The Community of Therapy Consumers

Terry Kupers

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Terry A. Kupers, M.D.

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As more people become psychologically sophisticated and prone to turn to therapists for help with each of life's dilemmas, they tend to undergo more therapy—either lengthier at one sitting, or more accrued hours over a lifetime, or both. This creates a larger pool of potential clients for therapy, causing therapists to dig deeper to find more material to analyze and to create theoretical rationales for longer-term or repeated therapies. Thus the growth of a community of willing therapy consumers significantly influences the way termination is theorized and conducted. Therefore the discussion of termination must take into account the culture of therapy consumption.

Today's clients of therapy tend to take the lessons of the consulting room out into the world. Consider the effect of therapeutic wisdom on our ideals about the way conflict should be handled in marriage. Once, fifty or one hundred years ago, disputes between partners were likely settled by appeals to authority—the husband's, of course—or by some compromise. Today, in part because of the post-60s ideal of sexual equality, in part because there are less clearly defined role expectations in primary relationships, and in no small part because so many people have undergone psychotherapy, the struggle within the relationship begins to look like what occurs in the consulting room.

Ideally at least, each partner is expected to look deeply into his or her own part in creating the conflict and consider how personal feelings and conflicts might obstruct the process of working through differences. The two try to be "open" as they talk about the tensions between them. A man might confess that the reason he rides his wife so hard is that he is threatened by her independence and competence. She may be able to cry and say she is unable to function effectively when she feels intimidated by his criticisms. Even if he does not mention that her competence reminds him of a domineering mother, and she does not share that his intimidations remind her of an abusive father, they each reflect about such things privately, separate the mate from the parent, and the whole process is modeled on what they both learned in therapy.

Thus the form of modern intimacy begins to take on attributes of the relationship between therapist and client, with, one hopes, the role of therapist shifting back and forth in the evolution of mutual

dependence. And if the partners are not able to work things out, they can always " go see someone" who will point out ways each of their transference-like distortions impede resolution of their marital tensions. Note again that, implicitly at least, this degree of dependence on therapists is considered fairly "normal" among the community of therapy consumers. In fact, as I mentioned in chapter 6, it is even incorporated into the list of criteria for termination.

There is a core group of therapists and consumers of psychotherapy within the community, and this is the group that pursues the psychological or inner quest with the greatest dedication. Typically, they would explain that they find therapy very useful with their own personal dilemmas and also derive great satisfaction from the quest itself. They are willing to resort to therapy anew whenever their unhappiness reaches a certain level or their lives seem out of control. They apply therapeutic principles in their understanding of interpersonal relations, organizational dynamics, political events, literary themes, athletic events, and artistic productions. They tend to spend a great deal of time talking about personal and psychological themes, and they are always interested in the latest psychological theory about one or another aspect of the psyche and everyday life.

The consumers of therapy exhibit varying degrees of involvement. On the periphery are the partially committed, those who undergo a number of courses of therapy in a lifetime, during life crises for example, and read pop-psychology books or analyze their own dreams when something is troubling them, but generally abandon psychology when they feel better. Others have little interest in inner exploration for its own sake but repeatedly return to therapy when they feel a need. Consider the business executive who is troubled by massive anxiety attacks—"panic disorder," according to current nomenclature—but is not interested in any of that "sentimental stuff," only agrees to visit a clinician for a few sessions to get rid of specific symptoms, and is relieved if that clinician suggests medication without therapy.

Of course there are others who would rather have nothing to do with therapy at all. Some people shun psychotherapy, as if visiting a " shrink" had to mean one was totally psychotic. Others cannot afford talking therapy, even the brief kind. And even among the strata who can afford practically unlimited amounts, not everyone wants to undergo therapy. Not everyone internalizes the message. Also, I should mention that group of clients I have not been addressing very much here, those people who undergo a

great deal of therapy, not because of any abstract commitment, but because of dire need—that is, people who are so seriously disturbed, or who have such an impoverished support network, that they need almost perpetual therapy.

