Early in my career I lived in a small community, many of whose members were intellectuals or artists. I had just begun my own psychoanalysis, and since misery loves company I became an enthusiastic proselytizer, much given to attempts at persuading my colleagues to try it. It will do wonders for you, I said shamelessly. They were interested, even tantalized—psychoanalysis was then just on the verge of becoming fashionable—and yet they held back, for two reasons. First, it was thought that psychoanalysis might damage creativity. This was a time when the link between art and neurosis was the subject of much discussion in intellectual circles—witness Lionel Trilling’s celebrated essay, or Edmund Wilson’s The Wound and the Bow. To this I would reply that there was no evidence supporting the notion and that, to the contrary, psychotherapy more often unchained the talents constricted by neurosis. I would make precisely the same argument today, and with even greater confidence.

The second reason given ran along these lines: Although my friends admired Freud and thought him a genius, they were not at all sure about the ordinary working psychotherapist. They feared coming under the unwarranted influence of an inferior mind, or provincial attitudes, or a worldview lacking in power and sophistication. To this I would reply that they misunderstood psychotherapy, that the process was not preceptive but eductive—that is, its intention was not to indoctrinate but to explore. Indeed, I would go on, its essential merit was that it would not instruct nor mandate nor attitudinize; it provided instead a refuge, a quiet haven for the scrutiny of the self’s vicissitudes.

I would hesitate to offer that same argument today, in part because I can see that the issue is not so readily disposed of, that it is rather more complex than I once believed. But I would hesitate today for a more important reason: The psychotherapeutic scene itself has changed, and the ideal of value-neutrality has been decisively eroded. In many ways, large and small, overt and covert, witting and unwitting, gross and subtle, psychotherapy has become politicized. Indeed, much of the time, it is a vehicle of unwarranted
influence, involving silent but powerful indoctrination—just as my colleagues had once feared. And also as they had feared, as often as not the ideas transmitted are parochial or half-baked or merely modish.

A female colleague of mine has recently observed that women are sometimes referred to her as patients because she has successfully combined career and family, and so would presumably provide a good role-model. She is irritated by this, and rightly so, since such referrals are made on the grounds of gender and circumstance rather than competence. I might add that all my female colleagues, quite without exception, resent such referrals for precisely the same reason.

But there is an entirely different reason to be offended. I would like to ask why the referring analyst believes that it is his prerogative to determine what kind of model a patient needs. At the very least, such an assessment is premature, since it prejudices certain choices that should become evident only after psychotherapy, if then. What is even more troubling is the light-hearted arrogance expressed in the presumption that it is the psychologist's task to make such decisions. It is not. The psychologist is in no way licensed to offer moral pedagogy, even when it takes the form of tacit instruction about goals, roles, and lifestyles. To get some perspective on the matter, consider what reaction would be forthcoming if the referring analyst had said something like this: “I am not going to send this woman to see you, because the last model in the world she needs is someone like you. She should see someone who would encourage her to be a good wife and mother and give up these foolish notions about a career.” It is easy to imagine the furies that would be unleashed. Yet the two instances are essentially the same, the only difference being that the idea of women having a career is now very much in fashion, just as it was very much out of fashion 20 years ago. In both instances, the real and the hypothetical, the psychologist has insouciantly taken on himself powers of decision that are not rightly his.

I would not wish to make too much of this example; the sin is venial. All therapists, in unguarded moments, have said similar things, or worse—thoughtlessly and generally harmlessly. I use it only to illustrate a more general problem: The ideal of disinterestedness—the separation of ideology from practice—is increasingly being abandoned, sometimes for the curious reason that since it cannot be perfectly achieved, one ought not to strive for it at all. The loss of this ideal is evident even in scholarship. One can no longer fully trust the probity of scientific research and commentary concerning a politically controversial topic. My own area of work has been the young in general and their politics in particular, one of the hot topics of the late 1960’s, and my two decades of experience have induced an overwhelming skepticism about all writing on this topic, including at times my own. One learns to parse each sentence, to scrutinize each table, to recalculate each statistic. And
as we all know, the same is true for other controversial issues in psychology—heredity and intelligence being the most obvious; more recently, the nature and inmateness of sex differences. The great statement of the scholar's need for value-neutrality in his work is Max Weber's classic essay, "Science as a Vocation." When I reread it recently, I was forced to conclude lamentably that things have not gotten better since Weber's time—and in some respects they have gotten worse.

But if the situation is troublesome in the social sciences, it is very nearly egregious in the practice of psychotherapy. One can easily see why. In science and scholarship, dialogues are public, and other voices can be heard; therapeutic interchanges are generally private. Science and scholarship involve conversations among peers; psychotherapy inherently involves inequality, even when we pretend otherwise. The tradition of objectivity is strong in the former case, relatively weak in the latter. All in all, in the practice and theory of psychotherapy we find fewer of the extrinsic constraints that might keep partisan impulses in check. Hence in a politicized and politicizing era, one in which messianic impulses run wild, the analytic attitude is lost. We are possessed by our presuppositions.

