

# Psychology in the Age of Austerity

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**ABSTRACT** *Researchers have established the detrimental influence of austerity measures on the mental health practices. What is relatively unexplored, however, is the manner in which austerity policies and neoliberal political economy constitute a significant element of contemporary mental health practices themselves. Many commonly-implemented assessments and treatments arguably are designed to emphasize cost-effectiveness, standardization, and the authority of the clinician, and are consequently already thoroughly neoliberal. Several elements of the neoliberal basis to the ideology of the psy-disciplines are examined, along with specific examples of such ideology in use. Copyright © 2016 John Wiley & Sons, Ltd.*

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## NEOLIBERALISM AND THE PSY-DISCIPLINES

In the lead-up to the 2015 general election in the UK, over 400 psychologists and psychotherapists signed an open letter, published in *The Guardian* (Austerity and a malign benefits regime, 2015). The petitioners were arguing against austerity measures in general and one policy in particular that would ensure that welfare recipients underwent mandatory cognitive behavioural therapy (CBT). The letter drew attention to “the wider reality of a society thrown completely off balance by the emotional toxicity of neoliberal thinking” and affirmed that disciplinary procedures, in the guise of “get to work therapy”, were manifestly unethical. This was despite such procedures being widespread already and in spite of the standard practice of psychology having long regarded difficulty in employment as a form of “impairment” (see the American Psychiatric Association, 2000, p. 818).

My present argument is that this letter of protest was only half-right. The effects of austerity measures on mental health are both baleful and well documented (see, for instance, Gili, Roca, Basu, McKee, & Stuckler, 2012; Karanikolos et al., 2013; Kentikelenis, Karanikolos, Reeves, McKee, & Stuckler, 2014). What I wish to challenge here is the assumption that austerity is something “external”, implemented by state entities and imposed on mental health workers and clients from without. Contrary to this, my position is that neoliberalism is already internal to contemporary practices in the psy-disciplines (i.e., psychology, psychiatry, psychotherapy, etc.), functioning as an entrenched and constitutive element of their aims, ideology, use of evidence, and material effects. Practitioners who operate from the dominant paradigms of the psy-disciplines – CBT, “positive psychology”, the scientist-practitioner model, (narrowly-defined) “evidence-based treatment”, etc., – are already doing austerity with “service users”, irrespective

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of the specific policies of the government of the day. The spokesperson quoted on behalf of the anti-austerity psychologists (Mickle & Campbell, 2015) emphasized that her objection to CBT for welfare claimants was not a result of the disciplinary nature of the “treatment” involved – one that is routinely administered in many settings – but the trampling of individual “rights” due to the lack of “consent”, an objection that is always already neoliberal in its ethical and political foundations.

## WHAT IS NEOLIBERALISM?

Neoliberalism, of which austerity measures constitute a subset, is

in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade (Harvey, 2005, p. 2).

Despite the appeal to rights and freedoms, neoliberalism has, since the 1970s, been implemented by various state apparatuses either by force or in opposition to popular sentiment. The first example is Pinochet’s Chile, others include the governments of Thatcher and Reagan, as well as Iraq under US occupation. While neoliberalism is not universal among governments, and while neoliberal states often contain contradictory elements, it is the foremost paradigm of political economy in the developed world today. Liberalism arose in the wake of the industrial revolution and was concerned with the unfettered circulation of goods and capital, individual rights, and infused with utilitarian ethics. In contemporary practice, it is clear that the “free” movement of goods, people, and capital requires strong policing and disciplinary functions for support. “Free” circulation of capital, rather like history in the work of Lenin, needs a push and this is what is new in “neo” liberalism. This general trend involves an emphasis on promoting the circulation of capital at precisely the same time as it is accompanied by an increase in government coercion, surveillance, and discipline. These oppressive functions are represented by, among other things, contemporary psychotherapeutic practice. Of course, not all psychotherapy is neoliberal, since neoliberal states are not themselves ideologically unified. Nevertheless, these two are partners – “cost-effectiveness” and authoritarianism – and they are the hallmarks of biopolitical technologies in the age of austerity.