In any case, the people who have a certain critical mass of therapeutic sensibility seek each other out. The process is rarely articulated in these terms. Rather, members of the community select for friends others who are sufficiently "deep," "insightful," or "there." The definition of intimacy evolves to include a capacity to be open and share psychological secrets. Believers in the reigning psychological wisdom insist their intimates be psychological—perhaps they send them to see their favorite therapist—or they select as companions people who are. They develop a network of relationships in which people are absorbed for a significant portion of their waking hours in understanding their unconscious motivations, their interpersonal relationships, or their dreams. It is the members of this community who are most inclined to seek help anew from therapists each time their own problems, their relational difficulties, or their children's crises get out of hand. They are also the ones who take the therapeutic method home, employing it in working through tensions with intimates, reading about it in spare moments, and constantly using it to understand everyday life.

A community of enthusiasts evolves: the teachers, the practitioners, the consumers, the faithful, the curious, and the hangers-on. Within this community, therapy becomes the treatment of choice for a growing list of ailments, and for many people, almost a way of life. And of course, with the evolution of such a community, and the extension of therapeutic interventions into more aspects of modern life, there are significant shifts in the meaning of termination.

The Triumph of the Therapeutic

The concept of a community of therapy consumers is not new. It has been described by social theorists, notably Philip Rieff (1959, 1968) and Robert Bellah et al. (1985). They both begin with the premise that the psychologization of everyday life has proceeded further and faster than Freud ever imagined possible. It is not that people experience more intense personal difficulties than ever before, but that these difficulties are thought of and discussed in more psychological terms. The sensitivity groups and growth experiences of the sixties and seventies, along with the proliferation of therapies—

Gestalt, transactional analysis, primal scream, family therapy, play therapy with children, and so on—have introduced a mass audience to Freud's invention. The record sales of pop-psychology books and the popularity of "trainings" in personal growth and of self-help groups are evidence of the venture's success.

According to Rieff, the therapeutic is taken up within a "negative community." A positive community is one that offers "some sort of salvation to the individual through participant membership" (Rieff, 1968, p. 71). Of old, the township or the church offered a positive sense of community. And until the modern age, it was the community that healed. The therapist—and Rieff here applies the term broadly to include the clergyman, the shaman, the physician, the sage, and the community leader—would comprehend the individual's difficulties in terms of alienation from the larger community and would heal the individual by integrating him or her back into the community and its symbol system.

> All such efforts to reintegrate the subject into the communal symbol system may be categorized as "commitment therapies." Behind the shaman and priest, philosopher and physician, stands the great community as the ultimate corrective of personal disorders. Culture is the system of significances attached to behavior by which a society explains itself to itself. (1968, pp. 68-69)

Rieff believes that this kind of positive community no longer exists. It has broken into pieces and is no longer able to supply a coherent system of symbolic integration. There is no traditional community—though there are many vying sub-communities—that can offer salvation to the individual. In the vacuum, negative communities spring up. They do not offer a type of collective salvation, such as the church offers its members, but rather offer the individual a personal cure. The individual must rely on science and technology, on new forms of knowledge and expert types of personal cures, instead of hoping for reintegration into a larger positive community and its symbol system. The treatment, in line with the American emphasis on independence and individuality, must foster self-reliance and strength.

Freud's psychoanalytic psychotherapy fits the bill perfectly, and this explains its success in the modern age: "The assumption of the analytic theory is that there is no positive community standing behind the therapist. . . . The modern therapeutic idea is to empty those meanings that link the individual to dying worlds by assents of faith for which his analytic reason tells him he is not truly responsible" (Rieff, 1968, 76-77). For Rieff, the community of psychoanalysts, their patients, and their followers becomes the prototypic negative community of the modern age.

We now have available an interesting empirical study of the therapeutic negative community Rieff described. Robert Bellah et al. report on their five-year study of "the resources Americans have for making sense of their lives" (Bellah et al., 1985). They concentrate on the American middle class, which they believe has been "peculiarly central" and "dominant" in American society in this century. They divide their study into four separate research projects, one of which involves interviewing therapists, psychologists, and psychiatrists about modern life. (The others are interviews with middle-class couples about love and marriage, interviews with members of intact townships where citizens are still involved in public life, and interviews with members of socially concerned organizations.)

