

# **The Primacy of Experience in R. D. Laing's Treatment Philosophy<sup>1</sup>**

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In recent years a sea-change in both theoretical and technical aspects of psychoanalysis has emerged at the interface between conventional psychoanalytic concepts and other disciplines that were traditionally held at arm's length by the analytic community. These trends have primarily occurred in the United States under the rubric of so-called relational theory, an amalgam of disparate and even contradictory perspectives including hermeneutics, constructivism, deconstructionism, intersubjectivity, and postmodernism. Largely a creature of the American psychoanalytic community, virtually all of these theories filtered into American culture from Europeans, including the French psychoanalyst Jacques Lacan, who identified the linguistic element of psychoanalysis with structuralism, and French philosophers such as Jacques Derrida (deconstructivism), Jean Francois Lyotard (postmodernism), and Michel Foucault (poststructuralism). American analysts who are identified with the relational perspective have tended to eschew the more theoretical preoccupations of the French school and focus instead on a relaxation of classical psychoanalytic technique (e.g., neutrality and abstinence) emphasizing the so-called real and personal aspects of the analyst-patient relationship.

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Ironically, many of these efforts to relax the technical rules of psychoanalysis were anticipated in the 1950 and 1960s by European psychoanalysts and psychiatrists who were identified with existentialism and phenomenology, including Medard Boss, Ludwig Binswanger, and R. D. Laing. Yet analysts who are identified with the relational perspective and sympathetic with postmodernism rarely cite the existential analysts as either forerunners to or influences on their work. It is nevertheless striking how similar the so-called innovations in technique are to the work of Laing and other existential psychoanalysts. Perhaps Laing's estrangement from the British psychoanalytic community plays a role in this anomaly as well as Laing's inherently philosophical perspective, a feature of his work that also accounts for the limited influence Lacan has exerted on the American psychoanalytic community.

The purpose of this paper is to examine Laing's complicated and enigmatic relationship with psychoanalysis with a view to emphasizing those features of his perspective that complies with the interpersonal and derivative relational schools of analysis. In so doing I shall emphasize not only Laing's debt to existentialism and phenomenology but especially to scepticism, the basis of the postmodern critique of contemporary culture.<sup>2</sup>

Since the topic of this paper concerns R. D. Laing's enigmatic relationship with and contribution to psychoanalysis, it is only fair to expect that I would examine Laing's impact on the psychoanalytic community in England, where Laing lived and practiced, and in the United States, where he enjoyed enormous popularity throughout most of his career. Yet Laing enjoyed relatively little impact on the psychoanalytic community in Britain or the United States. Indeed, it must be asked, what has R. D. Laing contributed to psychoanalysis in the widest possible sense? Despite his enormous contribution to contemporary thought, it must be admitted that there is neither a Laingian theory or technique that pertains to his way of conducting psychoanalytic treatment or, for that matter, any form of treatment whatsoever. Indeed, Laing's concerted refusal to couch his clinical perspective in theoretical or technical terms was

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<sup>2</sup> See Thompson, 2002, for a more detailed account of postmodernism's impact on psychoanalysis.

an important feature of his debt to the sceptical philosophical tradition, which impacted not only Nietzsche and Heidegger (both of whom influenced Laing profoundly) but many of the exponents of the contemporary postmodern perspective. Laing was nonetheless trained as a psychoanalyst at the British Psychoanalytic Society and though he drifted away from the psychoanalytic community following the completion of his training, Laing continued to call himself a psychoanalyst for the rest of his life.

If Laing regarded himself a psychoanalyst, then what kind of a psychoanalyst was he? Specifically, how did Laing apply what he conceived psychoanalysis to be in his work as a psychoanalytic practitioner? Moreover, what manner of psychoanalysis did he practice and who were the principal influences on his clinical philosophy?

Although Laing trained at the British institute he has traditionally been associated with the so-called existential camp of psychoanalysts instead of the object relations school, the classical perspective, or the hermeneutic. Already this presents us with a paradox, because existential psychoanalysis is not now nor ever was officially affiliated with the International Psychoanalytical Association, the principal psychoanalytic accrediting body. Thus it would be useful to examine what existential psychoanalysis is supposed to entail, in what manner it presumes to be psychoanalytic, and to what degree Laing may be said to represent this school of analysis.

### **A Brief History of Existential Analysis**

To be fair to the many practitioners who include themselves under this designation, existential psychoanalysis is probably best conceived as a mode of orientation derived from a wide range of loosely associated theorists who have only marginally influenced the mainstream of psychoanalytic theory and practice. For example, Roy Schafer's rejection of Freud's motivational mechanisms that are said to be driven by instinct, in favor of a view that emphasizes the individual's agency (including the refrain, "people are authors of their existence") suggests the influence of existentialism in Schafer's work, though he would probably deny this. Moreover, Hans Loewald (1980) explicitly acknowledged his debt to Heidegger in the development of his views about

psychoanalytic theory and practice, and Stanley Leavy (1980, 1988) has acknowledged his debt to phenomenology (which is not identical to the existential perspective, which I shall clarify later) in virtually all of his psychoanalytic publications. Touchstones with the existential and phenomenological perspective include the interpersonalists, intersubjectivists, and hermeneuticians, though none of these camps can be said to adhere to strictly existential preoccupations.

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

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<sup>3</sup>See Martin Heidegger, 1992, for an excellent selection of essays on the breadth of Heidegger’s thought.

