Theorizing therapeutic culture
Past influences, future directions

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Abstract
Analyses of the influence of psychology and the growth of counselling during the 20th century commonly point to the deleterious effects of a cultural shift from reticence and self-reliance to emotional expressiveness and help-seeking. Indeed, the ascendancy of therapeutic culture has been widely interpreted as fostering cultural decline and enabling new forms of social control. Drawing on less pessimistic assessments of cultural change and recent directions in social theory, this article argues for greater recognition of the ambivalent legacy of the therapeutic turn. Through a reinterpretation of the consequences of the diminution of traditional authority, the weakening of the division between public and private life, and the rise of the confessional, the article challenges dominant readings of decline and control. In doing so, it draws attention to how psychological knowledge and therapeutic understandings of the self have given legitimacy to, and furnished a language with which to articulate, experiences of suffering formerly confined to private life. In advancing a less pessimistic interpretation of cultural change, it considers two historic moments in Australia: the advent of telephone counselling in the 1960s and the Royal Commission on Human Relationships in the 1970s.

Keywords: authority, confession, counselling, gender, public/private, therapeutic culture

For close to half a century, social scientists and cultural analysts have warned of the perils of the increasing influence of psychology, the rise of counselling, and an associated preoccupation with the self and internal life (Bellah et al., 1985; Cloud, 1998; Furedi, 2004; Lasch, 1979; Moskowitz, 2001; Rieff, 1959, 1966). From a variety of intellectual traditions and

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theoretical standpoints, it has been widely argued that the ascendancy of a modern therapeutic ethos has been a pernicious and lamentable development, inciting cultural decline (Rieff, 1966) and narcissistic concern with the self (Lasch, 1979), and leading to a rise of victim culture (Furedi, 2004). While Philip Rieff and his followers predicate readings of the deterioration of social and cultural life upon an interpretation of the therapeutic as remissive, analyses emphasizing the capitalist political economy, as well as those following Michel Foucault (1978), advance an alternate critique of psychological knowledge and therapeutic practices as insidious and regulatory forms of social control (Chriss, 1999; Donzelot, 1979; Lasch, 1979; Rose, 1990).

This article seeks to problematize the orthodoxy of both social control and cultural decline perspectives, and to advance a more ambivalent reading of the therapeutic turn. First, an overview of the main strands in the history of debates about therapeutic culture is presented. Second, assumptions implicit in dominant approaches, notably those concerning the importance of traditional authority, the sanctity of private life and the rise of the confessional, are questioned. Drawing on recent directions in social theory and less pessimistic interpretation of late-modern culture and therapeutic practices (Elliott, 1996; Elliott and Lemert, 2006; Giddens, 1991, 1992), the article develops an alternative account that pays greater heed to the complex and contradictory dimensions of therapeutic culture. By way of illustration, it considers two historic moments in Australia in which the therapeutic ethos became manifest in socio-political practices: the advent of telephone counselling in the 1960s and the Royal Commission on Human Relationships in the 1970s. In exposing private suffering, these examples lend support to a more ambivalent interpretation of cultural change, one that acknowledges how attention to the emotional realm and ‘personal problems’ has challenged a set of gendered arrangements governing both public and private life.

Narratives of personal and cultural decline

A persistent theme in critiques of therapeutic culture is that the concomitant focus on the self and internal life has fostered a pervasive moral collapse (Bellah et al., 1985; Furedi, 2004; Lasch, 1979; Rieff, 1966). Underpinning this line of analysis is disquiet about the displacement of traditional forms of authority, a concern definitively elaborated in 1966 with the publication of Philip Rieff’s seminal text The Triumph of the Therapeutic, but foreshadowed earlier with his declaration that ‘the emergence of psychological man’ sounded the death knell for Western culture (Rieff, 1959). Rather than ‘directing the self outward’ towards communal purposes – which in Rieffian sociology is the primary function of culture itself – Rieff identified the driving impulse of the therapeutic as one of interiority. By contrast with the moral authority of religion, he argued that the
therapeutic had given rise to the birth of a society in which ‘[the] self, improved, is the ultimate concern of modern culture’ (Rieff, 1966: 62).

