, but also between the physician and therapist, on the one hand, and the priest, on the other.

Stories of acts of healing carried out by Jesus are so well-known as not to need repeating here. But what sort of a healer was he? Not trained as a physician, Jesus nevertheless healed both the bodies and souls of those who were the object of his touch and word. In this, he prefigured the Therapeutes. He would not have understood the body as healing itself, as we do now, but like the early physicians saw his (divinely enabled) interventions as actively restoring health and wholeness to the diseased, maimed and distressed. The accounts of his driving out “evil spirits” are most pertinent to our discussion, since they remind us of the Therapeutes’ special skill in treating the embodied soul. Jesus’ practice varied from theirs, however, in that he not only spoke but also “laid on hands” to cure those he ministered to. These accomplishments are counted among his miracles.²⁵

The Bible tells of the scope of his healing powers: “And when he had called unto him his twelve disciples, he gave them *power* against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease” (Matthew 10:1, emphasis added). We also learn that he passed along such powers to his disciples, who in turn disseminated the powers, or charisma, to what became the priesthood.

Through the history of Christianity, which is equivalent to the period of the absence of the Therapeutes, some believers gained recognition precisely for having demonstrated the power of healing. Among them are numbered certain saints (Porterfield, 2005).²⁶ As for the rest of the early Roman priesthood, as it grew in numbers and reached into the Middle Ages, the only remnant of Jesus’ practice of treating “unclean spirits” seems to be the ritual of exorcism. In fairness, one should also acknowledge the claims of contemporary adepts and “spiritual healers,” who tell us that they, too, have inherited the skill of curing ailing bodies and souls with words and the laying-on of hands. Fundamentalist revival meetings in the United States still often include dramatic interventions aimed at healing “the sick.” Nor should we forget the place of healers in the Jewish mystical tradition that developed during the same time.

While the Therapeutes disappeared as a group, and their practices were adopted by certain groups of priests, ministers and rabbis, physicians in the tradition of Galen continued to practice the *ars muta*. At the end of the 19th century, however, one of their own made a surprising reappearance in the form of the Viennese neurologist and psychiatrist – and therapist – Sigmund Freud. It is interesting to speculate: Why just then and why with just this man?

While full discussion of the topic must remain for another time, a few conjectures may be offered, if only in the form of questions. Was Freud deeply influenced by the Jewish

25 For examples of Jesus’s healing of the soul, see Matthew 7:31-37, 17:14-21; Mark 1:23-28, 9:13-28; Luke 4:33-37, Luke 9:37-43.

26 The capacity for healing was common among the Christian saints and was often a criterion for their being elevated to sainthood.

mystical tradition, which included a tradition of healing (Bakan, 1958)?²⁷ Did the decline of the Christian era, announced most powerfully by Friedrich Nietzsche at the end of the 19th century (and with it the diminishment of the power of the priest or minister to bring understanding and consolation to those suffering from diseases of the soul), require a new sort of stance that was neither priestly (pastoral) nor physician-ly? Did the materialism of the industrial age and the hegemony of technology require a reorientation to life that took into consideration the irrational dimension of experience (unconscious mental life), especially as a source of unusual experiences and behavior that came to be known as indications of psychopathology?²⁸

Whatever other influences may have been at work in Freud's life and in the surrounding culture, the ethos of psychiatry played an important part in it. Here, we do not have to speculate. Psychiatry (as Sigmund Freud experienced and learned it in Vienna, Paris and elsewhere) had emerged toward the end of the 18th century. Its first practitioners were physicians working in hospitals and what came to be known as asylums for the insane.²⁹ The first psychiatrist (in the modern sense) is generally considered to be Philippe Pinel (1745-1826), who is credited with having liberated the insane from their imprisonment alongside criminals in the jails of Paris. Working at the Hospice de la Salpêtrière in Paris, in truth, he created a new category of human being: the mentally ill person (Foucault, 2006; Szasz, 2010).

While this group may have been given asylum from the general populace (whom they frightened) the liberated "insane" were immediately captured in a network of talk about a variety of "new" diseases that were unlike anything physicians had treated up to that time. During the 20th century, the roles of the psychiatrist, physician and the psychotherapist became increasingly entangled and confused with one another. The medical *scenario* and its *dramatis personae* (doctor as agent and patient as other) were carried over by the first modern therapists to the psychoanalytic situation, where the roles of psychoanalyst (as agent) and analysand (as patient) were well defined and played out: the analysand as confessor and the analyst as a blank screen for the former's projections. The psychotherapeutic situation established in those terms remains pretty much the same today – with one or two crucially important exceptions, the most important of which was (in my opinion) R.D. Laing.

