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KRISHNAMURTI WITH PSYCHIATRISTS
Part 1 originally published in *Krishnamurti: 100 Years* by Evelyne Blau. Parts 2 and 3 originally published in Bulletin 70 of the KFA. The documents are published here with a few small spelling changes and corrections.
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INTRODUCTION

To call Krishnamurti a philosopher, a teacher, or a psychologist seems to fall short. Yet his insights into human consciousness and its activity, the structure of thought, conditioning, time, the self, psychological reaction, analytical thinking, and also that which may be beyond thought, have attracted interest from those involved in philosophy, religion, education and psychology.

In the mid-1940s, a group of distinguished psychiatrists met with Krishnamurti in Washington, D.C. They included Drs. Benjamin Weininger, Harry Stack Sullivan, Erich Fromm, David Rioch, and Margaret Rioch. Calling themselves the Baltimore-Washington Psychoanalytic Society, they were to have a distinctive effect on the course of American psychiatry as it moved away from an historical perspective toward an emphasis on the immediate problems of living. Dr. Weininger describes this in his interview with Evelyne Blau for her book Krishnamurti: 100 Years:

"The key to self-understanding in psychoanalysis is based on the revealing of past history and Krishnamurti makes a very important point—a slightly different point. The key, as he sees it, is to be aware of your reactions. Usually your images of the way things should be are constantly being threatened, and when your image is threatened in any area, you react and sometimes you react with anger or hurt and those reactions are always from your past. So you can get at your past by understanding your reactions rather than digging into the past history."

Dear Friends,

This annual Bulletin is offered to a small group of supporters and typically includes previously unpublished material by Krishnamurti. In our archives we have a great deal of content, including audio recordings, which still require some work. Krishnamurti was adamant that his spoken words should be well edited before being published. There are some jewels here that will one day be put into book form.

This year's Bulletin is a bit different. We are republishing Bulletin #70, which appeared in 1996. Entitled Krishnamurti and the Psychiatrists, this text has become sought after since Friedrich Grohe, a close friend of Krishnamurti and of the Foundations around the world, took a special interest in it. Over the years, Friedrich has collected the remaining copies of Bulletin #70 and widely distributed them. We think this material continues to be relevant and timely, and thought you might appreciate reading it.

Friedrich Grohe met Krishnamurti in the early eighties, and they shared a passion for yoga. They became close friends and Krishnamurti called Friedrich Ange Gardien (Guardian Angel). Since then, Friedrich has supported the Foundations, their schools, and their work in many ways. The High School building on Oak Grove’s campus, and the Study Centre and Student Pavilions at Brockwood Park, would not have been constructed without his generous support.

The Beauty of the Mountain, authored by Friedrich Grohe, is a wonderful book that tells the story of their friendship. It can be found on our website.

We hope you enjoy Bulletin #86.

Sincerely,

Jaap Sluijter
Executive Director
Krishnamurti Foundation of America
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The full interview with Dr. Weininger forms Part 1 of Krishnamurti with Psychiatrists.

In 1950 Krishnamurti again met with Dr. Weininger and a group of psychiatrists, this time in New York City. The transcript of one of their dialogues forms Part 2 of this booklet.

Still later, Krishnamurti met with Drs. Karen Horney, R.D. Lange, and David Shainberg. In 1975 Dr. Shainberg organized a conference in New York City with Krishnamurti and 25 psychotherapists. His report of this meeting forms Part 3.

The introductory words above were adapted from the introduction to the Krishnamurti Foundation of America’s 1996 Bulletin 70, where Parts 2 and 3 were originally published.

There were further conferences with Krishnamurti and psychiatrists, in 1976, 1977, 1982, and 1983. The material included here has been sufficient to interest many people. I have given away nearly 200 copies of Bulletin 70, mainly to guests at the Krishnamurti study centres, especially the Centre at Brockwood Park in England, as well as to others studying, working in, or dabbling in psychology. Some of the recipients were psychiatrists, perhaps concerned about how their profession had been viewed by Krishnamurti. I would tell them that he had occasionally referred to psychotherapists as psychoterrorists, which they always found funny, but also that I recalled Krishnamurti saying that as long as human beings are in this state, psychiatrists will exist.

But it is this statement that perhaps best encapsulates Krishnamurti’s view of the subject: Analysis is paralysis.

Friedrich Grohe
Rougemont, August 2012
Weininger, Benjamin, M.D. from Krishnamurti: 100 Years by Evelyne Blau.

**Dr. Benjamin Weininger:** In 1946, I introduced Krishnamurti to all of the psychoanalysts in the Washington Psychoanalytic Society. He was at my house for a week and he talked every day. The ones that were there were very much impressed with him. Harry Stack Sullivan, Erich Fromm, David Rioch and Margaret Rioch. During that period Karen Horney asked me to come to New York. I spent two hours with her discussing the teaching of Krishnamurti and she was not only impressed with him, but she saw the similarity between his teaching and her whole school, the Karen Horney group of psychoanalysts. They became interested and began to write about Krishnamurti’s teaching. Later, David Shainberg and his whole psychoanalytic group from the Karen Horney circle became absorbed in Krishnamurti’s teaching. K used to go there every year for several talks, to those analysts. They are still involved in one way or the other. One of the people dropped out of psychoanalysis altogether and became an artist. So that was one of the important effects.

**Evelyne Blau:** Was Krishnamurti able to clearly lay out his view of the human mind to the psychoanalysts?

**BW:** Krishnamurti’s perceptions of the human mind, were clearer than anybody that I had encountered. It was obvious to me, that he had a better understanding and when I brought him to Washington D.C., and he talked to the psychoanalysts,
they asked me, “How did you know we would be interested in Krishnamurti?” I told them it was obvious to me that it would be the case. They became very much interested and it had an effect on their practice and their lives too.

**EB:** Krishnamurti must have looked forward to these meetings.

**BW:** Well, I have seen Krishnamurti fearful and I think it’s an important thing to describe the circumstances under which it happened. When he was talking to the psychiatrists and psychoanalysts for the first time in Washington, D.C., he came to me and he was shaking with fear. He said, “I’m scared.” And I tried to reassure him that it would be alright, and then when he went in to the talk, I realized that he was able to drop the fear. He allowed himself to experience the fear fully and then let it go. Most of us don’t do that, we stay with the fears instead of letting it go. This is what he means when he says, I have no fear. I also asked him, “Would you be afraid if you were dying?” and he said, “I don’t know. I would have to see, I would have to be aware to see whether I was afraid.”

**EB:** Was there a particular area that was of special interest to the group?

**BW:** There’s been a considerable interest among psychoanalysts and psychiatrists recently in self-centered activity and actually, self-centered activity is something that Krishnamurti has talked about all his life and maybe the psychiatrists are beginning to catch on to it. It is a very important point, most of us, if we are hurt strongly in childhood have a more difficult time interrupting self-centered activity. Another way of saying it is excessive self-involvement. It’s easier to do that to the degree that one has had a pleasant or good childhood. Then it is easier to drop the self-
centered activity; otherwise it is more difficult. Some people never break away from it.

**EB:** Is there any special focus in mental health today?

**BW:** Psychoanalysts today are emphasizing the importance of love, even Freud emphasized the importance of work and love. But today they even more emphasize the importance of love. Most psychoanalysts and psychiatrists have a more limited view of love, and I feel that they don’t go far enough. They stop short of the goal. If a person doesn’t get into a spiritual awakening and understanding of the whole person, then it’s incomplete. Most psychiatrists/psychoanalysts work, in my opinion, is incomplete and the influence of Krishnamurti was able to help me go further in my own life than I would have done without him.

