

The Return of the Therapeut: Part 2: R.D. Laing and the Genuine Psychotherapist

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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 Laín 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 the Scottish psychiatrist and psychoanalyst, R.D. Laing, again took up the original vocation of the therapeut in his existential-phenomenological approach to human suffering, which he characterized as “genuine psychotherapy.” The first part of the discussion explored the history of this development. The second part examines the present state of psychotherapy in the context of that history and outlines Laing’s renewal of the work of the therapeut. Laing’s theory of practice as a psychotherapist is discussed in detail. This is the second part of the article: the first part was published in the previous issue: IJP, Vol. 18, No. 1., March 2014.

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

Die Rückkehr des Therapeuten: Der aufrichtige Psychotherapeut (Teil 2) Zusammenfassung

Eine antike religiöse Gruppe, bekannt als Therapeutes, kann als unausgesprochenes Modell für eine Praxis dienen, welche als « Seelsorge » (Oskar Pfister) oder « die Therapie des Wortes » (Pedro Laín Entralgo) verstanden werden kann. In unserer Alltagssprache ist dies die Psychotherapie. Nach Freuds bemerkenswerte Vision einer Situation und Methode der therapeutischen Begegnung, die Psychoanalyse; folgte eine Periode der Medikalisierung der Psychotherapie bis der schottischen Psychiater und Psychoanalytiker RD Laing, sich wieder auf die ursprüngliche Berufung des Therapeutes besann. Seinen existentiellen - phänomenologischen Ansatz, für die Behandlung des menschlichen Leidens, bezeichnete er als « echte Psychotherapie. » Der erste Teil der Diskussion erforschte die Geschichte dieser Entwicklung. Der zweite Teil untersucht nun den aktuellen Stand der Psychotherapie, im Kontext dieser Geschichte und skizziert die Erneuerung der therapeutischen Arbeit von

Laing . Laings Theorie der Praxis des Psychotherapeuten wird im Detail diskutiert. Dies ist der zweite Teil des Artikels : Der erste Teil wurde in der letzten Ausgabe veröffentlicht : IJP, Vol. 18 , Nr. 1, März 2014 .

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

Le Retour du Thérapeute (Partie 2): Le Vrai Psychothérapeute

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 première partie de la discussion a exploré l'histoire de ce développement. La seconde partie examine l'état actuel de la psychothérapie dans le contexte de cet historique, et trace le rôle de Laing dans le renouveau du travail du thérapeute. La théorie de la pratique psychothérapeutique de Laing y est discutée en détail. Ceci est la seconde partie de l'article : la première partie a été publiée dans l'édition précédente : IJP, Vol. 18, No. 1, Mars 2014.

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

Возвращение терапевта: Истинный психотерапевт (часть 2)

Резюме

Имплицитной моделью практики, которая стала известной как практика «исцеления душ» (Оскар Пфистер) или «терапия словом» (Педро Лэйн Энтралго), или, говоря обыденным языком, «психотерапия», может считаться древнее религиозное учение *Thérapeutes*. После знаменитого концептуального видения ситуации Фрейдом и его метода терапевтической встречи – психоанализа, последовал период медикализации психотерапии. Это происходило до тех пор, пока шотландский психиатр и психоаналитик Рональд Лэнг не вернулся к первоначальному пониманию истинного назначения терапевта (*therapeut*). Лэнг охарактеризовал свой экзистенциально-феноменологический подход к работе с человеческим страданием как «истинную психотерапию». В первой части данной статьи описывалась история вопроса. Во второй - нынешнее состояние психотерапии в историческом контексте. В ней также кратко излагаются идеи Лэнга по восстановлению понимания сущности работы психотерапевта и детально обсуждается его теория о практике психотерапии. Первая часть была опубликована в предыдущем номере журнала: IJP, Vol. 18, No. 1., March 2014.

Ключевые слова: психотерапия, психоанализ, Therapeutes, экзистенциальная психология, феноменология, Р. Лэнг, З. Фрейд, исцеляющая беседа, терапия словом, экзистенциальный анализ.

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In the first part of this discussion, I traced the history of what I term the *therapeut* (a practitioner of what Pedro Laín Entralgo termed “the therapy of the word”) to an ancient Judaeo-Christian sect, the Therapeutes. I described how their practice of “the cure of souls” (as Oskar Pfister described psychoanalysis) differed from the *ars muta* (silent art) of the physician. Finally, I pointed to its re-emergence (perhaps predictably) at the end of the 19th century in the method of psychoanalysis developed by Sigmund Freud and its renewal in the 1960s in the work of the Scottish psychiatrist R.D. Laing. In this part, I will look closely at Laing’s practice and the prospect of its further development as a form of existential-phenomenological analysis inspired by him. This will involve trying to articulate just what is *therapeutic* in the “therapy of the word.”

To try to determine the source of what more precisely is therapeutic in the “therapy of the word,” I will use the example of a post-psychoanalytic psychotherapist in the tradition of the Therapeutes, R.D. Laing (1927-1989).¹ I will suggest that there was something in Laing’s stance that harkens back via Freud to the Therapeutes and points forward to a new generation of existential-phenomenological therapists. There are several other potential candidates, such as Harry Stack Sullivan, Jacques Lacan and M. Masud R. Khan, who were all known for their exceptional skill as therapists. I choose Laing because of his remarkable personality, but also because there are available samples of him conducting psychotherapy.²

My memory of Laing, in person, is dominated by an image of the way that he responded to the individuals with whom he spoke during a question and answer session following his formal presentation at a fairly large venue (Groth, 2001). When asked a question and before answering it, he got up from his chair and placed himself directly in front of the person to whom he was responding. This meant he crossed the stage to face the panellist (his back was now to the audience). Laing also went down into the auditorium in order to meet his various interlocutors seated there. I had never seen anyone behave like this at a conference and have not seen it since that evening. I could say “my evening” because, even though I did not raise a question, I had the feeling that he was there for me alone. I sensed this was the impression that he seemed also to have elicited in many others present.

