

## Therapy with Leon Redler - a story of disillusionment

### Why I kept seeing him

I 'saw' Leon Redler on and off over a period of about ten years. One of the puzzling questions for me is how Leon Redler managed to exert such a strong hold on me; essentially how could I have been so taken in by him as to persist in my belief that he was a wise and cogent person who "knew best" despite no resolution to my one stated problem which I "brought to therapy"?

Looking back I notice that I never or hardly questioned him. On the few occasions that I did he was readily able to throw off my criticisms. For example, he was able to persuade me to have "family therapy", something which I had never asked for or intended and which when he first suggested it I strongly refused. Essentially though his hold over me is shown by the fact that I 'saw' him over a period of about 10 years on and off, spending a substantial part of a low income on the sessions, and yet got absolutely nowhere in terms of the one question which I first asked him about. This was in fact a quite normal question for a capable young man; "what should I do with my life"? After those 10 years I was trapped for a further 3 'seeing' his acolyte, a therapist in 'supervision' with him, whom he had "highly recommended" to me. (Therapy borrows its clothing from several fields in an attempt to present itself as professional and in line with normal Western standards. For example a junior therapist may be "in supervision" with a more senior therapist; in this instance the garb is borrowed from academia).

My perception at that time was that he was a very experienced, wise man, a rare authority on psychological and existential problems. Where did I get this from? There are a number of factors; his association with R. D. Laing the sixties psychiatrist, the fact that he was a doctor and his manner in the sessions.

I had heard of Leon Redler as someone who was an associate of R. D. Laing. This was at the time when, having dropped out of University, I was reading a great deal and was enamoured by some of the work of R. D. Laing. In fact the one book that made a great impression on me was *The Divided Self*, and that (I see with hindsight) more for its excellent writing style than for its content. Already at that time I had felt that his subsequent books such as *The Politics of Experience* or *The Facts of Life* were more empty gesturing than anything else. Nonetheless when I heard that a friend had made the acquaintance of someone who had been close to this iconic figure and offered to give me his address I was interested. I was young, impressionable and desperate for intellectual companions or guides; precisely what I had hoped for but found totally absent in my theology course at Oxford University which I had dropped out of. The writings of R. D. Laing had resonated with me; he seemed interested in theology, in literature and in humanity. He seemed someone in authority yet who knew the flaws of authority. I felt possibly that he and by some kind of extension (rather naively perhaps) his trainee also would be someone who would 'understand' me. My primary motivation was to seek intellectual companionship I think. I had one problem that was at the forefront of my mind at that time; I did not know "what to do with my life". (I also had some relatively minor sexual hang-ups which I certainly did not feel a need to 'consult' anyone about but since I was 'seeing' a psychoanalyst I thought might be of interest to him!).

I wrote to Leon Redler asking if he would see me for free on the grounds that I had very interesting problems. I didn't really want to become a paying patient of a psychotherapist but I was interested in meeting someone from this circle. Redler replied that if it was "just for interest value" he "would pass" but if I wanted a "professional consultation" for a fee he would see me. Of course, the actual fee (which turned out to be £30.00 for a 50 minute session) was not mentioned. As a young man it was of course unbearable to feel that I was being "passed over" not to mention the implication that I had wasted the great man's time. With hindsight the letter appears quite artfully written. It wasn't manipulative but was quite selective in what it said and what it didn't. He diminished those aspects which might have put me off taking it any further, for example mentioning a specific fee. He accepted what I told him but did not respond, in fact, passing over it,

"if it is just for interest value", leaving me feeling that I had told him something quite private about myself but to which I had had no response. In fact, though there is no way I could have known this at the time, this is exactly the basic pattern of how psycho-analysts gain a hold over their patients, as analysed by Richard Webster in his book *Why Freud Was Wrong: Sin, Science and Psychoanalysis*. [1] Having told the analyst their private details the patient cannot leave until they have heard a response and this is never forthcoming. And so I went to see him. In the first "session" I started to give him some biographical information. I expected that I would give him this, as one gives a doctor an account of the symptoms or the pain, and he would respond with some kind of recommendation. He cut me off, with a gesture. I didn't "have" to tell him all this though I could if I wanted it. I swallowed the hook. This was a key moment. I had expected a "normal" dialog. I would tell him something and he would respond. In this move he excused himself from responding. (David Reed in his book *Anna* talks about Redler not responding [2]). From now on I was just talking. I had fallen into the mode of producing a non-reciprocal monologue to which he was obliged to listen, but not respond. This can go on for ever. How easily did I become a patient! How little he had to do! Later, at the right time, he was able to deepen the effect by asking me if I minded if he took notes. The psychiatrist sitting in his formal office chair, the patient in the other (comfy) chair, the patient talking his monologue, the psychiatrist taking notes in his role, also non-reciprocal, of surveillance of the patient's 'inner' life. The patient is objectified. It becomes not the authentic meeting spoken about by R. D. Laing but a formal rite of doctor and patient, a pseudo-clinical situation. As Foucault comments, in psychoanalysis the non-reciprocal role of surveillance which psychoanalysis took from the asylum is now balanced by another non-reciprocal relationship, that of the patient talking his endless monologue. [3] In passing R. D. Laing charged around £60.00 for an authentic meeting in the late eighties. I had not intended to become a patient of a psychotherapist but I was now in a position of a patient 'in therapy' looking at a 'course of treatment' lasting (in his words) 3 to 5 years. Some time into the therapy I raised my original question again, "what shall I do with my life?". Redler responded that I was 'out of touch' with myself and needed to 'get in touch with myself' and then this would be resolved. In reality of course many young people do not know what to do with their lives. The normal solution is to try various things which you think might be congenial until something sticks. This is a process of engagement with the 'external world'. It is free. Therapy with its disengagement from the external world looks for answers in the psyche of the victim/patient and in the 'therapeutic relationship'. A normal state in a young man is re-written as an illness which needs therapeutic intervention.

I was impressed by Leon Redler's being a medical doctor, Dr. Leon Redler. I was brought up in a typically bourgeois way to trust medical doctors absolutely; in my bourgeoisie family milieu the person of the Doctor had considerable authority. If a doctor said 'swallow this pill' I would swallow it. At best I might say "really", but if he said yes that would be the extent of my refusal.

Brought up to accept the authority of a Doctor I trusted Dr Leon Redler. His business cards and headed stationery said he was Dr Leon Redler but offered a qualification "New York state licensed physician". It occurs to me that if Dr Redler is not registered to practice medicine in the United Kingdom this little sentence would be a necessary qualification to avoid a charge that he was misrepresenting himself. The GMC has no record of a Leon Redler or a L Redler as having been registered with them since 1960, so, unless he is registered under a different name he is not registered to practice medicine in the United Kingdom and never has been. His cards could say 'licensed in the state of New York, USA', which would make it clear. The phrasing "New York state licensed physician" distracts the reader from the fact that this is a qualification, a caveat, and presents it as something positive. In other words it is spun. (Registered doctors are expected to put their GMC number on their stationery). It is interesting that on the web site of the Philadelphia Association, the charity set up by R. D. Laing and others to care for 'schizophrenics' which now operates as a conventional school of psychotherapy and which includes amongst its members Dr Redler, Dr Leon Redler is not represented as a Doctor but simply as Leon Redler. The extent to which Leon Redler's Dr title is applicable to his therapy practice seems to be in some doubt if it is on his own headed stationery but not on the web site of his 'professional' body. The biographical information on this web site and in an online *Curriculum Vitae* states that Leon Redler "undertook a post-graduate training in paediatrics and psychiatry in the USA". This appears to leave an ambiguity as to whether or not this training was completed and whether

Leon Redler is qualified, even in the USA, to practise as a psychiatrist.

Leon Redler tells a story of how during his period of psychiatric training he was subject to a formal disciplinary procedure for speaking with a patient outside of his remit, and how this formed the background to his coming to the UK to undertake his 'apprenticeship' with R. D. Laing. There is an irony here: the story is told perhaps to illustrate a comradeship with patients, but Leon Redler engages in the standard psychoanalytic practice of entirely non-reciprocal relations. In assessing psychoanalysis Foucault writes: "He [Freud] focussed upon this single presence - concealed behind the patient and above him, in an absence that is also a total presence - all the powers that had been distributed in the collective existence of the asylum; he transformed this into an absolute Observation, a pure and circumspect Silence, a Judge who punishes and rewards in a judgement that does not even condescend to language; he made it the Mirror in which madness, in an almost motionless movement, clings to and casts off itself." Leon Redler nowadays calls his practice 'Just listening' (a sort of pun on 'Just') which seems to encapsulate the sense of Silence and Judgement which Foucault refers to quite accurately. As we have mentioned above Foucault shows how psychoanalysis took the non-reciprocal relationship of surveillance from the asylum and balanced it with another non-reciprocal relationship, that of the patient giving his endless monologue. There is no solidarity in this relationship.

