

The Over-Determination of the Political: A Response to Schmid

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ABSTRACT *The critique of the practice of psychotherapy offered by Schmid (2012/2014) calls upon the notion of politics as “the consequence of an image of the human being” (p. 4) as being pivotal in arguing for the inherently political nature of (person-centred) psychotherapy. Following Carl Rogers, Schmid also locates human suffering in the alienation that people experience in their everyday social lives. In responding to Schmid’s argument I suggest that his analysis is over-determining of the role of the political in our lives, and in the work of psychotherapy. I also argue that it is useful to conceptualise the realms of the political and the psychotherapeutic as “relatively autonomous” from each other. This view is advanced with reference to the work of Jacques Rancière and Judith Butler. Through the work of Rancière a more complex understanding of the political is put forward, and with reference to Butler a social theory of vulnerability is advanced. These two theorists allow for an opening up of the concept of the political beyond what Schmid proposes, as well as offering a social and moral account of human vulnerability. Copyright © 2014 John Wiley & Sons, Ltd.*

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THE “SCIENCE” OF PSYCHOTHERAPY

Many disciplines in the domains of social and human studies, often called social and human sciences, have claimed, or at least aspired to, a status of *scientific* objectivity. Many things have been included in the identification with science and objectivity, and especially the view that a discipline was pursuing truth, or knowledge in a politically neutral way, or at least in a way that was not biased towards any political agenda, programme, and certainly not a political party! It might be thought that nobody seriously holds these views anymore, and that they reflect a naïve neo-positivist past, and that while some authors might still talk about sociology, psychology, and even psychotherapy as sciences, that clearly this is meant as a shorthand or synonym for the various research practices that social and human disciplines get up to.

Calling psychology, or sociology, human or social *sciences*, cannot merely be seen as a rhetorical device with little impact on our conceptualisations. The view of psychology as a science, even a rigorous social science for that matter, has the effect of distancing itself from

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its constitution as an interpretive and moral discipline and practice (cf. Fay, 1998). Consequently, moral questions are seen as extraneous; they are presented as though they are technical problems to be *solved*; and often the “ethical dilemmas” are individualised as though they only have to do with the individual researcher’s or practitioner’s *personal* (moral or ethical) choice.

We are certainly not past the era of defining, and hence considering, psychology as a science. If psychology and related disciplines are sciences, we would surely want to know *what kind* of sciences they are. Another way of putting this is: what kind of science would include psychology and psychotherapy as part of its operation? It seems the least that we can say is that psychology and psychotherapy are *interpretive* disciplines, more a part of hermeneutics than anything resembling science. In fact, I would want to go further in my conceptualisation of psychology and refer to it as a study of *historical consciousness* that simultaneously involves a *hermeneutic* or *interpretive* dimension, and a *moral* dimension. It is not only that psychology involves a moral dimension, but rather that psychology is (or should be) constituted as a moral discipline and set of practices.

How can we not continuously adopt an ethical stance when what we study and *interpret*, most of the time, is people’s *past(s)*, and hence people’s attempts at making sense of how they come to be in the *present*, with a concern to what their *future* might look like? I am fully aware that there is more to psychotherapeutic engagement than a focus on morality, and that there are other complexities of what it means to *interpret* human lives, and to make sense of how people live their lives according to certain implicit and explicit values. As psychotherapists we have a stake in people’s futures. For instance, I am concerned that people are happy, or at least happier as a result of their work in psychotherapy, and that they suffer less. Our interest in people’s future is not just about personal development, but also entails the social dimension of their lives. Schmid (2012/2014) refers to Rogers’ concern with, as he (Schmid) puts it: “the alienation of human beings from their constructive actualising tendency, from their nature [as] the source of suffering” (p. 5). The social bases of the alienation of human beings is something psychotherapists should be intimately concerned with, both at the level of the effects on individuals, as well as a corrupting and corrosive feature of everyday social life.

