


and complicity with the wind. One thing only will remain of our cities, Brecht said once: the wind blowing through them. Being acquainted with this primordial fear, with the existential anxiety of impermanence, may work as useful antidote.

References

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A practice of love

The death of desire: an existential study of sanity and madness, by M. Guy

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First published 30 years ago, this second edition of *The Death of Desire* is M. Guy Thompson's undertaking to offer both revision and fidelity to his first edition, written originally as a doctoral dissertation. Drawing on three subsequent decades of psychoanalytic psychotherapeutic practice, Thompson achieves an erudite and contemporary exploration into the role of desire in sanity and madness. The book remains loyal to its first edition in its attempt to deepen the discourse between the existential and psychoanalytic traditions, a chiasm that Thompson acknowledges has been receding through contemporary relational psychoanalysis but nonetheless requires further attention. As a psychoanalytic psychotherapist who trained in existential phenomenology with R.D. Laing, Thompson is well placed to bridge this gap; it is no coincidence that the book shares its subtitle, *An Existential Study in Sanity and Madness*, with R.D. Laing's first work, *The Divided Self* (Laing, 1960), and it is clear that Laing's legacy continues to be a vital force behind Thompson's thinking and practice.

A key change between the first and second editions is replacing the term 'psychopathology' with 'sanity and madness'. This, Thompson explains, is because the term 'psychopathology' has lost its metaphorical function of referring to an experience of existential unease, or simply something that has gone wrong in a person's life. Instead, it is a term that has come to be firmly located within a biomedical model approach to treating people diagnosed with 'mental illness', a psychiatric paradigm that Thompson rejects. His concern lies with understanding human distress from an ontological, not pathological vantage point. Through using the term 'sanity and madness', therefore, Thompson encourages his readers to engage with an *existential* enquiry into the ways humans suffer and experience malaise. He explains:

By situating my exploration of the relation between desire and sanity and madness I hope to remove the concept of madness (occasioning all forms of mental and emotional distress) from any vestige of pathological and medical connotations, and return it to where it belongs: the everyday agony and ecstasy of living, in all its attendant mystery and complexity. (p. xii)

What is unique about Thompson's approach is how deeply he draws on Freud to articulate his own existential phenomenology. Part of the book's brilliance is its exposition of Freudian ideas,

which Thompson locates firmly within the Western philosophical canon. Existentially trained psychotherapists will most likely bristle at Thompson's assertion that Freud was both an existentialist and the first anti-psychiatrist (Freud rejected that neurosis was a disease, but a part of the human condition), however I am in agreement when he, perhaps mischievously, suggests that 'the existential therapists who reject Freud outright are either too lazy to read him, or sorely misunderstand his take on the human condition' (pp. xiii–xiv). It is certainly a fair assessment of my own minimal efforts. In this respect, *The Death of Desire* is an excellent resource for therapists with an interest in exploring the challenging and complementary relationship between psychoanalysis and phenomenology. I found Thompson's exposition and critique of Freud's views on neurosis and psychosis as variant, complex expressions of unfulfilled desires, for example, both clarifying and insightful.

Thompson's premise is that desires are so 'fundamental to our occasions of happiness and misery, and so decisive in our lives that we have no choice but to reckon with them' (p. xiv). He departs from Freud in that he does not consider desires to be essentially sexual in nature, but existential. Desire has been a philosophical conundrum since antiquity, and in the second chapter, 'That Discreet Object of Desire', Thompson traverses the philosophy of desire with ease, taking us through the philosophical dilemmas of the ancient Greeks, the Buddha, Hegel, Kierkegaard, Lacan and, of course, Freud, demonstrating both the elusiveness of desire and asking how our strategies to mollify pain and take recourse from our desires became 'the stuff of mental illness, psychopathology, and the conviction that the genesis of our symptoms has nothing to do with our agency or intentionality' (p. 32). It is a skilfully woven chapter, although considering the extent to which Thompson is influenced by a Hegelian dialectic, might be enriched even further by inclusion of Judith Butler's response to Hegelian notions of desire and its appropriation within twentieth-century French philosophy (Butler, 2012).

Having said that, because of Thompson's accessible writing style, it might be easy to miss the philosophical depth and complexity latent within the text. His inclusion, at times, of deeply personal narratives brings his theoretical exposition to life. For example, his chapter 'What to Make of an Incidence of Incomprehensible Madness (Or a Clinical Case Not So Easy to Diagnose)' provides us with intimate insights into his own experiences training with Laing and living at the Portland Road therapeutic household. There are no superfluous sentences in *The Death of Desire* – each chapter is both philosophically dense and invigorating, to the extent that the reader's absorption of Thompson's ideas might have been better supported by the lengthy, detailed chapters being kindly interrupted with the occasional sub-heading.