Laing did not look into the eyes of the person he was listening to or addressing. He looked down, his eyes narrowed as though he were peering into a microscope. I had the thought that he seemed to be praying in front of them. So powerful was his presence, it seems to me now, that if he had been gazing directly into the eyes of the person with whom he was listening or speaking, he would have invaded their personal space. On the other hand, his physical

1 I was fortunate enough to observe Laing in person once, albeit (sadly) at a distance. Unlike most psychotherapists, he was willing to be seen at work. The records of Laing engaged in psychotherapy are exceptionally rich. These include episodes in the documentary of his life, *Did You Used to Be R.D. Laing?* Santa Monica: Direct Cinema, 1989. For other records of Laing’s practice, see *Existential Psychotherapy*, Phoenix: Milton H. Erickson Foundation, 1985; *Eros, Love, and Lies*, Cooper Station: Mystic Fire Video, 1990; and *Approaches*, Kino Video, 1974. In *Existential Therapy Laing sits across from a homeless woman*. See C.F. Clark, “What Was Therapeutic about That?,” in *Journal of Transpersonal Psychotherapy* 36 (2), 2004, pp. 150-179, which contains a transcript of the session. Carlos Amantea, *The Lourdes of Arizona*, San Diego: Mho & Mho Works, 1989, includes an interview with Laing about his session with the woman.

2 In one place, regarding the origin of the therapist, Laing is reported to have said: “Healers are either born to be healers, or they are initiated by other healers.” Bob Mullan (Ed.), *R.D. Laing. Creative Destroyer*, London: Cassell, 1997, p. 342, as reported by Andrew Feldmar in conversation with Laing in 1974. Laing frequently referred to himself as a “social phenomenologist” influenced most of all by the existential and phenomenological traditions. He wanted to be remembered as a European intellectual. See Bob Mullan, *Mad to Be Normal. Conversations with R.D. Laing*, London: Free Association Books, 1996. *R.D. Laing. Creative Destroyer* includes reminiscences and reflections by sixty colleagues, friends, scholars and patients.

closeness seemed to do what the gaze accomplishes from a distance. Laing was able to be intimate, without encroaching on the Other, and to be close without dominating him or her. I also had the impression that he was guarding, even protecting, each individual to whom he was listening and responding.

I am unable to describe Laing's full presence. I can only say that he was wholly *there* with each individual, even though there were many bodies and auditors nearby. He focused and concentrated this intimacy, first on one person, then on another, without giving the impression that he was leaving behind the person he had just spoken with. I take this to be exemplary of how Laing interacted with people whom he took seriously.³

He was simply acting as he would any time that he was in the presence of another human being who mattered to him. And somehow, each in turn, *everyone seemed to matter to him*. Laing appeared to be not at all interested in the large group of people who were leaning on his every word. I would go so far as saying that he was unaware of the crowd. It seemed to me that he was "at home" only one-to-one with other human beings. In short, even with an audience of several hundred people, Laing appeared to be "in private" with each person there. It is what he called therapeutic "co-presence" when he was engaged in individual psychotherapy (Shandel & Tougas, 1989).

As I watched Laing then and, much later, after I had watched him on video-tape, I tried to recollect what he had written about his therapeutic stance or style. In what follows, I will now attempt to characterize who he was and what he did that makes him – for me – the exemplar of the therapist, or the practitioner of the "therapy of the word." I see him as representing both the stance of the Therapeutes of the past and the existential-phenomenological practice of psychotherapy in the future.

II

In his autobiography, which covers the period of his life leading up to the publication of his first book, *The Divided Self*, Laing (1985) begins by recounting his training as a psychiatrist and his first experiences with institutionalized, severely disturbed "patients." He then writes in general terms about how any two people relate to one another, but the background of his reflections remains his work with "back ward" patients. He writes about the "presence" of the other:

This presence, so immediate to our sensibility, of the other eludes being pinned down entirely objectively. A few moments ago there was just a body making a few movements. *Now, someone is there*. The moment we snap into this sense of the immediate presence of the other, movements express intentions, and we are back in the realm of human conduct, however vestigial. Our sense of the presence of the other endows his or her movements with meaning. . . . This movement of recognition of the other may coincide with the first time we feel 'looked at' by the other 'coming around.' We feel the other feels us [emphasis added] (p. 119).

I am sure that the individuals whom I watched Laing talking with that night in New York had that experience of being "looked at" in which they felt Laing "feeling" them. I have seen this in taped sessions of Laing with other individuals and have read about it in the reflections of friends and colleagues, including some who were in supervision with him as young practitioners. The mutuality of feeling and the feeling of mutuality were hallmarks of Laing's therapeutic style and, evidently, were the foundation of his success with even initially

3 For examples of this in the accounts of Laing's friends, see Mullan (1997).

“inaccessible” hospitalized patients.

Laing concludes his autobiography with a reference to *The Divided Self*. It is clear from what he says, that, even as a young psychiatrist, he had already found a way of working with patients that exempted them from both their self-enclosing clinical diagnosis and his potentially off-putting status as their psychiatrist. The therapist recognizes that there are hierarchies everywhere in life, but refuses to acknowledge them in the interest of establishing and maintaining parity in the psychotherapeutic setting.