## THE IDEOLOGY OF NEOLIBERAL PSYCHOTHERAPY

The remarks that follow need necessarily be brief and schematic. It is no coincidence that from the era of Fordism (named after Henry Ford to describe industrialized, standardized mass production and consumption) and its comparatively tamed version of capitalism to the development of the modern welfare state during the boom years following World War II, the talking therapy of choice was psychoanalysis in a variety of iterations (Zaretsky, 2004). In contrast, the history of psychology in the neoliberal era is a history of the predominance of short-term, standardized treatments and of a return to Taylorism, exemplified by CBT. “CBT” is now sometimes used to signify the specific doctrines of Beck, Ellis, and others but is sometimes merely a code word for the “scientificity” that is the hallmark of the neoliberal era (see, for example, Watts, 2015).

A juxtaposition of the two paradigms – and the two epochs – shows the profundity of the paradigm shift supplementary to economic change. Psychoanalysis is oriented to unconscious desire and enjoyment (*jouissance*) as opposed to CBT’s emphasis on correct thought and self-

mastery. Analysis posits its material as discourse, by definition, intersubjective and involving an exchange between individuals (see, for example, Benveniste, 1971) as opposed to the contemporary “cognition”, a private and intrasubjective phenomenon. The old method was strictly non-directive and participants were encouraged to say whatever they wished (free association). The new method is highly directive and the speech of participants is conditioned by homework tasks designed to inculcate correct thinking, behaviour, and self-observation. The old method, along with the common factors approach, emphasized the transferential basis for therapeutic effects, whereas the new method places the stress on isolable “techniques”, applicable to anybody and amenable to administration by a computer programme. The old subject presupposed by psychology was woven from the introjected elements of others, and, therefore, intrinsically relational; the new is monadic, assumed to be unified, and is addressed by procedures designed to manage or militarize this supposed unity. The old treatment explored forms of desire and enjoyment in relation to moral prohibitions, while the new itself indoctrinates subjects with its own moral regimen, as a system of protocols for thought (whether in the form of “acceptance”, “critical positivity ratios”, correction of “distorted cognitions”, etc.).

Contemporary psychotherapy is, overall, a cheaper, more quantitative, more standardized, and more coercive endeavour than that which existed before the neoliberal era. All CBT, for instance, is explicitly normative in its goals, and designed to engender conformism to the clinician’s supposedly benevolent rationalism. Where the issue of enjoyment is touched upon, it is in the form of “pleasant activity schedules”, which is neoliberal psychology’s equivalent to the corporate picnic or team-building day. We can think of it rather like the now disgraced attempts to use psychotherapy to “cure” homosexuals, except that, rather than a heteronormative goal being at the fore, the new aim is to produce subjects who conform to the alienated individualism of austerity capitalism; each person her own entrepreneur, manager, disciplinarian, panopticon.

The “soft” policing functions of today’s dominant psychotherapeutic approaches are the corollary of economic neoliberalism or, in Foucault’s terms, a new technology of “biopolitics”. Foucault (1997) described biopolitics as “a new technology of power ... [that] exists at a different level, on a different scale, and [that] has a different bearing area, and makes use of very different instruments.” (p. 242) More than a disciplinary mechanism, Foucault’s biopolitics acts as a control apparatus exerted over a population as a whole or, as Foucault (*ibid.*, p. 242) stated, “a global mass”.

While each of the various schools of treatment propose a different underlying philosophy and nomenclature, their shared assumption is that pathology is situated within a subject’s own erroneous thoughts or attitude. This is true of both the second and third “waves” of CBT, of positive psychology, of the offshoots of behaviourism, and others. The aim of the treatment is to correct these pathogenic thoughts and attitudes via direct suggestion. Since the treatments are standardized, there is no requirement for the clinician to have any particular skills or knowledge in reason or philosophy. We can contrast the supposition of pathogenic, erroneous thought with the old psychoanalytic paradigm, in which suffering arose from conflict between the subject and her world (see, for example, Freud, 1930/2001) and not some intrasubjective miscalculation.