“consciousness and “unconsciousness” alike fail to account for the mind’s elusive role in our inherently mysterious existence.<sup>4</sup>

Yet Binswanger and Boss were unable to fashion a therapeutic method that could do justice to their underlying theoretical premises. Binswanger’s (in May, Angel, Ellenberger, 1958, pp. 237-364) most famous clinical case, “Ellen West,” is an embarrassing demonstration of an insensitive and at times arguably brutal clinician so driven by therapeutic ambition (a concept initiated by Freud) he was obliged to rationalize his patient’s suicide as an example of “authenticity” before death.<sup>5</sup> Whereas Boss was in all appearances a more compassionate clinician who happened to enjoy Heidegger’s friendship, his critique of Freud’s clinical technique (published in English as Psychoanalysis and Daseinsanalysis [1963]) shows a serious misreading of Freud’s clinical papers and pales in comparison with Freud’s candid admission of both his clinical shortcomings and failures.<sup>6</sup>

### **What Makes Laing’s Views Existential ?**

It wasn’t until 1960 with the publication of Laing’ first book, The Divided Self that, in the words of Jean-Paul Sartre, existentialism finally “found its Freud.”<sup>7</sup> Unlike Binswanger and Boss and a host of other existential analysts<sup>8</sup> who were rooted more or less exclusively in the perspective of Martin Heidegger, Laing’s conception of psychoanalysis was derived from a synthesis of numerous philosophers, including

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<sup>4</sup> See Thompson, 2001, for a detailed examination of a phenomenological treatment of the unconscious.

<sup>5</sup> See Frie, 1997, for a more sympathetic reading of Binswanger’s clinical work.

<sup>6</sup> See Thompson, 1994, for a thorough treatment of Freud’s clinical technique in light of an existential perspective.

<sup>7</sup> See the Sartre’s preface to Laing, R. D. and Cooper, D. G. (1964) for a glowing tribute to Laing’s “perfect” understanding of his philosophy.

<sup>8</sup> See Rollo May, et. al. (1958) for an excellent selection of contributors from Continental existential psychiatrists and psychoanalysts.

Heidegger, Sartre, Søren Kierkegaard, Frederick Nietzsche, Maurice Merleau-Ponty, Max Scheler, Paul Tillich, Eugene Minkowski, Martin Buber, G. W. F. Hegel, and even Michel de Montaigne, the sixteenth-century sceptic who conceived the essay as a literary genre - and this list doesn't even begin to include Laing's debt to the Classical philosophers, a host of Christian theologians and mystics, and the considerable influence of Eastern philosophy. Laing's debt to the work of the American psychiatrist, Harry Stack Sullivan, as well as the American family therapy movement that flourished during the 1960s, has also been noted by numerous commentators (Friedenberg, 1973; Burston, 1996; Kotowicz, 1997).

When one takes the breadth and depth of Laing's intellectual resume into account it becomes obvious that it is both unfair and misleading to characterize him as simply an existential analyst, in spite of his having become one of the most prominent proponents of existential analysis, especially in its heyday that culminated in the 1970s.<sup>9</sup> On some occasions Laing also characterized himself as a phenomenologist and at other times a sceptic, each of which more closely approximates his intellectual position. It is perhaps for this reason that, in spite of his debt to and identification with the existential tradition, the only label to which it is feasible to assign Laing's analytic bias is that of simply psychoanalyst, the precise nature of which, due to his sceptical bent, resists categorization.

Ironically, despite their devotion to Heidegger, Laing felt that Binswanger and Boss failed to do justice to the essence of Heidegger's philosophy, i.e., Heidegger's enigmatic conception of truth which Laing (1969) characterized as, "that which is literally without secrecy" (p. 111). Laing also derived from Heidegger his preoccupation with the existentialist notion of authenticity and its correlate, self-deception, or inauthenticity. For Laing, the basic thrust of any effort to situate psychoanalysis in existential and phenomenological principles necessarily has to be rooted in the dialectic between truth and falsehood and how the conflict between them

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<sup>9</sup>The more recent flurry of interest in existential "psychotherapy" (as distinguished from "analysis") by the Americans, Irvin Yalom and James Bugental, has no kinship with psychoanalysis, per se, and is even presented as antithetical to it.

accounts for the split in the self that engenders forms of human suffering that are typically labeled as editions of “psychopathology.”

A sceptic at heart, Laing held that knowledge is intrinsically personal and that the totality of everything we believe is rooted in our experience which is unique to each person alone. In turn, experience engenders suffering, so it is our nature to mitigate such suffering by deceiving ourselves about what our experience tells us. In our efforts to deny our experience, however, we inevitably adopt false “truths” that are more pleasing (or at any rate, more tolerable) than the ones we experience, and split ourselves accordingly. It was for this reason that Laing emphasized the “political” nature of psychical suffering and deemed psychoanalysis an inherently subversive endeavor that, when effective, undermines established truths, whether the truths in question assume the form of edicts that are popularized by one’s culture or are the products of neurotic fantasies that are substitutes for a more painful reality. Hence, Laing’s conception of psychoanalysis is characterized by two fundamental principles: 1) all human knowledge is rooted in personal experience; and 2) the weight of experience is so painful that we seek to relieve it through self-deception.

### **What Makes Laing’s Views Psychoanalytic?**

What makes Laing’s clinical philosophy specifically psychoanalytic is the affinity between Laing’s philosophical assumptions and his subversive deconstruction of Freud’s technical recommendations, which continue to serve as the fundamental principles upon which every psychoanalytic school is founded. Like Laing, Freud believed that virtually all forms of psychopathology are the consequence of secrets that human beings manage to conceal from themselves. Freud also thought that we harbor such secrets due to the weight of our experience, the nature of which engenders insupportable suffering. In turn, Freud’s treatment method was the basic model upon which Laing fashioned his clinical philosophy, if only loosely. Laing’s and Freud’s respective styles, however, were quite different. Whereas Freud insisted that his patients use a couch so they couldn’t stare at him for eight hours a day, Laing, while he

made a couch available for those who preferred using one, achieved the same purpose by employing comfortable chairs that were situated at opposite ends of his darkened consulting room, so that it was difficult given the distance between them for his patients to make eye-contact or even to determine whether or not he was looking at them.

