

Psychoanalysis vs Humanistic Therapy: A Plea for Inhumanity

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Introduction

Humanistic therapy, with or without an existentialist note, is routinely designated as the 'third force' within the history of psychotherapy. Unlike its popular namesake in contemporary European politics, this third force does not combine aspects from the two opposing camps already in existence, thus demonstrating that these traditions are less irreconcilable than generally assumed, but capitalizes on an entirely new conception of human experience. Strictly avoiding an integration of behaviourist and psychoanalytic principles along the lines promoted by Dollard and Miller during the 1940s, humanistic therapists work within an original paradigm whose central stakes have been derived from phenomenology (Jaspers), need theories of motivation (Maslow), and clinical accounts of the self (Rogers). Repudiating the mechanistic processes of learning championed by behaviourists, and the pessimistic outlook on the human being as a playground for the unconscious within psychoanalysis, humanistic therapy emphasizes the client's ability to grow, and the therapist's supportive, understanding and empathic function for the client's achievement of self-realisation.

In this paper I shall first of all reply to the main criticisms levelled at psychoanalysis by proponents of humanistic therapy, subsequently explaining why the premises and objectives of humanistic therapy are unacceptable within a psychoanalytic framework. It is not my intention to prove here that psychoanalysis is better (more honest, less illusory, more effective) than humanistic therapy, nor do I wish to argue that

psychoanalysis is the preferred method of treatment for every type of patient under all circumstances. Inasmuch as these types of judgement can be made at all, they would require a meticulous exposition of the theoretical and methodological underpinnings of psychoanalysis, which falls beyond the scope of this paper. It should also be noted that throughout this paper I will employ the term 'psychoanalysis' with reference to the classic Freudian model

of treatment and its elaboration in the works of Lacan. This reduction implies that my argument is by no means representative for the entire field of psychodynamic therapy, and that Jungians, Kleinians, Bionians and Kohutians will presumably profoundly disagree with the contents of this essay.

The joys of pessimism

The best way of thwarting somebody's aspiration to become a psychoanalyst is to present him or her with Freud's 'Analysis Terminable and Interminable' (Freud 1937, pp. 216-253). In an extraordinarily compromising fashion, and notably during the evening of his career, Freud broached the questions as to whether psychoanalysis has any proactive power of prevention, whether it succeeds in bridling the drives, and whether its results have any lasting curative value, each time conceding that its impact is negligible. From many an angle Freud's essay may be read as the epitome of his own death drive: rampant despondency and pessimism galore, not merely concerning the quality of a human being's psychic and social life, but also pertaining to the psychoanalyst's capacity of improving it. Of course, the seeds of hopelessness had already been planted in 'Civilization and its Discontents', in which Freud had mapped a range of variously successful routes to happiness without even pondering the pathway of psychoanalysis (Freud 1930, pp. 57-145).

On the basis of these fragments it is easy to see where the third force derives its *raison d'être* from. Since 'therapy' means 'cure' and 'healing',

psychoanalysis fails in its most basic ambition, not just according to external validators but even in the eyes of its founder, which justifies the deployment of a properly therapeutic alternative. If this is a correct description of the humanistic rationale, I could not agree more, with the caveat that Freud never had the ambition to cure his patients. On numerous occasions Freud admitted that he himself was not imbued with a desire to heal, and in his 1915 paper on transference-love he went so far as to say that a human society can do without *furor sanandi* (healing fury) as much as without all other avatars of fanaticism (Freud 1915, p. 171). In 1955 Lacan repeated Freud's claim, at once radicalizing its implications by describing the patient's cure as an unintended bonus of psychoanalytic treatment: 'Thoroughly warned by Freud to look closely at the effects in his [the analyst's] experience of that whose danger the term *furor sanandi* sufficiently announces, after all he [the analyst] does not really care to keep up its appearances. If he [the analyst] thus accepts healing as a supplementary benefit of the psychoanalytic treatment, he guards himself against any abuse of the desire to heal. . .' (Lacan 1966, p. 324).

Hence, what many people have perceived as therapeutic pessimism, corresponds to a fundamental ethical principle according to which analysts cannot and should not promise to the patient what lies outside their power, and what presumably does not even exist as a persistent state: general well-being, complete happiness and self-fulfilment, authenticity, independence, etc. Although patients may expect exactly these types of outcome from the clinical process, analysts do not possess the Sovereign Good, and in

acknowledging that it is but another neurotic illusion, they direct their practice towards the dismantling of these ideals rather than towards their realisation. In short, the menu which humanistic therapists present to their clients is not representative of what they have on offer, because even when they believe the recipes for the meals to be at their disposition, they do not have the ingredients to prepare them. Optimism, the personal potential to grow and the imminent success of self-achievement are merely misnomers for false hope.