In the section “The Relationship to the Patient as Person or as Thing” of *The Divided Self*, Laing explicitly identifies his orientation as a therapist as existential-phenomenological. Although his topic is psychotic patients (the group who were initially his specialty), what Laing says here applied to any individual who was in psychotherapy with him. Laing writes that the therapeutic relationship has the features of Buber’s I-Thou relation (Laing, 1960, p. 87) and that his focus is on “the patient’s way of being-with-me” (Ibid, p. 24). He adds that, as a psychotherapist,

[o]ne has to be able to orient oneself as a person in the other’s scheme of things, rather than only seeing the other as an object in one’s own world, i.e. within the total system of one’s own references. The *genuine psychotherapist* must be able to effect this reorientation without prejudging who is right and who is wrong with respect to what is real [emphasis added] (Ibid, p. 25).

A second principle of Laing’s therapeutic work “*is the crucial one in psychotherapy as contrasted with other forms of treatment. This is that each and every man is at the same time separate from his fellows and related to them*” (Ibid, p. 25). It is especially crucial in the psychotherapeutic endeavour for the therapist to bear in mind that he and his client are, existentially, in the same boat. That is to say, they are *alone together* in their undertaking. What goes on in life also goes on in psychotherapy, although, in the latter, the isolation of the participants from each other is highlighted and becomes, along with much else, a theme for investigation and elucidation.

Using the language of psychoanalysis, Laing discusses the use of interpretation with his patients.⁴ He draws on Dilthey’s (1907) notion that the interpretation of a text implies a *relationship* between the author of a text and the reader, noting that the psychotherapeutic relationship is comparable. This is especially important when working with individuals whose sense of reality differs dramatically from that of most people.

Like the expositor [of a text], the therapist must have the plasticity to transpose himself into another strange and even alien world. In this act, he draws on his own psychotic possibilities, without foregoing his sanity. Only thus can he arrive at an understanding of the patient’s *existential position* [emphasis added] (Ibid, p. 34).

To repeat: What Laing says about transposing oneself into the world of a psychotic individual holds for working with anyone in psychotherapy. What is there to be understood is the “existential position” of the other. Laing comments on the nature of such “understanding” of the other:

4 Considering Freud’s understanding of the place of interpretation in psychoanalysis, on this and related matters it is always important to bear in Laing’s relation to psychoanalysis. See Michael Guy Thompson, “Deception, Mystification, Trauma: Laing and Freud,” in *Psychoanalytic Review* 83, 1996, pp. 827-847; “The Heart of the Matter: R.D. Laing’s Enigmatic Relationship with Psychoanalysis,” in *Psychoanalytic Review* 87, 2000, pp. 483-509; and “Existential Psychoanalysis: A Laingian Perspective,” in Paul R. Marcus and Alan Rosenberg (Eds.), *Psychoanalytic Perspectives on the Human Condition*, New York: New York University Press, 1998, pp. 332-361.

For understanding one might say love. But no word has been more prostituted. What is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself. If one cannot understand him, one is hardly in a position to begin to 'love' him in any effective way (Ibid, p. 35).

This is a powerful challenge to the antiseptic stance of the psychiatrist, who on Laing's account would appear to be precluded from understanding his patient. Instead, the psychiatrist is left with the task of explaining behavior and little else.⁵ But behavior is merely what it is unless the experience that motivates it is understood. Such an understanding is Laing's goal. He couches his aim in terms of devotion and "love" of the Other.

In *The Self and Others* (1961), his second book, Laing makes a number of observations about "confirmation or disconfirmation in psychotherapy" that reveal a great deal about his therapeutic style.⁶ Considering the validation of the existence of the Other, he cites his experience with a woman who, after ten minutes of immobile muteness, entreated him not to move away from her. Laing admits, in hindsight, that he had lost interest in her during the "catatonic" (my interpretation) interval and his "*mind began to drift away on preoccupations of my own.*" He had not changed his position in space relative to her, yet she had experienced a distancing and Laing realized he must confirm the woman's perceived removal of her existence from his presence and acknowledge "*the fact that she experienced me as away.*" Rejecting some possible theoretically correct standard psychoanalytic interpretations, he said: "*The most important thing for me to do at that moment was to confirm that she had correctly registered my actual withdrawal of my presence.*" He concluded that "*the only thing, therefore, I could say to my patient was, 'I am sorry'*" (Ibid, p. 88).⁷

In "The Psychotherapeutic Experience (From the Point of View of the Psychotherapist)" (Laing, 1967, pp. 46-56), an important text that dates from 1964,⁸ Laing characterized psychotherapy as an enterprise that "*consists in the paring away of all that stands between us, the props, masks, roles, lies, defences, anxieties, projections and introjections, in short, all the carryovers from the past, transference and countertransference, that we use by habit or collusion, wittingly or unwittingly, as our currency of relationships*" (Ibid, p. 46).

Instead of being preoccupied with the concerns of classical psychoanalysis about the past, the psychotherapist must focus "*on what has never happened before, on what is new*" (Ibid, p. 47). In this text, Laing was very likely talking about himself when commenting on new developments in psychotherapy that heralded such a change of outlook:

5 This is precisely what has come to pass in the world of the Diagnostic and Statistical Manual of Psychological Disorders, where there is scant reference to experience and the diagnostic features are effectively limited to observable behavior. This is also the stance of much psychotherapy and counseling, from psychodynamic to cognitive-behavioral modalities as they are currently practiced.