**EB:** What do you think Krishnamurti was actually talking about?

**BW:** When I had my private talks with Krishnamurti he told me what he thinks he is talking about. Psychology, philosophy and religion, that’s the subject he is talking about—all three. It’s not just one thing, they are all related, interrelated. You can’t separate them. Psychoanalysts, modern psychoanalysts, think that without philosophy there is no psychoanalysis. That’s the beginning, the philosophical orientation.

**EB:** Has there been a change in your practice because of your interest in Krishnamurti?

**BW:** In the first five years of my training, I was practicing regular Freudian psychoanalysis, but after I finished the training I found myself drifting back to my interest in Krishnamurti’s way of teaching. The change was partly that I was having more of a relationship with the person, the patient. I was not so impersonal and I didn’t hesitate to talk about my philosophy and share it
with the patients. I often gave them Krishnamurti’s pamphlets to read and I think I had a lot of impact through that, and many of them became very much interested and they followed the teaching. My psychoanalytic practice was criticized for being so involved with Krishnamurti but I kept on teaching. A lot of the things that happened to me and my patients are really non-verbal. The feeling between us is what gets through. There’s one element as far as the practice is concerned and this is a point that I learned from Krishnamurti. The condemning quality that I have is very strong and I learned through the course of the years to be aware of my condemnation. It came across as impatience because they felt that when they came into my office and the world at large, they were being condemned every day. Later, when they came to my office they had a sense that somebody here is not condemning and they left the office feeling, virtually as I used to do when leaving Krishnamurti.

**EB:** Throughout his life Krishnamurti stressed freedom, psychological freedom. What is your view of this emphasis?

**BW:** Many psychologists don’t believe there is such a thing as psychological freedom—they think that you are conditioned and you are a victim of your past and nobody is psychologically free. Non-psychologists sometimes say, if there is only one other person in the world besides yourself, you are not free to do as you please; the other person won’t let you. But Krishnamurti is not talking about that kind of freedom, he is talking about psychological freedom and this is often very confusing. We are a part of our total past, but psychologically we can be free. We have a hard time in understanding Krishnamurti because he is often talking about psychological freedom, psychological death, psychological ending and he doesn’t mean technically ending. Psychologically free means being free of past conditioning.
EB: Most religions and philosophies see the importance of self-knowledge. What is the key to self-understanding?

BW: The key to self-understanding in psychoanalysis is based on the revealing of past history and Krishnamurti makes a very important point—a slightly different point. The key, as he sees it, is to be aware of your reactions. Usually your images of the way things should be are constantly being threatened, and when your image is threatened in any area, you react and sometimes you react with anger or hurt and those reactions are always from your past. So you can get at your past by understanding your reactions rather than digging into the past history.

EB: Can you give a description of Krishnamurti, both the man and the teaching?

BW: In my experience, there is no way of describing Krishnamurti in words. You can say he was a world teacher or you can say he was a great psychologist, philosopher and a great religious teacher and that wouldn’t convey anything to the other person. There is no way, in my limited vocabulary, of describing Krishnamurti other than by reading his teachings. You get some feeling of it through the films and the video tapes, then you can get a feeling of Krishnamurti without reading him. But, I don’t think I could convey it to anybody—not in words. His presence was very powerful, what he transmitted to me was really the kind of person he is, so that when I saw him in 1945 for a series of talks, he was late for the appointment—five minutes—and he came out to tell me he was late and he shook hands with me and left quickly. The impact of his shaking hands, his presence was so vibrant, that after he left, I felt I was ready to go home, it was such a strong impact. His presence is what is communicated and many people who hear the talks don’t even remember what he said. Some of
them do remember and are able to talk about it, but many are not because what is communicated from Krishnamurti is non-verbal, the sacred part, the silent part is communicated and that is mostly non-verbal, and this is what people respond to, even though they may not understand anything he said.
Dr. Weininger: Some of the people here have some questions on their minds. We should like to bring those questions up and see what happens.

Dr. Powdermaker: One of the things that interests me very much in your talk was the question of trying to work out the conflict by oneself. I wonder how one goes about handling one’s resistance to facing situations—in the absence of the analyst—which is the main thing, it seems to me, that the analyst helps you with.

Krishnamurti: Do you think one can work out anything by oneself? One does not live by oneself. Conflict is always related to something.

Dr. P: Yes, that is right. It exposes itself, so to speak, in human relationships.

K: Not only human relationships, but everything.

Dr. P: Certainly, it can be a relationship to an animal, or a flower, or a house, or anything.

Dr. Rennie: One does acquire some degree of insight by one’s own self-examination, except that one comes to the unconscious—which one cannot touch by oneself. There is where we feel people need help.
K: Do you think there is such a demarcation between the conscious and the unconscious?

Dr. R: I think there is quite a demarcation, yes. I do not think it is rigid or absolute, but I do think there is a difference between a conscious awareness, and that which operates within us, or drives us, about which we have little awareness. Yes, I think there is a difference.

K: Either one is aware of the conscious or one is not aware of it.

Dr. R: Largely unaware, I think.

K: But if one is aware of both, is there a difference between the two?

Dr. R: If one is aware of both—but most people cannot come to an awareness of both.

K: Yes, that is what I mean. Suppose that I am aware of the superficial consciousness. Will it not inevitably lead me to become aware of the hidden things of which I am unconscious? Is there a difference between the two? Is there a line which I step across, a door which I open?

Dr. R: No, I think there is not a line; it is a matter of relative awareness. The unconscious may speak along many lines; it may slip out sometimes in dreams; one gets little hints of it. Then you frequently have large areas of it remaining quite obscure to most human beings, throughout their lives.

K: But, sir, do you think the unconscious is so very different from the conscious?

Dr. R: I do not know what you mean by “different.” It is made up of the stuff which is life.
K: Yes, as is the conscious.

Dr. R: There are similarities, perhaps. I think the unconscious is made up of more truly biological, more fundamentally instinctual aspects of what drives and motivates man than usually appear in the conscious.

Dr. P: Or is it made up more of the things that we have not permitted ourselves to face in the conscious?

Dr. R: I think we are talking about Western society.

K: All societies are more or less the same. Fundamentally they are not very different, fortunately or unfortunately.

Dr. R: We believe that is very dependent upon the structure of the family, and I do not know what the structure of the family is in Eastern society. It is certainly not the same as in certain primitive peoples in the South Pacific, such as the Balinese, who have different family structure in many ways. Even in this country, the Navajos have a different family structure. What was your original question?

Dr. P: The problem of solving the conflicts and struggles within us by means of understanding the unconscious roots and how we get at them. I understand your answer, of seeing the evidence of this struggle in whomever, or whatever one relates to. But I am not sure that it does not take a way of dealing with it that one has to learn somehow.

K: A technique, a system.

Dr. P: I do not like those terms of dealing with it, but I think I can sometimes find meanings in conflicts that I have. I think, however, that it is a way I found out by dealing in analysis. I would not have known it without it; de novo, it would not have come to me.
K: If we want to know something, can we not know it?

Dr. P: If our desire to know is strong enough.

Dr. R: Not very easily.

K: If I want to know whether I am afraid, is it very difficult to find out?

Dr. P: It can be.

K: Without any previous training, special approach, or anything like that?

Dr. P: I think it can be very difficult.

Dr. W: Most of us are so sick to begin with that it is very difficult to go into the hidden source of conflict.

K: I may not be able to go into it, but I may be able to find out if I am afraid.

Dr. R: Can you find out of what you are afraid?

K: I think so, sir; do you not?

Dr. R: No. Even with the greatest desire to know, I think many people cannot find out, without help, of what they are truly afraid.