Rieff’s preoccupation with a sacred order as essential to maintaining communal purpose reflects his debt to both Durkheim and Nietzsche. However, it is the Freudian view of the critical role played by a strong cultural super-ego in containing the id – both at the individual and collective level – which underpins his interpretation of decline. In his view, the displacement of a religious framework with a psychological worldview has resulted in diminished levels of repression, and fundamental to his analysis is the assumption that the private domain of intimate and familial relations cannot form the basis of a moral order. With the decline of religious authority, psychological experts – ‘secular priests’ as North (1972) called them – are seen as having taken over the function of the spiritual guide (Halmos, 1965; Moskowitz, 2001). In contrast to the clergy who enforced the moral order, the therapeutic professional, as interpreted by Rieff and those who follow his lead, is regarded as an advocate of the id rather than an embodiment of the cultural super-ego. The role of the counsellor or psychotherapist is therefore to bolster self-sufficiency through the eradication of the dread, guilt and anxiety that become manifest in the individual when traditional authority has been supplanted by a preoccupation with the self (Carroll, 1977; Casey, 2002; Gross, 1978; Rieff, 1966). As Michael Casey (2002: 82) puts it: ‘Authority, after all, is the foundational problem of therapy, the problem therapy was created to solve’. Rieff himself argued that therapists, as the pace-setters of change, have played a crucial role in the decline of Western culture, interpreting them as a pseudo authority rather than carrying legitimate moral weight.

A similar theme of moral indignation about the role of the helping professions emerges in Christopher Lasch’s (1979) analysis of the therapist as principally charged with consoling the discontents of the modern age. For Lasch, the reliance on psychological expertise undermines parental (but notably paternal) authority. His concern with the decline of authority in the family, and in particular his anxiety about the ‘absent father’, shares something of the conservatism of the Rieffian tradition (Lasch, 1979, 1984). However, he couches his critique of the weakening of the cultural super-ego in terms of the impact of capitalism on working life and familial relations. In his account of narcissism, the therapeutic ethos fosters a preoccupation with lifestyle and the self, a preoccupation which arouses individualism and has led to the waning of communal bonds and civic responsibility (see also Bellah et al., 1985; Moskowitz, 2001).

A fixation with the self, especially in relation to internal and emotional life, has been a key point of criticism of therapeutic culture. Yet the modern self is not only valorized, critics argue, but at once pathologized. In Frank Furedi’s (2004) analysis, narratives of vulnerability and representations of a weak, emotionally ‘at risk’ individual are hallmarks of contemporary therapeutic
culture. While apparently less preoccupied than Rieff and Lasch with the
decline of traditional authority, Furedi is particularly troubled by the chang-
ing relationship between the private and public spheres. He argues that the
‘disorganisation of the private sphere’ (Furedi, 2004: 83) represents a disturb-
ing and destructive trend of devaluing private life, and he expresses a conso-
nant concern that the proliferation of confessional narratives and discourses
of vulnerability have led to the diminishment of public life.

Narratives of social control and disciplinary discourses
While Furedi’s recent delineation of therapy culture accords with earlier
accounts of decline, his critique of the management and policing of emo-
tions also resonates with social control and governmentality perspectives. In
contrast to the Rieffian reading of the therapeutic ethos as resulting in
lower levels of societal repression, neo-Marxist and Foucauldian perspec-
tives implicate the elaboration of psychological knowledges and therapy-
ptic practices in new forms of social control and self-surveillance. In the
1970s, Lasch argued that under the conditions of advanced capitalism
a preoccupation with personal change had become the sole means by
which individuals could exercise control over their lives. Such strategies of
‘psychic survival’ had brought about, in his view, an unfortunate shift from
politics to self-examination. He argued:

Having displaced religion as the organizing framework of American culture, the
therapeutic outlook threatens to displace politics as well, the last refuge of ide-
ology. Bureaucracy transforms collective grievances into personal problems
amenable to therapeutic intervention. (1979: 13–14)