6 This is Laing's second book, which was meant to be the second part of *The Divided Self*. It reappeared eight years later "extensively revised," as *Self and Others*, New York: Pantheon, 1969. The revised text titled without the initial definite article is in many ways a very different book than its predecessor. During the 1960s, Laing changed in important ways.

7 On existential nearness and distance, see the protocols of Martin Heidegger's meetings with residents in psychiatry, in Martin Heidegger (Medard Boss [ed.]), *Zollikon Seminars. Protocols--Seminars--Letters*, Evanston: Indiana University Press, 2001. First published in 1987, the volume covers a decade of seminars (1959-1969) held at Boss's home. Heidegger influenced Laing more than other philosopher, including Jean-Paul Sartre, about whom he co-authored with David Cooper the volume *Reason and Madness*, London: Tavistock Publications, 1971.

8 The text is "a revised version of a speech to the Sixth International Congress of Psychotherapy, London, 1964, entitled 'Practice and Theory: The Present Situation'" (Laing, 1967, p. 5).

The therapist may allow himself to act spontaneously and unpredictably. He may set out actively to disrupt old patterns of experience and behaviour. He may actively reinforce new ones. One hears now of therapists giving orders, laughing, shouting, crying, even getting up from that sacred chair [emphasis added] (Ibid, p. 47).

Strictly forbidden by orthodox psychoanalytic technique, Laing allowed himself such comportment with his patients, as we see in excerpts from sessions with a woman in *Did You Used to Be R.D. Laing?* (Shandel & Tougas, 1989), in which he sits on the floor, cross-legged, near her.

Evidently, Laing often surprised his patients. In interviews, however, he was clear that he never took advantage of the Other's vulnerability. Having a powerful influence on the person – what I would term precisely a therapeutic effect on the Other – did not provide Laing with license for trying to have his own needs met.⁹

One of Laing's most memorable and oft-quoted statements on psychotherapy appears in this text. It succinctly characterizes the existential-phenomenological stance he epitomizes: "Psychotherapy must remain an obstinate attempt of two people to recover the wholeness of being human through the relationship between them". (Ibid, p. 53)

While Laing claimed there are a few "general principles . . . for the man who has both quite exceptional authority and the capacity to improvise" (Ibid, p. 47) in the therapeutic setting, he did not articulate anything that could be construed as a technique. One thing was very clear to him, however: "Any technique concerned with the other without the self, with behaviour to the exclusion of experience, with the relationship to the neglect of the persons in relation, with the individuals to the exclusion of their relationship, and most of all, with an object-to-be-changed rather than a person-to-be-accepted, simply perpetuates the disease it purports to cure" (Ibid, p. 53). Beginning from the assumption that both therapist and client are in the same existential "fix," each alienated from his self, but to varying degrees, Laing observes:

The psychotherapeutic relationship is therefore a re-search. A search, constantly reasserted and reconstituted, for what we have all lost and whose loss some can perhaps endure a little more easily than others, as some people can stand lack of oxygen better than others, and *this re-search is validated by the shared experience of experience regained in and through the therapeutic relationship in the here and now* (Ibid, pp. 55-56).

But what must happen in psychotherapy to allow this to happen? What brings about the transforming effect that allows the Other to rediscover what he or she has lost? Once again, Laing is not specific. There were the standard regularities of a meeting place and time and the exchange of money, but what is new here is the openness and directness that characterized Laing's therapeutic style.

Yet surely this refers to experiences that are the effect of the work of only a few charismatic healers. Laing raises and answers the possible objection himself: "Does this mean that psychotherapy must be a pseudo-esoteric cult? No!" (Ibid, p. 56) Yet, it may remind us of an ancient sect.

⁹ On the one hand, like any psychotherapist, Laing charged a fee for his time, and that is surely the only expected compensation for doing this kind of work in a culture whose economy is based on the payment of money for goods and services rather than an exchange of them. On the other hand, Laing is known to have formed personal relationships with former "patients." Should this cause us to discredit his work with those individuals when he was their psychotherapist? Not at all.

Towards the end of his life, on occasion Laing spoke about psychotherapy in his public presentations. In 1985, at the Third Conference on “The Evolution of Psychotherapy” (the so-called “Woodstock of Psychotherapy”), he said:

In a sense, psychotherapy is applied theology, applied philosophy, applied science. Our psychotherapeutic tactics and strategies are predicated upon, and are permeated by, who and what we take ourselves to be, how and what we wish and do not wish, want and dread, hope and despair, to be, in and through our experience and conduct. All that is the theory and praxis of *existential phenomenology* in psychotherapy [emphasis added] (Laing, 1987, p. 205).

Laing’s reference to existential phenomenology once again as the basis of his practice of psychotherapy is very significant. It reminds us that this philosophical perspective was at the core of his practice.¹⁰

III

Laing’s most extensive comments on “doing” psychotherapy appear in his transcribed conversations with Bob Mullan (1996), an erstwhile psychiatric social worker who had been preparing to write Laing’s biography not long before Laing’s death.¹¹ They are worth excerpting extensively since they are his most extended discussion of psychotherapy as he practiced it.

Contrasting his therapeutic stance with the psychoanalytic method in which he had trained at the Tavistock Clinic in London, he offered the following modest appraisal:

My “patients” would want in a sense to get from me my view of them, well, they *would* get it, and then they could go away and make the best or the worst of it. I mean, “I’m not saying that this is going to do you any good, but if you are coming to see me and if what you want to get from me is how I see your life and the situation you’re in and you think that will help you well I don’t mind giving you that. But I am not promising you that this is going to be therapeutic. I don’t know whether you can take this, one thing - just one thing, don’t kill yourself on my doorstep . . .” (Mullan, 1996, p. 317).