What is most disheartening is to see how the preceptive mode—the need to make judgments, to instruct, to legislate—preempts openness of heart and mind among so many students. I teach a graduate course in psychotherapy and find that a significant minority of my students, about a third, though only at the beginning of their learning seem already beyond its reach. They live within a cacophony of slogans, catch-phrases, buzz-words, and other forms of cant; they are filled with an adversary passion. For example, to illustrate the workings of "transference" from patient to therapist in an uncomplicated ease, I tell my students about a former patient, a young woman married to a successful and rising professional. Her marriage is a satisfying one; they have two preschool children, both of them happy and developing normally; they have just moved into a new home; their prospects could not be brighter. Nevertheless, just after their house had been built, she began to feel depressed. More serious still, she had developed an obsessive fear, which she herself understood to be irrational, that her husband would soon leave her for a younger and more attractive woman. As I recount this rather ordinary story, I sense that a few of my students are unhappy, and after some conversation it becomes evident that they don't approve of her—she is too comfortably bourgeois, too comfortably domestic. They like patients they can feel sorry for, or sentimental about. Worse yet, as our colloquy develops it appears that they have arrived at certain conclusions about her problem—to wit, that she is leading a shallow suburban life, that she secretly hates being trapped in the role of housewife, that she resents her husband's dominance, that she should be encouraged to be assertive, and on and on, each and every one of the tired, thin, trite, superficial slogans of the phony social science of the tele-
vision talk-shows. One listens to this bemused at first, then impatient, and finally in despair—not merely because these formulas are, each and every one, utterly mistaken when applied to this patient, but even more so because of the mixture of didacticism and moral superiority that informs the opinions. It is an attitude of mind that resists the particular; what is particular must be forced into the Procrustean bed of ideology. T. S. Eliot said of Henry James that he had a mind so fine that no idea could violate it, using the word “idea” in the sense of ideology; what we have now are minds not merely violated but entirely consumed.

The problem is compounded these days because the constituency for psychotherapy so often shares the ideologizing temper; hence the therapist and client enter into a sort of collusion, an agreement in restraint of therapeutic trade, so to speak, wherein certain questions will not be raised, certain assumptions never examined, certain conflicts never explored. Sometimes this is done quite directly, as when one is cross-examined about one’s views on such matters as politics, religion, sexual preference, or penis envy; or when one is listed or blacklisted by various militant groups as either having or not having acceptable opinions on these or other matters.

But far more often the complicity is essentially unwitting, and even unwanted. Much of the time the patient does not have a clearly defined idea of what the problem is. The symptoms themselves may be diffuse or murky, or when they are sharply felt, the patient may be unable to place them in an acceptable framework of meaning. Thus the patient has been struggling to make sense of his personal situation even before entering the therapist’s office, and the struggle persists in the introductory phases of the therapy—the patient searching for the language of motives that will be acceptable to the therapist so that their dialogue can begin. As any therapist can attest, these early hours are often critical because the patient, while trying to make himself understood both to himself and to the listener, is also listening, listening avidly to pick up a sense of the language that is to be common to them. Almost invariably, these early efforts at self-explanation further the resistance, at least partially; they are elaborations of the prevailing defensiveness, and the therapist must be ever alert to that possibility, particularly when the language chosen reflects the clichés of the patient’s milieu, or of the therapist’s.

Another example, again a fairly commonplace one: a woman in her early 30s, of aristocratic origins, married to a young academic. She is initially quite agitated. She recently and inexplicably had an anxiety attack, and although it was neither prolonged nor severe, she is terrified that she may be going crazy. She is a forceful woman, and she importunes me to tell her whether or not she is insane, and in either case to cure her rapidly. When I say “forceful” I mean that she shouts at me at the top of her lungs: The walls
shake; I shake. I am later to learn that imperious anger is her customary way of controlling anxiety. But what she is so anxious about is not at all clear. In trying to understand seemingly sudden ruptures in the sense of well-being, a therapist usually begins by looking for losses or transitions, immediately past, or present, or pending. To be sure, her husband’s prospects for achieving tenure are uncertain, and that worries her; she has just developed minor arthritic symptoms that may interfere with the sports that mean so much to her; but neither of these problems seems *prima facie* troubling enough to warrant the panic that now appears to possess her.

