lovely points, eloquently expresses how powerfully existentialism and phenomenology can connect us to the beauty, poignancy, and transience of life. For reasons too numerous to count, such a philosophy is as important as it ever was.

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**Elaine Kasket**

## The Legacy of R.D.Laing

M.Guy Thompson (ed) (2015). London: Routledge.

Towards the end of the 1970s a cluster of us, including Mike Thompson, the cheerleader in chief who has so skilfully brought together the various contributors to this book, would gather at the weekend cottage of one of the other essayists, Steve Gans, up in the hills north of Aylesbury. Amidst the wine and the spliff the conversation would invariably follow a well-worn trajectory: What would be the effect of the initiatives of Laing in the years to come? In other words what would the legacy look like… indeed would there even be one? Perhaps to some degree responding to the bittersweet spin of Clancy Sigal's 'The Zone of the Interior' where the figure of Laing was entitled 'Dr Willie Last'.

In order to glimpse what might purport to be something of any such legacy it feels important to be crystal clear as to what was at stake with regard to Laing's ideas. After all let us set aside his unequivocal status as an iconic, mesmeric presence amidst a number of 1960s counter-cultural heroes, potentially all stemming from the initiatives of the Beat generation, Ginsberg, Kerouac and the like. To break free from the stultifying constraints of prevailing convention. Whatever else might be said this cannot be taken away from him. Put another way, his place within that firmament is incontestable. Whilst it feels important to recognise, indeed celebrate this, there are times when some of the ideas appear to get a little lost in the shuffle of these varied contributions.

Fundamental to the grand project, whether the emphasis was on psychiatry or psychoanalysis, was the unrelenting advocacy of careful listening. And this is never quite such a simple point. After all, an insistent phenomenological trope is the underscoring of prepositions, and what was being advocated

was a listening FOR rather than a listening TO. It was not merely that those designated as mad, psychotic, would benefit from being heard, just like all of us, but rather the far bolder suggestion that what was being said was something that their doctors, analysts, call us what you will, needed to be told in order to more effectively do their job. The seemingly crazy monologues contained real information. One consequence of this would be to encourage the psychiatrists to listen to their patients in ways that their medical colleagues would, hopefully, take into account what the physically distressed were saying about their symptoms. Crucially they would be believed.

But at this point we then enter the site of a double inscription. The proposal, which is so obviously foundational to this very day, that there is a socially intelligible basis to the emergence of madness was one thing. Psychosis, initially recognised as a way in which somebody, to use an Adam Phillips insistence, was doing the best they could with what they'd got, to make inroads into the complexities of their particular social situation, then appeared to morph into something quite other. So much of these initial ideas are enmeshed in one of Laing's books, co-authored with Aaron Esterson, the utterly essential *Sanity, Madness and the Family*. In the preface to the Second edition they have this to say: 'There have been many studies of mental illness and the family. THIS BOOK IS NOT ONE OF THEM (my emphasis)…but it has been taken to be so by many people'. And to some extent this continues in this 'Legacy' book.

Even Thompson at times appears to waver on the cusp of failing to distinguish between the idea that there is something wrong with someone and that crucial difference, that something has gone wrong. What Laing and his colleague so vehemently sought to contest was the idea, which prevails to this day, that the diagnosis of schizophrenia means that a person's experience and behaviour are disturbed, or, more emphatically, disturbing BECAUSE THERE IS SOMETHING WRONG WITH THEM (my emphasis), and that this something which CAUSES (again my emphasis) the disturbance in the first place is called schizophrenia. As they say 'We jumped off this line of reasoning in the beginning'. Their mission statement was that they 'do not accept schizophrenia as being a biochemical, neurophysiological, or psychological fact and we regard it as a palpable error to take it to be a fact'. The mad might very well be alienated but they are not aliens. All this may seem quite obvious, elementary even, to so many of us today and we have Laing, along with the likes of David Cooper and Hugh Crawford, to thank. And let us not forget that at that time, the early 1960's, all this came as something of a revelation, in part because there was an audience beyond the narrow confines of the psychiatric community, all marinated in the Zeitgeist of the era. But enormous credit stems from the part Laing played in attempting to disrupt psychiatry's reliance on drugs, ECT, brain butchery and in many instances what amounted to imprisonment of suffering people.