Note especially the scare quotes around the word ‘patients.’ By this time (if he ever did) Laing did not think in terms of the hierarchy of physician-psychiatrist and patient, but rather in terms of what I refer to as “the Other.” He may appear to have been glib, even harsh here, but he quickly adds:

I might say that to somebody, I might not say that to someone else. With someone else I might be tender and gentle. . . . You can’t then codify that and say this is what you say. That would be my response to one person, but there would be a completely different response to another.

¹⁰ On Laing’s relation to existential phenomenological philosophy and psychoanalysis, see M. Guy Thompson, “The Existential Dimension to Termination,” in *Psychoanalysis and Contemporary Thought* 17, 1994, pp. 355-386, and “The Fidelity to Experience in R.D. Laing’s Treatment Philosophy,” in *Contemporary Psychoanalysis* 33, 1997, pp. 595-614; Steven Gans, “Awakening to Love: R.D. Laing’s Phenomenological Therapy,” in *Psychoanalytic Review* 87, 2000, pp. 527-547; and Kirk Schneider, “R.D. Laing’s Existential-Humanistic Practice: What Was He Actually Doing?” in *Psychoanalytic Review* 87, 2000, pp. 591-600.

¹¹ Although he had several book projects in mind during this period of his life, this was the one Laing was at work on in the last months of his life. He hints at such an understanding of the extensive interviews he was giving Mullan (p. 251). The conversations took place in 1988 and 1989, the year Laing died. We have Mullan to thank for a rich oeuvre on Laing. Best known as a documentary film maker, Mullan is currently involved in a project that will present a fictional account of Laing’s work and personality: www.gizmofilms.eu.

So I am responding. What I am offering is my contribution and my *availability* to them if they feel that a touch of *me* in their life would be useful to them. They can have it for a fee because I have to live too and they've probably got a lot more money than I have. . . . Well, I had a bit of a severe tone just now, but you know what I mean [emphasis added] (Ibid, p. 318).

On the sense of what was therapeutic in what he did, Laing notes:

... the word therapy has got an etymological meaning that I favoured . . . the etymology means attentiveness, so the name of the game is cultivating tactful attention to each other, *attentiveness*. So I'm offering my attention and my response in my judgment of what is appropriate, of how to respond to you. I'll be attentive to you [emphasis added] (Ibid, p. 320).

He expands on the theme of attentiveness:

I think the bottom line is that they've had my company . . . and *attention*. They've had my company and attention, and my *engagement* [Laing uses the French word] on their behalf. . . . As a matter of honor on my part they've had my attention and I've put myself at their service, and of their life and addressed myself as best I could to what's troubling them. The way that could turn out could take many different varieties of the range of my presence and attention and my training, and my hopefully refined, trained, cultivated intuition, spontaneity and sensibility (Ibid, pp. 328-329).

It becomes clear that what psychoanalysts term the "real relationship" (Greenson, 1967) is central and more important than the therapeutic alliance or transference: "*I developed the practice that the meeting ought to be conducted within the form of civilized courtesy. Courtesy*" (Ibid, pp. 320-321). Again referring to the initial encounter, Laing, somewhat surprisingly, tells us:

By this time I was in no way committed to the idea that [a person] had come to see me for *psychotherapy*. They had come to see me for a consultation as to what I could contribute to their life positively, which might not be a recommendation to get into therapy, it might be anything, absolutely anything (Ibid, pp. 321-322).

I take Laing's qualification about what he might be said to be doing as an implicit critique of psychotherapy as it was (and still is) being practiced. He discusses this in more detail a few minutes later in his conversation with Mullan.

Laing is careful to point out that he was not physically intimate with the individuals he worked with. He never "cuddled" with them (Ibid, p. 322). On the other hand, he sometimes offered himself in ways that to contemporary practitioners must seem extraordinary. Early in his career, for example, he brought home one of his severely disturbed young male inpatients to live for a time with his wife and children (p. 316).¹²

Laing then attempted a summary of the nature of his work as a psychotherapist:

Since the days of the padded cells in the '50s, what I've been doing is in one sense so different from the understanding of psychotherapy from practically all psychotherapists. Is [what I do] psychotherapy, what is psychotherapy? . . . [P]sychotherapy is extremely hard work because it entails giving one's attention and the availability of one's presence. Listening in the first place is very hard work. You *can* get used to listening and practice listening and then it becomes less hard work very often as time goes on. But if you ask me what I have done or given to

¹² The young man, Peter, is discussed in his first book (Laing, 1960, pp. 129-144).

people, a lot of people who have come to see me have said that *the main thing they have gotten from me is that I listen to them. They have actually found someone who actually heard what they are saying and listened. That in itself without saying anything can be of critical importance.* We are social beings, somehow or other. For many people in their walks of life, there's no one listening to them, no one hears them, no one sees them, they are made up by everyone, they feel quite rightly they are ghosts. They might as well be dead, as far as their nearest and dearest are concerned. They are other people's phantasy. That can sometimes get someone down, and so if they come to see someone who actually sees and hears them and actually recognizes their reality, their *existence*, that in itself is liberating. In fact, that's got to be there in terms of what I do or nothing else is there, otherwise they could just as well go along and consult a computer who would do the job a lot better than most therapists [last emphasis added] (Ibid, pp. 330-331).