If these distinctions indicate some of the differences in style between Laing and Freud, the similarities they shared were more substantial. Like Freud, Laing believed that the only way to undo the consequences of self-deception is to take part in a therapeutic relationship wherein the two participants endeavor to be as honest with each other as they can. Whereas Freud believed that psychopathology is caused by the difficulty every human being has with an intrinsically harsh reality, Laing concluded that some realities are harsher than others and that the difference between your reality and mine has vast implications for how we experience each other, and ourselves. Perhaps this explains why Laing was so uncomfortable with the very concept of psychopathology and its nomenclature that he found it impossible to draw a sharp line between the normal and the pathological. Such a view undoubtedly has considerable implications for the way one conceives the treatment situation, and in Laing's case this was undeniably the case. This was particularly evident in Laing's treatment of patients who had been diagnosed as schizophrenic at one time or other (a diagnostic category Laing never entirely embraced). But to the degree that one finds oneself treating people whom others have diagnosed (and treated) in this fashion, Laing suspected their problems were probably the consequence of having been deceived by the people on whom they were most dependent in their childhoods. This thesis implicates society at large, but it obviously includes the family in which one was reared.

Laing's emphasis on the interpersonal basis of reality and the capacity every human being possesses to subvert the other's experience through the use of lies and deception characterizes the specifically existential aspect of Laing's conception of psychoanalysis, derived to a significant degree to his debt to Nietzsche. This assessment of psychological suffering led Laing to endorse in even stronger terms than Freud's the latter's observation that the therapeutic relationship should be rooted in a strict adherence to truthfulness. Laing not only embraced Freud's insistence on fidelity

to the fundamental rule (that patient's should endeavor to be as honest as they are able) but he endorsed its correlate, analytic neutrality, even more emphatically. In Laing's assessment this technical principle, in spite of the current tide of opinion against it, meant nothing more onerous than to be unequivocally open minded toward the person one happens to be treating, no matter how trying or difficult a given patient may be.<sup>10</sup>

### **Laing's Fidelity to Experience**

Now that we have seen how Laing situated himself in the psychoanalytic tradition, I shall examine his views on the therapeutic process itself, specifically one's experience it. I use the term experience deliberately because this deceptively simple if ambiguous term was the foundation of Laing's treatment philosophy. It should be obvious to anyone who is acquainted with Laing's work that experience played a principal role in his thinking. Two of his books, for example - The Politics of Experience (1967) and The Voice of Experience (1982) - include the term in their titles. Of course, just because a term is included in the title of one's books doesn't guarantee that the author gives it much weight. Other psychoanalysts have included this term in the title of their books as well, though the concept plays no discernible role in their thinking. Wilfried Bion (Experiences in Groups [1961], Learning From Experience [1983]); Neville Symington (The Analytic Experience [1986]); and Thomas Ogden (The Primitive Edge of Experience [1989]), for example, have also included experience in the title of their books, but they have summarily rejected the notion that experience should be equated with consciousness and substitute in its place the notion of "unconscious experience," a contradiction in terms (a point which I examine in greater detail below).

What Laing meant by experience is of critical importance because no other term more poignantly demonstrates the differences between the psychoanalytic tradition, on the one hand, and Laing's phenomenological interpretation of it, on the other. Because

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<sup>10</sup>This view of neutrality is in contrast to the conventional notion that it merely requires that the analyst conceal personal thoughts and feelings from the patient. For an exhaustive treatment of this technical principle see Thompson, 1996a.

Laing's employment of experience is situated in phenomenology, his conception of this term serves, more than any other, to differentiate his approach to psychoanalysis from more conventional schools of thought, including recent trends in the interpersonal, relational, and intersubjective perspectives. In order to demonstrate the inherently enigmatic nature of experience I shall take a moment to review the etymology of the term and how it has been treated over the course of the last century.

The English term for experience is derived from the Latin peritus, roughly meaning peril, and also means to try out, to test, or to risk. The Greek root of experience, which is older than the Latin, derives from the word empeiria which gives us the word empirical, a term that was adopted by the British empiricists (e.g., John Locke and David Hume) who founded their philosophy on the primacy of sensual experience over rationality. Pathos is yet another Greek antecedent for experience in English, which has evolved into the term, pathology. According to the Oxford English Dictionary, the definition of experience simply means to feel, to suffer, and even to undergo, in the sense that what we experience is not of our own making. The term experience also give us experiment, which serves as a technical term for the empirical scientific method, connoting the means by which one endeavors to test a theory through practical application. In our century, the words empirical, experiment, and experience are often used interchangeably, though each has vastly different connotations when invoked outside a scientific framework.

Over the past two centuries the German language has offered subtle variations on the specific types of experience of which we are capable that the English language subsumes under the one term. It is perhaps not surprising, then, that German philosophers have dominated nineteenth and twentieth-century investigations into the nature of experience that subsequently spilled over to other European countries, including France, Great Britain, Switzerland, and Spain. I'm thinking of the German philosophers Hegel, Schopenhauer, Nietzsche, Dilthey, Husserl, and Heidegger, each of whom elaborated on the notion of experience in their respective philosophies, allowing the concept a central role in phenomenology and existential philosophy. These philosophers influenced, for example, the French existentialists, including Jean-Paul

Sartre, Simone de Beauvoir, Maurice Merleau-Ponty, and Gabriel Marcel, as well as the Spanish philosophers, Miguel Unamuno and Jose Ortega Y Gasset. I shall say more about phenomenology below, but first I shall review the German conception of experience and the etymology from which their conception of it is derived.