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In challenging the validity of these ideals, whose configurations are firmly embedded in Western liberal ideologies, the analyst does not induce additional sorrow and pain in the patient. On the contrary, the gradual reduction of their power is bound to relieve a patient from the strenuous assignment of continuously measuring the distance between a current state of mind and the envisaged insignia of happiness — a task which is of course never completed and whose results are

never favourable for the subject. Instead of joy, the promise of self-realisation increases exasperation, augments frustration and fuels the flames of despair. In exposing these prevailing therapeutic ideals as ideological fallacies, psychoanalysis makes room for the complex ramifications of the patient's desire, which is likely to elicit, by virtue of its alleged pessimism, new dimensions of joy.

The measure of the subject

Explicitly or implicitly, humanistic therapies entertain the Ancient Greek dictum that man is the measure of all things, or at least that man is the measure of himself. Although they recognize the influence of unconscious irrational forces on the human mind, humanistic therapists underscore a human being's inherent potential to curtail the pervasiveness of these powers through the expansion of consciousness, the heightening of self-awareness, and the enlargement of personal autonomy. In keeping with the traditional humanistic principles of voluntarism and self-creation, and equally attuned to the ego-psychological concept of the autonomous ego, humanistic therapists seek to associate themselves with the positive, self-enhancing tendencies which they assume to be present yet dormant within every client.

Psychoanalysis is not a humanism, because it does not situate the measure of a human being within the remit of his or her own mental actions. Instead of a self-referential measure,

psychoanalysis relies on the symbolic dimensions of language and speech, which constitute a necessary and sufficient condition for its mode of operation. Unlike the humanistic measure of the inherent potential to grow, language is active within the human being without the latter having the means to own, monitor or advance its sphere of influence. As a transcendental structure concretized in the idiosyncrasies of a particular speech pattern, the symbolic order instigates mental dynamics, instead of being instigated by human actors. As such, human beings are not the creators of their own condition, but they are being created and acted upon as subjects by a symbolic structure that precedes and outlives them. Hence, whereas human beings are their own measure within the humanistic tradition, the symbolic structure of language is the measure of the subject within psychoanalysis.

In its promotion of this measure (against all the others) as the most appropriate compass for the direction of the treatment, psychoanalysis merely makes explicit what it believes to be the vehicle of success within every form of healing practice. Whether a magico-religious ritual or a medico-psychiatric consultation, a shamanistic incantation or an evidence-based intervention, the action takes place within a symbolically organised context and involves people whose minds are structured according to the symbolic laws of their community. Freud's overarching aim in *The Interpretation of Dreams*, *The Psychopathology of Everyday Life* and *Jokes and the Unconscious* was to show how neurotic symptoms emerge from the unconscious activity of certain symbolic mechanisms (condensation,

displacement, censorship etc.), and how they can therefore be analyzed with the sole means of speech and language.

Viewed from this angle, there is nothing irrational about psychoanalytic practice. The Freudian unconscious observes a set of basic rules of combination and opposition, just like any system of language, and it is made up of a series of discrete elements (representations), which are not

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dissimilar to linguistic units. In his *Seminar II* Lacan accordingly stated: 'His [Freud's] thought deserves to be qualified, at the highest level, and in the firmest manner, as rationalist, in the full sense of the word, and from one end to the other . . . I don't believe there is any abdication on his part, nor any final prostration, nor that he ever renounces working with reason, nor that he retires to the mountains, thinking that everything is just fine as it is.' (Lacan 1954-5, 69). If there is anything psychoanalysis can be accused of, it is not of eulogizing the hegemony of irrationality, but of pursuing the rationalist cause, i.e. the effects of language on the human mind, in its theory and practice alike.

In denouncing the irrational foundations of psychoanalysis and favouring the application of a more rational approach, humanist therapists have ironically fallen into the trap they believed their psychoanalytic opponents to have opened up. Whilst thinking they were formulating an alternative to the irrationality of psychoanalysis, they themselves have widened the realms of the irrational within psychotherapeutic practice. Under the guise of rationality, humanistic therapy entertains a constellation of ideas which can only be designated as oblique, opaque, ineffable and obscure, in a word beyond the rational domain: self-actualization, self-realisation, self-fulfilment, etc. It is this surreptitious and insidious move towards irrationality which has also driven them away from the effectiveness of symbols within human relations.

The inhumane analyst

The final point I want to address concerns the position of the therapist within the treatment. Humanistic therapists are notorious for their talent to engage in self-disclosure, their empathic skills, their ability to convey genuine understanding of the client's situation, and their thoroughly supportive role during the difficult stages of the therapeutic process. The term 'humanistic therapy' thus also reflects the humanity with which the therapist approaches the client.