It was critical to my willingness to believe in Dr Redler, to believe that he was a "thaumaturge" (Foucault again) who had magical powers and a wondrous kind of esoteric knowledge, that he was a medical doctor. Here was someone who could operate in the realm of the soul with the same objective precision as someone who operated in the scientific field of bodily ailments. I would have been much more ready to doubt and question an unqualified psychotherapist than a medical doctor. When occasionally I raised doubts I allowed myself to be silenced by Dr Redler in a way that I think I would not have done with a psychotherapist who did not brandish the title Dr on his headed stationery. However, as we have seen there is some doubt as to what exactly 'Dr' may mean here and to what extent in anyone's eyes but his own it endorses his therapy practice.

How did he keep me for so long? I 'saw' him for an initial period of some years. During this period I lived for 9 months in a 'Therapeutic Community Household' run by the Philadelphia Association, [4] which was recommended to me by Leon Redler. Then I moved to another town. For a while I did not see him; then I wrote to him with a complaint about the 'Therapeutic Community Household'. It was managed by another Philadelphia Association therapist who, in my view belittled the residents. In some ways I thought he had behaved simply wrongly; for example, without my permission he had gone behind my back and (though he had no statutory authority at all) spoken with the local authority about my financial circumstances, which was an invasion of my privacy if nothing else. I expected Leon Redler, as a senior member of the Philadelphia Association to be concerned. After a lengthy period Redler wrote back explaining that he had been very busy. He found, he said, my letter hard to read, though it was 'important'. He invited me to come in and read it to him in a session. I did this. (In passing; I had been over the letter and deliberately re-written words which might not have been legible; I must have anticipated his response, which came nonetheless despite my precautions, and which like a yo-yo I nonetheless succumbed to). This cost me another £30.00. Needless to say nothing happened. Leon Redler took no responsibility. He in fact made no response at all to my complaint. He had managed to turn my complaint into part of the 'therapy' and to collect a fee at the same time. In taking so long to reply and explaining that he was busy, despite the fact that I was a paying client, his main business, we see the underlying attitude to patients prevalent in psychoanalysis, an attitude which the writer Jeffrey Masson exposes in Freud in his work on Ferenczi's diaries; Freud apparently referred to patients as "riff-raff". [5] Taking so long to reply to a patient and using the excuse that you are busy when seeing 'patients' is your main line clearly does treat the patient as "riff-raff".

On one occasion Leon Redler literally sent me out of a session on an errand to buy him a coffee. He gave me money to buy one myself; but this puts me in the position of a child running an errand for a tip. I was not I recall offered a choice about running this errand; I was simply sent out like a child. This is a small incident but it points to a structure in the relationship. Foucault, in *Madness and Civilization* describes how when

William Tuke established his new form of asylum at the start of the 19th century in England one of the features of the regime was how inmates were treated as if they were minors, answerable to the man of reason - the guards. Foucault comments that whereas previously the mad had had the state of minor that was no more than a legal status to give them a place in juridical proceedings; in Tuke's asylum this minority status became a concrete situation. Foucault writes; "Minority status became for Tuke a style of existence to be applied to the mad, and for the guards a mode of sovereignty". [3] In the system of the asylum the patient recovers his reason by first accepting himself as an Object in relation to the sovereign person of the Doctor. The Philadelphia Association talks, in its training literature, about graduating trainees "taking up" the position of psychotherapist. That is the trainee assumes the role of sovereign; an important role with special responsibility as the Philadelphia Association literature makes clear. The irony here is of course that in the name of the most radical and humanistic principals imaginable Redler, and perhaps the Philadelphia Association behind him, is simply re-inventing the oppressive and authoritarian roots of modern psychiatry.

On another, extraordinary, occasion Redler told me peremptorily that he had to end a session early. When he held out his hand for the fee, (he preferred to be paid in cash), I really wanted to query whether there should not be a proportional deduction but I didn't. He certainly didn't offer it. It seems he felt he had the right to do this. In psychotherapy everything is arranged to suit the therapist even to the extent that he can claim a full fee for a session which he has cut short.

One of the key problems in therapy is that the 'relationship' is unequal. The patient is indeed treated as a minor. Jeffrey Masson captures this well when he records a psychiatrist telling a patient "you're the sick one". In reality no one is perfect; everyone has something to learn from someone else. Yet the *structure* of therapy, the Doctor-Patient relationship, is such that the Doctor always has the upper hand, is always, or can always be if he chooses to be, right in any dispute. Given that rational mutual dialog is excluded the therapist is under no obligation to respond to queries, criticisms or even doubts. He can always simply respond with a diagnostic remark, putting the patient on the back-foot, reminding them of their status as a patient. Once the patient has been batted down a few times like this he will learn not to keep trying. Here is an example; on one occasion after Redler had said something which I felt was naïve I told him that I thought he looked at the world "through rose-tinted spectacles". He said "I don't think I do". That is - that I think that he does is one of my symptoms. On another occasion when we discussed whether I could get a second grant to attend University despite my telling Leon Redler that this was not possible (I had looked into it) he simply ignored what I told him and said "ask again you never know;". This may have been consistent with a hippie philosophy that there may always be a rainbow round the next corner but he was in fact undermining my independence by not acknowledging the fact I had already looked into this matter for myself. (Like any indifferent person might listen to another but not believe them or credit them with agency). He simply wasn't interested in what I had done. But; given the structure of therapy he *has to* respond with a remark like that. He has to locate a deficit in the patient and *cannot treat the patient as if they are healthy* because without the patient's being ascribed a deficit the whole business falls down.

The underlying reality of course is that if you don't like it you can leave. Once the patient has accepted the role of patient though they have lost their footing in terms of a rational relationship between equals. In accepting the role of patient they become Objects. In the case of Redler this effect was reinforced in various ways; his consulting room walls were lined with impressive books about psychoanalysis for example as if to emphasise his special expertise. We have already mentioned the note-taking, above all; by maintaining an attitude of silence as a response to my accounts, at times of quite distressing childhood events he was able to reify me, render me as a passive patient. People approach therapists usually in some form of distress and loneliness. They may not be expecting to be turned into a patient. The problem is that if this is the price for a little attention many people will accept it especially as it comes with a kind of virtue award; every client gets a pat on the back for "taking responsibility" for their problems. Once the role of patient has been accepted though it is difficult to escape.

Therapy claims to support the patient in making autonomous decisions. The one autonomous decision of course that therapy will not support the patient in is leaving therapy. We have seen how my attempt to

engage in a criticism of the Philadelphia Association 'Community Household' ended with my turning up for more therapy. Indeed after the session I mentioned above when I read my letter of complaint aloud to Redler I again allowed myself to be drawn into therapy and more sessions ensued. Later, when I moved to a new town Redler referred me to a 'colleague' of his who lived there and who was "in supervision" with him. With both Redler and his acolyte there were several occasions when I mentioned alternatives to therapy which I was exploring: yoga, and the writings of a certain Buddhist teacher with Redler, massage - even friends with his acolyte. On each occasion the therapist adroitly managed to cut off my escape. Redler's technique was the more sophisticated. He managed to include my possible escape in the circle of his influence. For example when I mentioned to Leon Redler that I had taken up yoga he at once expressed grave concern; was it safe, where was I doing it? Possibly he really does think that yoga is dangerous, but the effect was to undermine my independence; the message was that all of this should be a subject of therapy too. When I mentioned the Buddhist writer I was interested in he expressed close knowledge of the writer. The message is that all aspects of my life fall within the domain of therapy. When I mentioned to his acolyte that I had started having massages she correctly divined perhaps that I was thinking of re-directing my therapy money away from her and towards the masseur. She exclaimed "Oh, I have massages too" as if to say "you can have massages and therapy too". In all these examples the trick was to prevent me considering a life outside therapy by making whatever I was thinking of in terms of escape itself a subject of part of therapy.

Professor Furedi in *Against Therapy* [6] discusses how therapy "targets informal relations". No more vivid example of this could be provided than by the advice his 'colleague' gave me on one occasion. I had looked up an old school friend and met him for coffee a couple of times. After that he continued to call me on the phone and I did not want right then to follow-up. I mentioned this to the therapist. Her advice was that I should write a letter to him telling him that I didn't want anything to do with him. Normal people of course in this situation would simply have not picked up the phone.... (leaving open the option to renew the contact later rather than cutting him off for good). In general therapy loves destroying informal relationships.