Several consequences necessarily follow from this shift in approach. The first is the promotion of individualism and of coaching so-called “self-help” (as self-government) as a solution to problems. Clinicians from these schools can thus consistently preach the virtues of individual human rights whilst eschewing projects of social solidarity. Second, since the individual, unified

subject is the locus of pathology – and not, say, the divided subject of psychoanalysis or the subject of Heidegger's (1962) *Mitsein*, for instance – treatment proceeds with the reactionary aim of accommodation to the status quo. If you recoil from an injustice in your milieu, your pain derives chiefly from your misaligned view of things, and not from the world itself. As such, all of the evaluation methods which the coercive treatments deem “scientific” involve numerical evaluations rather like the key performance indicators (KPIs) of the corporate world. Treatment success is assessed in terms of quantified concordance with the clinician's KPIs. The expression of negative affect, beyond some strictly circumscribed social norms, is conflated with pathology, and these treatments descend into “techniques” which can be summarized as those of distraction, forced positivity and rationality (these amount to the same thing here), promotion of narcissism (“self-esteem”), enforcement of various “biopolitical” regimes (of sleep, medication, diet, exercise), and short-lived manipulations of affect. It is true that the advocates of neoliberal therapies will object that they too place a certain stress on the therapeutic alliance, but in these latter treatments this relationship is a purely instrumental one rather than an end in itself; of value only insofar as it engenders compliance with the techniques. It is not for nothing that the philosophical hero of CBT, for instance, is Epictetus, the pacified slave (see, for example, Murguía & Diaz, 2015).

It should be clear that when it comes to a punitive, regulatory programme such as the one imposed on the unemployed in the UK as described above, lack of consent is the least of its ethical lapses. The fetish of asking the client to give consent is itself symptomatic of a psychotherapy that is thoroughly neoliberal, in which treatment is reduced to be a contractual arrangement between undivided subjects. The paradigmatic example of such “consent” in our times is that of the sweatshop worker in the “free” market. For consent to be more than merely formal, a fig leaf for discipline and exploitation, there must be some reasonable possibility of refusing it. Consent is ambiguous, to say the least, in circumstances in which a prospective patient is suffering from one psychological problem or another, wants help from a talking therapist, and is limited to a choice of technocratic treatments. Moreover, the creep of CBT, mindfulness, and the like into schools, workplaces, prisons, and elsewhere is not a process undertaken with the consent of those trapped in its gaze.

## ON THE USE AND ABUSE OF EVIDENCE

One might object that, whatever the ideological foundations of the treatments critiqued here, in some sense they “work” and are supported by evidence. What I wish to show is that evidence itself is repeatedly distorted to fit the ideology. A good analogy for neoliberal therapy can be found in the technocratic output of that other dismal science, economics. Take the Laffer Curve as a representative example. In the 1980s, economist Arthur Laffer presented an argument that raising taxation levels beyond a certain point would, in fact, reduce revenue. Cutting taxes was supposed to enhance the “supply-side” of the supply-demand equation, boosting growth. Reagan eagerly seized upon this argument as justification for a reduction in income tax for the rich that would become the cornerstone of “Reaganomics”. Needless to say, the arguments behind the Laffer Curve are unsupported, both theoretically and empirically, and the statistics that support the Curve meaningless (Institute on Taxation and Economic Policy, n.d.). That the evidence does not support the Laffer Curve and often fails to support supply-side economics more generally does not seem to function as a deterrent to the prevailing orthodoxy on political economy.

Such dubious use of evidence must be remembered when it comes to “evidence-based” treatments, almost all of which tend to be cheap, standardized, and involve disciplinary or regulatory functions. The common-factors approach to psychotherapy produced evidence that non-directive approaches were as effective as the coercive treatments and that transference trumped “technique”. Today’s “evidence-based” treatments ignore these findings. The most prominent of these is CBT which has been trumpeting its empirical credentials since at least the 1990s, and which holds its “evidence” as the central pillar of its marketing. For this reason, it may be the most widely practised and researched psychotherapy of the neoliberal era, beloved by policymakers and insurance companies alike. Indeed, it was on the strength of its evidence base that the Swedish government, believing itself enlightened, took the step of only training practitioners in CBT. The results were disastrous (see Miller 2012 for an overview).