The first is the German Erfahrung, which is derived from the word Fahrt, meaning journey. Hence, Erfahrung suggests the notion of temporal duration, such as for example when one accumulates experience over time, including the accruing of wisdom that one obtains from old age. The other German term for experience is Erlebnis, which is derived from Leben, meaning life. Hence, Erlebnis connotes a vital immediacy in contrast to the more historical notion of Erfahrung. When invoking Erlebnis, the speaker is emphasizing a primitive unity that precedes intellectual reflection. When one integrates these nuances into the other etymological aspects of the word listed above, we recognize an inherent subtlety to the concept that is often overlooked. For example, in the scientific community the notion of experience suggests the accumulation of empirical knowledge through the use of experimentation, an inherently active emphasis. Contrariwise, experience may also suggest something that happens to us passively when we are open to stimuli, such as the experience of watching a film in a darkened theater. It may also suggest the process whereby we submit to education, entailing the accumulation and memorization of knowledge over time. Or the term may be used to connote a journey I have taken while traveling to a foreign country, perhaps in wartime when faced with peril and danger, the experience of which may have prompted my journey to manhood. In other words, experiences are potentially transformative, depending on how deeply I allow a given experience to affect me.

One can see from this brief excursion into the etymology of experience that even while it offers tantalizing hints as to what the word is typically taken to mean, there remains something ineffable about the concept which defies categorization and even definition. This presents us with yet another paradox, since the word is often employed, according to Martin Jay (1998), "to gesture towards precisely that which exceeds concepts and even language itself" (p. 3). Indeed, the notion of experience has

often been employed as a marker for what is so private or personal that it cannot be rendered in words. One's experience of love, for example, is a type of experience that many insist is impossible to express or even grasp in words alone, precisely because it is experienced long before it is understood, if then. Even when I endeavor to communicate my experience to others, only I ultimately know what my experience is. Hence, just as experience resists definition, our efforts to convey the peculiarities of our experience are imperfect because experience is impossible to reduce to words. This ineffable dimension to experience made a profound impression on Laing, and many of his clinical vignettes emphasize the power that silence frequently plays in the treatment situation.

This observation has enormous implications for the psychoanalytic experience for patient and analyst alike who rely almost entirely on the passage of words between them. This also raises questions as to the nature of non-verbal and even pre-verbal experience, as well as the notion of so-called unconscious experience. Experience also plays a decisive role in analytic interpretation because every time the analyst interprets what she takes the patient's utterances to mean she is raising a pivotal question: is the analyst in a better position than the patient to determine the nature of the patient's experience than the patient himself? Are there dimensions to the patient's experience that the patient is resistant to experiencing because the patient prefers to intellectualize his experience instead of allowing it to affect him and, hence, experience it, fundamentally? These questions defy a conclusive explanation, yet we grapple with the consequences of them in every moment of the treatment situation.

### **The Contribution of Phenomenology**

Despite our intuitive grasp of the role experience plays in our lives, our common sensical notion of experience pales when contrasted with the enormous contribution that phenomenology has made to our understanding of potential experience and what experience specifically entails. No psychoanalyst has given more thought to the primacy of experience than Laing himself. In order to appreciate the contribution of

phenomenology to our understanding of experience, it is necessary to explore in greater detail the difference between the two forms of experience that are distinguished by the German terms, Erfahrung and Erlebnis. Phenomenology is concerned almost entirely with determining the relationship between Erfahrung and Erlebnis; in other words, with the question: what does it mean to genuinely experience something? As noted earlier, empiricist philosophers such as Hume separated experience from rationality by consigning to experience sensual data alone. Hence modern scientific methodology, which endeavors to combine the experience we derive from our senses with our capacity to think about and reflect upon the nature of such experience through methodical “experimentation,” is unable to account for the human subject’s experience of ideas, thoughts, and imagination. This is because philosophers have traditionally “split” human being in half, assigning one portion of the human project to rationality (the mind) and the other portion to sense experience (the body). Though the notion of reflecting upon the data provided by our senses would appear to bring the two together, this doesn’t explain how the two are finally connected, given the fundamental disparity between them.<sup>11</sup> Moreover, given the underlying assumptions of this schema, the possibility of reconciling the two is theoretically impossible.

The singular contribution of Husserl at the turn of the century was to reconcile the split between sense experience and rationality by suggesting that all experience is already inherently “thoughtful” because the nature of consciousness is intentional, which is to say, the act of consciousness and its object are given at one stroke. One is not “related” to the other because each is irrevocably dependent upon the other, so neither can stand alone. As some Buddhists have argued, the presumed split to which Western thought has been devoted is illusory because the two are actually One. Hence, phenomenology is able to claim that there are levels of experience, just as there are levels of awareness (or consciousness) depending on how diligently I set out to see

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<sup>11</sup>Descartes suggested that the mind and body are connected at the base of the brain (representing the mind), where it is connected to the spine (representing the body). Other attempts to explain the mind/body problem have tended to suffer the same fate as Descartes.’

(rather than comprehend) what my experience discloses to me, through the painstaking activity of critiquing my experience as it unfolds. This thesis is especially relevant to psychoanalysts who endeavor to direct the patient's attention to the patient's experience by interpreting what it means. Viewed from this angle, a good interpretation is not intended to explain one's experience, but to deepen it, in the phenomenological sense.

Whereas Husserl, however, was invested in finding a means through subjective experience to absolute knowledge, Heidegger rejected absolute knowledge in principle and adopted a more sceptical<sup>12</sup> approach to what experience makes available to us. For Heidegger, experience is essentially the revealing of Being. In other words, my experience discloses who I am as well as the world I inhabit: the two are interdependent because they serve to constitute each other. By anticipating my experiences with a specific aim in mind I can make use of my experience to gain insight into the person I am, because my experience is always my own. In other words, there are degrees to experience; it isn't all of nothing. This is why I am also capable of resisting experience, avoiding it, and even forgetting experiences (due to repression) that have proven too painful to bear. In turn, the degree to which I am capable of experiencing anything, whether a piece of music, a work of art, even a psychoanalysis, is determined by how willing I am to submit to the experience in question. According to Heidegger, this notion of "submission," common to Eastern philosophy, is vital to the role experience plays throughout my life and the use I am able to make of it.