Another example of Redler shooting down myself in the act of finding my own way occurred shortly after I started 'seeing' him. I mentioned that I was interested in phenomenology and had been reading Colin Wilson. Redler immediately told me I wouldn't learn anything about phenomenology from Colin Wilson, thus managing to disparage both the writer and my own attempts to enlighten myself in one go. He did not suggest an alternative; it was simply about pulling the rug from under the patient. Of course, Colin Wilson's work does form a useful guide to phenomenology. While he does not perhaps discuss the technical details, much of his writing is steeped in phenomenology; the reader can gain a sense of phenomenology as a method of descriptive analysis and letting the 'things themselves' speak from the flow of the book. Redler, one imagines, had a rather limited perspective: Colin Wilson was not on the list of approved writers. Funnily enough a similar occurrence occurred years later when I was seeing his acolyte. I mentioned to her that I was interested in Heidegger. She pooh-poohed Heidegger in a similar way and recommended Levinas - the favoured author of her mentor Leon Redler. This is really the sort of behaviour that one finds in a cult; limited, afraid of experiences outside those prescribed by the master, setting a path for the discipline/patient to walk on and undermining them when they walk off it - no doubt feeling that this is how one exercises care for them. So much for the claims of therapy to respect the autonomy and 'choices' of the client/patient. In the second part of this article I discuss very briefly Foucault's work on phenomenology. If Foucault is right that phenomenology does not have the place in philosophy it thinks it has then Colin Wilson's somewhat "rough and ready" phenomenology turns out to be all the more apt. One of the problems of course with therapy modelled as it is on the medical doctor-patient relationship is that, as we have discussed, the therapist is under no obligation to enter into any kind of discussion. It would have been interesting to know how or why Redler did not think Colin Wilson was a writer from whom one could learn anything about phenomenology. That would certainly been a more useful discussion for me than simply being told, as if authoritatively, that I was mistaken in my estimation that Colin Wilson was a good introduction for learning about phenomenology.

Once early on I said to Redler - are you taping this? He pooh-poohed the idea with much apparent

astonishment as if to say - "what a mad idea of yours". I've no doubt he was not taping my sessions (at least I think so). However; it certainly wasn't a crazy idea; Redler worked with both tape-recorders and video recorders in the course of his therapy, something I did not consciously know as a fact at the time but have since learned. A more honest answer would have been "no, I am not taping the sessions with you though it is true I do sometimes use a tape-recorder". Once again spin; a less than fully truthful and open answer.

Leon Redler, as far as is possible to make out from his somewhat spun online CV, has never in fact had a career outside of being a psychotherapist. Indeed it also seems to be the case that as a founding member of a therapy school he has not in fact even been through a training in psychotherapy, such that it is. Many would question whether informal private sessions with R. D. Laing constitute a training. In the light of this my view that his perspective on the world was naïve stands up. Some in psychotherapy recommend that people should become therapists only after a first career in another field; so they can gain maturity and experience. It would appear, from his online CV at least, that Leon Redler has never had that.

Towards the end of the 'therapy' when I think it must have been obvious to Leon Redler that the game was up he referred to "the way that you use us" of him and his acolyte. It is worth noting that he had referred me to his acolyte describing her as "highly recommended". He had also raised his fee for "using" him. How did he mean that I used him and his acolyte? He didn't tell me; it was left for me to guess. It shows how much I had accepted the objectified role of patient that I didn't simply ask him right then - how do you mean? It seems rather an immature gesture. It serves to, permanently as it were, protect him from my seeing him as a person rather than through the eyes of an objectified patient. Why should he want to do this?

I have mentioned that Redler had to press me into accepting "family therapy". It had been his suggestion not mine and when he initially suggested it I said clearly that I didn't want it. It was only when a few weeks later he again raised it and pressed me that I reluctantly accepted. The therapist has enormous power in these situations because, since the relationship is based on a dependency of the patient to the therapist any refusal by the patient to accept a direction from the therapist is in effect a claim to independence, a rebellion. But you cannot be independent and in therapy. It doesn't work that way. The choice offered the patient is agree with the 'Doctor' (or Doctor) or leave. (Therapy claims to help the client achieve more 'autonomy' while agreeing that the process involves a loss of autonomy; an unlikely proposition which can only be believed by those who believe that therapists are special people, 'above' ordinary considerations i.e. by therapists). The price of the relationship is a loss of independence and the fact that you have to go along with the therapist's 'recommendations'. It is the old-fashioned "being under the Doctor" relationship ported to the totality of life problems, the medicalization of the moral domain and the domain of behaviour. So; I had not 'chosen' family therapy. Rather Redler had pressed me into it. After the "family therapy" sessions Redler said "Justin is not the problem in this family", a 'radical' variant on the usual "X is the problem in this family" 'diagnosis' typical of family therapy perhaps? But, the question is; who had asked him? I hadn't; I knew I "wasn't the problem in my family" and I hadn't wanted the family therapy sessions anyway. My mother certainly hadn't wanted the "family therapy" sessions or asked for them. I don't know about my father; but at any rate it certainly hadn't been his suggestion. So; who had asked Redler? The answer is that no one had; he took it upon himself to bring in my family (by pressuring me) and declaring his 'diagnosis'. The 'diagnosis' such that it was was hardly news to me and contained no "therapeutic benefit" to anyone. We see here that "family therapy" is not a *therapeutic* (healing) exercise but a moral and supervisory one; Redler was establishing his role as supervisor of families, a role in which he was purely self-appointed.

This injection of a policing role, for that is what it is, into personal relationships and families is destructive. I recall another occasion, not connected with Leon Redler, when I attended a creative arts workshop. The creative arts aspect of the course was enjoyable but at the end the workshop leader asked everyone to sit in a circle and share their experiences. Amongst the participants were a newly wed couple. The workshop leader made some 'diagnosis' of their relationship and made some cautionary remarks about having to be careful of some pattern he had observed in their relationship. His comments may have been true (that is he may have correctly observed something about their relationship) but what he failed to see was that telling them this (perhaps especially in a public setting) and telling them it when he had not been asked for his opinion was not likely to be helpful. The young couple looked askance; I doubt they came back. In fact of

course the negative experience of being policed outweighs any benefit the 'insight' might have. A further example; I came across recently on an Internet news board a message from a 'life-coach'. He wrote how he so often sees people making a mess of their lives and he could do *so much better with their lives*. (My italics). What these people don't realise then is that their interference does more harm than good even if their 'insights' are valid. This is because they don't (despite protestations in their marketing literature to the contrary) value or respect the autonomy of other people. They don't seem to understand that doing it 'my way' is for a growing human being more important than doing it in a proscribed way however 'right' that way might be.

It took me so long to find out that therapy had no benefit to me, partly because of the way that I allowed myself to be disempowered and turned into a patient, in a standard manoeuvre of psychoanalysis. In part it was simply that having dropped out of University for a while Redler seemed like a last link to that middle-class professional world that I no longer moved in. Above all, by playing the game of psychoanalysis to the hilt, of never giving away anything of himself to the patient, apart from perhaps carefully released titbits which foster the image (such as mention of a trip to Tibet) Redler was able to hide anything about himself which could have led to my changing my perspective. (People leave relationships because something the other does or something about them irritates them; by presenting a blank facade Redler studiously avoided giving me any particular grounds to end the relationship). In addition because he 'knew all my secrets' but had never actually passed comment on them it was difficult for me to leave; as we have already discussed. He held up his seemingly concerned mirror and one (stupidly) fell into the space.

## Part 2 - further notes on a therapy

### And the family

My relationship with my parents had always been fraught. I felt that they offered me little in the way of what a therapist might call "emotional support" especially as I grew older. (My mother supported me when I was young but I think she found it less easy to relate to me as a teenager). In particular during my adolescence and as I emerged into young adulthood I felt they were incapable of supporting my transition to independence. At the age of nine they had sent me to boarding schools where I was abused. When I asked to be removed from one school aged 13 because of abuse and neglect they refused. As an adolescent I felt they did not care very much. As a young man I felt angry towards them and I felt very strongly that they could not offer me any support (other than money) to help me as I dealt with the problems of growing up.