So how did the double inscription emerge? There had been plans for there to be a second accompanying volume to compliment the first by examining family interactions in which no one had been diagnosed as schizophrenic. The idea being that whilst mad-making behaviour would be always present in families of so called 'schizophrenics' it might also be located in families with no pathologised members. But no second volume was to see the light of day. So there was no access to any response to the crucial question as to why potentially mad-making behaviour was only linked to some and not to others. By slipping past this question Laing moved towards an insistent proposition that there were no 'normal' families, was no 'normal' society, and on to rendezvous with the idea that the most elevated form of 'sanity' was to be found in those who refused to conform to the madness of our prevailing culture. The catatonics of the mad became the heroic super-sane response to a mad and alienating world. Exemplified by the rallying call of Deleuze and Gattari that 'A schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch' (*Anti-Oedipus* Penguin Classics, 1977: p 2). Although a better model for what is never sufficiently spelt out…for one's own child?

Boldly or injudiciously, depending on one's viewpoint, Laing moved into attempting two things simultaneously: a presentation of genuinely serious concerns regarding the pernicious confusions of the 'mental illness' brigade inmixed with the dubious, outlandish claims that it is none other than society itself that is responsible for the anguish of madness. This may have been freighted by a narrative seductiveness in a 1960's Britain just emerging from post Second World War austerity, but unfortunately started to leak psychological plausibility. Thus critically damaging much prospects of any genuine lasting legacy.

This is not to suggest that there is no merit to the book, but perhaps a more critical perspective might have been more illuminating. Peter Mezan's mood music piece is a fine evocation of the charismatic Laing, and at least Doug Kirsner does his best to stir the pot but there are some odd turkeys lurking within the pages. Anyone who can seriously suggest, as Pickering does, that 'bodies are absent in psychoanalytic therapy', or that the two body psychology of Laing's existential approach might be placed under the rubric of Postmodern Psychoanalysis (Schulman) are the mere appearance of instances of the faintly risible.

But leaving such considerations aside, for me the pick of the bunch of these varied essayists is Mike Thompson's story of a period in one of the Philadelphia Association's 'Post-Kingsley Hall Households: Portland Road'. Underpinned by the idea of setting up a house in which people might live while in the throes of a psychotic episode. And Thompson does a fine job of presenting the complexities of allowing 'Jerome' and his madness to run its course. Nevertheless there emerge vestiges of an infelicitous vocabulary,

somewhat redolent of an insistent 1960s bass line: the Beatles 'All you need is love'. At one point the proposal is that the principle response to 'Jerome' was 'benign neglect', which given the enormous amount of CONCERN (my emphasis), illustrated by countless evenings when the conversation would be dominated by considerations of what to do next, feels an injudicious phrase. Yet by the end of the chapter we come up against 'It was our love for Jerome that finally had its way'. 'Love' has now become a 'magic word', a word seemingly capable of resolving the enigma of how 'Jerome' found his way, a word now so slippery as to become almost meaningless.

A fellow traveller back at the weekend cottage, Steve Gans, takes this a step further. On full tilt he insists 'To be sure, Ronnie had awakened to love'. To be sure? Many claims might be made with regard to 'Ronnie' but in Thompson's account of 'Jerome's' difficulties it was Laing who was verging on panicking in the face of what, at times, appeared to be an intractable madness. And we have not even touched on his son, Adrian, and his admirable biography of his father which draws attention to his dealings with his own children, so often appearing to turn his back on them in pursuit of his destiny. It was Jenny Diski in her review of that biography (*London Review of Books* 22/9/94) who had this to say '*To find authenticity in the signs of madness is like finding a desirable simplicity in poverty: and only those not obliged to experience either can afford such intellectual slackness*'. What's love got to do with it?

But despite these caveats and the overblown flyleaf claim that this is 'the most authoritative, accessible, and personally revealing book on R.D. Laing' (genuine contenders are the aforementioned biography and Bob Mullan's *Mad to be Normal: Conversations with R.D. Laing*) let us raise a glass to another perfectly acceptable attempt to keep the Laing flag flying and his never less than interesting entanglement with the issues of insanity.