Lasch’s view of the therapeutic as a mechanism of depoliticization has been
one of the most salient contributions to debates about therapeutic culture.
Indeed, the personalization of social problems has been widely read as its
central impulse (Cloud, 1998; Chriss, 1999; Furedi, 2004; Moskowitz,
2001; Nolan, 1998; Polsky, 1991). According to this critique, therapeutic
discourses and practices displace social and political action, stifle dissent
and obscure structural and systematic disadvantage through the rhetoric of
individual responsibility and consolation (Cloud, 1998). As Dana Cloud
(1998: xii) argues, consolation has established itself as ‘the prevailing
strategy of crisis management’ in modern organizations. The systematic
expansion and institutionalization of counselling services targeting the
unemployed has similarly been critiqued. Furedi (2004) follows Lasch in
understanding the dominant response to free-market capitalism as a retreat
inwards, but presents a somewhat different slant on this theme by arguing
that social problems are not only individualized, but are ‘recast’ as ‘em-
tional deficit’.
While sharing concerns of political economy critics about social control, interpretations informed by Michel Foucault (1978) have developed an alternative line of analysis (Chriss, 1999; Donzelot, 1979; Nolan, 1998; Polsky, 1991; Rose, 1990). In his genealogies of the modern self, Foucault showed how the elaboration of the human sciences was implicated in modern systems of power and he drew attention to the centrality of confession to the constitution of the modern subject. While Jacques Donzelot (1979), for example, shared with Lasch a concern about the intrusion of experts into private life, he followed Foucault in arguing that new forms of psychological knowledge were instrumental to the changing means by which populations were governed. In Donzelot’s analysis, psychological knowledge, coupled with diminishing patriarchal authority, made possible the colonization of the family. On the one hand, according to this reading, therapeutic intervention operates as a means of ‘support’ for the middle classes who are able to choose when to begin and when to end treatment. For marginal populations, on the other hand, it operates as a powerful mechanism of normalization (Chriss, 1999; Donzelot, 1979; Polsky, 1991).

Concern about the role of psychological knowledge in relations of power has similarly informed feminist analyses of therapeutic culture and practices (Becker, 2005). The overlaying of the therapeutic on pre-existing unequal social relations has, most commonly, been interpreted as yet another means by which women have been controlled and disempowered. Feminist interpretations of the therapeutic have largely focused on the ‘psy-professions’ and associated clinical practices, which are seen to personalize the political by valorizing the emotional realm and the inner life of women (Becker, 2005; Kitzinger, 1996). Others have argued that the construction of mental illness is a key way in which oppressive gender relations in patriarchy have been maintained through the authority of the psychiatric professions (Chesler, 1972; Showalter, 1997) and there has been widespread disquiet about the medicalization of women’s unhappiness, as evidenced by diagnoses of depressive disorders and the increased use of pharmaceuticals (Blum and Stracuzzi, 2004). Similarly, critiques of therapeutic cultural forms, such as self-help literature and television talk shows, strike a particularly strong chord in feminist accounts. Such manifestations of a therapeutic ethos are commonly regarded as merely a panacea for alienation and an impediment to social action (Faludi, 1992; Lowney, 1999; Simonds, 1992).

Troubling dominant accounts of cultural decline and social control
As the foregoing discussion establishes, social-theoretical literature of the past half-century provides wide-ranging analyses of major dimensions of the therapeutic turn. What distinguishes these varying interpretations from those emanating from within the therapeutic itself – exemplified by the
promise of the human potential movement and the industry of self-help that it spawned – is a broad consensus that the therapeutic is inimical to socio-political, cultural and personal life. That this dominant narrative is shared by vastly divergent intellectual traditions – from the conservatism of Rieffian cultural sociology to radical feminism, the materialism of neo-Marxism and Foucauldian analyses of power – suggests that it is a compelling critique. Nevertheless, there remain important issues that have yet to be addressed.