Redler, as we have seen, put me under pressure to have "family therapy". I hoped, obviously, that he did have some magic powers to rescue my family where I had failed. Everyone wants to have good relationships with their parents. In reality of course he had no magical powers. His recipe was for me to abandon my anger about my parents' apparent indifference, which was in part a source of strength and independence. He seemed to have no understanding of my situation and my family. He appeared to have no insight into what the boarding school experience may have meant to me. Worse, though, is that he appeared to make no effort to understand my situation. Psychiatrists tend to stick a label on someone and then issue a prescription for the drugs that go with the label. Critics point out that there is a lack of engagement with the individual in this response. But Redler's therapy was a version of this, albeit, without drugs (since he has no prescribing authority in the UK perhaps?). He applies his "phenomenological psychotherapy" as if it were a kind of antidote in the same manner as a psychiatrist prescribes drug; he was in fact as uninterested in getting to understand my actual situation as a purely conventional psychiatrist might have been, probably even less so. This is perhaps the same "lack of concern" which David Reed speaks of in his book *Anna* about his wife who died while a 'patient' of Redler. [2]

It is worth looking in some detail at what happened in the one 'family therapy' session which was attended by myself, my mother and my father. I laid a number of charges against my parents. I don't remember the details, but perhaps about their seeming lack of respect for me. Redler commented to me that this was a case of "j'accuse". He also said, to my parents, that "this is a soul crying out". That is, he did (in slightly flowery language as he himself acknowledged) recognize the validity of my 'complaint', and in quite a real way, but at the same time he tried to prevent my making it. Firstly his "j'accuse" comment had the force of a 'diagnosis'; there is something wrong with me and this is what it is and, secondly, once your behaviour has been commented on in a group setting you tend to stop it - this is normal and how things work. After this I was left in the position where I had no defence to my parents' casual and offhand treatment of me - because my natural defence - to say "look, this is what you are doing to me", had been marked down by the 'doctor'. I felt explicitly that I had been told not to defend myself in this way. So; we see the transfer of power from individuals to the surveilling family supervisor. It is not that he did not recognise the validity of my 'claim' but that he tried to silence me from making it, while he still could. We will see a similar pattern shortly in the case of Freud and Dora; Freud could certainly recognise the abuse that Dora suffered was real but was not willing to allow her to express her response to this directly. That response was 'pathologised'. Redler like Freud then pathologised a normal and healthy response to neglectful treatment and in doing so undermined me. The strong 'patient' asserting themselves against neglectful treatment is not something which is in the interests of therapy to support. Therapy as we discuss elsewhere in this article attacks strength and fosters dependency.

In his pressurising me into family therapy against my stated wish we see a familiar pattern - not paying attention to what the client was telling him, and assigning to the client a weakness which did not exist. We saw this in the trivial example of his 'sending me back to the drawing board' in the matter of obtaining a university grant. In both cases, one trivial, one not at all, he did not respect the reality that I had tried my best and failed but assumed that I had not really tried and must try again. In a very conventional, over-

bearing and hardly 'therapeutic' way he simply did not take what I said at face value. He assumed or acted as if he assumed that there was some fault in me, rather than obstacle in external reality, which meant I had failed the first time. This is the "emotional deficit" which the blinkered therapist *assigns to* his patient to justify his treatment. The prosaic fact was that my parents could not or would not support me in my independence at this time. While this situation with my parents was not ideal it was certainly something I could deal with and get on with my life and, for that matter, did not mean that I could have no relationship with my parents at all. It simply meant that I knew I had to look to my own resources and not them to get me through this stage in life. Redler's solution though appeared to be to engender in me a sense of dependency on my parents. In the end Redler could not fix my parents for me; all he could do was, in the name of therapy, have me go back over ground I had already covered. This was counter-productive for me and it was not ultimately a kindness for my parents. For Redler the ideal state, in the patient at least, is one of dependency. With myself there was no consideration given to the possibility that some families are not ones in which one can rely. His viewpoint was entirely conventional in this regard; the parents are right in all events. He might say that he did not say this; but by undermining my own position with reference to my parents, which he simply wasn't interested in, this was the effect as I experienced it. In any event the main point is that I had come to the conclusion that I had to support myself and he undermined this view. My strength was treated as some illness which I need to be cured of.

Redler's therapy in connection with my family was in fact authoritarian. Foucault traces the moral and authoritarian roots of psychiatry (a profession to which Redler might be described as a hanger-on) to the first asylum, set up around the close of the 18th century in England, and to the work of the French physician Phillipe Pinel who was a reformer in French institutions of incarceration. In the Retreat, the first asylum in England set up by William Tuke, doctors and other staff took on a parental and moral role towards the inmates who were treated as minors. Inmates were directed in how to follow social conventions. The staff treated the patients' illnesses' as a moral waywardness which needed firm direction to correct. The aim was to restore the morally deviant or ill patient back into the family circle (or keep them incarcerated). Psychiatry in Foucault's archaeology of its inception gained its authority from a moral ground; the person of the doctor embodied family, the law, order, morality. Soon, though, positivist psychiatry had to explain the dependence of the patient while not admitting that this (old fashioned moral authority), rather than any real medical knowledge of mental illness, was the source of its authority, power and even its cures. It did this by attributing the mistake to madness; madness was; "not what one believed, nor what it believed itself to be; it was infinitely less than itself: a combination of persuasion and mystification". [3] Redler seemed to be singing from the same hymn book. There is an irony here; one of my annoyances with my parents when I was around 18 years of age was that they continued to treat me like a minor. (I don't know; this may be common for parents to treat their young adult offspring as if they are still children; I think it is). The irony is that a person with whom I had hoped to have a more adult transaction, based on his association with an intellectual (R. D. Laing), also treated me like a minor, and, ultimately, for much the same reasons; convenience.

Redler throughout the therapy with me did not understand my situation and consistently offered recommendations, or 'steers' as he might have put it (in hippie-speak), which attributed deficits and a helplessness to me that I did not have. The same underestimation of the abilities and strength of the 'pupil' and imposition on him of a forced helplessness in the name of helping him is characteristic of formal 'top-down' education. It would be interesting to examine how much therapy shares with education the same uncritiqued conceptual model of human beings as being helpless until helped by an 'expert'. The work of Illich with his critique of top-down manipulative services is relevant here and it would be an interesting exercise to apply it specifically to contemporary psychotherapy. In any event, for now, we can say that psychotherapy has the hallmarks of what Illich would call a "right-wing manipulative institution"; that is an institution which seeks to make people dependent on it, which seeks to encourage repetitive use, which engages in advertising to make people believe they need its services and cannot live without them, and which disables individuals rather than allowing them to develop self-sufficiency. Illich contrasts 'right-wing' institutions with 'left-wing' ones which are more convivial and in which people participate on their own terms in ways which support their self-sufficiency. [7]

One of the criticisms that 'psychoanalytical' therapy, which is largely a private industry, makes of the short-term cognitive treatments available with the NHS is that the latter do not get to the 'root' of the problem. They are sticking plaster solutions; some temporary fix is cobbled together which enables the treatment to be marked down as a success, but it doesn't last. Early on in my 'therapy' with Redler I raised this point; that I felt perhaps that psychoanalytic therapy would be much more profound than the prior course of cognitive analytic therapy I had had with a psychiatrist on the NHS. He enthusiastically agreed. In fact, however, when it came to my family, he could not offer anything other than a sticking plaster solution. In fact in relation to my family Redler simply treated me as a child who'd strayed and who needed to fall again under the parental authority. (Again; he might want to deny that he said anything to this effect; but this was the effect of his actions, to undermine my independence in relation to my parents). His tendency to treat me like a 'child' possibly reflects his initial training as a paediatrician. (Teachers tend to resort to treating people like 'pupils', youth workers like youths and so on; this is normal). We've seen how he thought it appropriate to send me out on errands.

One possible explanation of Redler's lack of understanding around my family situation is that he was motivated by an ideology (which he learned from R. D. Laing) and was more concerned to promulgate his ideology than pay any attention to the situation his client was actually in. And pragmatic advice based on a understanding of any one actual situation is always going to be better than advice, or 'steers', driven by an ideological commitment of one kind or another. In this sense I would probably have got better advice from anyone else other than Leon Redler who, I would contend, rather than respond to me as one person to another, offered me formulaic responses based on his own interests (in both senses of the word interests, what he was interested in and his financial interest). I don't in fact know whether he had an ideological commitment to the family or whether it was simply a case of he'd "been on the course" (in family therapy with R. D. Laing) and wanted to put it into practice. At any event he did not respect my wishes (not to have "family therapy") and by implication did not respect what some might call "my truth". Perhaps he thought his was superior? This was certainly the impression; the 'sane' psychiatrist forces his superior truth on the ill patient. In a two-fold move Redler both treated me as a minor, by ignoring my wishes, and shifted the focus of the 'treatment' away from my stated concerns and towards the family, his interests. In the moral (and benevolent) treatment of the "mentally ill" pioneered by men like William Tuke around the start of the 19th century the family was set up as the locus both of where madness came from and where it could be cured. Again; we see how modern psychotherapy at least as practised by Redler, is the direct inheritor of this tradition.