What really puzzles me in our early conversations is that I get no sense of how she locates herself in the life cycle—where she is, temporally speaking, and what she is moving toward. I raise the issue in the most general way, and she tells me, somewhat petulantly, that she has thought of having a baby. She is sure her husband wants one to carry on the family name, but she has decided she would not be a good mother, and it would interfere with her self-fulfillment. I am immediately alerted because the statement seems out of character, contrived; it is the first false note I have heard from her. One can almost hear the tumblers falling into place: baby, click; husband’s pressure, click; self-fulfillment, click, click, click. An ideological trap is being baited, unconsciously; she thinks this is the language I want to hear, and if it serves her defenses, so much the better. And as matters turned out, to have taken the bait would have delayed at least and perhaps foreclosed the discoveries that were to come.

I will compress a long and fascinating period of therapy. The pressure to have a baby, we ultimately learned, did not come from her husband, who was in fact sympathetic to her wishes, but from within her and was imputed to him. More important, she did want the baby, desperately so, but was concealing a phobic anxiety about childbirth by pretending to herself that she was indifferent. And once we learned that, we learned the real secret—that her mother had been hospitalized in a psychotic state immediately after she was born and had proved incompetent to care for her after being discharged, so that she was taken from her mother and put in the care of a nurse-governess. We were thus able to understand her fear of going crazy, and the conviction that she would prove an unfit mother. She felt she was destined to relive her mother’s experience with her—to give birth, to go crazy, to be declared incompetent, and to have her own child taken away, as she herself had been. For those of you who like happy endings, she did have a baby, and proved to have prodigious maternal feelings. And for those of you who think I simply helped lock her into the nursery, the therapy also uncovered and resolved a long-standing intellectual inhibition—she is now enrolled in professional school. Those were her ambitions, not mine. Had she been content at the end of the therapy to return to the life of aristocratic ease in which she had been raised (she is the heiress to a substantial fortune) that
would have been all right with me, too. Her goals are her business, not mine.

This struggle between the preceptive and educative modes is by no means new to the history of psychotherapy; to the contrary, we find it appearing at the very onset of its history, in the responses of Jung and Adler to Freud's method. We have a brilliant exegesis of this conflict in Philip Rieff's *The Triumph of the Therapeutic*. He points out that "in their different ways both Adler and Jung sought in psychoanalysis a total theory, to which a patient could commit himself wholly.... More modestly, Freud sought to give men that power of insight which would increase their power to choose; but he had no intention of telling them what they ought to choose.... To make men do less harm than they might otherwise do was the limit of Freud's ambition. He had no interest in creating a doctrine of the good life, nor one of the good society." Rieff later notes that Adler's doctrine led into politics, and Jung's into religion; thus to an astonishing degree these psychologies prefigure the directions taken by current preceptive psychotherapies.

No one reads Adler today, and few read Jung, but you will find in Adler a complete anticipation of the politicized psychotherapies of our day—feminism, for example, is little more than warmed-over Adlerianism, with its emphasis upon power, superordination, and even the "masculine protest." And you will find in Jung an equally complete anticipation of that incredible hodgepodge of semi- and pseudo- and quasi-religious therapies that will soon dominate the mass market for instant healing—though in all fairness, I must emphasize the vast differences between the thin intellectual gruel of these latter-day derivatives and the erudition and variety found in Jung's writings.

It is this mass market for healing that increasingly dominates the practice of psychotherapy, and much of its theory. To a remarkable degree our clients are drawn from what we have come to call the "new class," that is, from that large and growing segment of the upper-middle class devoted to the production and communication of knowledge and beliefs—college teachers (especially in the humanities and social sciences) and those working in the media, in entertainment, and in government and corporate bureaucracies devoted to knowledge or public relations. Though only a few create new knowledge, their social function is to be alert to what is novel and emergent—not merely ideas, but also attitudes, moral postures, lifestyles. This group is mobile, generally transient; with respect to origins, deracinated. It is both the carrier and the victim of modernity—having abandoned traditional values and restraints, members of the "new class" search restlessly for substitutes, generally making do with what is fashionable as causes or crusades, though unconsciously hungering for some kind of absolutism. It is no surprise that their children are so often drawn to political or religious tyrants.
The emergence and condition of this class was foreseen with uncanny prescience by our great predecessors in social theory—Durkheim, Weber, Schumpeter. What no one could foresee was the extent to which psychotherapy would be used as a replacement for lost faith. It was not until the appearance of Rieff’s memorable writings that the interaction between psychotherapy and morality in the modern era came fully into view, and I would guess that even Rieff, writing a little over a decade ago, did not anticipate how rapidly and how pervasively the religious impulse—whether expressed in eccentric versions of traditional faith or in millenial political ideas—would transform psychotherapy. We can now see that practitioners and clients belonging to the same “new class,” sharing the same sensibilities and suffering the same self-doubt, come together as priest and acolyte—not in search of self-knowledge, but in search of a faith that will console them both.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION
(Act of August 12, 1970: Section 3685, Title 39, United States Code)


Irving Kristol, Editor