K: As Dr. W. said, they must be sick people.

Dr. R: Maybe all Western man is sick. I should not doubt that there is some sickness in us all.

K: The whole world is sick in that sense.

Dr. P: Incidentally, what do you mean by “wanting”?

K: Suppose I want to find out what is causing the struggle, the conflict in me—and I took fear as an example. Do you think it is very difficult to find out the cause of fear?
Dr. P: It can be very difficult.

K: I do not see what the difficulty is.

Dr. R: You do not?

K: No, sir.

Dr. Crowley: I think one of the difficulties is this: that this business of wanting to find out is not a very clear-cut thing. One may want to find out very desperately for all sorts of reasons, and yet there will be a certain structure within oneself that keeps one from realizing that wish—mainly because to find out what one is afraid of would upset this whole structure within oneself.

K: Yes, that I see.

Mrs. King: And that would be painful.

Dr. C: In that sense, yes.

K: But suppose I want to go to the bottom of it; I want to know the whole structure of why I am afraid. It is like going beyond the door and seeing what is there. If I am interested I want to see the whole content of it, the whole inside, not just what shows on the outside.

Dr. C: I think one can get a little way.

K: Why only a little way?

Dr. Fein: Sometimes we want to go beyond into the cupboard, but most of the time we do not. We want pleasure, we want power or something else.

K: I understand. Most of us do not want to do it because it is too disturbing to the traditional, to our accustomed way of life. But if I want to give full attention to the cupboard, surely I can go
beyond the mere superficial level. I can go much deeper into it. You say I cannot?

**Dr. R:** No, I do not say categorically that you cannot, but I say that for most people it is impossible.

**K:** For most people it is not a serious thing.

**Dr. R:** Oh, I think it is desperately serious.

**K:** It is not serious in the sense that they want to go to the depths of the problem; they would rather carry on superficially as they are.

**Dr. R:** I think there are thousands of thoughtful people who would be willing to go to the depths of the problem if they knew how.

**K:** So you think it is a matter of technique, the knowledge of the “how”?

**Dr. P:** Not quite the knowledge of the “how,” but the knowledge of the fear that comes between what is and what they have been taught to think they ought to be.

**K:** I want to know, therefore I want to see the whole pattern of it.

**Dr. R:** You personally have thought deeply about these things and have really scrutinized yourself with great honesty, but now we are talking about the hundreds of people who are troubled and need help.

**K:** If one person can do it, it is possible for all who are really serious to do it for themselves.

**Dr. W:** Does it not require both interest and a way? For instance, if some of us who have been experimenting with your idea for
many years did not have some understanding of the way of looking for it, I do not think we would get very far.

K: But what is the way? What is the way of looking for it?

Dr. R: We are trained in a particular discipline that has a way which is helpful for some people: the long, long time spent in a relationship between one human being and another human being. With us, it is a patient and a doctor in the process of self-scrutiny, in which the doctor, who has more objectivity, can slowly lead the patient deeper and deeper into understanding himself.

K: I am not contradicting doctors. But is there not a way of going directly to the bottom of it?

Dr. R: I had come today hoping you could tell me.

K: Let us discuss it; I would rather talk it over. Is there not a way, sir? Don’t you think there must be a way?

Dr. R: I do not know any way, sadly and unfortunately. I believe certain mystics get it in a way I do not know. I think that religious people, through great contemplation and belief, get it.

K: Get what?

Dr. R: Insight.

Dr. W: Our entire training throughout our lives has been towards getting security, and if a person like you does not help us to see this sickness, we cannot get it.

K: I come to you as a patient, and you tell me, “Look, we will go into it very slowly, we will take time and do it gradually.” But I say, “Please, doctor, I want to get to the bottom of my trouble now, because I am tired.”

Dr. R: Then I would say, “I am sorry, that is the only way I know.”
K: I say, “I come to you; I want a quick way; I want to be free of all this.”

Dr. R: Yes, but medically, there is no quick way.

K: Why not, sir?

Dr. R: We just have no techniques for doing it quickly.

K: I want to get at the root of fear. It is up to me whether or not I want to be free from it, but I want to see it. Will you help me?

Dr. R: Yes.

K: But not by a gradual process; I want to see it immediately. Can you help me?

Dr. R: I do not know, because my life experience has not taught me any such way.

K: Why?

Dr. R: Science has not taught me any such way. My training is in science.

K: What should it teach you, sir? I come to you as a patient. I want to come to it quickly, and you say you do not know.

Dr. R: I frequently say to patients, “I do not know.”

K: Why?

Dr. R: If I do not know, I do not know. Why? Because, as I said, my training is not giving me that knowledge.

K: You have said you do not know, and stopped there.

Dr. R: I have said I do not know the quick way; I have not said I do not know the slow way.
K: I come to you and say, “I want to come to the point immediately, as quickly as possible.”

Dr. R: I would say that finding the understanding of the human soul can never be achieved quickly. You have spent a lifetime doing it, so how can you have done it swiftly?

K: You say, “I cannot do it,” and that is what I am objecting to. You follow what I mean?

Dr. R: I follow completely what you mean. I have to be honest and say, because I do not have the skill.

K: Is it a matter of skill?

Dr. R: Skill, insight, technique.

K: Wait a moment. Is it a matter of skill—skill, not insight?

Dr. R: Yes, I think that dealing with people in a sensitive way requires skill.

K: That means being open to me?

Dr. R: Yes.

K: Not skill.

Dr. R: Yes, but I must learn not to be blunt.

K: Those are merely the ways of applying it. But you must be open; you cannot say, “I do not know that way,” and shut me out.

Dr. R: I shall not shut you out.

K: But you would.

Dr. R: I would say, “If you would spend more time with me, then together we could bring a greater insight.”
K: You understand that my time is limited, in the sense that I am very eager to get to the bottom of it.

Dr. P: The issue is, I presume, what to do if a person comes to me, to you or to anybody, and says, “I want to get to the bottom of fear as quickly as possible.” If you are completely open to that person, you say, “Well, let’s proceed and we’ll see.” I have occasionally found in my experience a few people who live very close to their unconscious, and who have actually arrived at a way of learning about themselves in a very few hours, with tremendous relief. That happens occasionally. The barriers are very thin, and they break through them.

K: If you are also very keen to get to the bottom of it, will you not help?

Dr. P: Certainly. You work as fast as the keenness of the other person permits.

Dr. R: No, as fast as he can tolerate going; because, if you go too fast, you may damage him irreparably. You must always have the judgment to know how fast he can go into insight. If I take him too fast, I may demolish him.

K: Of course, but I come to you wanting to go as rapidly as possible into the whole problem.

Dr. P: That would involve the patient’s getting the insight himself, of course, not your giving it to him. In that case there wouldn’t be any danger.

K: There are two types. One is the person who wants to get it slowly, gradually.

Dr. R: No, most people want it right away, in a hurry.

K: That is just an escape, a desire to get it over with.
**Dr. R:** I do not think so. I think that, in all sincerity, many people cry for help, and then want the relief quickly.

**K:** But most cannot get it. I, however, come to you—I want to get this clear—and say, “Look, will you help me to get to the bottom of it as rapidly as possible? I am fairly balanced, I am not crazy, and I want to go as rapidly as possible with you. Will you help me?” Would you then help me?

**Dr. R:** I would.

**K:** Of course. So you see it is not a question of time.

**Dr. R:** I do not know why we are getting bogged down in this business of time. I do not really see the pertinence of the discussion about time. If a human being wants to be well, in the sense of being balanced and harmonious inside himself, it is relatively immaterial whether it takes him a month or a year.