**Chris Oakley**

## Existential Therapies, 2nd Edition

Mick Cooper (2017). London: Sage.

## Skills in Existential Counselling & Psychotherapy, 2nd Edition

Emmy van Deurzen & Martin Adams (2016). London: Sage.

For many readers of this journal, the first editions of both of these texts will be well-known companions on the journey of learning about existential therapy, as they have been for me. For those newer to the existential

therapy world, these might be books yet to be discovered and explored. The intended audience of both books is existential therapists in training and therapists from other modalities interested in learning about the existential approach. Both offer concise accounts of the philosophical and theoretical foundations of the different forms of existential therapy, and then demonstrate how these ideas are applied in practice. Cooper's is the more theoretical text, giving an overview of the therapeutic process and relationship in each variant of existential therapy, whilst Deurzen & Adams get down to the practical details of the sorts of interventions a therapist might use in their model of existential-phenomenological therapy. For both, the impetus for new editions lies in the international expansion of existential therapy in recent years, as evidenced by Edgar Correia's compilation of existential therapy practices and training institutes, which both books cite frequently, and the World Congress of Existential Therapy in 2015. They both seek also to respond to the professional and political context of psychotherapy, with the increasing demand for evidence-based practices in the public sector.

The first edition of *Existential Therapies* (2003) was a great aid to me during training, providing a map that helped me orient myself in the territory, grasp the differences between, say, Frankl and Yalom, disentangle Binswanger from Boss, and thus begin to find my own position. In the ensuing years, I've often recommended it to students for the same purpose. I've also found it useful in thinking with students and supervisees (as well as for myself) about practice issues: how directive or non-directive might an existential therapist be? What is the relative balance of philosophy and psychology in their thinking? What sort of therapeutic relationship do they wish to establish? Cooper helped with those questions by mapping each variant of existential therapy on a range of dimensions, according to the emphasis on existential themes versus phenomenological investigation, directivity versus non-directivity, orientation to philosophy or psychology, and several other vectors.

The second edition retains the structure of the first: after a brief introduction to the field of existential therapy and a chapter on the shared philosophical grounding, there is a chapter on each of the main existential approaches-Daseinsanalysis, Meaning-Centred Therapies, Existential-Humanistic Therapy, R.D.Laing, and Existential-Phenomenological Therapy. Two concluding chapters bring the various themes together in the dimensions rubric mentioned above, and evaluate the overall position of existential therapy in the contemporary context. Attentive readers familiar with the first edition might have noticed already that there is a change in nomenclature. 'Meaning-Centred Therapies' refers to a wider range of therapeutic approaches than Logotherapy, whilst the chapter headings 'Existential-Humanistic Therapy' and 'Existential-Phenomenological Therapy' represent an attempt to free these approaches

from their geographical moorings in the USA and the UK, respectively, in order to attend to their wider distribution. The latter chapter now incorporates a brief discussion of the Strassers' model of time-limited existential therapy which had its own chapter in the first edition.

In the Preface to the new edition, Cooper comments that this is his own favourite book as an author, the one where he found his voice. Some of the subtle, stylistic changes in what follows seem to demonstrate a strengthening in that voice, a reflection of Cooper's increasing authority in the academic existential therapy world. Each chapter now has a more obviously didactic textbook structure, starting with bullet points indicating what is covered, then after the substantive content of the chapter, a section headed 'Critical Perspectives' in which Cooper frequently comments on the paucity of robust outcome research for the approach under discussion, and a final section 'Questions for Reflection', engaging the reader in a dialogue of discovery and challenge.

The most notable innovation is the inclusion of a fictional case study, Siân, whose initial presentation is described in the introductory chapter. Cooper expresses some uncertainty about the merit of this. I found it useful in illustrating how some of the rather abstract formulations of, for example, Daseinsanalysis, could be applied in ordinary everyday practice. The range of possible therapeutic strategies and interventions which Siân might encounter serves also to emphasise the diversity of the existential therapy world. However, the device had its frustrations, as the structure of the book precludes a sense of developmental process in Siân's encounter with the various existential therapies.