These researchers organize their data by speaking of various "lifestyle enclaves," somewhat akin to Rieff's negative communities. Individuals fit themselves into various lifestyle enclaves in order to find meaning in their lives. One of these enclaves is "the therapeutic culture." They write:

> Though the term "community" is widely and loosely used by Americans, and often in connection with lifestyle, we would like to reserve it for a more specific meaning. Whereas a community attempts to be an inclusive whole, celebrating the interdependence of public and private life and of the different callings of all, lifestyle is fundamentally segmental and celebrates the narcissism of similarity. It usually explicitly involves a contrast with others who "do not share one's lifestyle." For this reason, we speak not of lifestyle communities, though they are often called such in contemporary usage, but of lifestyle enclaves. Such enclaves are segmental in two senses. They involve only a segment of each individual, for they concern only private life, especially leisure and consumption. And they are segmental socially in that they include only those with a common lifestyle. The different, those with other lifestyles, are not necessarily despised. They may be willingly tolerated. But they are irrelevant or even invisible in terms of one's own lifestyle enclave, (p. 72)

In their portrayal of a therapist named Margaret Oldham, Bellah et al. present a picture of life in the therapeutic lifestyle enclave. Oldham, a therapist in her early thirties who lives and practices in a Southern community, is married to an engineer. She was raised by strict, hard-working, and very moral parents and is very proud of having done well in her studies. She attributes her sense of responsibility to her parents. She chose to be a therapist because she was curious about "what made people tick." She is very self-reliant, and makes this a central part of her definition of mental health:

> I do think it's important for you to take responsibility for yourself, I mean, nobody else is going to really do it. I mean people do take care of each other, people help each other, you know, when somebody's sick, and that's wonderful. In the end, you're really alone and you really have to answer to yourself, and in the end, if you don't get the job you want or, you know, meet the person you want, it's at least in part your responsibility. I mean your knight in shining armor is not going to meet you on the street and leave messages all over the world trying to find you. It's not going to happen, (p. 15)

Margaret Oldham likes her work: "Just the opportunity to get close to people in the way that you do in therapy is real nice and you grow a lot. You get better and better at sharing your emotions and giving to other people." But when her interviewer asks how therapy contributes to the larger social world, Margaret shakes her head and smiles ruefully: "The only community I ever think I'm adding to is the one of people who have been in therapy, and talk like psychologists, you know, and that's not particularly positive" (pp. 70-71).

Rieff and Bellah et al. share a concern that with the triumph of the therapeutic comes a certain moral impoverishment. They cite Alexis de Tocqueville's (1835) observation that the American version of democracy, based as it is on the self-made man's autonomy and seemingly infinite potential, will always be accompanied by an extreme and ultimately harmful individualism. According to de Tocqueville, individuals learn to feel that "they owe nothing to any man, they expect nothing from any man; they acquire the habit of always considering themselves as standing alone, and they are apt to imagine that their whole destiny is in their own hands" (cited in Rieff, 1968, p. 70). Of course, the flip side of the self-made-man ideology is that, if individuals fail to attain wealth and happiness, they have no one to blame but themselves—and then a course of therapy to treat the inner foible behind the failure seems all the more logical.

Wayne

Wayne came to see me complaining of massive anxiety and insomnia that began about a month before, or just after he was named chairman of his department at a university.

> I'm forty-three, I've always been very successful as an academic, and I've always insisted on staying away from a leadership role in campus politics. I like everybody to like me, and they do—for my teaching and writing. Stupidly, I let the others twist my arm into becoming chairman of the department. Now I can never sleep, I wake up at 5 a.m. worried about one issue or another, and I'm nervous all the time.

Wayne was preoccupied with concerns about the previous chairman who had been forced by his colleagues to resign, creating the opening Wayne filled. He did not need an interpretation from me to realize the link between his guilt about harming the previous chairman—an older man whose competence had for years been coming into question—and earlier conflicts about a father in whom he had been disappointed at an early age. After we discussed his guilt and his early history for a while, he

concluded that his colleagues removed the previous chairman for cause, and Wayne's willingness to accept the position did not really affect the decision.

After eight sessions, Wayne reported the anxiety was under control and he was sleeping fine. It was at this point that he asked: " So I guess the question is do I need to continue therapy any longer?" As I discussed in chapter 6, Wayne is not alone in questioning the utility of continuing therapy after initial symptoms abate. I also explained how, today, with the majority of people undergoing therapy, not analysis, the ground rules are different. While analysands enter analysis with the intention of seeing it through to its natural termination years later, clients, even those in the core of the community, enter psychotherapy with more immediate goals and a much briefer time frame. And often, though they might drop out of therapy long before analysts would agree a "well-worked-through" termination could occur, they are also more likely to return to therapy at a later date when problems again overwhelm capacities to cope.