What, then, is the essential feature of the therapist as we see him in Laing? This exchange between Mullan and Laing contains a not-so-surprising allusion:

[Mullan] [Ivan] Illich says the best psychiatrists are 'latter day priests' of some sort or other . . .¹³

[Laing] Eric Graham Howe would pick that up and say, Well, yes, as a priest after the order of Melchizedek, a priest without portfolio or any pretence to any credentials of a priest, and certainly not wearing a dog collar or anything. In that sense, yes, and only in that sense.

[Mullan] And you see yourself in that sense?

[Laing] In that sense.

[Mullan] Someone struggling with problems of living?

[Laing] Yes. As one human being to another. (Ibid, pp. 334-335).

A "priest without a portfolio" may suggest one of the Therapeutes from a time before there were priests in the Christian tradition.

In the end, Laing's existential-phenomenological stance prevails: two individuals working in the psychotherapeutic setting are two people together "struggling with the problems of living," working "as one human being to another" in relationship.

As for there being a kind of practice that could bear his name, Laing makes a statement that sets him apart from the psychoanalysts and all those who would consider themselves representing a school or modality of psychotherapy. Again, a brief exchange between Mullan and Laing:

[Mullan:] What would make it Laingian therapy in the end?

[Laing:] *Laing* (Ibid, p. 327).¹⁴

13 I have not been able to locate the reference to Illich.

14 An illuminating early portrait of Laing, from 1972, when his popularity in the United States was at its height, is Peter Mezan, "After Freud and Jung, Now Comes R.D. Laing. Pop-Shrink, Rebel, Yogi, Philosopher-King? Latest Incarnation of Aesculapius, Maybe?" in *Esquire*, January 1972, pp. 92-97, 160-178. In addition to Bob Mullan's books already cited and his *R.D. Laing. A Personal View*, London: Duckworth, 1999, there are also the following biographies: Richard I. Evans, *R.D. Laing. The Man and His Ideas*, New York: Dutton, 1976; Richard I. Evans, *Dialogue with R.D. Laing*, New York: Praeger, 1981; Adrian C. Laing, *R.D. Laing: A Biography*, London: Owen, 1994 (written by Laing's son); John Clay, *R.D. Laing. A Divided Self*, London: Hodder and Stoughton, 1996; Daniel Burston, *The Wing of Madness: The Life and Work of R.D. Laing*, Cambridge: Harvard University Press, 1998; and Allan Beveridge, *Portrait of the Psychiatrist as a Young Man: The Early Writing and Work of R.D. Laing, 1927-1960*, Oxford: Oxford University Press, 2011 (which covers the same period as Laing's autobiography). See also M. Howarth-Williams (1977), *R.D. Laing. His Work and Its Relevance for Sociology*, London: Routledge & Kegan Paul.

IV

Laing's presence among psychotherapists today is once again becoming stronger, especially among those with an existential-phenomenological perspective. Unhappily, we hear little now of or from his successors in residential treatment centres in the United Kingdom, or from those whose practice has been influenced by his example of what I have here termed the therapist. Laing's influence now flows mainly through his books and the work of scholars and the occasional practitioner, whose contributions and stance may only indirectly reflect Laing's re-envisioning of psychotherapy. On the other hand, there are signs of Laing *revivendus* – of Laing the therapist *par excellence*.¹⁵

I have singled out R.D. Laing as perhaps the most important representative of the new Therapists since Freud and a few of his bold followers. With his example in mind, it remains to summarize what I take to be the uniqueness of the practitioner of “the therapy of the word” – the therapist. By now it should be obvious that I see the Therapists as forerunners of the existential-phenomenological therapist, much as I see Freud, Laing and a few other psychotherapists I have known as bearers of that tradition, which had been so long in eclipse.

What are the features of the therapist, “the good healer of minds,” the practitioner of “the therapy of the word” and “the cure of souls”?

The human relationship between the therapist and the Other is central to what happens between them that will be therapeutic for the Other (as well as for the therapist). The “real relationship” takes priority over the therapeutic alliance and transference. In its classic psychoanalytic form, the therapeutic relationship occurs at three levels: the therapeutic alliance, the transference, and the real relationship (Greenson, 1967). From the point of view of the analysand, (a) the therapeutic alliance allows for a modicum of disinterested distance from his distress, so that he can appreciate a plan and course of treatment. (b) The transference occurs, at first, at various levels of unconscious mental life and gradually (though never entirely) becomes apparent to the analysand as he creates a picture of his past, often enhanced by clues and explanations provided by the analyst (observations of what the analysand is doing -- including resisting participating in analysis – interpretations, and reconstructions). The transference is both consciously monitored and unconsciously experienced by the analyst. Countertransference reactions provide him with clues about inexplicit (unconscious) trends in the transference. Finally, there are considerations of (c) the real relationship between the two participants that (perhaps grudgingly) have to be admitted to and dealt with by introducing “parameters” to the analytic situation.

Laing appreciated the place of all three elements of the therapeutic relationship in classic psychoanalysis and this is not surprising given his background, but what emerges as central in Laing and, I would argue, in all a genuine psychotherapy (no matter what we call it) is the real relationship between the psychotherapist and the Other. This emphasis follows from Laing's existential-phenomenological orientation.

For Laing (and so, for the therapist), the establishment and maintenance of the therapeutic alliance depends upon how the real relationship is experienced by both the psychotherapist and his other. Laing differed from most psychotherapists in his view of the nature and meaning as well as the therapeutic uses of the real relationship, in connection with which, as he observed (quoted above) a “*therapist may allow himself to act spontaneously and unpredictably . . . giving orders, laughing, shouting, crying, even getting up from that sacred chair.*” Again, we ask, are these expressions merely excesses, dangerous consequences of

15 A symposium on Laing, “R.D. Laing in the Twenty-first Century,” was held at Wagner College, hosted by the author, on October 23-25, 2013.

inadequate training or even psychopathology in the therapist? Critics of Laing himself have suggested this.