However commendable these qualities may seem, I have serious reservations about their value as therapeutic techniques. The more the therapist engages in self-disclosure, the more the client's fantasies about the therapist are neutralized, and the

more the client loses sight of the particularity of his or her own problems. Whereas empathy and understanding may appear as the hallmarks of therapeutic insight, they mirror the therapist's own fantasies more than anything else. Freud was adamant that analysts should always try to suspend the knowledge they have amassed from previous experience whenever they are confronted with a new case, in order to be capable of recognizing its singularities. Lacan sharpened Freud's opinion, arguing that 'the intentional consolidation in him [the analyst] of his ignorance of each subject who comes to him for analysis, of an ever renewed ignorance that prevents anyone becoming a "case"' is of paramount importance for the analytic process to unfold' (Lacan 1966, 322).

The therapist's understanding is not only illusory, and merely representative of his or her own vision, it also reduces

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the client's need to elaborate, explain and explore. It removes the client from the task to elucidate the meaning he or she attaches to a symptom, a complaint, an expression, or a single word. In this way, conveying understanding also contributes to the exclusion of reason and the promotion of irrationality in the form of intuition and insight. 'To think', Lacan wrote in *The Direction of the Treatment*, 'it is often better not to understand, and

one can gallop through miles of understanding without the least thought being produced' (Lacan 1977, 252). Instead of understanding, the therapist should have the 'courage not to understand', as Theodor Reik put it in his *Listening with the Third Ear*, even when the client expresses thoughts which every mortal can be expected to grasp. If the client says that she has felt very aggressive towards her mother recently, the worst thing the therapist could do is respond with 'Oh I know, I have had that feeling too. . .', whereas the 'courage not to understand' implies that the therapist acts as if she has never heard the word 'aggressive' before.

The upshot is that a therapeutic experience can only occur if the therapist relinquishes his or her humanity, if he or she refuses to offer clients a mirror in which they can see a recognizable image of themselves. An alien instead of a similar other, challenging instead of comforting, ignorant instead of knowledgeable, the therapist should only function as a support for the client's associative thoughts, in line with the aforementioned measure of the subject.

Conclusion

Within the restricted space that was allocated to me I have tried to defend Freud's psychoanalytic positions, flavoured here and there with a touch of Lacanian spice, against the critical voices of humanistic therapy, along three distinct lines: therapeutic pessimism, the powers of irrationality, and the role of the clinician. The connection between these lines is that humanistic therapy, in each and every case, resuscitates what it is

endeavouring to extinguish. In opposition to the alleged pessimism of psychoanalysis, humanistic therapists have advocated the goals of self-realisation, social competence and complete well-being, yet to the extent that these goals are illusory ideals, the outcome will inevitably be pessimistic. In reaction to the purportedly irrational

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spectre of psychoanalysis, humanistic therapists have suggested a rational alternative, yet since the adversary was always already rational, this alternative was bound to strand in the most irrational of projects. Finally, in reassessing the role of the clinician and advocating a more humane approach, humanistic therapists have paradoxically reduced the importance of the client within the treatment process, in favour of their own fantasies, illusions and mirages.

I am well aware of the fact that some professionals, both within the psychoanalytic and the humanistic camp, may react to some of the above arguments with the assertion that they purely emanate from an intentional caricaturization, which renders them futile if not invalid. I am also aware

that the therapeutic goals I have associated with humanistic therapy have sometimes been entertained by (Freudian) psychoanalysts, and vice versa, which suffices as a warning to the reader that the line between the two paradigms is not always as conspicuous as I have drawn it. At the same time I do think that my portrayal of psychoanalysis is loyal to the Freudian spirit and that this depiction justifies my critical account of what I perceive to be the main tenets of humanistic therapy. If professionals want to take issue with my argument on the grounds that theoretical stakes and clinical realities are more complex and sophisticated than I have presented them, my paper will still have served its function of stimulating debate between, rather than amongst therapeutic 'forces'.

Further Reading

Sigmund Freud (1937) 'Analysis Terminable and Interminable', *Standard Edition*, 23.

Sigmund Freud (1930[1929]) 'Civilization and its Discontents' *Standard Edition*, 21.

Sigmund Freud (1915 [1914]) 'Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis III)' *Standard Edition*, 12.

Jacques Lacan (1966) *Ecrits*, Paris: du Seuil. All passages in my translation.

Jacques Lacan, *The Seminar. Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis* (1954-55), Edited by Jacques-Alain Miller, trans. Sylvana Tomaselli, notes John Forrester, Cambridge: Cambridge University Press

Jacques Lacan, 'The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious' (1977[1960]), *Ecrits: A Selection*, trans. Alan Sheridan, London: Tavistock, p. 322

Theodor Reik, *Listening with the Third Ear: The Inner Experience of a Psychoanalyst*, New York. Farrar, Straus and Company, 1948

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