Some chapters have been only marginally refined, whilst others have undergone significant revision. Chapter 2 on 'Existential Philosophy' retains the clarity and economy of explanation of the first edition. I was pleased to note that Beauvoir and Fanon have now been allocated a position on the list of philosophers. Chapter 3, 'Daseinsanalysis', offers few changes, which I found disappointing, expecting a more considered discussion of Alice Holzhey-Kunz's work now that she has a book available in English translation. Despite being renamed, Chapter 5, 'Existential-Humanistic Therapies', remains dominated by the work of May, Yalom and Bugental, with some updating related to Kirk Schneider's work. The chapter makes the distinction more clearly than in the first edition between Yalom's existential-analytic approach with its roots in Sullivanian interpersonal psychoanalysis and the more expressive humanistically-inflected work of Bugental and Schneider. Betty Cannon's Applied Existential Psychotherapy merits only an inserted text box, and there is a frustratingly undeveloped reference to the growth of cross-cultural work in this approach, including in China. I was unsure of the rationale for retaining a separate chapter on Laing rather than incorporating his work into the Existential-Phenomenological

chapter. The Laing chapter is expanded to include reference to Del Loewenthal's 'post existentialist' therapy and to the Soteria network's continuation of psychiatric communities.

Chapter 4, 'Meaning-Centred Therapies', contains significant and welcome changes. Cooper describes this branch of existential therapy as the most vibrant, and there is certainly a good deal of new material and fresh energy in the chapter. The account of Frankl's logotherapy is followed by a discussion of its expansion into a more encompassing model of existential therapy in Alfred Längle's personal existential analysis. There is then a section on Paul Wong's meaning-centred counselling, which in some ways is closer to Frankl than is Längle, in being focused almost exclusively on meaning, pragmatic and cognitive in flavour, and sometimes quite directive in tone. After a brief comment on the American Jim Lantz's work on addressing meaning issues in therapy with Vietnam veterans, there is a more extensive discussion of Vos *et al.*'s recent work on meaning-centred therapy with people experiencing life-threatening illness. Since this was a research project as well as a therapeutic intervention, it meets with Cooper's approval in his continual quest for an evidence base for existential therapy.

Perhaps inevitably, I was most interested in seeing what Cooper added to the chapter on the British School, now renamed 'Existential-Phenomenological Therapy'. Like the chapter on the existential-humanistic approach, he removes the geographical specificity in order to note the wider international following for this approach in other European countries and in Latin and South America. However, the content of the chapter remains focused on the UK, and contains fewer changes or additions than might have been expected. He notes how existential-phenomenological therapy has developed over time on the basis of its initial foundations in the work of Emmy van Deurzen and Ernesto Spinelli. He terms their differing approaches, respectively, 'philosophical existential-phenomenological' and 'relational existential-phenomenological'. This is potentially a misleading taxonomy if it is taken to mean that the former is not concerned with attending to relationship and the latter is without any philosophical grounding; but it is a useful enough shorthand for identifying their differences in emphasis, and one that will probably stick. Cooper is even-handed in his critiques of both approaches: Deurzen is criticised for being too directive, even evangelistic, propagating to clients her own values about living with courage and conviction, whilst Spinelli is seen as offering too limited an account of the phenomenological method, emphasising description and un-knowing to the extent that he withholds possibilities of insight from the client. As mentioned above, Cooper now includes the Strassers' work on time-limited therapy as a brief section within the existential-phenomenological chapter. Two further brief sections bring this chapter to its conclusion, one referring to Mark Rayner's NHS-based existential experimentation model, and the

second to his own work with Dave Mearns on the existential approach as an element in a pluralistic therapy.

And so to the final two chapters, 'Dimensions of Existential Practice' and 'Discussion: Challenges and Possibilities for the Existential Therapies'. The 'dimensions' formulation reappears, with the renaming of the formerly confusing and problematic existential versus phenomenological dimension as 'knowing versus un-knowing' to contrast the degree to which the therapist intervenes with their own perspective or interpretation. In his discussion, Cooper identifies how several of these dimensions are related to one another, along a meta dimension of hard/soft (or firm/gentle, as he rephrases it from Meg-John Barker's comment) indicating the extent to which the therapist directly addresses existential themes or waits for them to emerge. He also offers the dimensions as dilemmas to be addressed within the therapeutic relationship itself, in a collaborative process of negotiating and renegotiating the relationship with the client. His summary allows him to imagine what the fictional Siân might have made of each variant of existential therapy to which she has been exposed.