Jeffrey Masson shows an example of this kind of self-interested action on the part of the therapist in the case of Freud and one of his patients. [8] A young woman had been referred to Freud by her father for depression. Her father was having an affair with the wife of his friend. The same friend had tried to seduce the young woman. The friend's wife had befriended the young woman but really it was so as to get close to her father. All in all it was a terrible situation for a young woman who was understandably down in spirits. In Masson's account Freud recognized the reality of the girl's situation, accepting, for example, that her father's friend had made advances at her, something her father would not. However; he then sought an explanation for her 'illness' not in the facts of her life - a young woman surrounded by deceitful and scheming adults using her to achieve their own ends, including her own father, - but in her past psychic life. In Masson's estimation Freud too was using the young woman, in his case, as fodder for his theories, in particular as an opportunity to shift attention away from his previous work on adult seduction of young people, which had not been well-received, and towards a view of 'neuroses' being caused by disturbances in the psychic life of individuals. When Redler pushed me into "family therapy" was this to serve my interests or his? "Family therapy" might have been appropriate for a young person still living at home - to try to improve the situation; in my case it just served to infantilize me - it was an issue from earlier in my life; it hadn't been brilliant but it wasn't any longer the problem. But by turning my 'problem' into a matter of my relationship with my parents Redler managed to shift the focus of my 'problem' in the therapy away from matters such as work, direction, and the real or adult world and towards one framed purely in terms of relations and emotions - and in fact a child's relations with his parents. He effectively pushed me back into the state of being a minor. It

was extremely unhelpful. This instigation of family therapy by Redler benefited Redler in several ways; more money for the extra (double) sessions, an opportunity to try out his family therapy skills perhaps, and a way of retarding me and dismantling my independence.

It is quite likely that Redler simply did not have enough maturity or experience of the world (and for that matter, being an American college boy, experience which related specifically to my experience of English boarding schools etc) to be able to offer anything to a young man in the position I was in at that time *because he had not been through the transition from adolescence to adulthood himself*. He was still a counter-culture student in his outlook on life (e.g. he believes that LSD gives "mystic experiences") [9], with little experience of the real world. There is no evidence from his online CV that he has ever held a 'real' job outside of being a student, graduate student, trainee of one kind or another, or psychotherapist for which his training consisted of informal sessions with R. D. Laing. The one thing I was lacking and had been all my life - sensible adult guidance - he too was totally unable to supply, instead playing games with the emotions. As with all therapists he made up for his personal deficiencies by turning the focus onto the one area in which he was 'stronger', the emotions (that is a kind of emotionalism) and like Freud with Dora as Masson shows, he did this regardless of my needs. Therapy is as selfish as the world it claims to be improving.

We can also note that this aversion to consider real world problems and their replacement with an interest in the psychic and emotional life of the patient, especially the past psychic life of the patient, as if work and money simply did not exist, is characteristic of therapy. It is easy to see the possible financial motivation for this on the part of therapists. Everyone has difficulties in this area; it is an ongoing part of life, and this gives therapy an endless ground for intervention.

#### This is abuse

I recall one session with Redler. I was feeling worn down by him. I said "you are abusing me". He said "I thought it was something like that" as if to say a) nothing, of course, could be further from the truth and b) this is an other example of your problems - your deficit - your weakness, your malignity. Of course we are all familiar with the situation of the sane person in the asylum being told that his insistence that he is sane is a sign of his madness. As we have mentioned Masson quotes a psychiatrist as telling a patient who queried him: "You are the sick one". The dynamics of the "therapeutic relationship" means that any criticism the patient makes of the therapist can always be deflected by the therapist. In my experience it *always* is.

I have described how I initially came into contact with Redler. I was interested in meeting someone who had been associated with R. D. Laing whose books I was interested in. He mentioned a fee without giving details. His answer was one that "went for the emotions" in a manner characteristic of therapy; it is not quite manipulation but nonetheless a device. At the end of the day the position that you will see people but only for money is a heartless one (either see them as one human being to another or don't see them if you are too busy - that is normal). This is what happens when human relationships become subject to commercial transactions. When I told Redler he was abusing me I was spot on. To endlessly tell someone who could only be bothered to see you in exchange for a fat fee the most intimate details of your heart while they offer nothing of themselves - is a travesty of human relationships. When I told Leon Redler that I felt he was abusing me this was not a symptom of my 'illness' but a statement of how I experienced 'therapy'. It is a heartless process which inserts money and a second-rate 'professionalism' into a place where love might be. It hurts. It hurts because having strictly 'professional' relations with people is a form of sadism. A doctor in the health service occupies a role appointed and regulated by society; he or she participates in democracy, the same democracy in which the 'patient' lives. As such it is quite possible for a real human exchange to take place alongside the professional relationship. A therapist in private practice however is not appointed by or regulated by society; the role is phoney. If a private therapist were to enter into a real human exchange with their patients this would necessarily mean *giving up the role of therapist*, (because there is no real role to fall back on outside of that constituted by "having patients". That is a doctor in the health service is still a doctor whether or not she has any patients but someone practising as a private psychotherapist needs patients to secure their role in society). So; therapists in private practice are concerned to prevent a

human relationship developing between them and their clients in order to maintain their position.

Therapy cannot as it claims always 'validate' the feelings and perceptions of the client because sometimes these feelings and perceptions will conflict with the therapist's business interests. In these cases it is always the therapist's business interests which will win.

Therapy is like fool's gold. People enter it because, ultimately, they feel a lack of human solidarity, of love, in their lives. What they get - and supposedly radical psychotherapists such as Redler are no exception - is a cold, authoritarian, slightly punitive ordeal, which is, essentially, abuse. In the case of Redler his act is marked by a troubling lack of actual concern for his clients.

### They are not interested in child abuse

In *The Assault on Truth* [10] Masson argues that Freud initially held that the aetiology of hysteria lay in childhood seductions of young people by adults but that he abandoned this theory because it did not lead to professional success and replaced it with a theory in which the origins of nervous disorders lay within the patient's own psyche rather than in external traumatic events. Masson then levels the charge at psychotherapy that it is by and large (despite perhaps an apparent appearance to the opposite) not actually interested in actual events of abuse in the patient's own life. As such it cannot "cure neurosis".

Redler's response to my telling him about childhood sexual abuse I had experienced seems to bear this out. I told him one occasion about a particularly abusive teacher at my prep-school who had engaged in relentless spanking games with young boys (aged about 8-12) in his classes. One of my friends subsequently described the classes as "the spanking lessons". In most of these lessons at least one and often several boys would be spanked, being stretched across this man's knee, often with shorts or pants adjusted. This took place in a disturbing 'game-like' atmosphere. He was also on occasion extremely violent. One unnerving assault on a boy's head and face left him sobbing for 4 hours afterwards and myself as a witness to it extremely shaken and perturbed. I told Redler about this teacher. He responded by telling me a story about how another patient of his had witnessed sexual abuse by a teacher in a colonial school in Africa. In other words he changed the subject. The impression is he simply would rather not have heard my story. Afterwards he apologised for not 'listening' to me; but apologies are easy when your fee is at stake. (Interestingly in the story he told me which concerned a teacher getting into bed with boys who were sick in the school dormitory Redler missed the psychologically notable point; the fact that the boys were ill and how this was the "point of entry" for the abusive teacher. That is I would suggest Redler lacked psychological insight into child abuse).

On another occasion I described what had been a harrowing experience for myself. Another teacher had been a conventional paedophile who was always feeling me up and trying to get his hand inside my pyjamas or trousers, sometimes succeeding. On one occasion I met him on a public path in the school and, detesting him so much, I punched him in the stomach. Clearly, since I was about 11 years old and he was a stocky man in his thirties, I did not make much impact. I then screamed to get the attention of any other adults (not that I had much hope anyone would intervene, based on my general experience of that school) to try to put him off retaliating. I was terrified. Clearly a somewhat traumatic experience. Redler listened to this account without responding in any way at all. This is simply unnatural. The point is that since there was no available 'therapeutic' response to this account (not involving any degree of repression) any response he might have made would have been a normal one of human solidarity e.g. "that sounds like a pretty terrible experience". But he couldn't do this and maintain the therapy, the professional relationship. And of course his interest was in maintaining the therapy, not in expressing ordinary solidarity with me. So he could say nothing. Therapy claims that it is a professional caring profession with a scientific theory. As such it cannot just dispense "tea and sympathy". The problem is that it actually excludes itself from offering ordinary human sympathy while, at the same time, not in fact being a science either. (This writer has written elsewhere about how therapy is more folk-wisdom than science [11]; later in this article we review Foucault's take on

phenomenology, on which Redler's therapy was based).