### **The Psychoanalytic Experience**

What, then, does the essence of experience specifically entail in the psychoanalytic treatment situation? Is experience antithetical to one's capacity to reason, as some have suggested? or is our ability to reason dependent upon our capacity to experience the very thoughts that our words endeavor to reveal? Moreover, how do such

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<sup>12</sup> See Thompson, 2000b, for a thorough discussion of the history of scepticism and its role presence in both philosophy and psychoanalysis.

considerations pertain to Laing's employment of the term in his conception of psychoanalysis? First, it should be noted that Freud also granted experience a critical role in the evolution of pathogenic symptoms, even if his conception of experience relied on the common sensical notion of the term. For example, Freud believed that our capacity to bear painful experience as children more or less determines whether we will develop neurotic symptoms or worse when we grow up. This is actually a Heideggerian conception of experience, though Freud never knew this. According to Freud, if a child is faced with an experience that is too painful to bear, the child simply "represses" the experience from consciousness, making the experience of frustration magically disappear, as though it had never happened.<sup>13</sup> The only problem with this short-sighted solution is that the repressed memory finds an alternate means of expression when it is transformed into a symptom, which the adult subsequently suffers and complains about though he hasn't a clue what caused the symptom or what purpose it might serve.

For Freud, the purpose of pathogenic symptoms is to shield the individual from a painful disappointment that the person who suffers the symptom wants desperately to forget, minimize, or ignore. Since the disappointment in question was only repressed<sup>14</sup> but not entirely eradicated, the individual instinctively avoids experiencing the disappointment and anything that may subsequently remind him of it. The irony of Freud's thesis is that so-called traumatic experiences are never actually experienced as such, but are deferred until a later date when, with the help of a psychoanalyst, perhaps, the repressed memory can be elicited and finally experienced, but for the first

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<sup>13</sup>While this form of repression is more typical of the hysteric character type, the obsessional typically remembers such experiences but has suppressed the depth of affect that occasioned the experience when it occurred, leaving it with no discernible significance; the person who suffers from psychotic dissociation may be obliged to deny his experience or project it, and so on.

<sup>14</sup>I employ the term "repression" in the broad sense, i.e., as encompassing defense mechanisms generally, whether it refers to repression in the narrow sense or other defenses, e.g., splitting, projection, isolation, undoing, etc.

time. In other words, it is the belated experience of trauma, not the mere “recollection” or understanding of it, that gives the psychoanalytic experience its power.

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

So far what I have said about psychoanalysis sounds a lot more like phenomenology than psychoanalysis, per se. All I can say is that, in its latency, psychoanalysis is phenomenological, at least in the way Laing conceived it. On the other hand, there is something about Freud’s notion of the unconscious that is foreign to the phenomenological perspective when it alludes to things going on “in” a person’s mind that the patient has no awareness of experiencing. These areas of contention notwithstanding, the phenomenologist and the psychoanalyst both recognize that we are perfectly capable of engaging in acts that we claim no awareness of and, hence, that we have no experience of either. Awareness and experience, from a phenomenological perspective, are interdependent concepts. According to Husserl, experience presupposes an “I” who suffers his or her experience, so that no matter how de-centered or obscure one’s “I” or “ego” may be, experience is a determinant of subjectivity itself. Yet we saw in Heidegger how it is possible to account for levels or degrees of experience, depending on whether one is prepared to undergo the suffering that is necessarily entailed in determining what one’s experience is.

The proposition that there are levels of experience and, hence, levels of consciousness as well offers profound implications for what Freud depicted as unconscious motivation and intentions which, when interpreted in the treatment situation, are seldom remembered by the patient to which such intentions are attributed. Yet, there are undeniable moments in every patient's treatment when one does remember, or more typically, realizes one's part in a drama that had heretofore been erased from memory. Laing accounted for this phenomenon by suggesting that Freud's conception of the unconscious is nothing more than a mode of thinking (consciousness) that the patient is "unaware" of thinking. In other words, the patient has no experience of thinking the thoughts attributed to her because she did not hear herself thinking (in the exact moment of reflection) the thoughts in question. At the moment such thoughts occurred to her, her mind was "somewhere else." The psychoanalyst says that she was unconscious of what she was thinking, whereas the phenomenologist would say she simply failed to listen to, and hence experience, what she was saying, though the thoughts occurred to her on an intuitive, pre-experiential level. Hence, the psychoanalytic experience is designed to re-acquaint us with that dimension of our Being that we typically conceal. By listening to what we say to the analyst when we say it, we reflect upon our consciousness at the moment our free associations are uttered and hear them for the first time, not by merely observing our utterances as they occur, but by taking them in and experiencing them, heart and soul.

Whereas Laing would say that the ambiguous aspect of our experience should be assigned to its inherently mysterious nature and should be considered with appropriate care and attentiveness, Freud would argue that experience is subject to repression when my anxiety becomes insupportable and I render it "unconscious." In Freud's schema, something must be done to retrieve and ultimately return my repressions to consciousness by giving voice to my experience as it becomes manifest in the analytic situation.<sup>15</sup> The raison d'être of psychoanalytic theory assumes that neurotics live in

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<sup>15</sup>Though I am emphasizing the example of repression as the prototypical defense mechanism, the same can be said for any defense whatsoever, e.g., denial, splitting, reaction formation, projective identification, and so on.

their heads and have lost touch with what they think is so and how they genuinely feel about their existence. Consequently, the purpose of psychoanalytic treatment is to return to the ground of an originary experience from which the patient has become estranged, allowing such patients to finally claim their experience as their own, as they recount it to the analyst.

Laing's phenomenological reinterpretation of the psychoanalytic concept of defense mechanisms offers an apt example of how he incorporated the basic tenets of phenomenology into his psychoanalytic perspective. According to Laing (1967),

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

Note that Laing uses phenomenology to emphasize what the patient actually experiences in relation to the analyst, not what the analyst believes, supposes, or imagines what is going on in the patient's (unconscious) mind. Analytic patients, Laing allows, may indeed have a sense of themselves as living "in a fog," "out of it," "going through the numbers," "on automatic pilot," and so on. Hence, when the analyst suggests that such experience (or non-experience) may be construed as a mechanism, the patient is perfectly capable of appreciating the metaphoric quality of this terminology. Laing's point, however, is that psychoanalysts tend to take this notion, not metaphorically but literally, as though there are indeed mechanisms and the like

controlling our behavior, the nature of which we are unaware and may never become aware, no matter how much analysis we have experienced.

