Fanaticism and the Depth Psychotherapist

19 May, 2008

Obsessive Ruminations #2

(Dr. Alan Karbelnig, who lost much decorum in the process of slipping into his 50s, writes this regular column to provoke reaction from his SGVPA colleagues. Bolstered by Soren Kirkegaard's lament that "ours is a paltry age because it lacks passion," Alan strives to avoid the pablum that characterizes most professional newsletters. He instead offers ideas he hopes will stimulate thought. Having been a member of SGVPA since 1988, Alan served as president in the early 1990s; he has chaired the SGVPA Ethics Committee for the last 15 years. He practices psychoanalytic psychotherapy and forensic psychology in South Pasadena.)

Writing this article nearly pulled my brain inside out. I wanted to make a strong statement about the negative effect of strong beliefs — particularly fundamentalist ones — held by depth psychotherapists; I then got all tied in knots over the fact that, in doing so, I was expressing a strong belief. The article became recursive, like an infinitely repeating loop.

I have long had concerns that certain training programs, the Fuller Theological Graduate School of Psychology, for example, or even the Psychoanalytic Center of California, espouse specific belief systems that could be antithetical to the provision of depth psychotherapy. The former espouses evangelical Christianity and the latter specific Kleinian psychoanalysis. Professors at Fuller must literally take a statement of Christian faith. My concerns extend beyond religious or ideological faith to encompass any fervently-held belief system. I have the same unease about scientism that categorically disavows the spiritual. Even atheism, if too-ardently espoused by depth psychotherapists, could equally damage psychotherapy, as could any all-encompassing or global value system.

Immanuel Ghent, one of the key figures in the relational school, noted that depth psychotherapists' theories themselves are belief systems. Theories make a difference in how psychotherapists hear, on what they hear, on how they assemble what they've heard, and on how they conduct themselves in the psychoanalytic setting. In The Black Swan, his recent book on the impact of highly improbable events, Nassim Taleb preaches that "a theory is like medicine (or government):often useless, sometimes necessary, always self-serving, and on occasion lethal. "He suggested that theory "be used with care, moderation, and close adult supervision. "

In most depth psychotherapeutic models, the personalities of psychotherapists are central to their work; and of course belief systems are foundational components of personalities. Psychoanalyst Lewis Arons considered the psychoanalytic relationship a mutual but asymmetrical one, highlighting the intimate nature of the therapeutic relationship, even if it focuses mostly on the subjectivity of only one of the parties. Thomas Szasz thought depth psychotherapists offered only three things — their personalities, their rhetorical influence, and their observations of interpersonal rules or contracts. The centrality of the personality in these models creates a fundamental tension:Psychotherapists influence those who consult

them — they cannot help it — but they must facilitate the discovery of their patients' own systems of belief.

So while we might be highly trained in a few languages of psychoanalysis such as object relations theory or inter-subjectivity, in the consulting room we will hopefully remain as open as possible to any number of complex, interwoven explanations of the phenomena revealed in and by the patient. Then and only then will we apply our theory, or any other theory. . . or perhaps no theory at all. Such openness is an awesome task, one obviously never achieved to the ideal.

The issue can perhaps be framed by analogy to our preferences in art. Let's say impressionism is the style someone considers the best, even though it's impossible to objectively determine whether impressionism is better than cubism or expressionism, just as we can't determine that Freudian psychoanalysis is better than Object Relations or Inter-Subjectivity. The problem arises if I decide that such determinations can be made and assert my own artistic preference with militant zeal. I may consider Picasso the best, but I've obviously gone fanatic if I think that Picasso is the only true artist and all art museums should feature Picasso's and Picasso's only. Likewise with my belief-system. Ideologies exist on a continuum of fervor, with extreme fundamentalist convictions on one end and pluralistic, fluid convictions on the other. The danger to the psychotherapeutic process likely lurks at both extremes: at one end extreme certitude in which my way is the only way for everyone, and at the other end such extreme ambiguity that you are free to do whatever you wish, even if it's abusing children.

But what indeed if an actively child-abusing patient were to consult you? Here's an instance where openness and flexibility fail to offer a foolproof solution to the problem of the impact of psychotherapists' beliefs. How could child-abuse not fly in the face of your belief system and render it highly difficult to remain affectively neutral?Or what about suicidal persons, ones involved in elaborate self-mutilating behaviors, or psychopaths?These types of human experiences run counter to universal ethical themes, and challenge the receptivity of all of us — regardless of how elastic our belief systems. We are trained to keep our value systems out of the room, as much as possible, but in these areas the true violence presented to us makes that nearly impossible. Such is the way with many things in our profession, beset with complexity and paradox. At the same time this should make us aware, even more keenly, of the need for constant mindfulness.

Returning now to the matter of teaching institutions that are extensively immersed in any one system of belief. Institutions teaching depth psychotherapy should offer as many diverse viewpoints as possible, particularly in view of the incredible complexity that determines mental status. Any special emphasis on a particular belief system — whether political, ideological, religious, economic or academic — is clearly problematic. Biological, social, cultural, historical, interpersonal, spiritual, and many other causative categories continue to vie for privileged status as the cause of "mental disorder. " None has yet been empirically proven. If anything, mental disorder results from a highly dynamic and interactive process of all these factors and more.

So I'll move towards the end now by sharing the words of a friend who wrote: "Shalom is based not on everyone thinking the same way and so achieving peace. It is based on the wonder and mystery of everyone thinking totally differently and still achieving peace, the lion lying down with the lamb."

I so agree. Differences of belief must and should thrive. What I'm highlighting here is how profoundly belief systems can affect the therapeutic process. We are best served by maintaining an attitude of self-evaluation or, even better, self-doubt. Bear in mind what Jacques Lacan defined as the hallmark of psychosis: a dogmatic certitude about the world's reality. As depth psychotherapists, attached in varying degrees to the reality of this or that self-evident truth, we should allow ourselves to see Lacan's words in the broader context of our profession, always confronting certitude — our own and others' — with radical suspicion.