I would contend then that Redler was not really interested in child abuse and would have preferred if I had not mentioned it. This would appear as evidence to support Masson's views of how psychotherapy at large has followed Freud's abandonment of the idea that child sexual abuse is a determinant in later troubles in life, (unless it concerns repressed memories which give rise to a neurosis because they are repressed rather than for their actual content).

One can see the problem for psychotherapy. If therapists were to admit and take seriously their patients' accounts of child sexual abuse they would need to deal with external, political, and social realities. This would require social and political action not the establishment of doctor-patient relationships. Psychotherapy then depends on the notion that the origins of the problems of the patient lie within their psyches as the necessary basis for setting up the medicalised relationship of doctor-patient; which is the source of the fees. Therapy, that is, has to locate the problems within the patient's psychic history for purely professional and commercial reasons. This is why therapy would rather not know about child sexual abuse. It has nothing it can offer to ameliorate the pain of it. Indeed therapy is potentially caught out by abuse; it would not like to be seen to be profiting directly from crime as if it were a sort of ambulance attending to the scene of accidents and charging a fee for carrying victims to the hospital.

As an example what helped me a little with the abuse I describe above was not therapy but the fact that I went to the police and while they did not prosecute at least believed me without equivocating. That at least was something tangible and gave me some confidence. This was so because it was an act in the real world.

Therapy, or some sections of it, has recently embraced the idea of "recovery of forgotten memories of abuse". In this theory patients have forgotten that they were abused and with the help of the therapist they recall the abuse. The psychoanalytic theory behind this is that it is not the abuse and its trauma which is causing problems in the patient's current life but the actions of the repressed material. This perhaps can be seen as psychoanalysis belatedly becoming interested in sexual abuse, but on its own terms, and in a way that avoids the appearance of appearing to exploit the suffering of the abused for money. This leaves the therapist still with a role to play; he can help the patient recover the memories and this will "reduce the neurotic symptoms" (or whatever phrase is currently being used in therapeutic claim-making for its benefits). Personally I am sceptical about the idea of forgotten memories of abuse. In my case I was aware at the time I was being abused and I consistently remembered this as I grew up. Being abused damaged me because it meant that my first intimate and sexual experiences were horrible ones. Therapy has nothing to say to this kind of experience.

### We are experts

Redler never made any direct claims to me of expertise. Indeed the only occasion on which he made any kind of specific and explicit claim directly to me was once, early on, when he told me that "it takes 3 - 5 years". What exactly takes 3 - 5 years I don't exactly know but perhaps some kind of 'getting in touch with myself'. R. D. Laing made the claim that he was "an expert in events in inner time and space". I think I made the assumption that Redler must be some kind of similar expert too because of his association with Laing. In any event while any one therapist may be more or less cautious about their public claims-making the fact that they have set themselves up to help with matters such as "self-development" (as Redler does) implies that they are claiming to have some sort of expertise. This claim even when made implicitly rather than explicitly is the same *kind* of claim that priests have made throughout the ages to justify their claim to manage others. It is basically "we have a hotline to God" or, in its secular version, a claim to a privileged knowledge about "psychological truth". Therapy suffers from the dilemma that it needs to claim some kind of expertise to explain the fees structure, while not really having any basis beyond its own claim-making. The result is a large body of literature and 'papers' written by psychotherapists to mark out a special field of knowledge with themselves as the experts (usually written in a characteristic and slightly obscure language

as if they are struggling to express the complexity of their special subject in mere words). As I have reviewed elsewhere [11] this literature bears all the hallmarks of a folk wisdom. The numerous contradictions between the difference schools which are glossed over in the interests of commercial harmony are one of the most obvious problems.

The point is of course that no one is an expert in “self-development”, in “events in inner space and time”, in life. Dealing with these matters is *part of life*. It is necessarily a somewhat amateur affair. If you have recourse to an 'expert' you are not living life, not being engaged in “self-development”; on the contrary you are avoiding it. The exception might be if you are so mentally fragile that you cannot function in an ordinary way. But we have the Health Service for that. Therapy and its more recent variant “life-coaching” are always trying to persuade more and more people that they need help with living, that they need the help of an 'expert' to overcome the normal challenges of life. If someone is not dependent and diminished when they start they soon will be.

### Therapy and Buddhism

'Radical' psychotherapy often seems to associate itself with Buddhism. Laing and his follower Redler were no exceptions in the early seventies. Interestingly the priestly claim to special expertise is not made in Buddhism; on the contrary each practitioner is invited to verify for him or herself the truth of the teachings. By the time I 'saw' Redler in the eighties and nineties he seems to have removed the 'Buddhist' elements openly from his therapy practice.

Recently psychotherapy has been 'discovering' mindfulness practice and marketing it. Sometimes, laughably, ages old meditation practices are 'validated by science' after a quick experiment measuring some physiological variables in a lab. However; the tradition of paying fees for help is not at all Buddhist. In therapy Buddhism is simply treated as another product to be sold to the clients, as something else to be consumed. Psychotherapists who are hocking Buddhism and “mindfulness practice” around to justify their fees present a spectacle not far off the sale of relics to the gullible by the unscrupulous. Redler no longer mixes Buddhism into his therapy practice openly so these criticisms do not apply to him.

Nonetheless it is clear at least from a recent 'paper' produced by Redler that he believes his practice to be informed by Buddhism. There is a potential problem though when therapy takes over Buddhism and seeks to *deliver* Buddhism (or what it thinks is Buddhism). The problem is that Buddhism becomes distorted. If, in a simplistic way the goal of the Buddhist endeavour, Nirvana or Samadhi, is taken as the standard of how human beings *should* be what has happened is that a kind of Western normative judgement has been introduced in an unanalysed way. When Redler has therapy take on Buddhism, or what he thinks is Buddhism, he adds the language of emotional deficit. In this definition anyone not 'enlightened' requires therapy. This owes more to counter-culture hippiedom than it does to Buddhism. It is in fact (mis-)using Buddhism to attack 'straight' society.

In this 'paper' Redler makes an attempt to be political. He refers to 'irresponsible bankers' and he makes a reference to melting glaciers. But this is an emotional and childish attempt at politics. The 'irresponsible bankers' are part of an economic system which exerts competitive short-term pressures on people to act 'irresponsibly'. If they don't maximise short-term returns for shareholders bankers in publicly owned banks will be out of a job. If they do they may contribute to a banking crisis. Only people living in a dreamy, emotional, bourgeois, world, disconnected from reality, accepting capitalist alienation, could substitute a comment about 'irresponsible bankers' for a political analysis.

'Going astray' , (the title of the 'paper' by Leon Redler is "We all go astray"), is part of life; not a disease which everyone needs to be cured of by 'professionals'.

## The Void

When I was about 22 years old, a short-time before I started 'seeing' Leon Redler I was at the house of some friends of mine in O. who were a little older than myself. While I was there some of their friends came round; these people started talking about Buddhism, the 'void' and amateur metaphysics. After they had gone I said to my friends "but they didn't really understand what they were talking about". I was a little surprised that people could talk about these important subjects and so clearly not really know what they were talking about. My friends explained how this was how it was in the 'sixties. People would just talk about these big concepts in a trendy sort of a way without really knowing what they were talking about. 'Sixties bullshit' one might say.

The Philadelphia Association, which Redler chaired for a period in its early days, used to claim that their work was informed by Nietzsche and Heidegger and other continental philosophers. (Laing raved about Foucault). At the current time this is now a more restrained claim that they "engage with" (read) philosophy in the "sceptical tradition". There is an irony here; Nietzsche for one would not have been a supporter of psychotherapy in any way. The criticisms he makes of Christian bonhomie in *Genealogy of Morals* could be transferred without a blink to psychotherapy. Indeed reading this book one begins to realise that psychotherapy is the inheritor of the Christian ascetic tradition in the West. The therapist like the priest calms the too vibrant emotions and urges a mutual dependency as the safest path. In Nietzsche's analysis of morality this is a case of the slave morality, based on the values of a degenerating life-force. R. D. Laing was aware of this point, that the philosophers he and the Philadelphia Association cited did not obviously support psychotherapy; (he mentions this in in his tape-recorded memoirs). But he has nothing to say to the point. How can you be said to be "engaged with" philosophers when the actual thinking of those philosophers is inimical to what you are doing as it is in the case of Nietzsche? Unless, of course, your relationship with those philosophers is like that of my friends' friends to the Void; you are bandying about their names without any real understanding relying on the fact that the general public won't have read them at all and will be terribly impressed.