Laing goes on to emphasize the importance of extending this notion further by examining the ways in which so-called unconscious aspects of a persons behavior and unformulated experience must be accounted for in terms of what one experiences and how, rather than speculating about what a given patient may be said to be experiencing when the experience in question is inaccessible to the patient (and for that matter, the patient's analyst, as well). He suggests, for example, that the patient's defenses "have this mechanical quality because the person as he experiences himself is dissociated from them," because he is alienated from his own experience and, hence, "himself" (p. 17). Indeed, what are defenses if not protective maneuvers against the immediacy of one's experience? Hence, phenomenologically speaking, repression characterizes the patient's capacity to forget painful experience; denial is the denial of one's experience; projection is the means by which the person attributes self's experience to other; splitting characterizes the person's ability to "divide" experience into two isolated worlds whereby the existence of the one is kept in abeyance from the other. And so on.

This reading of psychoanalysis is no doubt unfamiliar to most analysts because it is an existentialist reading of Freud from the perspective of phenomenology. Unfortunately, this reading of Freud - and, by extension, of psychoanalysis generally - is hardly evident in the psychoanalytic community, though there have been recent attempts to address the situation by incorporating some of the basic tenets of phenomenology into psychoanalytic theory.<sup>16</sup> In the main, however, these efforts have fallen short of reframing the corpus of psychoanalytic theory and practice along phenomenological lines, which would necessitate greater emphasis on the immediacy of experience from a phenomenological perspective. Indeed, the mainstream of psychoanalysis, including adherents of the postmodern perspective, has virtually factored the very notion of experience out of play, despite recent claims of the so-called intersubjective school of psychoanalysis.

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<sup>16</sup>See, for example, Loewald, 1980, p. viii; Leavy, 1980, 1988; Atwood and Stolorow, 1984; Schafer, 1976.

Ironically, recent efforts to incorporate the phenomenological conception of intersubjectivity into the psychoanalytic landscape<sup>17</sup> have misconstrued phenomenology's aim as that of doing away subjectivity altogether. Although Heidegger has played a principal role in replacing the Cartesian preoccupation with subjectivity with the de-centered dimension to personal existence, Heidegger never did away with the subject entirely and even deemed that the self is the instrument through which conscious experience comes into being. On the contrary, the specific focus of phenomenology is and always has been to delineate the precise features of experience as they become manifest in the here and now of the situation one is in, whether the situation in question is of a clinical or personal nature. Any form of intersubjectivity theory that proposes to dispense with this critical component of the phenomenological method ceases to be intersubjective, properly speaking, and withdraws into a socialization of the therapeutic process that is closer to the Marxist tradition than a, properly speaking, phenomenological one.

On the other hand, American analysts who are sympathetic with postmodernism diverge from the French school by emphasizing matters of technique over theory. Elliott and Spezzano (1998, p. 73), for example, suggest that the work of Irwin Hoffman is postmodern due to his lack of certainty about what is going on between himself and his patients, in contrast to analysts who are more invested in determining what is allegedly happening in the analyst's and patient's unconscious. This is a point well taken and consistent with the sceptical outlook in contrast to the dogmatic assertions of previous generations of analysts. Similarly, the work of Schafer is said to be consistent with the postmodern perspective when Schafer questions whether patients should be characterized as "deceiving" themselves simply because the analyst suspects it is so. Of course, these features of Hoffman's and Schafer's respective work could just as easily be characterized as existentialist in nature, so they are neither necessarily nor essentially

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<sup>17</sup>See, for example, Atwood and Stolorow, 1984; Stolorow, 1997; Stolorow and Atwood, 1992; Benjamin, 1990.

postmodern.<sup>18</sup> Elliott and Spezzano argue, however, that just because postmodernism embraces perspectivist framework doesn't necessarily imply that one interpretation is just as good as any other, a frequent criticism among analysts who reject postmodernism. Thus Elliott and Spezzano conceive a form of "mitigated" postmodernism in contrast to the more radical position of French psychoanalysts, offering a more pragmatic interpretation of the relatively extreme European application of postmodernist principles that is common among American analysts who are identified with the relational perspective.

### **Postmodernism and Authenticity**

Despite the similarities between the postmodern and phenomenological perspectives (attributed to their respective roots in scepticism) the principal difference between these two philosophical traditions is the postmodernist rejection of authenticity, a principal feature of both Nietzsche's and Heidegger's respective philosophies and of Laing's clinical perspective. Although Heidegger was the first philosopher to employ authenticity as a technical term, both Nietzsche's and Kierkegaard's respective philosophies are sources for this component of Heidegger's philosophy. For Nietzsche, authenticity characterized the person who is not afraid to face up to the fundamental anxieties of living. Such an individual is embodied in Nietzsche's conception of the Übermensch, usually translated into English as overman or superman, who would come to grips with his fears and overcome the weight of his or her existence by accepting reality for what it is, unbowed and unafraid. Such a person would permit the Dionysian aspect of his being to dominate over his more repressed Apollonian side.

