Selling Desire, Autonomy, Freedom and Integration: Depth Psychotherapy in the 21st Century

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Following fifteen centuries of dominance by Christianity and then two centuries by Science, Western Civilization now finds itself substantially controlled by a Medical ideology. The American Medical Association (AMA), for example, might have combated America's obesity epidemic using education to promote healthier nutrition and lifestyles. Instead, prompted by popular demand for Bariatric surgery, the AMA lobbied aggressively during 2004 to get Medicare to classify obesity as a disease. They succeeded, and thus Bariatric surgery became covered by many insurance policies.

In a parallel fashion, persons seeking help with problems that are clearly not "medical" in nature – such as arguing married couples struggling with poor communication – often refer to their difficulties in medical terms. They worry about the "health" of their relationships. Similarly, many individuals struggling with meaning, fulfillment or intimacy, or who feel unhappy or lonely, are quick to think they might be Depressed, have Bi-Polar disorder, or some other "illness" subject to "treatment."

Aligning themselves with this perverse trend – albeit unwittingly – the entire field of psychoanalysis started by Freud and then expanded upon by Jung and many others in the early 20th century, was initially shaped by the then-fresh ideological dominance of Medicine. Until the sinking of the Titanic, most people believed that human problems not righted by God would be solved by science, medicine, or engineering. Those seeking the assistance of depth psychotherapists at that point believed that "doctors" specializing in "diseases" of the "psyche" could cure them.

In truth, for virtually its entire one hundred year history, psychoanalysts have sold *desire*, *autonomy*, *freedom*, *and integration*. These "wares," if you will, are delivered through a form of bounded, structured relationship, a "mutual but asymmetrical" relationship to use Lewis Aron's words. And regardless of their theoretical orientation, all such therapists share three basic features: A desire to uncover elements of the unconscious; a belief that problematic, unconscious, and repetitive psychobehavioral themes develop because of a combination of biological predisposition and early social learning environments; and a focus on the therapy relationship itself as a vehicle of change, using the concepts of transference and counter-transference.

Desire, derived from the French word spelled the same way, refers to a person's authentic wish. In brief, finding one's desire is what Joseph Campbell meant when he proclaimed, using a somewhat awkward phrase, that we should "follow our bliss." Perhaps the Greek poet Pindar said it best when he counseled persons to "be who you are." Strive to determine what you need, what you want – in terms of work, intimacy, and play – and live that life to its fullest.

Autonomy means the ability to utilize free will to its maximum while, at the same time, surrendering to those many variables over which persons have no control.

Freedom means liberation from any number of learned, self-restrictive patterns, such as fears or inhibitions. Thomas Szasz famously wrote that all psychiatric symptoms represent restrictions in human freedom. Whether socially phobic or sexually dysfunctional, whether depressive or kleptomaniac, these patients' lives have become limited. Effective psychoanalytic psychotherapy seeks to liberate persons from such confines.

Integration refers to the process of individuals assimilating into their overall personalities split-off elements of themselves such as unresolved angry feelings or incomplete mourning processes. The critique of psychotherapy as not dealing with values herein loses its merit. The psychoanalytic process typically includes helping individuals learn about, and integrate, their own beliefs and principles.

The ever-more-popular cognitive-behavioral therapy (CBT) has perverse, corrupt roots. It has become prevalent for three simple reasons, all of which comport with the procedure-driven, moribund American health care system: It is easy to teach; it can be studied quasi-empirically by using symptom-specific psychological testing of highly simplified elements of psychology; it comports well with the medical-industrial complex which, dangerously, deals with symptoms rather with underlying and often vulnerable states of being.

It therefore follows that, if the goals of psychoanalytic psychotherapy were somehow more widely supported, in other words, if *desire*, *agency*, *freedom and integration* were considered worthy values, then more distressed persons could obtain help that would lead them to enjoy more fulfilling and engaged lives. They would *wish* to *thrive*! And perhaps, over time, such empowerment would lead them to develop the strength and courage to loosen their dependency on institutions, and therefore to act proactively in all areas of their lives, including health-related ones.