Without resorting to an overly optimistic position, it is possible to challenge excessively negative interpretations by problematizing underlying assumptions in orthodox readings and by paying heed to dimensions that have thus far been under-theorized, notably, how therapeutic culture is implicated in shifts in the gender order and how it has facilitated a greater concern with suffering in the private domain. As Iain Wilkinson (2005: viii) has recently argued, the failure to attend to the problem of suffering leaves sociology with a ‘diminished account of the social reality of human experience’. Therapeutic culture cannot be adequately understood without consideration of the problem of suffering, however that may be defined. Moreover, making gender central to analyses of therapeutic culture invites a different interpretation of the consequences of the diminution of traditional authority, the weakening of the boundaries between public and private life, and the rise of the confessional. More optimistic, or at least more ambivalent, readings of these developments prompt a different set of questions about the effects of the therapeutic turn, in particular how it has fostered new moral concerns. From this standpoint, it becomes possible to understand therapeutic culture not simply as either the harbinger of decline or as enabling new forms of control, but as an important cultural imperative that has fostered a greater recognition of pain and suffering in the private domain.

The heightened concern with ‘private problems’ and the ascendancy of a ‘culture of emotionalism’, as central characteristics of the therapeutic, have to date been interpreted predominantly in a negative light (Cloud, 1998; Furedi, 2004; Lasch, 1979; Sommers and Satel, 2005). Yet much unease about therapeutic culture has gendered undertones (McLeod and Wright, 2009; Wright, 2006). Moreover, the composite picture that emerges from existing cultural analyses still reflects traditional Freudian notions of authority and, moreover, is premised upon unproblematic readings of the dichotomy of the public and private spheres. Through a preoccupation with attempts to theorize the destabilization of the self, there has been, furthermore, a failure to identify and draw out the implications of changes in the personal realm and shifts in the gender order. In short, there has been little analysis informed by feminist theory and, where it exists, it is limited by what Williams (2000) calls a ‘foot on the neck’ approach to understanding women’s subordination. Rather, utilizing a framework of gender as a system of power relations (Connell, 2002; Williams, 2000) allows for a more complex conceptualization of gender, and can provide the basis for an alternative reading in which the therapeutic is
more positively implicated in the destabilization of a set of traditional gendered arrangements governing public and private life.

Rieff’s (1966) influential reading of cultural decline reflects his conservative view of the necessity of a hierarchically differentiated social order, a position that is not advanced here. Yet his erudite delineation of the weakening of traditional authority remains the most cogent analysis of the social and cultural issues at stake. In his view, a ‘cultural elite’ is fundamental for the transmission of the ‘moral code’. Thus the diminution of the authority once embedded in the traditionally powerful figures of the clergy and, closer to home, the father, is interpreted as a precipitating factor in the collapse of the moral order. Lasch similarly advanced the view that the weakening of traditional authority had brought grave consequences for self and society. In more recent accounts, narratives of personal and cultural decline continue to be re- inscribed (Furedi, 2004; Sommers and Satel, 2005). However, to assess the merit of this position, it is first necessary to interrogate the basis upon which its claims rest. Critically, Rieff’s account of weakening cultural authority is predicated upon a Freudian model of personality development that regards the internalization of a powerful cultural super-ego as essential to the development of an individuated personality and to social life more broadly.

Yet critiques of cultural theories of narcissism (Barrett and McIntosh, 1982) and the ‘absent father’ (Benjamin, 1990) raise doubts that, in undermining older forms of authority, the ascendancy of the therapeutic ethos leads inexorably to personal and cultural decline. Feminist theorists have drawn on other psychoanalytic traditions, notably object-relations and ego-psychology, to question the salience of the Freudian account of infant psychosexual development which forms the basis of the cultural critique. As Nancy Chodorow (1978, 1989) and Jessica Benjamin (1990) have both elaborated in theorizing self–other relationships, the Freudian view of personality development and selfhood bound up with the ideals of autonomy and separation is a highly masculinist one. Following Benjamin, who argues that the ideal of the individual embodied in the Oedipal theory is not ‘universal and neutral, but masculine’, a critical analysis of the Oedipal model renders it rather as:

... a version of male domination that works through the cultural ideal, the ideal of individuality and rationality that survives even the waning of paternal authority and the rise of more equitable family structures. (Benjamin, 1990: 172–3)