**K:** I quite agree.

**Dr. R:** Then why talk about time?

**K:** I talked about time because you said, “I cannot do it.”

**Dr. R:** In a short time.

**K:** Yes.

**Dr. R:** I have many questions to ask you, but I am not going to monopolize the time with you. The others want to speak to you also. Perhaps when it comes my turn again, I may ask you some questions.

**Dr. C:** My question has to do with this matter of getting to the bottom of things. I believe Dr. R. and I are in the same boat, in that we have worked in a certain way to get to the bottom and this way involves going into not only the matter of the presence
of awareness, but into what interferes with awareness. Perhaps I can make myself a little clearer with an example.

A patient reported he felt guilty over canceling an hour with me. I inquired into it, and we came out at this: he himself was quite uninterested in working all the time, in making money; he wanted time free for various things that he referred to as “creative.” I pointed out to him that he seemed to act as if the only thing that I had in mind was to work and make money. If not, why should he feel guilty? There was also another part: we got at the fact that he did not really feel guilty. He was only afraid of how it would appear to me. So that was one of the things that interfered with his understanding of what his feeling of guilt really amounted to at the moment he reported to me. We also went into the fact that this had been quite a pattern through his life, with his family and so on; that there were a lot of things about which they did not really feel bad, but it was very important that no one knew he felt bad about them.

My point here is that we have been used to working through and exploring the contents of these fears, the various factors in one’s past, in one’s family conditioning and so on, which interfere with being able to react as a human being to present life. And this seems to take quite a long time—to bring in that factor of time again—but it is necessary in order to get insight together into these various things. At least, this is what we believe, and feel, from our experience.

K: What is the question, sir?

Dr. C: I wonder if there is any other way? As I hear you speak, the question comes up in my mind, and in others’ minds, “Well, this is very nice, but how does one do it?”

K: How does one go about it?
Dr. C: Is there not something that we are missing in this kind of approach? I really feel there is the implication in what you say that it is unnecessary to explore the content of what goes to make up fears, the history of the fears.

K: I do not say, sir, that it is unnecessary; but do you not think that, if I am at all aware, all these things come out rapidly? That if I am sensitive, if I want to know, if I am eager to search it out, I do not have to go into all this, because it comes bubbling out?

Dr. P: There is the problem of the eagerness, of the wanting, though. There is always this pull in both directions—the wanting and the not wanting, the eagerness and the fear.

K: The moment I am aware, I cannot stop all those things from coming out; they are bound to come out.

Dr. P: I know what you mean, but I also see this other side.

K: The point is to be aware, to be sensitive; so I have to discover what it is that prevents me from being sensitive. If I can keep looking at the mirror, I will see everything coming out—every thought, every movement, every gesture, every feeling.

Dr. P: Then you look away from the mirror because you cannot bear to look at it.

K: That is the thing. Why do I look away?

Dr. P: What we are taught to fear, really, is what we will see when we look what we call super-ego or consciousness, whatever the projection is.

K: What makes me look away, knowing that I will ultimately have to look? Why do I not see it? If I do not look today, I will have to look tomorrow. Something is going to make me look. Is it a lack of attention on my part?
Dr. F: I do not think it is a lack of attention. I think it is a question of whether you really have the desire to be aware, just as we often see in analysis, when the patient does not want to be analyzed but wants something else: he wants pleasure.

Dr. R: I would like to bring this out. What bothers most of us in psychiatry is the whole question of how man can come to live with less destructiveness. A simple problem of mankind is that of the hostilities which the individual carries within him. He is full of the capacity to hate, so he hates negroes, minorities. How can there be a resolution of the terrible problems of the world until man is free of this terrible need to hate all the time? Here and there, with a single patient over a long period of time, one can see the hate begin to vanish. But what we would all most earnestly like to know is how we can more quickly help more people to be free of the hatreds that cripple their lives and make society so difficult.

K: Could we finish the other question first?

Dr. R: Surely, I am sorry.

K: If it is lack of attention on my part, why is it that I am so insensitive? If I see fear, if I am aware of fear and all its results, why do I not just carry on and say, “Here it is. I am afraid. I am going to have a look at it”?

Dr. P: When we are afraid, I think we come to what Dr. R. just said. I think what most of us are afraid we will see when we look in the mirror is this hate and anger in ourselves, and we cannot bear to see it.

K: Is it because I cannot bear to look at it?
Dr. W: Are we not conditioned to avoid pain, and is not avoidance an automatic response? It is an automatic response until we become aware that we are in pain.

K: And then what?

Dr. W: Then you can see it.

K: To use Dr. R.’s example, say that I hate people, negroes—or, if I am an Indian, some other people. How am I to be free of that hate? I do not know how to tackle it.

First of all, there is a certain pleasure in hating, is there not? There is a certain sense of satisfaction in hating you. You may not like it; you bear the brunt of it. But for me there is a certain sense of lightness, a certain sense of warmth. Wars would stop tomorrow if I did not hate the Germans or the Russians, with all the elements that go with that hate: nationalism, patriotism, class-consciousness, the whole thing.

Is it not, sir, that from childhood I am conditioned by society—no matter whether it is a communist or any other society—to think in a particular way, and it is very difficult for me to recognize that fact. Suppose, for instance, that I am born in India in a family of Brahmins. They think that there is nobody else but themselves. They are extraordinarily conditioned. They must do this and not that; they must not touch certain people, and so on. I am educated in that way; therefore, if the education is changed, the hate will disappear. Or is it something much deeper than mere superficial conditioning?

Dr. R: I think it is much deeper.

K: I think it is deeper, too. It may not actually be hate, but more a sense of antagonism because I feel I am important, or the class I represent is important. It is my security that makes
for antagonism, hate—the desire to be secure in my little job, in my power, or whatever it is. I want to be secure, which is to build something about myself. I want moral security, or financial security, or psychological security, and so on. Is it not that which makes for hate? And is not the problem, therefore, how one is to be free from this desire to be secure?

**Dr. R:** No, I think it is deeper than that.

**K:** It may be, but first we have to go that far.

**Dr. R:** Yes, that is one aspect of it.

**K:** What is the other?

**Dr. P:** I think one must be free from the desire to get what one immediately wants. I am thinking that so much hostility is left over from the frustrations that are inevitable in childhood from not having the immediate desires satisfied because, whether one is a Brahmin or a Hottentot, that is inevitable in one’s life.

**K:** The frustration of desire?

**Dr. P:** Yes.

**K:** After all, my desire is to be happy, to be more powerful, to have this or that.

**Dr. P:** At any one time, which may not be possible.

**K:** Yes, and on what is all desire based?

**Dr. P:** I think fundamentally on instinctual needs.

**K:** Not only on physical needs but on psychological needs.

**Dr. P:** At its beginning, it is physiological, is it not?

**K:** Yes, but after physiological what are the other elements? What is the center around which all this desire revolves?
Dr. P: I suppose it is survival, is it not? I do not know.

Dr. R: I would say it is primarily a craving to be loved. When little children are not adequately loved, are frustrated and cut off from love, they develop capacities to hate, and they carry those capacities throughout their lives.

K: To be loved, to be powerful, the desire to be something—is that not it, essentially? I want to be loved; someone else wants to be secure; someone else wants to be powerful. But the urge to be something is the basis of all this, is it not?

Dr. R: Yes, I think one can put it that way.

K: So the problem at its depth is the desire to be praised, loved, to have fame, whatever it is, to fulfill oneself.

Dr. R: Yes.

K: Can I be fundamentally free from that desire? If I can be without that desire, then I shall love, I shall be kind; then I shall not say, “I must be loved,” not saying, “I” must be loved, putting out the “me” all the time.