I would therefore agree with Joel Kovel (1976/1977), writing nearly 40 years ago about therapy in late capitalism, when he suggested that “Despite the reciprocal relation of neurosis and therapy, it is necessary to begin our analysis from the standpoint of the disorder, neurosis, rather than from the remedy, therapy” (p. 73). It seems that if as psychotherapists we had a social and historical understanding of the symptoms and distress that we encounter in our work we would already be acting (somewhat) politically. Comprehending the social bases of people’s everyday unhappiness and madness has the effect of potentially positioning us in solidarity and compassion with their suffering. The notions of solidarity and compassion are far from the idea that the practice of psychotherapy might be scientific and thus entail neutrality and objectivity on the part of the therapist. What these notions do entail is a view of psychotherapy as a moral enterprise, both for the therapist and the person in therapy. At the very least people want to be happy, or happier, make something (meaningful) of their life, and generally to be better people. It is less clear what therapists want from therapy or for the people with whom they are working. Our therapeutic expectations and anticipations are often framed by whatever theoretical perspective or “school” the therapist follows, and yet these

various perspectives say too little about what kind of person we imagine will emerge from the therapeutic encounter. I would contend that our view of the person, what might be called philosophico-anthropological views, are more often implicit than explicit, but present they certainly are. So I would agree with Schmid (2012/2014) that psychotherapists have “an image of the human being” (p. 6), whether they are aware of it or not. Moreover, I, and to some extent Schmid, want to refer to this image of the human being as containing moral, philosophical, and anthropological dimensions, so as to distance this conception from a view that is contained in seemingly impersonal scientific theories of personality. As I understand Schmid’s argument, it is in this sense that he wants to implicate the practice of psychotherapy as a political enterprise through and through.

THE PERSONAL AND THE POLITICAL

One of Schmid’s contentions is that the original position of politics, following Aristotle, “is the consequence of an image of the human being, or the other way round: from a certain image of the human being follows inevitably political action. This ultimately means that *everybody is a politician*” (ibid., p. 7) He puts this even more strongly when he writes: “A look into the history of the word ‘politics’ not only sheds light on the original understanding [of what politics is] but also *proves* that the understanding of politics is a consequence of the understanding of the nature of the human being” (ibid., p. 6 emphasis added).

I am not sure that the history of political thought necessarily *proves* anything about the dialectical relationship between human communities, human sociality, and political practice, besides alerting us to the ever-changing complexities of what it means to be human, to live in various social formations, and to act politically.

My concern with Schmid’s view of politics is that it is all encompassing, so everything ends up being political, and thus it “consumes” the psychotherapeutic venture, and leaves little room for the relative autonomy of the realms of the personal and the political. It is ironic that Schmid is concerned with a contemporary view of politics being too focused on the operations of power and that this in his view constitutes a “reductionist understanding of politics”. (ibid., p. 4) Too true, but in contemporary political and social thought nobody is arguing that politics is mostly about the dynamics of power. Indeed, this would at least be an incomplete picture of what politics is, if not in itself reductionistic. It seems rather that our task is to open up a discussion and debate about how politics implicates the practice of psychotherapy, and how politics affects our understanding of everyday human suffering. The operations of the political affect different registers or levels of experience in uneven ways – for instance, the personal, the interpersonal, the social, the societal, and the economic – and these operations need to be analysed in their separateness and their necessary imbrication with each other. Schmid seems in danger of collapsing the relationship between politics and psychotherapy when he says that:

when talking about the politics of psychotherapy we have to ask what the theoretical and practical consequences are of a certain psychotherapeutic orientation. And here it is definitely true that *psychotherapy* must be understood as a political activity or it fails as psychotherapy. (Schmid, 2012/2014, p. 9)

Given that Schmid defines politics quite broadly as “the consequence of an image of the human being” (ibid., p. 8), wittingly or unwittingly all psychotherapists would have an

image of the human being, and consequently would be operating politically. Obviously at one level this is true, but here is the rub of Schmid's contention as a person-centred therapist, and that is he wants person-centred therapists to adopt a *specific* form of politics! This entails, firstly, to acknowledge the operations of politics in psychotherapy; secondly, to embrace the original radicalism of Carl Rogers' view regarding giving the person control of the process of therapy, and acknowledging that "the alienation of human beings from their constructive actualizing tendency, from their nature, is the source of suffering" (ibid, p. 5); thirdly, for therapists in the person-centred approach (PCA) to challenge the institutional form, what he calls the polity, of their practice that constrains them from behaving politically as psychotherapists; and fourthly, his challenge to the PCA, and I presume most psychotherapists, to engage with his seven points for a "political way of being" in his "notification of a dispute" (ibid., pp. 13, 12–14) with his colleagues.

Surprisingly, the seven points for a "political way of being" are devoid of any specific political content. Schmid talks about "political education", but of what kind – conservative, liberal, socialist? He asks for "an open, critical discussion with all those who support the status quo" (ibid., p. 13). Again, what or who constitutes the status quo? Schmid's retort would probably be that he does not want to specify (or determine) the content or kind of politics PCA should engage in, but implicitly his politics seem progressive or social democratic at least. As Schmid himself notes, psychotherapists *are* political whether they are aware of it or not, and similarly there is *a politics* in Schmid's arguments, whether he chooses to spell it out or not! I have sympathy with much of what Schmid is trying to achieve, but my two main concerns or criticisms would be, firstly, that we can't avoid talking about some of the *particular content* of politics, and secondly, that he says far too little about *how* politics manifests in the session(s), individual or group, and the complexities of how we as psychotherapists should act both *therapeutically and politically* in the face of the suffering person.