The main alternative standpoint to the Freudian informed cultural critique is that available in the work of Foucault and his followers. Such readings have provided a valuable framework for understanding the regulatory dimensions of therapeutic culture and the ways in which therapeutic discourses are implicated in contemporary forms of self-government (Rose, 1990). Yet there are problems too with the implicit model of subjectivity that emerges from Foucauldian theory. As Anthony Elliott (2007: 100–1)
has argued: ‘Foucault’s obsessively self-mastering individual is intrinsically monadic, closed in on itself, and shut off from emotional intimacy and communal bonds.’ In contrast to the Freudian privileging of the father’s authority and the Foucauldian obliteration of connectedness, both Benjamin and Chodorow suggest that the constitution of the self is grounded in relations with others. The central psychological tasks of development are thus associated with balancing separation–connection between self and other, rather than being reliant upon repression and authority. While the complexities of their accounts of gendered personality development cannot be explored here, it is possible to utilize some basic insights from such Kleinian influenced feminist object-relations theory to challenge the presumed gender-neutral self of Freudian and Foucauldian theory. A different account of personality development can thus provide the basis for an alternative cultural critique, one that includes women and, indeed, recognizes gendered social processes more broadly, especially those associated with the division between the public and private spheres.

For, as with the supposedly gender-neutral accounts of personality development which underpin many analyses of the therapeutic, a related set of assumptions about the public and private spheres takes for granted the historical emergence of a gendered division between the private world of home and family and the public world of politics, work and civil society (see Benjamin, 1990; Elshtain, 1982; Zaretsky, 1976). Both Freudian inflected and Foucauldian informed perspectives commonly rest on conceptualizations of an overly determined public sphere and an inadequately theorized private one. Though Lasch, for example, mounted his case against advanced capitalism, capitalism itself, as Eli Zaretsky (1976) establishes, gave rise to the particular form of family life premised on the ‘patriarchal’ family, the very form that Lasch was trying to defend. ‘Defenders of the private sphere’, to borrow Benjamin’s phrase (1990: 198), thus accept not only as inevitable but also as desirable the implicitly gendered dichotomization between a public rationality and a private realm of emotions. The major problem with this position is that it does not adequately consider the relations of domination and subordination associated with this split, namely women’s exclusion – both physical and symbolic – from the public sphere, as well as the unequal and exploitative social relations between men and women – and indeed children – in the home (Zaretsky, 1976). Thus the ‘disorganisation of the private sphere’ as the ‘main accomplishment of therapeutic culture’ (Furedi, 2004: 21) becomes more complex in light of feminist and other social theory that interrogates assumptions about the sanctity of the domestic realm.

What is still largely missing in existing accounts is acknowledgement of the emancipatory potential of the change in the relationship between public and private life, and how ‘speaking out’ about personal problems has opened up new discursive space in which it is not only the powerful that can
have a public voice (Wright, 2006). An alternative way in which to understand the nexus between the therapeutic, authority and changes in private life is available in Giddens’ (1991) account of reflexive modernity. His analysis suggests that, rather than signalling moral collapse or social decline, transformations in private life and the dissolution of traditional forms of authority represent a democratic current (Giddens, 1992; see also Scanzoni, 2000; Weeks, 1995). As Giddens argues:

A liberalising of the personal sphere would not mean the disappearance of authority; rather, coercive power gives way to authority relations which can be defended in a principled fashion. (1992: 109)

Similarly, Elliott (1996: 57) argues that ‘[i]n terms of the opening out of the personal sphere, psychoanalytic theory and therapy can be said to offer individuals a radical purchase on the dilemmas of living in the modern epoch’. This perspective offers an alternative to accounts that stress cultural decline and negative self-regulation. Giddens’ and Elliott’s readings suggest that the opening up of the personal sphere has enabled a different set of moral and ethical questions to be posed from those associated with traditional social order. Elliott and Lemert’s (2006) recent work on the role of confessional practices is instructive too. As they argue, confessional culture ‘can promote a narrowing of the arts of public political life; but it needn’t. The public confession of private sentiments can, in fact, work the other way’ (2006: 131).