I would argue that such charges (which have been levelled at many other psychotherapists, including Sandor Ferenczi, Wilhelm Reich and Jacques Lacan, by fellow members of the guild of psychoanalysts and psychiatrists) belie a lack of candour, if not disingenuousness, on the part of critics. If so many psychotherapists practice in a way that makes them appear chilly and distant from their patients or clients, it is not difficult to see them as being outfitted in the long white jacket of the medical clinician, no matter how they are dressed.

Central to considerations of the real relationship – perhaps better termed the *existential* relation -- is the question of how revealing of himself a psychotherapist should be with the Other. Discussions of the psychotherapist's self-disclosure have been in the air at least since the time of Ferenczi, who advocated what was initially called a more "active" form of psychoanalysis than Freud would permit (at least in theory and in print). More recently, beginning with Carl Rogers, measured revelations of the details of the therapist's life have been considered appropriate, beneficial and even necessary for effective "client-centered" treatment (Rogers, 1965).¹⁶

But what about those therapists whose personal needs are actually placed before those of the client? There are such. The examples of therapists whose personal lives have overshadowed, or unevenly and unfairly blended with their work are well known and are rightly cited as being good reasons for tightening regulations for licensing clinical psychologists in the United States and elsewhere, and even for raising doubts among the public about the safety of the psychotherapeutic setting. The giveaway here, however, is the adjective 'clinical'. The therapist's consulting room is not a clinic. The therapist is not a physician. As we have seen, he never was and was from the start distinguished from the practitioner of the *ars muta*.

Moreover, there is a difference between transgression and the revelation of one's shared humanity and existential fate as a therapist in the presence of the Other. It will always be difficult to determine whether a grandiose delusion is masking as therapeutic zeal. For example, is a psychotherapist who denies, in principle, the usefulness of the concept of psychopathology hiding a serious, albeit ego syntonic, psychological disturbance of his own that is well defended by a theoretical notion? Is there not a place in psychotherapy for a view (which Laing seems to have held) that, for therapist and Other alike, apparent peculiarities of behavior are really attempts at self-healing and should not be considered pathological, especially when it is clear that the person is trying to save his sanity (albeit without success) in an evidently pathogenic social situation (for example, the Other's family or the therapeutic situation itself)?

What is therapeutic in psychotherapy, I conclude, is founded on the real relationship between the therapist and the therapand. None of us is a Freud or a Laing. But that is precisely the point. Imitating one or the other comes to nothing, unless it is the humorous caricature of the (male) psychoanalyst wearing a three-piece suit and (until recently) smoking cigars. So, too, for the female analyst, wearing simple print dress embellished by a single strand of pearls. Nor does one need to sit shoeless and cross-legged across from the Other to be co-present to him or her.

That there was only one Freud and one Laing does not mean some of us are just as passionate as they were about discovering the means of penetrating the complicated, sometimes temporarily disabled lives of individuals who have retreated, to a lesser or greater degree, from the conventionalities of consensual reality or who have lost faith in the capacity

¹⁶ For an account of an encounter between Laing and Rogers and Laing's notable differences with humanistic psychology, see Maureen O'Hara's reflection in Mullan (1997), pp. 314-322.

of the word to defer the heavy acceptance of our fundamental isolation from each other as human beings, a given of the human condition.

The genuine psychotherapist or therapist reaches across a void that has opened up between the Other and his Other, who at that moment is the therapist. This is accomplished by words alone. With respect to the void, Laing's point seems to be that effective psychotherapy can take place only on condition that both parties experience that void as real, even though it may be for the moment more vivid and critical for one of them. Recall Laing's patient who sensed Laing distancing himself from her. This circumstance entails the possibility that it may be essential, from time to time, that the psychotherapist gets up from his chair, walks across the room, and sits down on the floor in front of his patient to "correct" for the perceived distance. Should he sometimes, with considered and considerate directness, look the patient in the eye and say nothing, not for a split second, but for a minute – or longer? Should he join in a patient's laughing or crying? Should he cry for reasons of his own in response to something said by the Other? At the very least, following Laing, we can say that he should not feel prevented from doing any of these things.

It has been said that the psychotherapist's "instrument" is his personality. Apart from the surgical reference, that does not go far enough. Following Laing, I would say instead that what is therapeutic in a psychotherapist is not his personality, but his presence. Seasoned practitioners agree (if only privately) that regardless of one's theoretical orientation, all effective psychotherapists have (or, better, are) a presence that is difficult to describe. As Laing wrote (quoted earlier): "This presence, so immediate to our sensibility, of the other eludes being pinned down entirely objectively. A few moments ago there was just a body making a few movements. Now, someone is there." We may want to call it charisma. It is the therapist opening his "present" for the Other.

Less difficult to understand is courage, which is the energy of the therapist's presence. What sort of courage is this, and what are its sources? We may conjecture about what became of the Therapeutes and (with a few exceptions) therapists among the second and third generations of the founder of the "first Viennese school" of psychoanalysis. In bringing up the matter of courage, I am most certainly drawing up an indictment against not only contemporary psychoanalysts but also most of those who have come to identify themselves as clinical psychologists, counsellors, social workers, and the rest – in short, mental health practitioners. What has accounted for the haemorrhage of courage among the modern successors of the Therapeutes?