Dr. R: Can you?

K: Why not?

Dr. R: Most people’s lives are lived in terms of conflict.

K: Yes, and conflict leads nowhere. It may have secondary results, but the primary aim of war, which is peace, is not achieved. So I do not want to have a conflict, and if I see the importance of not being in conflict, the desire to be something inevitably ceases.

Dr. R: I should like to ask a personal question which is probably very rude and which you need not answer. Are you without conflict?
K: Yes, I think so.

Dr. R: Without any conflict?

K: It is difficult to say it like that, but I should think so. If I had it I would go after it. I would not leave it alone. I would say, “This is stupid,” and I would not leave it alone until it was dissolved.

Dr. R: How can we help others to achieve that?

K: First, I have to do it. I cannot help others if I do not do it.

Dr. R: And then, after you have done it?

K: I think the miracle takes place. A truly religious person says, “I have no conflict,” but if I go to the bottom of it and say, “Look, it is the desire to be something which starts every conflict,” and if I dissolve that....

Dr. R: May I ask another personal question? How long did it take you to dissolve that?

K: I never thought in terms of “how long.” I went along as each problem arose.

Dr. R: Were you this way as a little boy?

K: Probably. I cannot say whether I was or was not. Other people who knew me better might tell you. The difficulty is seeing that. Is that “seeing” merely intellectual, verbal, superficial, or does it require tremendous suffering, which will ultimately force me to put my nose to the grindstone and say, “Look here; there it is.”

Will suffering help me get that? Obviously not. And that is one of the Christian virtues. Do you follow me? In Christianity that is one of the highest things—to suffer—and suffering is made a virtue. How am I to do it? Can I do it, sir? Can I ever do it, sir?
Can Dr. W. do this? Take “X” as a matter of fact? Why can’t you do it? What is preventing it?

Dr. W: I might say one other thing about that. I think that from birth our thinking seems so usual that we do not recognize that is a problem.

K: No, Doctor, what I mean is to be free from that desire to be something. Why is it that we cannot be free? Knowing all its consequences—fear, hate, and so on—why cannot one be free from it?

Dr. R: Or how can one be helped to be free of it?

K: Can I help you to be free of it? Let us discuss that. Can I help you to be free of it? You have seen it. You have seen the root of it. Why do you not pull it out? I cannot pull it out for you. If I did, you would go and put it back again. You have to do it.

Dr. P: We do not really want that. We do not want to do it ourselves.

K: Why do I not want it? Why can’t I do it? Why do I have this division, this contradiction, why? Either I do not see it, or I see it and I want it out.

Dr. P: But I do not see the bottom of it.

K: Yes, I see it verbally, theoretically, ideologically, but I do not see it actually, factually.

Dr. P: And the pain and the struggle come from seeing it actually.

K: No, surely not.

Dr. P: I mean the approach to seeing it actually.

K: No. If I see that the pain comes because I want to be something and I do not want to be free of pain. If I want to be free of pain, I
have to say, “Look, there it is; the root of it is there, which is the desire to be something.” Is there a contradiction? Do you follow what I mean?

**DR. P:** Yes, I follow. I mean, I follow verbally, but I have to take time.

**K:** Is there a contradiction? I have no contradiction.

**DR. W:** I think that to become something is consequential.

**K:** Yes. How do you see it?

**DR. W:** I see that when I am active, that there is something in me that wants to be active.

**K:** No, Doctor, I do not mean that. When you say, “I see that the desire to be something causes all the mischief,” how do you see it?

**DR. W:** I see it by my activities and my thoughts.

**K:** I do not think I explained myself properly. How do I see something? I see you. But when it is a more abstract fact, how do I see it when I say, “I see it”? Do I see it as a thing, that it is so? You know, like light, like that table, it is so; there is no question of arguing about it. Do you see what I mean?

**DR. W:** I see what you mean. I do something more about it.

**K:** No, if you saw it that way, you would not do something more about it. Let us put it this way: you come to me and say, “The cause of your conflict, of any kind of conflict, is the desire to be something.” I say, “Yes, you are perfectly right,” and I do not want to be in conflict with you, because I see the stupidity of it, of conflict of any kind. Then what happens? Do I let that “to be
something” operate on its own accord? I do not know if I make myself clear.

**Dr. P:** Yes. If you allow yourself to be, rather than to be something, then whatever...

**K:** No, madam, it is like this: how do I see the fact that the desire to be something brings in its wake conflict? How do I see that? How do I feel it? What effect has it on me? Do I take it as a matter of fact? How does it strike me? Do you understand?

**Dr. F:** Well, we can see it in terms of the particular situation. You want to be secure, happy, famous, and contented.

**K:** No, sir. Is it something new? Do you follow what I mean? I do not follow it that way, and I see it like light. It is like suddenly looking out of the window and seeing something you have never seen before.

**Dr. P:** Or is it a struggle—which means you do not see it?

**K:** Of course.

**Dr. P:** You could also recognize at that point at which you stop trying to be something that there might be a realization.

**K:** You tell me that suffering arises from the desire to be something. I say that is a good idea. I do not want to suffer; I want to get it. I want to be that, which is another form of being. Therefore, the trouble comes in again. But if I listen to you and say, “Look I do not struggle; I do not desire to be something,” I just listen to you and let the seed take—you follow me?

**Dr. P:** Surely. Then the sense of letting anything happen also comes into that.
K: I do not know about that, but this particular thing Dr. W. says he sees—how do you see it, sir?

Dr. W: Allow me to give you an example. Since your recent talks I have seen that my activities and I are the same. I saw it with surprise. I recognized it. Here I am doing something. I want to take a ride, I want to go to a movie, or do this or that. I see the continuous activity in me, one activity, another activity, another activity. I felt it with surprise. Then, when I was relaxed, there seemed to be no activity. Then, my thinking starts. Then, I see that the thinking is me. But I lose myself in the thinking before I realize what I am doing; I am flooded with thought, although, when I wake up to it and I am not so relaxed, I recognize that the thinking is me. But I have difficulty.

K: I understand it, sir, but after this discussion, someone says that the cause of conflict is the desire to be. How does that strike you? With what impact? With what sense of reality does it strike you? Is it that you suddenly see light—you have been groping and suddenly come across this switch and turn on the light. How did this statement just now strike you?

Dr. R: That is a valid statement; I accept that.

K: That what?

Dr. R: How did we get there?

K: No, just a minute, sir. This is very interesting.

Dr. R: I do not immediately, by an act of will, throw off all conflicts.

K: No. I have been groping up to now in the dark, and I come across the switch and turn the light on immediately. I do not say, “How do I get to the light?” Up to now by talking, discussing, I
have been confused. I come across you and you say, “Look, the cause of all conflict is the desire to be.” Your hand is on the switch. You do not ask, “How I am to get there?” You are there. But if you say, “How am I to get there?” you are already in the process of struggle.

**Dr. R:** Yes, there are two levels of insight involved in that. There is one level of insight in which I say suddenly, intellectually, “Yes, that is true; that is the cause of all conflict.”

**K:** Do you know it intellectually?

**Dr. R:** With the knowing part of the mind, which is not necessarily the feeling part but the knowing part.

**K:** Which means what?

**Dr. R:** That I accept a fact with whatever intelligence I have.

**K:** Which is what? Your knowledge?

**Dr. R:** It is knowing.

**K:** What does that mean?

**Dr. R:** I do not know what you are driving at. You tell me.

**K:** What I am driving at is this: there is a division, a gulf between the intellectual and feeling. You say, “How do I join them?”—you simply create more conflict.