I would want to extend the understanding of politics beyond what Schmid says about "the original understanding of politics as the consequence of an image of the human being" (ibid., p. 6), as I find this formulation far too broad, and hence unhelpful in thinking about the relation between politics and psychotherapy. To this end, Jacques Rancière (1995), in an essay entitled "The end of politics or the realist utopia", challenged us to think about what some of the limits of politics are, and how we might understand how the political is constituted. Rancière made what on the surface appears as a contradictory statement when he said that "Politics is the art of suppressing the political" (p. 11). He advanced this point through an argument that locates an understanding of politics as having to do with the struggles between classes, and the amelioration of social consequences for the poor:

This primary task of politics [of suppressing the political] can indeed be precisely described in modern terms as the political reduction of the social (that is to say the distribution of wealth) and the social reduction of the political (that is to say the distribution of various powers and the imaginary investments attached to them). On the one hand, to quiet the conflict of rich and poor through the distribution of rights, responsibilities and controls; on the other, to quiet the passions aroused by the occupation of the centre by virtue of spontaneous social activities. (Rancière, 1995, p. 14)

LOCATING THE POLITICAL IN PSYCHOTHERAPY

The dialectical relation, and tension, between the social and the political implicates a complex relation between the individual and the social collectivity. Much of Schmid's argument, and,

dare I say, plea for PCA psychotherapists to become politically active, seems directed at activities that involve organising the human community, the collectivity, and dealing with the social divisions of the human community. Schmid (2012/2014) talks about us, psychotherapists in general and PCA practitioners in particular, being “obliged to interfere in structures and institutions that are hindering instead of creatively fostering personalisation” (p. 12). Furthermore, in advocating a “political way of being”, he suggests that therapists “need to publicly, politically voice and fight for *what they know out of their experience with clients*” (ibid., p. 13 emphasis added). What is it that we know from the people we work with in psychotherapy? Most therapists would feel confident to give a *psychological* account of their experience with clients, and some might be able to locate the social bases of their clients’ suffering, but relatively few would have much to say about the articulation of their clients’ psychological position with *the political*. It seems there are at least two reasons for this. The one that Schmid points to is how therapists are formally educated and trained. Most training courses, if they deal with the social at all, tend to focus on what might be called the *social context* of psychopathology, or clients’ distress and suffering, rather than a rigorous education in social theory. This is hardly surprising given the strong individualist bias of much psychology and psychotherapy.

The second reason relates to the more complex issue of how the political is understood in contemporary social and psychological thought, and here Rancière’s (1995) figure of the boundary is useful. Writing as a political philosopher he posited that: “reflection upon the figure of the boundary ... has always accompanied thinking about the political; and also upon the age-old, and still current, position of philosophy at the margins of politics” (p. 2).

Boundary implies some separation, some dividing line, and yet at the same time some imbrication *at the margins*. This raises the question of what happens to politics being bounded, imbricated by philosophy, and similarly philosophy being at the margins, and imbricating politics? The issues are no less complex if we ask similar questions about the relations between politics (the political) and psychotherapy (the psychological). Whether psychotherapists are politically involved or not seems less important, to the *practice* of psychotherapy, than how we might understand the *operations* of the political in psychotherapy, in the sessions. In this regard the Althusserian notion of “relative autonomy” is a useful way of thinking about the links, the connections, the imbrications, and at the same time the separateness, distinctiveness, and the “relative autonomy” of the realms of the social and the political, with the realms of the personal (the intrapsychic/internal). In other words, how do the social and political manifest *in the session*, and *how* should we deal with these “manifestations” at the level of the psychological and the personal?

Samuels, who has a somewhat different conception of politics from that of Schmid, has written that:

Politics will always be about power and the struggle for power, about the contest for control of resources, the conflict of sectional interests. But politics nowadays encompasses a *crucial interplay between the public and private dimensions* of power. This insight, which used to be the possession of an intellectual and academic elite, is poised to enter mass consciousness; these days, the political *has* become personal. Politics of both a destructive and a creative kind *show up* in family patterns, gender relations, connections between wealth and (mental) health, control of information and accompanying imagery, and in religious and artistic assumptions. More and more people are becoming aware of this. (Samuels, 2001, pp. 4–5; emphasis added).