As described in the Part I of this contribution, first, they were confused with physicians. Since the psychotherapist heals with *who he is in what he says* – more particularly, how he speaks to the Other and how that makes it possible for the Other to speak to him in a different way – his vocation is in direct contrast to that of the physician, who neither speaks nor heals, but rather *intervenes* in such a way that the body can heal itself. When (from time to time) the physician breaks his silence to provide reassurance, he effectively steps out of his role as physician. Applying the medical model in purporting to treat the mind as though it were something like a body, psychiatrists have only deepened the confusion surrounding what is unique about the healing art known as "the therapy of the word."

Second, psychotherapists began to see themselves as comprising a guild or profession. Both psychiatry and psychotherapy became institutions and money-making enterprises. With the formalities of a profession came considerations of its corporate body. These included leadership and questions of orthodox succession, credentialing, patenting of services rendered, and legal and public relations connections with social institutions such as schools, government, manufacturers of pharmaceuticals, and the insurance industry. It

was forgotten that the therapy of the word is a calling – perhaps, as Freud suggested, an “impossible calling” – and that one who practiced the art of the calling was essentially a *unicum* (one of a kind), an *Einzelgänger*.¹⁷

Third, psychotherapists lost sight of what is therapeutic in the word. As we have seen, it is difficult to say with precision just what *is* therapeutic in the word, but this much is clear: We always have to do with more than the content of the spoken words. We have to do with an *utterance*. The therapy of the word has everything to do with how the therapist positions himself with respect to the Other in preparing to say something and to execute his utterance. There is something of Bakhtin’s (1986) notion of *addressivity* among the conditions of the psychotherapist’s speech.¹⁸

Fourth, psychotherapists became afraid of taking risks. This is perhaps the critical change and where the failure of courage has been most poignant. I see R.D. Laing as exemplary of the therapist of the word because of his willingness to “*allow himself to act spontaneously and unpredictably*,” and that meant taking risks. Mired in orthodoxy and preoccupied with preserving a tradition, schools of psychotherapy have spent most of their energy defending a particular theory of technique, while having little to say about who they are and what they do. We know that Freud was reluctant to publish his papers on technique and evidently withheld some, which he may have destroyed.¹⁹ Training committees at institutes and graduate programs are notorious for failing to take a chance when they hesitate to take in candidates who see what they want to do as answering to a calling.²⁰

V

In conclusion, let me briefly speculate about the return of the therapist, since even given conditions in the world of professional psychotherapy just described, it is my impression that as the century continues more of this odd sort of individual will appear. There is currently no home for them and, like the Therapeutes, there cannot be one, since they, too, are isolates and cut off from the physicians and priests. Like the Therapeutes, they wander in a desert. Existential Bedouins, therapists pitch their tents in the desert of our Wasteland. One outpost of our wasteland is cyberspace, and yet, ironically, it may be that those who have an interest in the new Therapeutes will have a chance of finding each other only there. For most, the key words will be ‘existential’ and ‘phenomenology’. Fledgling groups have formed, but as might be expected they readily fragment back into their units. There is no herding cats.

The lifestyle of the ancient Therapeutes is telling. For all but one day of the week they lived apart from each other. On the remaining day, they met, ate and talked. Similarly, the fewest formalities seem optimal for those with an existential-phenomenological orientation. True to this inclination, those who would identify with the orientation remain scattered about, working independently. This is inevitable. The only Freudian was Freud and the only

17 Einzelgänger: A loner, lone wolf, a rogue.

18 Addressivity is “the quality of being directed to someone” (Bakhtin, 1986, p. 95), “the quality of turning to someone” (p. 99). Bakhtin distinguishes an utterance from “the signifying units of a language,” i.e., mere words. “Addressivity is inherent not in the unit of language, but in the utterance” (p. 99). He makes it clear that the conditions of addressivity include attunement of the Other to the one who speaks and an expectation in the Other of what is to come to him. The significance of this for the psychotherapeutic setting seems undeniable. The text, originally published in Russian, is from 1952-53.

19 See James Strachey note to the “Editor’s introduction” to Freud’s Papers on Technique, SE 12, pp. 84-87.

20 In this connection consider the fate of psychoanalysis especially in the States as recounted by Douglas Kirsner (2009), *Unfree Associations. Inside Psychoanalytic Institutes*.

“Laingian” was Laing himself.²¹ Each genuine psychotherapist is *sui generis*. Each species contains only one individual.

There are obvious risks living and working this way, but I think we must consider taking them. I try to imagine Freud’s audacity for the first time actually sitting down to talk with a patient in the privacy of his consulting room. We read of Laing having sat down in a padded cell with one of his inpatients at Gartnaval Hospital (Mullan, 1996, p. 316). Neurologists (other than Freud, including Josef Breuer) had spoken intimately with their patients, and psychiatrists (other than Laing) had drawn close to dishevelled, often very dirty, back ward patients (Beveridge, 2011, p. 204). But Breuer withdrew in horror from the implications of what his colleague soon called the transference, and other psychiatrists around Laing did not go on to establish Kingsley Hall, although some followed him there. There was something extraordinary about the persistence of these men that is an element of courage.

Both Freud and Laing wrote about the enormous opposition they faced, and from all accounts, what they said was not an exaggeration. A few others are now following in the tradition of the Therapeutes. It is to be expected that they will also face derision, especially from the guild. Each is an *Einzelgänger*, a loner. This is essential, since it is the very nature of the Other who comes to meet him to be the same.

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21 I think of Nietzsche’s aphorism: “. . . there was only one Christian, and he died on the cross.” *The Antichrist*, New York: Knopf, 1920, p. 111.

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