The final chapter is the totally new part of the book. Cooper revisits the questions and challenges with which he ended the first edition. These were mainly concerned with the need for outcome research to validate the effectiveness of existential therapy, and also with a professional and theoretical tension between the need to arrive at a unified definition of the modality and the need also to have it be flexible enough to accommodate cultural diversity. In his discussion of the landscape in which the existential therapies are now situated, Cooper revises his earlier view that the penetration of post-modern thinking threatened to destabilise its theoretical foundations, noting that far greater challenges continue to emerge from the positivist paradigm of the demand for evidence-based practices. He continues to press for existential therapists to engage more wholeheartedly with the world of research, using both quantitative and qualitative methodologies, and being creative in adapting the former to devise measurements relevant to existential therapy themes. Alongside this, Cooper exhorts us to continue to develop existential work around issues of diversity and social justice, and concludes with a rallying call for existential therapists to rise to the various challenges which face us.

The book remains an extremely useful guide to the territory of existential therapies. It is not a comprehensive survey of the field, for which we must await the forthcoming *World Handbook of Existential Therapy*, but it is continues to set down the major historic and contemporary contributions and debates, and to provide an invaluable map of the territory.

Deurzen & Adams' *Skills in Existential Counselling & Psychotherapy* has waited only five years before coming out in a second edition. This is

another text whose intended readership comprises both existential therapy trainees and therapists in other modalities seeking an insight into existential-phenomenological work. A significant innovation here is the accompanying website, which includes a number of video clips of conversations, interviews, and demonstrations of the skills discussed in the text. Each chapter has a signpost to the relevant online content at the end.

Like Cooper, the authors situate the second edition in the context of the 2015 World Congress and Correia's work, emphasising the growing internationalism of existential therapy. They are also in accord with Correia's and Cooper's classification of existential therapies and state clearly their own position as representative of a philosophically informed existential-phenomenological therapy. As with Cooper, a new introduction is marked by a more confident and assertive tone about the content of the book.

There is a paradox at the heart of the book that concerned them in the first edition, and which they continue to discuss in the second, namely, that existential therapy is traditionally and conceptually opposed to the manualisation of technique, but rather sees the therapist as engaged in a conversation with the client about the latter's lived experience, meanings, intentions, and values. Deurzen and Adams suggest a meaningful distinction between skills and techniques, with the latter represented as dehumanized and decontextualized sequences of actions, whilst the former are effective ways of enacting beliefs and facilitating a desired way of being: 'Techniques are tools, skills are owned ways of being; they are how we do being' (p 4). The book sets out to be a clear and authoritative, but not prescriptive, guide to the concrete practice of doing the particular way of being of existential-phenomenological therapy.

The staking of territory as a distinctive therapeutic modality is partly a response to the growing influence of existential ideas in other therapeutic models. The authors both welcome this development and are also concerned to claim the specific identity and defining features of the existential-phenomenological approach. They acknowledge that practitioners in other modalities might employ some, even many, of the same skills, but what matters is the thinking and intention behind a particular intervention. Deurzen and Adams continually emphasise the interconnectedness of theory and practice, and the philosophical groundedness of their approach, so that the therapist knows why and how they might make a particular intervention, in the context of a philosophically informed understanding of the client's situation. This is reinforced throughout the book with inset boxes contrasting existential thinking with perspectives from psychoanalytic, humanistic, and other modalities.

Before getting down to the substance of the book, Deurzen and Adams address what they refer to as commonly held misunderstandings about existential therapy: that it's pessimistic, not concerned with the client's

personal history, overly subjective or individualistic, intellectual, and unsystematic, 'anything goes' in its practice. These myths are dispelled and corrected in straightforward and non-technical language, though I found myself imagining a slight quality of strained patience around the explanations. Perhaps most important for the focus of this book is the last of these misconceptions, which links back to the previous point about the difficulties in defining skills as discrete actions in the context of a relational psychotherapeutic practice. Deurzen and Adams continue to respect the autonomy of the practitioner, the idiosyncratic development of one's own style of practice, but emphasise that this practice is nonetheless systematic, following the rules of phenomenology in order to elucidate the individual client's particular encounter with the givens of existence.