Henri Ellenberger (1970) has proposed that the real precursors of psychoanalysis are to be found in mesmerism (Franz Mesmer, 1734-1815) and hypnotism (James Braid, 1795-1860). As a student of the French physicians Hippolyte Bernheim, Ambroise-Auguste Liébeault and Jean-Martin Charcot in the 1880s, Freud witnessed various techniques based on suggestion and hypnotism. He briefly adopted them in his treatment of hysterics, but also quickly abandoned these methods, which had included applying pressure to the patient's forehead (seemingly a form of "laying on of hands") or inducing a hypnotic trance. Once these techniques were abandoned, Freud's "art" sprang to life as being apparently entirely

27 In this case, there would be a line of descent of certain elements of the healing arts from the Therapeutes, who were a Jewish sect, to Freud's 19th century experience of esoteric Judaism. See also Gershom Scholem, *On the Kaballah and Its Symbolism*, New York: Schocken, 1996. See also David R. Blumenthal, *Understanding Jewish Mysticism: A Source Reader*, 2 vols., Jersey City: Ktav, 1978, 1982.

28 It should be added, however, that with the advent of science, the Industrial Revolution, increased materialism and the diminishment of religious belief, came the dismissal of the power or charisma of healing as being "supernatural." Thanks to Courtenay Young for foregrounding this connection (Personal Communication).

29 The earliest version of what is now the Diagnostic and Statistical Manual of Mental Disorders (5th Ed.) of the American Psychiatric Association (APA, 2013) was a handbook for directors of madhouses or lunatic asylums (*Statistical Manual for the Use of Institutions for the Insane*, published, in 1918, in New York by the National Committee for Mental Hygiene of the American Psychiatric Association). Directors of such institutions were neither physicians nor therapists, but entrepreneurs.

original³⁰ -- unless we see it as remarkably akin to that of the ancient Therapeutes.

Even given the massive literature on the history and development of psychoanalysis, beginning with Freud's own paper (1914) on the topic,³¹ it is difficult to understand just why the ancient practice, which it so closely resembles, was resumed. Whatever its connections (if any) with the Jewish mystical tradition (which began in the early Middle Ages, around the same time that Catholicism was formalized by the work of Thomas Aquinas), it certainly did not emerge out of Freud's physicianly temperament, which was (by his own admission) quite modest.³² He tells us only that since he was turned off by "the monotonous, forcible prohibitions used in treatment by suggestion" (p. 8), he devised or adapted something quite different from the practices related to both techniques of suggestion and the *ars muta*.

In 1907, Freud referred to a "procedure (*Verfahren*)" used by a physician in Wilhelm Jensen's novel *Gradiva* (1903)³³ that showed "a far-reaching similarity – no, a complete agreement in its essence – with a therapeutic method (*therapeutischen Methode*), which was introduced into medical practice (*Medizin*) in 1895 by Dr. Josef Breuer and myself . . . to which Breuer first gave the name of 'cathartic' (*kathartische*) but which I prefer to describe as 'analytic' (*analytische*)" (p. 88).

The reference seems to suggest that something was "in the air" at the time that both Jensen (1837-1911) and Freud (1856-1939) picked up on. What is therapeutic, for both the fictional therapist and the psychoanalyst, is "the making conscious of what has been repressed and the coinciding of clarification [*Aufklärung*] with cure [*Heilung*]" (p. 88). Here, Freud does not tell us about its provenance but only provides an description of how psychoanalysis works, attributing the therapeutic effect of his method to "providing the patient with clairification [*Aufklärung*]," the same term he uses to denote what is provided when a dream is being interpreted. Following on the slow production of material for analysis by the patient's observing the fundamental rule of psychoanalysis – free association – interpretations are then judiciously made. They became the hallmark of psychoanalytic method, including most forms of psychoanalytic psychotherapy. But, clearly, something other than providing clarifications or explanations is going on and precisely that is what is therapeutic. This is what marks the revival of the art of the Therapeutes.

The second part of this discussion will provisionally describe what is therapeutic in the therapy of the word. There we will see that when it was first practiced by Freud, and then by a number of the early psychoanalysts (and the occasional psychiatrist, *malgré lui*) who have followed him, the capacity for this form of healing as a therapist does not seem to be either the result of a certain regime of study (for example, a course of readings and seminars), or a prescribed routine of "training" that is intended to provide a certain kind of experience (for example, a prescribed number of hours conducting psychoanalysis, a didactic or training psychoanalysis, and "supervision").

What, then, is its source?

³⁰ See note 6.

³¹ Freud (1914) notes that the form of therapy (*Therapie*) of his colleague, Josef Breuer, was catharsis (*Katharsis*) or the "cathartic method (*kathartische Behandlung*)" brought about during hypnosis (pp. 7-8). Although, for Breuer, the technique and the therapeutic outcome were distinct, one wonders whether the technique itself (hypnotism) was itself therapeutic. In any case, it is quite a distance from power-based intervention of the hypnotist to the therapy of the word.

³² In "On the History of the Psycho-analytic Movement" (1914) Freud wrote: "I myself had only unwillingly taken up the profession of medicine, but I had at that time [in the 1880s] a strong motive for helping people suffering from nervous affections or at least for wishing to understand something about their states" (p. 8).

³³ "Delusions and Dreams in Jensen's *Gradiva*," SE IX, pp. 1-94. In the novel, a woman (Zoe Bertgang) is the therapist (*Therapeutin*). Translation modified. As noted, Freud contrasted Breuer's "cathartic" method with his own "analytic" method. He does not, however, use the word 'psychoanalytic' in this context.

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