**Dr. R:** Not necessarily. I could imagine great peace out of the joining of these two.

**K:** But to ask how to bring them together is to create conflict.

**Dr. R:** Not necessarily, I think.

**K:** Of course.
Dr. R: No.

K: Here is the feeling; here is the thought. They are two separate states now. You see that?

Dr. R: Yes.

K: You asked, “How am I to get them together?”

Dr. R: Exactly.

K: What has happened? The “how” implies the struggle. You are back in the same position of desiring to be something.

Dr. R: No, I have a struggle facing me.

K: Which means that the root of that struggle is the desire to be something.

Dr. R: Not necessarily.

K: You desire that state. You want to be in that state.

Dr. R: I do not. I do not know what it is.

K: There is the desire to join these two things together, and so the question arises of how to join them.

Dr. R: It requires a great moment of insight which is both intellectual and emotional.

K: Why don’t I have it? If it is so, there it is.

Dr. R: I suspect because I am not completely ready to accept it. If I were, there would be no problem about it.

K: Which means what, sir? Intellectually, one has already planted the difficulties in the way of seeing this. Whereas, if one sees directly the truth of being free from conflict…. 
**Dr. R:** When we are talking about “seeing that” we mean it differently.

**K:** Quite differently.

**Dr. R:** You are using it as an integrated experience.

**K:** Yes, I see it as essential, because otherwise, what?

**Dr. R:** I understand that for you. Really, I am sure that is the way you experience life: as an integrated whole.

**K:** Yes.

**Dr. R:** But not everybody does.

**K:** But why do you not? It doesn’t matter whether I have it or not. But why does not everybody experience this thing? When it strikes you, it is so.

**Dr. R:** It is not what you say to people; it is what they feel for themselves.

**K:** Now you make a statement of that kind. Why don’t I say, “Yes, that is perfectly right”? What is preventing you or me from saying, “Yes, that is so”?

**Dr. R:** I would have to think about that. I do not think I could answer that offhand. That would take a lot of self-searching, which I will do.

**K:** I do not think so.

**Dr. R:** I cannot merely give in for the moment and say, “Yes, that is so.” That would be too easy. Therefore I must think.

**K:** Why? When your hand is on the switch, why do you have to go away to think?
Dr. R: Let me tell you why: because my life, like a great many other people’s lives, like the lives of those in this room, has been disciplined from early years in the area of science in which thinking is over-evaluated.

K: Exactly.

Dr. R: We have been taught to trust only our thinking and have not been taught to trust our hearts, our emotions. That is clearly our problem. But that is not easily resolved. There may be a resolution, but it will not come easily in a moment of clairvoyance. I doubt it.

K: Is it not that I do not see it like that because inwardly I want to be somebody?

Dr. R: It might, or it might be that you can see like that because you are a mystic, and because mystics are capable of those experiences which most people find very difficult to come by.

K: I mean, I do not see the thing integrally because I still have a hankering to be somebody, I want to be the best doctor in New York. Do you know what I mean?

Dr. R: Yes.

K: I am not talking about you.

Dr. R: You can personalize; that is all right.

K: Is that the thing that is preventing me? All the commitments, and so on?

Dr. R: I do not think so.

K: Then what?
Dr. R: I do not know. I really do not know. I have spent a long time trying to find out what prevents the completely unified experience.

K: May I just say something? You are saying, “I will think about it,” which means you are going to take time over it.

Dr. R: And you are saying that I should have a great, clairvoyant, mystical experience, and I say that I would love to have an experience like that, but I have not had it.

K: Why?

Dr. R: I do not know.

Dr. F: Is it not a question of outside pressure? I can have that kind of experience when I am alone, but when I see other people, the whole pressure returns and this clairvoyant experience vanishes again.

Dr. R: I do not think it is that.

Dr. P: I think, whether you have outside pressure or not, it is certainly some kind of fear that grips you.

Dr. W: When I see that to cease to be something is to abolish conflict, I also see the different ways in which I am trying to become more clairvoyant.

Dr. R: Then what? Are you going to stop being something?

Dr. W: When I have seen, for that moment it stops; but then it comes back again.

K: When you try to stop being something, it is only the negative way of being something, which is still conflict.

Mrs. K: If one does that, it is simply false.
Krishnamurti with Psychiatrists

**K:** Is it that we are intellectually so trained that we look from the outside to the inside?

**Dr. R:** Yes, very likely.

**K:** And not from the inside out?

**Dr. R:** That is right.

**Dr. P:** We almost feel that we do not exist until we look at ourselves, so to speak.

**K:** Yes, we have to have that mirror to operate.

**Dr. R:** I think you are quite right.

**K:** Now, wait a moment, sir. Then why do we not stop looking from the outside?

**Dr. R:** These things are not easy.

**K:** We are going to find out. Why do we not stop looking from the outside?

**Dr. R:** Years of habit.

**K:** I know that; but now we see that we do not look from the inside out, but from the outside in. That is a fact.

**Dr. R:** Yes.

**K:** Then why do I not stop it—or just let it stop?

**Dr. W:** There is one difficulty, and it is this: even if I am convinced that trying to become something is the cause of conflict, I am not aware of all the different ways I am doing it.

**K:** I shall find that out as I go along from day to day; that is not important; that is merely habit, and I shall not fight it but leave it alone. As it comes up, I look at it and it drops off.
Dr. P: Going back to your question: why can I not stop looking from the outside in?—I do not know why I cannot.

K: You know that you are looking from the outside in and you also know that it does not get you anywhere.

Dr. P: Quite.

K: We can discuss the causes, whatever they are: tradition, education, training, all the various phases of the intellect. You know all the causes, and yet you keep on doing it.

Dr. P: Yes.

K: Why do you not say, “I am doing that; I will drop it”?

Dr. R: Oh, I know why we do not: because it means giving up many things we do not want to give up.

Dr. P: We do not want them in a sense.

Dr. R: We just cannot immediately say we will give it all up. That is our problem.

K: Yes, but now I will look from the inside and, as I look, I will cut these things off, like a branch.

Dr. R: All right, we chop off a branch a day.

K: But the movement, the revolution, has to take place. That is all. If the revolution has taken place, you are bound to chop off the unessential things.

Dr. R: Quite right. The revolution must come first.

K: That is just it. It is there if you let it come. Do you follow me, sir?

Dr. R: I follow you.
K: It has nothing to do with time, with thinking it over for days, months, years. It is there if you let it happen.

**Dr. W:** All our efforts are involved in trying to become something.

K: Of course—which is looking from the outside in. It is very interesting, sir, is it not?

**Dr. R:** Yes.

K: Because that is the only revolution.
What is the root of fear? Can the self be helped to evolve into a sane and healthy state free of all fear? What is the role of thought and analysis in this process? Is there a process to make man psychologically free? These and other questions central to psychotherapy, and mankind, were explored by twenty-five psychotherapists in an extraordinary meeting with J. Krishnamurti in April 1975 at a two-day conference in New York City.

The purpose of the conference was to investigate the implications of Krishnamurti’s work for psychoanalysis. The therapists represented a variety of theoretical orientations, including those of Freud, Homey, Sullivan, and Rogers. There were four social workers, four psychologists, and seventeen psychiatrists, several directors of psychoanalytic training institutes, a director of a hospital department of psychiatry, a number of professors, and psychotherapist-writer-researchers who have contributed extensively to psychoanalytic knowledge.

Group members came obviously well acquainted with the difficulties involved in trying to help another human being. From the moment the discussion with Krishnamurti began, the atmosphere of the dialogue was intense, deeply serious, respectful.