Postmodernists have rejected Nietzsche's ideal as merely the latest edition in a long history of such mythic figures (e.g., the Marxist proletarian, Freud's perfectly analyzed individual, Sartre's existentialist hero) that fails to take into account the severe limitations that human beings must contend with and ultimately accept. While there is

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<sup>18</sup> See Thompson, 1998, pp. 332-335, for more on aspects of Schafer's existentialist temperament.

some truth to this assessment of Nietzsche's hero, one would be mistaken to construe Heidegger's authentic individual as nothing more than a twentieth-century edition of Nietzsche's Übermensch, the so-called superman who Nietzsche thought would appear in the future as an exemplar in overcoming human weakness and hypocrisy. One of the principal differences between Nietzsche's Übermensch and Heidegger's notion of authenticity is that for Heidegger there is no such person who epitomizes the "authentic hero" in juxtaposition to people who are inauthentic. Authenticity is characterized instead as a specific act or moment in any individual's life where the context in which a situation arises offers an opportunity to behave authentically or not. Moreover, the concept is so central to Heidegger's philosophy that it is difficult to appreciate what authenticity entails without an understanding of his philosophical outlook. Space doesn't permit me to summarize Heidegger's philosophy, but suffice it to say that, unlike Nietzsche, Heidegger was not talking about an ideal person who would some day emerge to replace the stereotypical contemporary neurotic, a view that is moralistic as well as pathogenic. Instead, Heidegger argues, all human creatures are inauthentic by their nature, but sometimes behave authentically when they rise to the occasion, or as Laing would observe, when they are capable of being honest with themselves. Of course, we are challenged to do so virtually every moment of our lives, but too distracted to give it much thought. So how do we manage to act authentically in spite of our condition and, more to the point, what would doing so entail?

In order to understand what authenticity entails it is necessary to know what it means to be inauthentic. Carman (2000) observes that there are two distinct depictions of inauthenticity in Heidegger's magnum opus, Being and Time (1962), that appear to contradict each other but in fact are complementary. Both are aspects of "fallenness" (Verfallenheit), a fundamental component of inauthenticity, characteristic of the individual who sells out to public opinion in order to curry favor or success. A central theme throughout Heidegger's early work is the relationship between the individual and society and how this relationship sets up a tension that the individual, contrary to Nietzsche, never entirely overcomes. This is because humans are existentially isolated from one another and, in their loneliness, crave the comfort of feeling at one with others, not unlike the "oceanic" experience Freud describes in Civilization and Its

Discontents (1930). For Heidegger and Nietzsche alike, this sense of belonging is an illusion. We spend all our lives searching for a feeling of communion only to find our reward is always one more step out of reach. This quest is inconsolable, says Heidegger, because the only way of approximating this feeling — short of falling in love — is by abandoning an essential aspect of what we are about: our personal integrity. Hence, one version of “falling” into inauthenticity describes the human condition from which we cannot escape, whereas the other becomes manifest when a person tries to escape his isolation by capitulating to social incentives to conform.

Both Nietzsche and Heidegger recognized the terrible sense of anxiety that lies at the bottom of authenticity, but Heidegger was more adept at characterizing the precise features of this dread for what it is, the experience of being alive. Instead of trying to flee from our anxieties by suppressing them we can choose to listen to what they tell us about ourselves. Heidegger realized that because there is no ultimate foundation for our values or our behavior, we can never feel at home in the world. Yet because we are thrown into a world that is not our choosing, it is up to us to determine what meaning our lives will have. The inauthentic individual, like the neurotic, is incapable of accepting the anxiety and hardship that our everyday existence entails. Instead, he complains about his lot and the unfairness of the hand that is dealt him. For Heidegger and Laing alike, the ability to accept life on its terms, to suffer the day to day blows that are impossible to avoid or escape, brings with it a reward that only authenticity can offer: the experience of genuinely being oneself.

Heidegger’s and Laing’s respective depictions of authenticity have no foundation other than the individual’s conscience, for better or worse. In order to be one’s own, honestly and authentically, one is obliged to suffer the isolation and loneliness that follow when we refuse to compromise our personal values for material or popular gain, epitomized by political “correctness.” For Heidegger, postmodernism is antithetical to a philosophy of authenticity because it embraces inauthenticity as a matter of course. Any perspective that lives on the surface while rejecting a depth to one’s deliberations, that celebrates a conception of selfhood which changes as easily as the channels on television, that dismisses traditional values such as conscience, honesty, and goodness just because we lack immutable standards against which such values can

be assessed, and whose apparent purpose is to find fault with any aspiration that endeavors to stake a position of one's own, is a perspective that celebrates inauthenticity at every turn. As such, it is a nihilism that feeds on the traditions that preceded it while applauding itself as the latest intellectual fashion.

### **The Question of Interpretation**

If authenticity is the source of divergence between the existential and postmodern traditions, the art of interpretation (or hermeneutics) joins them in common cause. Following Freud, the question of interpretation is of fundamental importance to Laing's conception of psychoanalysis as well as contemporary relational, intersubjective, constructivist, hermeneutic, and postmodernist perspectives. Freud was not alone in his tendency to treat interpretations as pronouncements from the gods, as though he could divine that truth of the matter by virtue of his superior intelligence. Indeed, most psychoanalysts have tended to treat interpretation as translation from the patient's utterances into a given theory of underlying reality instead of a means of "opening up" an otherwise closed area of discourse. It is surprising, however, that contemporary hermeneutic and constructivist models would imply that this more sceptical, allegedly postmodern take on the handling of interpretation is something new. Many of the existential psychoanalysts from the 1950s and 1960s (who were also critical of Freud in this respect) came to the same conclusion after integrating Heidegger's philosophy into their clinical perspective, evidenced in the publications of Laing (1960, 1969), Binswanger (1963), Boss (1979), and a host of European psychoanalysts.<sup>19</sup> Laing noted, for example, that Heidegger's conception of everyday experience already presupposes an act of interpretation that, in turn, elicits one's capacity for getting to the heart of the matter, a conception of interpretation that has been noted by hermeneutically-oriented psychoanalysts such as Donnel Stern (1997), derived from Heidegger's former pupil, Hans Georg Gadamer. In Laing's (Laing, Phillipson, Lee. 1966) words:

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<sup>19</sup> See May, Angel, Ellenberger (Eds.), 1958, for a comprehensive selection of European psychiatrists and psychoanalysts who were influenced by Heidegger in the post-World War Two era.