If skills arise from the values and personal integrity of the therapist, then therapist self-reflection and self-knowledge must take a primary position in the therapeutic process. In Chapter 2, 'The Person of the Existential Therapist', the authors emphasise how we bring to the endeavour of existential therapy our personal life experience and history of encountering crisis and change. Self-awareness is important not only as the capacity to hold an open space for the client and to manage our own bias, but also to model for the client the skills of self-reflection and self-enquiry, which existential therapy demands of them, examining one's own experiences and responses with curiosity and thoughtfulness, enabling what was hidden to become known.

Chapter 3, 'Working Phenomenologically: the Centre of Existential Therapy', provides a clear and definitive account of the Deurzen/Adams model of existential-phenomenological therapy. This is a restatement of their differences from the Spinelli descriptive phenomenological approach. For Deurzen and Adams, the process of epoche, description and clarification is incomplete unless followed by the subsequent stages of the phenomenological method, that is, horizontalisation, verification, and hermeneutic interpretation. This permits a more active, sense-making role on the part of the therapist, expanding and enriching the client's initial account by setting it in the context of their life and of universal human dilemmas, considering what is initially hidden and what is not yet disclosed.

After this robust account of the heart of the existential-phenomenological project, the following chapters track a broadly sequential trajectory through the process of existential therapy. Questions about the structural boundaries and relational flavour of the therapeutic encounter are addressed in Chapter 4, with discussion of the role of dialogue, the merits and challenges of therapist self-disclosure, and the definition of existential therapy as 'directional', i.e. purposive, rather than limited to the dichotomy of directive/non-directive. The following chapters take us through territory familiar to most readers of this journal, so familiar, in fact, that we might forget how unlike other therapeutic modalities the existential-phenomenological

approach is. Chapters 5, 6 and 7 cover the core of existential therapeutic work: the dimensions of existence, the significance of emotions as disclosive of values in the model of the emotional compass, the contradictions entailed in the continual forming and reforming of selfhood, the paradoxes revealed in the negotiation of choices, responsibility and relationship. Alongside this rich content, we are invited to consider the practicalities of navigating the therapeutic relationship, the bumpy ride through self-knowledge and understanding of human existence which is both welcomed and resisted by the client, and the skills required of the therapist in dealing with the stuff of practice management – beginnings, assessment and formulation, boundary and contractual issues including fees, endings and evaluation.

Like Cooper's book, the significant changes in the new edition are in the closing chapters, where the authors consider developments in the field of existential-phenomenological therapy since the first edition, and the impact of the changing external landscape. Deurzen and Adams are well-placed to write about some of these developments, since they have played significant roles in producing the literature which has documented them. They review briefly the extension of existential therapy work into supervision, relationship and family therapy, working with children, and coaching, as well as the increasingly close relationship with the discipline of counselling psychology and the possibilities and challenges of internet-based therapeutic interventions. Finally, they consider the current climate in the NHS, the impact of short term, evidence based interventions in IAPT services, and the demand for outcome research evidence. They are executing a delicate balancing act here, and it shows in the understated contradictions and hesitancies in a text which elsewhere is so forceful and sure of its position. They are critical of the non-philosophical, symptom-focused evidence paradigm which dominates public sector psychological therapy services, whilst also making a claim for the compatibility of existential-phenomenological therapy with third-wave CBT, DBT, and other behaviourally-oriented interventions. They are critical of the epistemology of the dominant positivist evidence-based paradigm, whilst expressing hope that quantitative research such as Rayner's existential experimentation project will yield favourable results.

Like Cooper's book, this continues to deserve its status as a core text in the existential therapy literature, serving its purpose both as a useful practical text for students, and also as a position statement defining the territory of existential-phenomenological psychotherapy in its historic and contemporary context. I'm sure I will not be the only reader to wonder what subsequent editions of both of these books will reveal about our evolving world.

**Helen Hayes**