In *The Order of Things* Foucault examines the rise of the modern episteme. Foucault shows how 'man' is a recent invention; 'man' can only exist with the collapse of the Classical approach to knowledge. Man came into existence as the same time as two new and related modes of knowledge which in turn have their root in man's finitude, positivism - which locates truth in the object and an eschatological approach to truth which locates it at some future point - truth is to be realized. (The prime example of the eschatological approach to truth is Marx). Both these approaches to knowledge share in fact certain naive assumptions; for example both assume a distinction between knowledge and pre-knowledge, or rudimentary unformed knowledge, and both accept the concept of 'truth' without criticism. Phenomenology believes itself to be contesting these two approaches to knowledge in a return to the 'ratio' of Western philosophy. In fact it shares the same naive assumptions about truth that they do. Phenomenology tries to keep apart the empirical and the transcendental; it tries to ground the study of nature in the experience of the body and the study of the history of culture in the 'semantic density' of actual experience. But, like positivism and the eschatological approach to truth, it is a child of the empirical-transcended doublet which is called man and which, in Foucault's view arose around the start of the 19th century as the classical world-view which was based around representation gave way to the modern episteme whose site is in the finitude of man. Phenomenology is not the 'pure' approach to knowledge it believes itself to be; it is in fact no more than a somewhat more careful form of empiricism. [12]

Foucault shows how phenomenology is not what it thinks it is. (Redler's associate Steve Gans declares in an online talk-piece with Redler that Foucault was in the "phenomenological tradition" though he "broke away from strict phenomenology" . I am not sure that Foucault himself would not have seen himself in a *critical* rather than a phenomenological tradition). In any event where does Foucault's work leave a "phenomenological psychotherapy" which is how Redler describes his practice? Floundering it would seem. Are we entitled to ask for our money back? One suspects not. Redler's therapy like any other is conducted at the whim of the therapist. This is one of the rules of therapy. In the end the therapist cures by imposing

*his* prejudices and errors on the patient which are assumed to be better than those of the patient. If the therapist is wrong about something then no matter; the patient was blessed to be subject to this error anyway. There is an arrogance in this. It is why therapists inevitably see their patients as "riff-raff" as Freud saw his.

Those forms of therapy which claim credibility, and even a special degree of humanity, by bandying about the names and ideas of rarely read philosophers, relying on the lack of public knowledge about them, are engaging in a kind of con. A reading of some of the writers and thinkers cited for example by the Philadelphia Association (before they updated their position) and R. D. Laing shows the opposite to what is claimed; there is far more in these writers which is critical of psychotherapy than which supports it. Even in the case of Heidegger, whose existential analysis and talk about care and authenticity seems potentially at least to lend itself to serving as a 'theory' for psychotherapy, there is no call for a profession of 'experts' in these matters (that this writer is aware of). A more democratic, authentic and serious use of Heidegger would be to run philosophy classes where individuals could discuss his ideas and relate them to their own lives by thinking and discussion rather than to claim to be putting them into practice in a practice which has as its fundamental structure that of non-reciprocal relations (and thus one which guarantees that no authentic relationship can take place). It is a tactic akin to the behaviour of financial speculators; they attempt to 'hoard' Heidegger and re-sell him on at a profit.

#### You may be more intact than the others

Redler recommended to me that I go and stay in one of the 'Community Therapeutic Households' [4] run by the Philadelphia Association. During a kind of interview process which involved me visiting the household I mentioned to Redler that I was not so psychologically damaged as the residents of the house. This was indeed the case: the people living in this house had mostly come from the mental health system and some had severe problems and troubles. I was a young man lacking direction who had contacted Redler because he was associated with R. D. Laing whose books I was interested in and I wanted to make his acquaintance; I did not have the sort of problems that are treated in the mental health system. One response Redler could have made to my comment (and possibly the one I was hoping for) would have been "Yes; perhaps it is not the right place for you". Indeed if therapy really was about "helping people find their own choices" we can readily see that at the very least he should have asked me why I said that and helped me express my doubts. That would be if therapy - and Redler as an exponent of it - lived up to its claims to respect the 'autonomy' of the patient and help them make their own choices etc. It doesn't. Redler in a ultra-casual throwaway manner as if to indicate that such matters were not even worth thinking said "oh, maybe you are more intact than the others". His tone indicated "So, what" and indeed that perhaps there was something wrong with me for having considered this. Not for the first time then my thoughts and feelings about something which would effect the course of my life were dismissed out of hand by Leon Redler in favour of his ideology. His therapy reveals itself to be as authoritarian and as dismissive of his clients as any of the more mainstream psychiatric practices which Masson, for example, discusses and criticises. (Masson also notes that 'radical' therapy is not substantially different from mainstream therapy).

Another recommendation which Redler made to me and which I accepted somewhat against my better judgement was that I seek help from a charity called the Prince's Trust. The Prince's Trust targets disadvantaged young people and helps them with various programmes such as awarding small grants to help them set up in self-employment. The basis of my doubt was that I was not particularly disadvantaged. In fact far from it, having had a private school education and coming from a prosperous middle-class background. Again though Redler dismissed my doubts, the very opposite of what a therapist who had been concerned to "support the patient's autonomy" might have done. I did seek help from the Prince's Trust and suffered the inevitable humiliation that to help me they had to make a big deal out of the fact that I was "in therapy" since I didn't (as I had first noted) meet the usual criteria for disadvantage. Yet again then a blasé recommendation based on a lack of understanding of myself or indeed the world and yet again my own judgements were dismissed out of hand. Hardly therapeutic.

In both these cases, the Community Therapeutic household and the recommendation that I seek help from the Prince's Trust Redler was in fact recommending that I become dependent for help on some organisation. The common factor and the key is thus perhaps in the dependency. In both cases he was encouraging me to take on the mantle of being in need of help to a much greater extent than was in fact the case. Together with his pushiness around family therapy we see a pattern. He was it seems at pains to put me into situations where I would become less rather than more independent. He consistently undermined my independence, undermining or at least not supporting my sense of my own capacity and agency. Redler it seems believes in dependency. The stage I was at in my life when I 'saw' him was the stage when according to most notions of life (as well as developmental models of psychology) I should have been forging my independence. My one 'problem' was that I had difficulty finding the *direction* in which to do this. I think that what I had hoped for from meeting Redler, if anything, was help with this. What I got was a regime that fostered in me a state of dependency, and that treated me based on a mis-perception that seemed to ignore my own strengths, capacity and agency.

In connection with the Philadelphia Association households Redler's position was perhaps that of 'anti-psychiatry' and R. D. Laing in particular; that the severely mentally disturbed are at least potential harbingers of a much needed 'breakthrough'. From this perspective it makes sense to recommend that someone who is more 'intact' (said in a disparaging tone of voice) than the severely troubled spend time with the severely troubled. Of course the structure of the Philadelphia Association household was, like any other psychiatric institution or pseudo-psychiatric institution, organized on the basis of a fixed hierarchy of patients and therapists with different rules applying to each party and matters arranged for the convenience of the latter. [4] The therapists themselves had no intention of mixing on equal terms with the patients. Despite the radical rhetoric of Laingianism the doctor-patient structure persists. The ill are still ill and the doctors are still their saviours. If you imagine 3 groups of people: therapists (group A), those who need therapy (group B) and those who don't (group C) we can see how the effect of changing the model of therapy to include the 'intact' in its scope is really about increasing the size of group B while decreasing group C to the obvious commercial benefit of group A. The initiative for the new model that "everyone needs therapy, even the intact will benefit" comes from the private sector. It takes an astonishing degree of naivety to think that this change in the conceptual model is a disinterested action on the part of private therapists genuinely meeting a real need. On the contrary; they are trying to expand the market for their services. If that means crippling the majority they are it seems quite happy to do that.

Redler had a vested interest in my going to stay in the Philadelphia Association household from a number of points; it will have solidified his connections with the Philadelphia Association that one of his clients was a resident, and thus it helped maintain his business referral networks; it further reduced my sense of being an independent adult and increased my sense of dependency and helplessness, the desirable state of patient-hood (we have seen how from the first I was treated as a child by the chief therapist at the Philadelphia Association household who intervened in my financial affairs without consulting with me); it moved me into a world where everyone was "in therapy" thus making it even less likely that I would question anything Leon Redler did; *it moved me further away from him as a person and more into being a 'patient'*, and it encouraged me to adopt a self-perception as being ill, or having problems. Again Foucault's analysis of the origins of psychiatry and psycho-analysis is relevant; in the treatment of the mad in the Retreat, the first asylum, the mad are required to play the role of stranger to the man of reason; "The city of reason welcomes him only with this qualification [he plays the role of stranger] and at the price of this surrender to anonymity" [3] There is no place for intimacy in therapy. Redler preferred me as a patient.