It is *how* the political *shows up* in the lives of people in psychotherapy that we need to especially attend to, and with a sensitivity of knowing how to intervene with the person so

that her/his suffering does not become a pretext for political consciousness raising. I don't have an objection to raising people's political consciousness, but surely not as a (primary) task of psychotherapy. However, my contention would be that if therapists were better informed about social theory, and *how* the social and political realms "present themselves" in the person's suffering and symptoms, *in the session*, they would be acting in a committed way, psychotherapeutically, socially, and politically, but maybe not in the politically *activist* way that Schmid intends. I have no difficulty with therapists being politically active in their work in mental health and in their professional institutes and organisations, and in the politics of everyday life, for instance, in neighbourhood or community struggles, and national party struggles. These political engagements can be quite separate from the politics of the therapeutic encounter, and this is the one that is trickier to argue for and comprehend.

THE NECESSITY OF SOCIAL THEORY

I would like to briefly illustrate my contention that the politics of psychotherapy is located in a social theory of people's suffering by referring to the work of one of the most astute social theorists writing today, namely, Judith Butler. In a remarkable essay entitled "Violence, mourning, politics", Butler made a range of points regarding the link between vulnerability, our *necessary* vulnerability, and what it means to be truly human. She grounded our vulnerability in the materiality of our socially constituted bodies, writing that:

each of us is constituted politically in part by virtue of the social vulnerability of our bodies – as a site of desire and physical vulnerability, as a site of a publicity at once assertive and exposed. Loss and vulnerability seem to follow from our being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure. (Butler, 2006, p. 20)

What does the inherent vulnerability and fragility of our lives imply for the therapeutic encounter: empathy, unconditional positive regard, solidarity, compassion? It seems that we cannot only think about one kind of vulnerability, the person's symptoms and what this constitutes about them, but we also have to think about the vulnerability of everyday life and how this impacts upon being "unmanageable to ourselves" (cf. Phillips, 1995), and wanting to deal with this in psychotherapy. Many psychotherapists would acknowledge the social constitution of symptoms, or psychological suffering, and yet it is not clear *how* they deal with this in the session. It is the imperative of certain social relations (under capitalism) that ideologically invokes and simultaneously socialises us into seeing our lives as *individual*, as *private*, as separate from the social and political worlds of alienation and suffering. Both the patient/person and the therapist come to see and experience symptoms as mostly personal, sometimes interpersonal, and very rarely as socially and politically formed.

Although in many instances we can chart the development of human vulnerability, there is also a certain ineffability in our social constitution as individuals. Regarding the formation of our identities Butler (2006) wrote: "Although I am insisting on referring to a common vulnerability, one that emerges with life itself, I also insist that we cannot recover the source of this vulnerability: it precedes the formation of 'I'" (p. 31).

In other words, we are more than we can say; there is always something "beyond" our attempts to capture our essence or humanity. The speaking subject, the "I" of our

enunciations, is not the privatised and isolated individual of capitalist ideology, but a social subject constituted by, and related to, other social subjects. Butler expressed the sociality of our human constitution in the following way:

But when we are speaking about the “subject” we are not always speaking about an individual: we are speaking about a model for agency and intelligibility, one that is very often based on notions of sovereign power. *At the most intimate levels, we are social*; we are comported toward a “you”; we are outside ourselves, constituted in cultural norms that precede and exceed us, given over to a set of cultural norms and a field of power that conditions us fundamentally. (Butler, 2006, p. 45; emphasis added).

What this means in the practice of psychotherapy is at least two things: firstly, that helping the person regain their agency means understanding how their suffering and symptoms, while individually experienced, are socially constituted. Whether the person is able to act in a socially agentic way to relieve their suffering is quite another matter, and will depend on their personal, social and political resources. Secondly, the *social* bases of our personal struggles and “neurotic misery” (to paraphrase Freud, in Breuer & Freud, 1974, p. 393) means that our unhappiness and distress are relationally located in our connections with and responsibility to others. It is in this sense that I earlier referred to psychotherapy as a *moral* enterprise. Butler commented evocatively:

I find that my very formation *implicates the other in me*, that my own foreignness to myself is, paradoxically, the source of *my ethical connection with others*. I am not fully known to myself, because part of what I am is the enigmatic traces of others. (Butler, 2006, p. 46; emphasis added)

Being aware of our own otherness, and hence the strangeness of others, presents us with a possibility at least, if not a moral imperative, to identify with the suffering of the people we encounter in psychotherapy.