First, the claim that any psychotherapy can be “evidence-based” should be treated with caution because, on the basis of a spurious analogy with other areas of medicine, the methods of generating evidence are intrinsically flawed and, at best, context-specific and non-generalizable (Ferraro, 2014). Second, even this flawed evidence tends to be misrepresented. As Dalal (2015) showed, the benefits of CBT are trivial, short-lived, and grossly exaggerated. To the extent that these benefits occur, it is by virtue of the practitioner departing from the standardized protocols of the treatment, since these protocols themselves confer no benefit at all (Shedler, 2013). The American Psychological Association (2012) affirmed that “evidence-based” treatments produced no special outcomes for users. The main difference, then, between the new treatments of the austerity era and those of old is not improved effectiveness, which is utterly unproven, but the emphasis on cheapness and compliance, on subjects internalizing panopticonic principles through direct suggestion and “homework”. When it comes to psychotherapy, the “evidence-based”, austeritarian elements of the psy-disciplines have many Laffer curves. Despite repeated claims of scientificity, CBT and related approaches remain an incoherent metaphysics undergirded by correlational statistics. Modern science, we should recall, is defined by its mathematical-algebraic precision. By way of contrast, neoliberal psychology is an edifice built on statistics, literally, the science of (and for) the state.

What is striking is that policymakers are utterly undeterred by the weakness of the evidence supporting “empirical” treatments. For example, we might point to the growing proliferation of low-cost, online “therapy”, usually involving the self-administration of CBT and mindfulness techniques. Meta-analysis shows that such computerized treatments have “high drop-out rates” and “no long-term benefits” (So et al., 2013), yet policymakers around the world still advocate for their implementation. Since the evidence does not support this, one can only conclude that the motivation for such advocacy lies elsewhere, most probably in ideology (i.e., the neoliberal emphasis on principles of cost-effectiveness and internalized, self-administered discipline). Something similar is afoot with CBT for psychosis which the UK’s National Institute of Clinical Excellence considers sufficiently well-evidenced to be recommended for all patients with schizophrenia or psychosis. In fact, 94% of those who receive CBT for psychosis will have the same outcome as controls who receive treatment as usual, and, in addition to its failure to abate specific symptoms, there is no evidence that the treatment ameliorates general distress (Laws, 2014). For Marx, the bourgeoisie produced its own gravediggers; in psychology, this role is undertaken by the psychologists themselves, who outsource their “techniques” to computers and treatment manuals without evidence and at the cost of debasing their profession as a whole. Again, austerity is not

merely a hostile action undertaken by cost-cutting, coercive governments and corporate entities, as the “helping” professionals are all too willing to act as handmaidens to power, and provide justification and collaboration to those in power.

## CASE EXAMPLES OF NEOLIBERAL PSYCHOLOGY IN ACTION

To repeat, the neoliberal state (and attendant economic system) is by no means unified and we should not expect the psychotherapy that emerges under these conditions to be univocal either. Nonetheless, there are numerous, disturbing examples of austerity logic shaping the very epistemic foundations of psychology. One could start with the enforcement of compulsory happiness implemented in Workfare programmes in the UK and elsewhere, in which welfare recipients, in order to improve their “marketability”, must not only accept to participate in a coercive set of treatment protocols, but must also adopt a positive affect with regard to their own subordination (Friedli & Stearn, 2015). This grotesque abuse of power is not merely some neoliberal “distortion” of evidence-based treatment but the essence of the treatment’s logic itself (i.e., individualizing pathology, direct suggestion, conflation of non-positivity with pathology, clinician as enforcer/expert). It is the rational outcome of CBT and positive psychology, not a contradiction of it, whatever the fine sentiments of the practising clinician.