In fact of course like so many people 'in therapy' my problems were no more than normal life difficulties, certainly not life-threatening, matters, which I could have resolved myself without therapy in one way or another, and certainly were not helped by therapy, which added to my existing problems the additional problem of crippling my independent judgement. It is this attack on the patient's independence ("being intact") which works so well for therapists; it becomes a self-fulfilling prophecy. The more a 'patient' lets it happen the more dependent they do indeed become and the more they appear in need of help. Therapy

makes people 'ill' not as a necessary stage towards a 'cure' but as an end in itself. When Redler describes himself as a 'pharmakon', a Greek word meaning a poison which heals, we would accept only the first part of this. The problem is that the vision of the 'healed' state is the one criticised by Nietzsche in *Genealogy of Morals*. It is a state of weak, emotional dependency, the dream of a degenerating life-force. Like in conventional psychiatry in Redler's therapy with myself the independence of the patient is seen as something they need to be cured of.

### A special kind of Yoga

At one point in my 'therapy' with Redler he recommended (yet another recommendation to one of his business associates) his yoga teacher associate. She ran classes in her home and charged about twice the usual rate for a yoga class. She claimed to be teaching a specially adapted form of Iyengar yoga. The present writer is not an expert on Yoga but the only difference he noticed was that during the should-stand posture we also did the splits.

Again; though we have this characteristic trait of offering a modified version of the mainstream practice as if it were something special, and at a premium.

### Redler and drugs

One of the reasons I was interested as a young man in R. D. Laing was because of his use of LSD. It was only much later reading his tape-recorded memoirs that I learnt that while he had taken LSD himself he also co-operated with the police to bust ordinary people using it. He believed that doctors like himself should be allowed to take it but not ordinary people. So; in fact (since my own use of LSD as a teenager had been illegal) he would have been one of the people trying to bust me. That changed my perceptions of R. D. Laing.

Redler is on record as saying "I think its a pity that it [LSD] was outlawed for even doctors like Laing to use. He was highly intelligent, a very fine physician and on a spiritual path. As such, he was an excellent person to use it, administer it and find out more about the possible beneficial effects of this substance". [9]. This gives us an idea of the other-worldly snobbishness of psychiatry and psychotherapy; does it not occur to Redler that some people other than therapists and psychiatrists might consider themselves to be on a "spiritual journey"? No doubt in fact some of the people busted by the police in Operation Julie (the police operation which R. D. Laing collaborated on) might have considered themselves to be on a "spiritual journey". It would seem though that Redler too felt that Doctors "like Laing" (whatever that means) should be a special case and allowed to use LSD. We are back to the 'riff-raff' problem - one rule for the priesthood and another for the rabble. However humane Laingian therapy seems it is still about patients and doctors with the latter being an elevated class. As Simone de Beauvoir said "at bottom anti-psychiatry is still psychiatry". [14] It is not the collaborative, democratic, shared endeavour it might at first seem. Behind the platitudes it is an entrenched professional clique like the psychiatric profession which it claimed to be humanising. A variation on a theme rather than anything new; even perhaps just a re-branding exercise, authoritarian psychiatry moving with the times, but not doing anything genuinely radical, like getting rid of the 'asymmetrical' doctor-patient relationship on which the business of therapy is based.

### Conclusion

The problem with psychotherapy is the completely obvious problem. Therapy is about one person telling another how to live his or her life. It doesn't have to be a matter of specific "do this" type instructions; the outlook of the therapist inevitably forms the basis of how they 'treat' their patient. However, in practice, therapists are forever giving their patients very specific recommendations. Because of the dependency of

the patient and the power of the therapist it is virtually impossible for the patient to choose not follow the recommendations without ending the therapy altogether (any more than it would be viable to continue seeing your doctor if you refused his advice). Despite these obvious problems therapy tries to claim that it is objective. Many therapists use the word 'clinical' despite the fact that their practice has no empirical scientific basis and by and large they have no qualifications other than ones they have awarded themselves. The UK Council for Psychotherapy claims that psychotherapy is "an art and a science". One of the most farcical claims for therapy being objective this writer has heard of was a French psychoanalyst who informed his patient that the fee was her "guarantee of objectivity". Redler's describing his practice as "phenomenological psychotherapy" is also an attempt to make it sound objective. This is because phenomenology was a philosophical movement which sought, and thought it had succeeded, in bringing scientific rigour to philosophy. Under Foucault's archaeological investigations phenomenology's claim to be a scientific-philosophical method breaks down as we have noted. It is not what it thinks it is. In any event a therapy based on one person's 'phenomenological' study of the other is not really objective; the prejudices, errors, and values in general of the therapist are not airbrushed away because he is "practising phenomenology". It is still a process of one person submitting their judgement to that of another in the illusory belief that some good will come of it.

Redler's therapy like all forms of therapy is about the subjectivity of the therapist dominating the subjectivity of the patient, about the patient being 'cured' by submitting his subjectivity to the sovereignty of the doctor, being objectified in this sovereignty and from this (humiliating) position returning to himself. The patient is cured by allowing themselves to be placed in the state of the minor in relation to the therapist. But this is not about a transition to adulthood.

As a general rule this subjection of the patient to the subjectivity of the therapist does more harm than any good his 'interpretations' might do. In the end Redler's therapy while superficially sounding more profound, (resulting from an 'engagement with' philosophy etc.), than other forms of therapy, turned out to be like any other; governed by his personal prejudices, whims, errors, experience or lack of it, and what he found convenient, and contemptuous of the patient (riff-raff) whom he scarcely tried to understand or get to know. I was attracted to Leon Redler not least because of his association with R. D. Laing and the latter's talk of an "authentic meeting". The way he tried to 'steer' me in certain directions, which in almost every case, I followed against my better judgement, was nothing whatsoever to do with an authentic meeting. My experience of Redler is that his form of psychotherapy is no different from any other; it amounts to one person directing the life of another whom they essentially treat with contempt, while collecting the fees. Despite the language of radical, poetic, humanism it lacks actual solidarity.

### Postscript

For the public record I don't think Redler is a charlatan. It is more a question of immaturity. Of a teenage counter-culture willingness to believe that one is 'right' and society wrong; to exaggerate the seriousness and importance of one's youthful rebellion to the state of a serious alternative when in fact is nothing of the sort. A lack of a political analysis. A belief that having 'good feelings' constitutes some sort of radical or revolutionary position. A willingness not to submit one's ideas to too much intellectual scrutiny. In short; it is the problem of hippies in general.

## Notes

1. Why Freud was wrong. Sin, Science and Psychoanalysis. Richard Webster. Harper Collins 1995.
2. Anna by David Reed. Secker & Warburg 1976. David Reed is a pseudonym. In the book Landis is Leon Redler. The book describes the break-down of 'Anna' the author's wife and his attempts to keep her out of the mental health system and have her helped instead by 'Landis' . Eventually his wife commits suicide. Reading the book you can't help wishing with every fibre of your body that he had taken her to a normal mental health hospital.  
  
There is a poignant passage in the book when 'Anna' is seen by staff at the school her child goes to and the headmistress says to David Reed that she should "really be in hospital". David Reed states that 'Landis' told him to tell the school that "Anna is under medical care". As we note in the article there has been no record of a Leon Redler (or an L Redler) registered to practice medicine in the United Kingdom in the period 1960 to the present day. So; who did he mean?
3. Madness and Civilization. Michel Foucault. Routledge 2001. (First published in France in 1961). Chp 9.
4. A description of life in a therapeutic community household.  
[http://www.justinwyllie.net/psychotherapy/philadelphia\\_association.pdf](http://www.justinwyllie.net/psychotherapy/philadelphia_association.pdf)
5. Assault on Truth. Jeffrey Masson. Ballantine. 1984. Chapter 5.
6. Therapy Culture Cultivating Vulnerability in an Uncertain Age. Professor Frank Furedi. Routledge. 2003
7. Deschooling Society. Ivan Illich. Calder and Boyars Ltd 1971. Chp. 4 Institutional Spectrum.
8. Against Therapy. Jeffrey Masson. Fontana. 1990. Chp. 2
9. Interview in an online Journal with Leon Redler. [http://www.evolutionaerezellen.org/html/finger/finger8\\_12/finger10/redler.html](http://www.evolutionaerezellen.org/html/finger/finger8_12/finger10/redler.html)
10. The Assault on Truth. Jeffrey Masson. Ballantine. 1984.
11. Critical essay about psychotherapy. Justin Wyllie. [http://www.justinwyllie.net/essays/therapy\\_short.pdf](http://www.justinwyllie.net/essays/therapy_short.pdf)
12. The Order of Things. Michael Foucault. Routledge 1989. (First published 1966). Chp 9.
13. <http://www.janushead.org/4-1/redler.cfm>
14. The Female Malady. Elaine Showalter. Virago 1987. Chp. 9.