The first issue raised was: “What is the root of fear?” A useful distinction quickly emerged. There is the biological concern with

* Notes of this meeting by David Shainberg, M.D.
such things as fires, snakes, etc.; some called this the domain of “practical fear.” Krishnamurti called it the “intelligence of self-preservation” and distinguished it from psychological fear. Psychological fear, Krishnamurti notes, is caused by thinking, and thinking is becoming. Becoming, he said, with its fear of not becoming, is the root of all fear. “If there were no thinking, there would be no fear.” A psychiatrist responded, “If there were no thinking, you would not be human.”

But Krishnamurti urged the discussion toward considering the possibilities that without the cage of psychological thought, man would be truly human.

Another psychiatrist said, “I worry about everybody becoming too free of fear. Fear is an appropriate response or starting point of awareness. The loss of this fear is dangerous from an evolutionary point of view.” Krishnamurti responded, “What is evolution? Do I evolve? Human consciousness has said you must evolve. You must become. But becoming is fear, and not becoming is tremendous insecurity and thus fear. I question the whole idea of me evolving. Who is the ‘me’?”

Psychotherapists customarily focus on the thought, the thinking of their patients, on the patients’ becoming and being. The therapist tries to help the patient become less fearful, more mature, more adept in society. So it was something of a shock for many of the participants in the dialogue to consider that thought and becoming were at the root of mental disease. To many, it was more than shocking to hear Krishnamurti assert that beyond becoming, being itself was the deepest root of fear. The content of consciousness is consciousness.

This content includes all the images of our becoming, the being to which we are attached. Only in the emptying of this content, our consciousness, is there seeing without the observer—is there any possibility for love and freedom from fear. This is the real
Part 3

prevention of mental disease which is, at base, the fragmentation that occurs with being and becoming. One psychiatrist summarized what he heard Krishnamurti saying: “The moment, then, in which there is choiceless awareness is total energy. In that moment, all process has ceased, all fear has ceased, and all is simultaneous.” Krishnamurti agreed. Then the therapist replied, “Naturally we are wondering how do you get there.”

At this point, the group began to move to a central dilemma. Psychotherapists—as well as everyone else—are accustomed to think in terms of process. This implies that one needs time to change, time for any transformation to occur. One man, for example, felt that Krishnamurti’s point about the transformation of consciousness seemed to imply a process. Patients, it is argued, get better “over time” as a result of participation in the dialogue called therapy. It can be observed that these patients have less fear as the result of a change in their knowledge about themselves and about the world. How, the therapists wondered, is it possible to throw out the idea of process when they see improvement happen over time so often? Krishnamurti wondered if the patients in their “improvement” did not actually pick up another form of dependency to alleviate their fear. He asked: “Is it possible to be totally free of fear and not simply to have less fear [as was suggested is the usual result of psychotherapy]?”

Krishnamurti stressed that was asking if the mind can be totally free of fear. He said, “Thinking is part of this fear. Thinking being memory, experience, knowledge, and our reaction to knowledge, experience is the response of memory as a movement of thought.” Thought, by its nature, creates division, the “me” and the “not me.” It creates fear and suffering. Attachments, investments in different people are a function of this thought process; they are manifestations of being, becoming, and pleasure. Attachments, images, and the various other foci of being and becoming carry
with them the possibility of their loss and when there is loss, there is suffering. These are the branches of fear. So it began to be suggested that a psychotherapy which deals only with the branches of suffering, loss, etc., does not go to the root of fear and cannot touch the real root of mental disease.

Krishnamurti asked if this going to the root can in fact be done by thought: “On what level does thought exist, at what depth can thought penetrate, or if it does penetrate, does it ever go beyond the level of thought?”

This question also came up in another form in a discussion about development, a concept which attracts the interest of most therapists. Central to all psychoanalytic theories is the idea that the child develops in time and that diseases of the mind emerge as faulty accomplishment of various developmental tasks, a process. Similarly, the therapist observes a process in the patient who gradually resolves his fears. As the therapy progresses, there are changes, different fears emerge into the foreground, the patient is gradually able to extend his life and live more “productively” and more “freely.” Krishnamurti agreed that the physical organism is different from the “me.” The “me” is a product of thought. The “me” or self, which is the focus of therapeutic work, is a feature of the process of becoming and is the disease.

In this context, Krishnamurti pointed out that we do not act in the moment. We have concepts which are conclusions about the moment; these concepts are the basis on which we act. But if action occurs instantaneously, it engages the uncertainty and novelty of the moment and finishes with the event. Krishnamurti cites the example of dealing with a snake. We do not wait; we act on perception and instantly move.

Krishnamurti asked, “Can one be aware without any choice? That is, not having any concept of God, perfection, enlightenment. The word idea in Greek means to see, to observe. But we human
beings observe, draw a conclusion, act according to conclusion. We do not act at the moment of seeing—that is awareness.”

**Psychiatrist:** But it takes some degree of conceptualization to see more deeply.

**Krishnamurti:** Does concept give energy to see deeply? In the act of seeing, I see deeply.

**P:** I don’t think seeing what we see is independent of experience and independent of our interpretation of our conceptualization. Concepts are peculiarly human tools extending our range of vision.

**K:** I don’t see why I should have a concept.

**P:** But you are talking about seeing.

**K:** Seeing is not a concept.

**P:** I did not say seeing is a concept.

**K:** Drawing an abstraction from seeing is a concept.

In this context, one psychiatrist said he quite agreed about the connection of seeing and awareness. He said that some had noted, for example, that Freud’s breakthrough was in fact a new mode of seeing, a new microscope. He observed that new awareness was a state to be desired, but he said he did not think that the awareness was naked or direct between the nervous system and the outside world. It is important, he said, to realize that we bring to that direct moment our own conditioned presence and that presence is already a making of choice. Krishnamurti asked why anyone should choose. He pointed out that we only have to choose when there is a confusion. We have come, however, to think that where there is choice, there is freedom, and have been mesmerized to think that freedom is choice. But if we see clearly that there is
no choice, there is simply action, we can discover freedom in the immediate choiceless action of perception. Krishnamurti thus pointed out that choice is a function of a “me” as separate from the world and that in the immediacy of action, there is the direct contact of the organism in all of its “isness” to the necessity of the moment. One psychotherapist summed this up when he said Krishnamurti was saying, “Seeing does not involve choice; it is a neutral move on the part of the person, it is a moment of ultimate clarity.”

This discussion thus profoundly questioned the way the therapists traditionally work with patients. It questioned the whole notion of communicating through thought as knowledge, memory, concepts, and theories. Is real healing possible under such auspices? If thought as the fragmentation of the observer from the moment, from action, is the disease, can action which involves thought effect a cure? Or is it necessary to have an immediate communication outside the field of thought? Krishnamurti led the participants to consider if it is possible to use knowledge at all to heal in the field of the self, sorrow, and conflict.

According to Krishnamurti, what man calls love is really thought as remembrance, attachment—and the loss of the attachments and the suffering that then pertains. He asked, is there a compassion that has nothing to do with dependency and suffering?

Krishnamurti pointed out that psychotherapy must have something to do with a real relationship, compassion. Thought, by splitting subject from object, gets in the way of the direct and immediate awareness that makes up such a relationship and that division prevents the action of the whole. This action in the moment, without fragmentation, he calls truth.
The discussion continued to raise questions about the nature of the change seen in patients the therapist considers improved. Though such people may get better at adapting to this corrupt world, it was suggested, does that mean they are able to love, to live in the moment, or be free of fear? Is adaptability a true measure of sanity?