I think it is fair to say that Wayne, like Alan, demonstrates some clearly narcissistic traits. It is not only his conflicts involving relationships with men, rivalry, potency, and disappointment. He also tends to idealize me, and tells me so: " I feel really lucky to have found a therapist who's sharp enough to figure that out about me so quickly." But in the very next session he complains that eventually he would have figured out all the things I told him, and that my fee is really too high considering the area I work in, and that my office looks so little like a professional suite.

And Wayne presents other characteristic symptoms. He has no deep friendships except with his wife, and that relationship is in trouble. He feels she nags him, constantly demanding he be more emotionally present with her. They argue. He also feels empty, and uninvolved in his work activities. He spends his free time vigorously competing in the sports at which he excels, or doing fix-it projects around the house. He is very vulnerable to attack from others, for instance falling into a depression when a critical review of his book appears.

Even though I can demonstrate some narcissistic traits—perhaps the full-blown personality disorder—I do not believe it is fair for a therapist to imply to a high-functioning individual that, in the same way that hysterical paralysis *requires* therapy, so does the narcissistic personality. Rather, I try in

one way or another to communicate to the client that the need for therapy is relative, and he has a choice in the matter. I responded to Wayne's question by saying: "That depends on what you want to get out of therapy. Your initial symptoms are gone, and so you've accomplished a lot. The question is whether or not you want to proceed and explore other aspects of your life—for instance, you've expressed concerns about your marriage."

It turns out in fact that Wayne had been referred to me by his wife, who had been in therapy with someone else for some time, and had resolved that she had a right to confront Wayne about his emotional aloofness and demand more from him. Wayne's wife, after years of passively accepting his inattention and his expectation that she perform wifely duties such as hosting his colleagues and taking care of their two children while he wrote his books, went to see a therapist complaining of depression. Her therapist helped her get in touch with ways she felt abused by Wayne and resentful. She slowly developed a network of friends who supported her demands, and she began to demand more from Wayne—about sharing housework as well as sharing feelings and psychological events. Now, his wife was essentially telling Wayne that as she became more psychologically sophisticated and capable of using insight to improve the quality of her intimacies, he must change or risk losing her. Wayne's motivation to be in therapy thus stemmed not only from his work concerns—though these were the easier ones for him to name—but also from his fear that if he did not change, his wife would leave him.

Not infrequently a depressed woman will begin in therapy and begin to experience greater self-esteem. Her newfound discovery will release a previously repressed well of anger, and she will begin to demand more from a mate. The husband or lover is forced to decide whether to dig in and fight defensively to regain previous forms of power in the relationship, or to struggle with the woman and look into his part in the tensions that erupt in the relationship. In many instances, the man ultimately finds that the necessary changes are not so much a relinquishing of power to the woman as an opportunity to grow beyond prior personal limitations. Wayne was not sure which route he wanted to take when he began with me, and that is why he spoke only of his problems at work in our early sessions. Besides, it was clear he thought it unmanly to admit the real reason he had come to talk intimately with another man was his fear he might have trouble holding onto his wife. By the time we had discussed all these issues, it became clear that Wayne was motivated to continue in long-term, open-ended therapy and that eventually we would negotiate a termination date that each of us would feel was right.

In effect, Wayne's wife had entered the community of therapy consumers and was demanding that he do the same. It was his wife's demands that drove him into therapy, but it would be his choice about how far he wanted to enter the community of therapy consumers, and his choice about what would determine whether he remained in therapy after the symptoms disappeared. He was seriously considering following his wife's counsel (however much it sounded like an ultimatum), and undergoing therapy for the express purpose of communicating better with her, and being more at home with psychologically minded people. This seemed to me a rational choice. But if he had chosen not to continue in therapy, that would have seemed to me equally reasonable.

Thus the very existence of the community of therapy consumers affects the way termination is managed. Though therapists never discuss it in quite these terms, the decision to proceed in therapy, like the decision to alter some of the more troublesome aspects of one's character structure, is also a decision about how one wants to relate to that community, or to the people in that community (like Wayne's wife) whom one cares about.