So what do these reflections about our sociality and moral responsibility as therapists point to? They at least alert us to the fact that psychotherapy work is about more than the clinical and psychotherapeutic situation, about more than the intricacies of psychopathology, and about more than advocating for its inherent political underpinning in the image that we have of the human being (Schmid). Samuels (2001) has reminded us that the early thinkers and practitioners of psychotherapy were very aware of the social ills that contributed to people’s personal suffering, and that many of these early practitioners were also interested in analyses of the social world precisely because of their understanding of the (social) origins of symptom formation. As Foucault (1977) showed, the early development of capitalist social relations in the “age of reason” also saw the increasing social separation of madness, and the rise of asylums exclusively for the mad and their doctors. The continuing privatising and individualising logics of capitalist rationality are all too evident in contemporary clinical and therapeutic practice, from the latest incarnation of that psychodiagnostic monstrosity, the *Diagnostic and Statistical Manual of Mental Disorders*, now in its fifth edition (American Psychiatric Association, 2013), to the insular worlds of psychotherapeutic private practice. A *form* of reason has won out over unreason, as the mad are “successfully” hidden from the social gaze, and we are left to deal with our symptoms, privately and personally.

While it is true that we are increasingly alienated from the social and material conditions of our lives, and to repeat Rogers' view that "the alienation of human beings from their constructive actualizing tendency, from their nature, is the source of suffering" (Schmid, 2012/2014, p. 8), the path out of our suffering is not straightforward. Samuels argued more forcefully even for an active political intervention, given that:

From a psychological point of view, the world is making people unwell; it follows that, for people to feel better, the world's situation needs to change. But perhaps this is too passive: perhaps for people to feel better, they have to recognize that the human psyche is a political psyche and hence consider doing something about the state the world is in. (Samuels, 2001, p. 21)

Even though the world makes us sick, psychologically and physically, it does not automatically follow that by re-making our world as the best possible world we won't still be unhappy (depressed), miserable (neurotic), and at times crazy (mad). Foucault (1976) captured some of the ineffability and enigma of what it means to be human, in a much neglected early text, when he wrote: "I would like to show that the root of mental pathology must be sought not in some kind of 'metapathology', but in a certain relation, historically situated, of man to the madman and to the true man" (p. 2).

In a philosophical and psychological sense we should at least wonder what we think we are doing when we attempt to "cure the mad"! These comments are not meant to lull us into a political complacency of accepting the world as we find it, and merely trying to make our passage through it more bearable. On the contrary, more people, not just psychotherapists, should be active in their criticisms of the social and historical conditions that underlie exploitation, oppression, and everyday misery, and thus become political agents of their lives and their futures.

CONCLUSION

To say that "psychotherapy is political or it is not psychotherapy" is simultaneously to say too much, and to say very little at all. To encourage psychotherapists to be politically active in their professional associations and organisations, and to fight against social injustices that impact on people's experience of their lives, is to say too little. Following Rancière (1995), we need to say a lot more about how we politically, and psychologically, reduce the negative effects of the social at the level of the person or persons that we work with as psychotherapists. I would also agree with Schmid that we talk far too little about psychotherapy *and* politics, and, according to Samuels (2001), even less so about politics and psychotherapy, and for this reason alone Schmid's arguments about the *essentially* political nature of the psychotherapeutic venture are to be welcomed. However, the situation is worse than the relative infrequencies of political discussions regarding psychotherapy, in that many therapists would argue that politics and therapy should in fact be kept separate. This is not because most therapists are inherently politically conservative, but because of the belief that "extraneous" matters should be kept out of the sessions for the commendable reasons of maintaining objectivity, neutrality, and preserving the "psychological space" of the therapeutic encounter. We need to interrogate the origins of these beliefs about the sacrosanct

space and place of psychotherapy, and at least try to explain historically and ideologically, and thus politically, why it is that psychotherapists are so apolitical, and even presume that they can “choose” to be aloof from politics, or rather the political. A range of reasons account for this state of affairs: namely, the increasing privatisation of public life; the ideology of individualism; the compartmentalisation of professional life; and the resultant rise of “experts” and expertise.

In this brief response to Schmid’s interesting and provocative article, the issue that I have tried to suggest as the most important is the paucity of a thoroughgoing account of the social in the constitution of the formation of our identities, and especially of our identities under the sway of symptoms (psychopathology). It is in this sense that the education of psychotherapists is not only woefully lacking in terms of a social theory of madness, but is politically and morally irresponsible.

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