As well as an at times self-indulgent preoccupation with personal fulfilment, therapeutic culture has facilitated the assertion of individual rights to bodily autonomy, emotional well-being and personal safety. These are important moral dimensions which, in the remainder of the article, are given empirical consideration in two historical moments in Australia—the advent of telephone counselling and the Royal Commission on Human Relationships. These two examples capture some of the complexity of the ascendancy of therapeutic culture and further problematize prevailing accounts of control and decline.

The advent of telephone counselling
In 1958, just two years after television was introduced into Australia, the Reverend Alan Walker of Sydney’s Central Methodist Mission was appearing on a weekly evangelical television programme called I Challenge the Minister (ABC, 2003). Each week, Walker would address a subject before taking questions from the audience. The show was enormously successful: reportedly the highest-rating evangelical programme in Australian history. Politically left, but socially conservative, Walker’s evangelism struck a chord. He was, according to Stephen Crittenden, presenter of ABC Radio’s The Religion Report, ‘not someone who brandishes a Bible at you … his starting point [was] people’s real, everyday lives’ (ABC, 2003). Walker
clearly possessed a capacity to understand people’s everyday lives and the
difficulties they faced, for his appearances on television and radio prompted
a significant number of people in crisis to telephone him directly and seek
advice. So desperate were some of the pleas for assistance and such was the
demand for help via the telephone that, with the support of the Central
Methodist Mission in Sydney, Walker founded the first telephone coun-
selling service of its kind in the world: Lifeline.

Established in 1963, Lifeline provided a new model of social support for
people in distress. Within days of commencing operation in Australia, the
help-line had received more than 100 calls, and by 2007 was taking on
average more than 1200 calls daily (Lifeline Australia, 2007). The estab-
lishment of a prevention programme of telephone counselling for parents of
abused children was an initiative that followed. Bill Crews, director of the
Crisis Centre at Sydney’s Wayside Chapel, explains how their ‘Prevention’
programme arose in the 1970s:

The whole idea came because one father came in whose wife that morning had
killed their child and he said, ‘Where do you go? I had come in various days and
the child had had a black eye or something and she would say it hit itself with a
spoon or fell off its high chair. I knew there was something wrong, but where do
you go, when you have doubts?’ (Deveson, 1978: 137)

This man’s question – where do you go? – is a poignant rejoinder to vocifer-
ous critiques of the therapeutic. As with other forms of social and psycholog-
ic support, the advent of telephone counselling cannot simply be understood
as arising as a result of the decline of religious authority. Rather, its emergence
signalled a greater responsiveness of religious authorities to suffering in the
private domain. Recognition of how (and why) therapeutic dispositions and
practices emerged in particular social and historical contexts makes possible
an alternative reading of these developments (van Krieken, 2004; Wright,
2007). Certainly, as theorists since Lasch have reminded us, counselling is no
panacea for social ills, but neither is it simply a reflection of the collapse of the
moral order. A more helpful understanding would begin with acknowledge-
ment of the emergence of these services as part of a series of responses to suf-
ferring and social crisis – responses that are, moreover, not antithetical to social
justice, but in which questions of justice are thoroughly implicated, including
attempts to prevent abuse of the less powerful in society.

Yet, in understanding the therapeutic turn, it is necessary to move beyond its
manifestation in forms of individual and social support such as counselling and
therapy, as important as these practices clearly are. Indeed as both the remissive
reading of the Rieffian standpoint and the regulatory interpretations of the
Foucauldian perspective make clear, its cultural diffusion is arguably more pow-
erful than its clinical manifestation. I turn now to a second historical example
which strikingly illustrates how the airing of concerns about emotional suffer-
ing in the private domain has profoundly reshaped public discourse.
The Royal Commission on Human Relationships

On 21 August 1974, Australian Prime Minister Gough Whitlam announced the establishment of a Royal Commission on Human Relationships. The Commission’s terms of reference were broad: ‘to inquire into the family, social, educational, legal and sexual aspects of male and female relationships’ (Royal Commission on Human Relationships, 1977: vol. I, ix). That ‘relationships’ should warrant investigation by a Royal Commission signals the extent to which private life – as distinct from ‘the family’ – had become by the 1970s a public and political concern. Certainly the issue of abortion was the precipitating factor, for as one of the Commissioners was to later write, the establishment of the Commission was essentially ‘a political compromise’ over moves to reform abortion laws (Deveson, 1978: 2–3). Yet, despite the motives driving the investigation, the Commission subjected private life in Australia to political and public examination as never before.