The concept of youth and maturity—which psychoanalysis often fosters—is based on the belief that the individual learns or accumulates knowledge through time that makes him “more mature.” So from another direction the group had come upon the question of evolution and process. Krishnamurti was asking, is there really knowledge we can accumulate to make us love? Can you teach somebody to love or be compassionate? Or is love an action which is instantaneous and does not involve knowledge, time, evolution, process?

This kind of action must go beyond process. Process involves going from here to there, distance, length, volume. There is, Krishnamurti said, no such thing as time as far as love is concerned; it is all an invention of thought. “The exercise of thought means a means of avoiding something. Thought is a means to become something. Can my thought come to an end in the field of this psychological action and not in the field of technological need such as driving an automobile or building ships?”

The issue of process came up in still another way when one therapist noted, “We see a lot of patients who feel like they are nothing. That is, they are, as you suggest, feeling empty of the ‘me’ and of the content of consciousness.”

Krishnamurti observed that the problem with such people is that they are feeling nothing because they want to be something. But another therapist felt this was more of a problem than Krishnamurti implied. He insisted that this state of feeling nothing was because the patients were afraid. It was a state before
feeling, experiencing, or contact with life. This doctor and others felt it was necessary for the patient to move through a process of experiencing a “me”, a self, before he could “let go” of the “me.” Krishnamurti responded that the first step is the last step and if a pint of “me” is made or created, the person is then already in a faulty process.

Krishnamurti kept pointing out that no process or accumulation of knowledge is necessary in order to be aware of the nature of thought and becoming, or of the formation of ideals, and that to see the interval between what is and the inventions of thought is to be instantaneously finished with all that. He pointed out that thought is the movement to find psychological security. In fact, the action of thinking and becoming is the insecurity. The only possible security resides in the full realization that there is no psychological security, thus in the realization that we are nothing. That means the end of the “me”, of thought, and of becoming. Krishnamurti asserted, “I am absolutely nothing, not as an idea, so there is no question of becoming something; there is nothing but words, memories, ideas, conclusions, in all the being and becoming; in truth, there is nothingness and in nothingness is complete security.”

This exchange was a challenge to another basic psychological, psychoanalytic assumption by asserting that it is unnecessary, through time, to disclose the deep layers of the unconscious. The therapists felt that a process of such uncovering was necessary—but Krishnamurti said complete attention to the moment is all-inclusive and sufficient. It was clear that the therapists felt patients were not capable of attending to the moment, and that they needed preparation in order gradually to realize the limits of thought, including help in going through a process which accentuated the self. Krishnamurti wondered what is there hidden in the “me”? “I am afraid, I observe this fear, I watch it, with my whole attention,
not sporadically. I see what fear does in my relationships; I don’t escape, it is there, I don’t explain; the mind is not the watcher, the mind is that fear; then, is there an unconscious?” The answer seemed clear. The content of consciousness is consciousness. Awareness of the moment is seeing the whole.

Another psychoanalytic topic explored was dreams. During this part of the discussion, the following exchange occurred.

Krishnamurti asked, what are dreams? One psychiatrist, an expert in dream psychology, answered, “They are the way we experience ourselves when there is no input from the outside world.”

K: “Are not dreams continuations of our daily activity, daily desires, or symbols, modulated, but the same movement? If that movement during the day is not time-binding but in complete attention—is an ending of the problem, ending of the idea—when it is, then are dreams necessary?”

P: “But they do happen on a regular basis.”

K: “The brain needs order, otherwise it cannot function efficiently. If I put order during the day, order, not conformity, not following a blueprint but order, which is to understand disorder. Order is different from a mechanical order or habit. Understanding, seeing disorder, out of that comes order. Are dreams necessary?”

P: “I don’t think it is possible to reach that state.”

P: “The left brain needs order. The right brain does a different ordering.”

K: “If we are aware of disorder, then there is order. The dream process is an attempt to create the order that was not present
during the day when there was the movement of the avoidance of the direct attention.”

Throughout the dialogue, then, the recurrent theme was how to find an action of attention which is beyond time and thought. It was disturbing for many to hear that it was impossible to act consciously without fragmenting. Implicit in the discussion and often emerging in explicit bursts was the question: how can psychotherapists help their patients if they are not whole themselves? Of course, everyone in the room was aware of his own fragmentation, and this confronted everyone with profound questions about the kind of helping they are offering. One woman put it succinctly when she asked: “I am a therapist. I observe in myself sorrow, greed, hopelessness. Often I feel in a state of being in which I am not sure I can help anyone else. I wonder to myself what is the necessary state of consciousness to say I can help another. At times I have these feelings I am afraid I cannot help.” Krishnamurti responded with: “I wonder if one can help another person at all. Why does one set about to help another? What is this desire to help another. I am not saying not to help. But what is this desire, motive, intention, to help?” He went on to point out that being with another, present in attention, may be different from “trying to help.”

One participant said, “You are sharing a different kind of consciousness, a holistic consciousness. I call it a higher and a lower form of consciousness. I see it as both, but you do not think in such terms. Consciousness I think of as having its roots in early years of life, and so this would be a lower form, before there is a separation of the subject and the object. It would be higher in the way it transcends the subject and object division. I like your way of consciousness. I would like to arrive there, I would like to help
my patients reach there. What would you recommend to me to help me to get there and to help my patients?”

**Krishnamurti:** “Sir, do you know what it means to love, no fear, no ‘me,’ no suffering, and also an understanding of what pleasure means, what enjoyment is and how it is different from pleasure, what beauty is? If you do know what such love is, it is finished ....”

The discussion continued to challenge the analytic process in which most participants engaged daily. Krishnamurti observed that analysis, as thought, was an analysis of action. It goes from one part to the next part, endlessly incomplete. Acting from conclusion to conclusion produces endless fragmentation and is itself a process of fragmentation. It is all a movement of thought. It can never achieve freedom because it is still part of thought, being, and becoming.

Several therapists present appreciated that Krishnamurti had shown that the patient’s tendency to talk about himself was being supported and aided by the use of thought in analysis. Many in the group were interested in whether there is a whole action beyond time and thought. Participants found it disturbing to consider that love and truth of what is lies beyond thinking and sensed that the direct perception of the truth of what is was an action which would confront the root of fear in the immediate moment of the patient.

Krishnamurti finally suggested that when two people in dialogue both realized they were not whole, there was no longer an observer and an observed, no authority, no patient and doctor, with all the division that implied—then the whole came into being in the act of participation. So there would be love, beyond thought and analyzing, the action of perception, an action which would strike at the very root of fear.
Most of the psychotherapists who attended the two-day conference were deeply moved by the discussion. In general they had great difficulty understanding that there is no process necessary immediately to perceive the disorder of thought, the “me”, being, and becoming. It shook the very foundation on which they worked and made the endless duplicity of the thought process painfully evident. The discussion challenged central psychoanalytic assumptions of growth and development. To be nothing and to live directly in the moment intrigued and interested many who appreciated that analysis through thought was not helping their patients. Many reported that they were stirred and moved. Some said they felt more tranquil after the talk with Krishnamurti. One man said, “It was like a breath of fresh air.” But it was clear that further dialogue would be necessary to comprehend how process of thought is an escape from the immediate action of seeing.
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For a detailed list of Krishnamurti Committees in countries around the world, see the Krishnamurti Foundation Trust website: www.kfoundation.org/links4.htm

For the official repository of the authentic teachings of J. Krishnamurti visit: www.jkrishnamurti.org
Krisnamurti Foundations of America, England, India, and Latin America: Addresses and contact details are provided for each location. The text also mentions the availability of study centres in various cities, with a note that the official repository of J. Krishnamurti’s teachings is www.jkrishnamurti.org.
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