Likewise, the recent and well-documented example of US psychologists torturing inmates at Guantanamo was not just the work of “rogue elements” within the profession. Those psychologists who designed and implemented a regime of “enhanced interrogation” were given extensive protection by their governing body, the American Psychological Association and, it could be said, were merely applying many standard features of their discipline in their practice (Risen, 2015). For instance, mainstream psychometrics and psychotherapeutic assessment regards the individual as a bundle of data points, to be objectified in a scale or standardized interview. Mainstream psychology assessment is radically hostile to a constructivist or discursive perspective on assessment in which the “data” is actively constituted in the process of assessment, preferring a naïve idealism in which data is extracted, ready-made, by a variety of “tools”, and interpreted by an authoritarian expert. It is a psychology that constructs what it purports to uncover, and which, in Nietzschean terms, mistakes an *erfinden* for a *finden*. Of course, these naïve idealist assumptions are false, which is precisely why, even on its own terms, torture does not “work”. Obviously, most psychologists do not actively promote torture but, equally obviously, psychotherapists must not be blind to the uncomfortable truth that the state-backed sadists of Guantanamo were merely extending existing clinical paradigms rather than departing from them. It is hardly surprising that it took practitioners outside the dominant paradigms of the psy-disciplines, for instance, psychoanalysts such as Stephen Soldz, to resist the institutionalization of torture. The by-products of austerity psychology are marked failures in both the ethical and epistemological domains.

To return to Australia, the local governing body, the Australian Psychological Society, has no compunction in promoting coercive, neoliberal psychology. In distressed workplaces, for instance, clinicians are told to use psychometric tools to identify “trait emotionality”. Subjects diagnosed with this trait should be shown no sympathy, as “iatrogenic effects tend to occur when psychologists collude with clients externalizing causal attributions” (Cotton, 2014, p. 13) – or, in short, you are to blame for your own misery. On the other hand, the same publication uncritically promoted “adherence therapy” (Cavezza, 2013), which is every bit as bullying as it sounds and is intended as a “therapy” to pressure “consumers” into taking their medication. Note the shift from

patients to “consumers” in this model. The method relies on a mixture of CBT – by implication, non-compliance with medication regimens must reflect “distorted cognition – and “motivational interviewing”, i.e., being motivated to adhere to the clinician’s motivations. That this sort of “therapy” receives the imprimatur of official endorsement ought not to be surprising. Therapy that is controlling of “consumers”, or “evidence-based” – but I repeat myself – is always “adherence therapy” in some sense. By no means are the “consumers” the only ones being cajoled, as surveillance, discipline, and control are characteristic at every level of the psy-disciplines’ hierarchy. The patients are placed under subtle but insidious forms of discipline and surveillance by the clinicians who are, in their turn, governed by an ever-increasing mania for regulation and evaluation. The gaze in the guise of super-ego, as the old paradigm would have it, is ubiquitous.

Contemporary psychotherapy is so thoroughly infused with neoliberalism, both in its ethics and epistemology, that its assumptions are practically invisible. To a contemporary psychologist, “positive psychology” may appear benevolent and enlightened. From a perspective incorporating post-war critical thinking, such as Adorno’s (1973), it has clear and discernible affinities with fascism and consumerism, along with grave admonitions about thinking too much (Ferraro, 2015). The so-called borderline category, which is now less a nosological disease-entity than a way to describe a (female) patient as “difficult”, allows for those within its reach to be protected against the supposedly harmful effects of secondary gain. Thus, an academic paper can assert without reservation or shame that a phone call with a “borderline” who has wounded her own body should be “cut short” to prevent the (costly) danger of “listening” excessively (Stone, 2006). Like the moral treatments of old, to assist those in weakness is to aid and abet weakness. This is a recurring theme of neoliberal psychology: be on your guard against excess help, excess solidarity, excess thought. In perusing this unpleasant, “evidence-based” material we should recall that we are not reading the recommendations of bankers, or the Koch brothers, or the Tory party, but of clinicians who imagine themselves to be altruistic and scientific when peddling a doctrine that is in “its imperialist phase: conformist in its aims, barbarous in its doctrine” (Lacan, 1990, p. 103). Like all in its clutches, ideology is invisible, and never more so than in the case of psychotherapy in the age of austerity.

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