I am unable to do justice to Thompson's philosophical weavings, but will offer some of the highlights I encountered reading them. The opening chapter, 'The Myth of Mental Illness', outlines the problems of the biomedical approach to human distress that has dominated our collective cultural psyche for the past 50 years. Laing was an early critic of diagnostic labelling and psychiatric treatments, and Thompson provides a clear explanation of how Laing's notion of *ontological insecurity* distinguishes between schizoid and schizophrenic experience and the challenges to intimacy we will all encounter to different degrees. Thompson restates Laing's question that the schizoid condition might now be the 'normal' condition of contemporary human existence, in response to the increasing alienation generated by society's structures and systems. He explores this in subsequent chapters, although he avoids delving explicitly into the relationship between the personal and political and neo-liberalism's impact upon human experience. In our current political atmosphere, Laing's famous quip that insanity is a perfectly rational adjustment to an insane world seems more pertinent than ever.

One of the more complicated but rewarding chapters is 'Ressentiment', a fascinating exposition of Nietzsche's notion of *ressentiment*, or resentment, which Thompson suggests offers a

valuable existential perspective helpful in making sense of our emotional experiences. He draws parallels between Freud's super-ego and Nietzsche's slave morality and the resentment they share in others having what I am denied (Nietzsche) or what I deny myself (Freud). Through introducing Scheler's interpretation of Nietzsche, Thompson clarifies his own position that resentment is a response to circumvented desire, not suppressed anger or hatred of the Other and, while indebted to Nietzsche, critiques his view that resentment is an adroit strategy to successfully get what one wants, instead arguing that desire becomes ultimately subverted and repressed, manifesting in self-created strategies – or symptoms – such as ambivalence, denial or indeed madness.

Despite *The Death of Desire* setting out to bridge the relationship between existential phenomenology and psychoanalysis and challenging the clinical erasures of human experience that arise from a medical model of psychopathology, this is perhaps first and foremost a book about love. One of the more delightful insights Thompson offers are the lesser-known writings of Freud on love, which alongside Christian love, or *caritas*, clearly informed Laing's work. Thompson explores both the psychology and the practice of love. He points out that phenomenologically it is impossible to distinguish between falling in love and the mania of madness. He consults Phaedrus to illuminate the relationship between love and divine madness – a relationship that has the potential for both profound insight and profound darkness. How dissimilar, for example, is the torment of a voice possessing one's thoughts to a partner wanting to possess us in the name of love? How much might one's experience of sanity and madness have to do with one's experience of being or not being loved?

It is clear that, like Laing, Thompson considers psychotherapy to be a practice of love. He returns to Freud to make the distinction between the therapist cultivating sympathetic understanding towards the client in contrast to empathetic technique – the latter the stuff of current therapy trainings where therapists recognize what the other is feeling, the former an act of love. It is a provocative consideration and begs the question, to what extent should therapists be cultivating their capacities to love? I remember a time when I once asked a therapist if she loved me and she responded by telling me that therapy was about care, not love. I expect Thompson might have responded differently.

Where I am critical of *The Death of Desire* is that despite his rejection of the term 'psychopathology', Thompson retains the medical metaphor throughout, advising us to read this terminology metaphorically, not literally. His position is that, despite its risks, the medical metaphor's use has become so embedded within popular culture that a change of language would require the type of cultural revolution similar to the one initiated by Freud through the birth of psychoanalysis. I am of the view that this is a revolution we should not shy away from. The biomedical approach to understanding human distress has, in my view, pervaded our cultural psyche and language to such an extent that its mainstream use has become devoid of both metaphorical function and critique. This language has a mystifying function that, through locating 'mental illnesses' to be latent within the individual, alienates us not only from how we experience ourselves when in distress, but in how we respond to others. Surely critiques of psychopathology should also involve a challenge to the very language that sustains and maintains it? In this respect, my own desire for the book to actualize its revolutionary potential remains unfulfilled, although this was not the author's intention.

The Death of Desire reminds me of the Zen aphorism, 'without a rope we bind ourselves'. This book is an examination of these knots, or binds. These are not knots of 'mental illness' caused by mythological chemical imbalances or speculative genetic inheritances, but what Thompson refers to as *existential situations* – methods of management, or diversions from what can become at times, unbearable circumstances and experiences, desperate attempts for our lives to be other than they are. Laing saw his work to be helping to untie these knots, and in


the process, gain some understanding in how we might not get so caught up in them again. Through this second edition of *The Death of Desire*, Thompson honours and extends Laing's vision, and this contemporary revision offers a cerebral and accessible meditation on sanity and madness that has a vital place within current psychotherapeutic discourse and practice.

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