Our experience of another entails a particular interpretation of his behavior. To feel loved is to perceive and interpret, that is, to experience, the actions of the other as loving . . . [Hence] in order for the other's behavior to become part of [one's] experience, [one] must perceive it. The very act of perception [and hence experience] entails interpretation. (pp. 10-11) [Emphasis added]

In other words, everything analytic patients experience is the consequence of interpretations the patient has already, instinctively given himself which, in turn influence what a given patient is capable of taking in during the course of the analytic journey. What the analyst says to a patient is never actually "heard" in the way the analyst necessarily intends it to be, because it is unconsciously interpreted and, hence, experienced by the patient according to his or her interpretative schema, a culmination of everything an individual has previously endured and understood by such experiences in the course of a lifetime. In other words, analytic patients experience the world according to a personal bias that is resistant and oftentimes impervious to anything a patient encounters that contradicts it, such as an analyst's interpretations. The dogmatic nature of a person's views, held together by a lifetime of neurotic impasse maneuvers, helps explain the difficulty patients experience when invited to question their most basic assumptions. Since both analyst and patient are always already instinctively interpreting everything each says to the other (but without necessarily realizing they are doing so), what is actually heard by each and in turn experienced is impossible to grasp directly, because every account of a person's experience entails the use of words that, when uttered, are immediately translated by the listener into a schema that the individual, whether analyst or patient, either wants to hear or expects to. This constantly changing interplay of speech, recognition, and misunderstanding accounts for the extraordinary difficulty analysts experience in their endeavor to converse with their patients and, in turn, understand them, because every attempt at communication is at the mercy of the patient's ordinary experience, the source of which is notoriously opaque. Because I can never know what a patient's experience is, I can

only make a calculated guess as to what it might be, based more or less entirely on what the patient tells me.

Analysts who were influenced by Heidegger's hermeneutic theory of language often focus on the patient's tendency to deflect the analyst's efforts at understanding by resorting to self-deception and even overt deception. Analysts, in turn, are similarly prone to self-deception and subtle forms of coercion, a point exhaustively investigated by Laing (Thompson, 1998) who cites it as an example of inauthenticity (or what Freud characterized as therapeutic ambition). More recently, psychoanalysts who were influenced by Gadamer's development of hermeneutics are more likely to emphasize the difficulties encountered with all attempts at communication and view the analytic situation as one of "unraveling" the inherent complexities of speech acts as they occur. The postmodern rejection of the existentialist conception of self-deception is based on the claim that self-deception is a myth because there is no standard of truth against which one is able to deceive and because there is no "self" to lie to. This criticism is also raised against Freud who believed his patients harbored secrets so that the goal of analysis is to determine what those secrets are. The fact that neither Heidegger, Gadamer, or postmodernist thinkers believe that truth is objectively verifiable, however, doesn't negate the proposition (adopted by both Freud and Heidegger) that human beings are prone to deceive themselves about the nature and content of their experience, no matter how unreliable or objectively inaccurate one's experience may be. What counts is that patients believe in the veracity of what they deceive themselves (and others) about, so the resulting conflict, as Freud points out, is between opposing inclinations "in" oneself, which are in turn derived from a cleavage in the individual's relationship with the world. It seems to me that by rejecting the concept of self-deception postmodernists have taken the terms, self, deception, and truth literally, mistaking the organizing principle of subjectivity for a materialistic notion of the self.

There is an increasing tendency among analysts identified with the relational perspective to characterize the analytic relationship as one between equals, more or less collaborative in spirit, thus minimizing the tension that has traditionally characterized the patient's transference with the analyst. Yet none of these innovations are new, nor are they derived from the postmodern turn in contemporary culture. Matters of

technique have been debated since the beginning of psychoanalysis and there is a long history of disagreement between analysts who advocate a more authoritarian posture and those who opt for a “user-friendly” variety. While some analysts believe that technique should follow theory, others argue that practice is a creature of experience, a more existential perspective. I remain sceptical that recent so-called innovations in technique are anything new. Psychoanalysis is such a flexible instrument that what finally matters is the person who employs it, not which theory or technical regime the analyst is educated to follow.

### **The Crisis in Contemporary Psychoanalysis**

I have tried to show that Laing’s relationship with psychoanalysis is both more subtle and complicated than typically appreciated. Many of the so-called innovations of the contemporary relational and postmodern perspectives in psychoanalysis were common coin to Laing and other Continental psychoanalysts whose views were then too subversive to be embraced by the conventional psychoanalytic community. Perhaps the American aversion of philosophers helps to account for why even now there is relatively little knowledge of Laing’s contribution to psychoanalysis in the United States. If this is so, it may also explain why so many psychoanalysts feel it is necessary to incorporate ideas from other disciplines, such as philosophy, linguistics, and religious studies, into psychoanalytic theory instead of employing them as a corrective to their psychoanalytic technique. To do so would require becoming conversant with other disciplines in order to expand the narrowly-conceived boundaries of psychoanalytic theory and its attendant technical nomenclature.

Perhaps the day will come when Laing’s contribution will finally receive the attention it deserves, when his heretofore extreme ideas will appear less enigmatic than they did a generation ago. There is little dispute that contemporary psychoanalysis, for all its efforts to keep up with the world around it, is in a state of crisis. The culture has turned away from it for a variety of reasons and the blame is difficult to assess, but for all its purported innovation the typical conventional psychoanalyst today is, like the instrument he wields, woefully out of fashion. Laing excited a generation of clinicians

and patients alike to use analysis as a vehicle for self-exploration and, ironically, many contemporary analysts attribute their interest in the field to Laing's influence. It is perhaps ironic that many analysts today fault Laing for having abandoned psychoanalysis when it was they who rejected his efforts at innovation. Whether recent efforts to address these developments are too late, on the one hand, or whether there is still time to reverse these trends, on the other, we do not know, because the future, like the outcome of every treatment experience, is impossible to assess.

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