During their investigations, the Commissioners spoke on radio, television and at public forums, encouraging ‘ordinary people’ to share their views and experiences on a wide range of issues affecting individuals and families. Hundreds of people gave oral testimony and more than 1200 written submissions were received (Royal Commission on Human Relationships, 1977). The voices of women, children, migrants, people with disabilities, those from sexual minority groups and indigenous Australians were publicly articulated and formally documented. A comprehensive picture of widespread emotional pain and suffering in the personal domain emerged, making public experiences of distress, fear and abuse that had hitherto been largely hidden. Domestic violence and child abuse were two issues that the investigation of family life uncovered. Hundreds of cases of child abuse were revealed to Commissioners, including those from parents who had ‘battered’ their children. One parent confessed that:

He’d have been two when I first really used to get stuck into him. I used to punch him. And I used to belt him hard. I can remember breaking wooden spoons on him. I used to get him around the throat, and I’d hit his head up against things, and I couldn’t understand why I would do this to a child. I used to be all sort of tense inside. It was a terrible thing and was just terrifying, but I couldn’t stop. (Royal Commission on Human Relationships, 1977: vol. IV, 156)

Revelations about cases of abuse brought to light by the Commission – from those who had been subject to maltreatment and violence as well as the perpetrators – arose in the context of an increasing concern with family violence and the criminalization of child abuse both in Australia and internationally (Deveson, 1978; Pfahl, 1977; Royal Commission on Human Relationships, 1977). In the mid-1970s, when counselling services were still limited in number in Australia, the Commission proved to be not only a means of gathering information but also provided an opportunity for people to voice their experiences of personal distress, articulate their fears and
also seek advice on where to go for assistance. That the issue of child abuse arose and that parents had begun to seek help by the 1970s was understood by the Commissioners as having been brought about by a number of inter-related factors:

Change in public attitude has come about partly because of a growing sensitivity to the legal and human rights of individuals, partly with improved knowledge of childhood development, and partly because of the increased importance of outside agencies to families. Private life is now more public. (Royal Commission on Human Relationships, 1977: vol. IV, 160)

Therapeutic culture is deeply implicated in the growing recognition of child abuse and family violence. While professional intervention into private life may have subjected the less powerful and marginalized to ‘disciplinary’ practices and control, as Donzelot and others have argued, it has often done so in the name of those historically possessing even less power – women and children. The Report of the Royal Commission on Human Relationships not only threw light on experiences of suffering, but it revealed – as much sociological and psychological research has also done – that distress is not equally distributed throughout the population. There is no question that therapeutic culture has disrupted the boundaries between public and private life. Yet rather than reading this in terms of control and/or decline, it is possible to view these developments in a more positive light (Wright, 2006). Through the opening up of the private, the legitimizing of the emotional realm and the speaking of the hitherto unspeakable, therapeutic culture has engendered more complex consequences – particularly for women and other marginalized groups – than dominant accounts have thus far suggested.

The therapeutic turn: lifting the lid on private pain
The establishment of telephone counselling services in Australia and the Royal Commission on Human Relationships provide illustrations of how revelations of distress and abuse arose within a cultural climate that had become amenable to public recognition of personal pain and suffering, and also, importantly, how therapeutic strategies arose in response to emergent social dilemmas. As manifestations of therapeutic culture, they provide focal points from which to assess the limitations of dominant interpretations that stress control and decline. While much critique of the therapeutic turn has centred upon the privatization of social problems and the diminishment of public life through new forms of confessional practice, there has been relatively little emphasis on the politicization of the private realm. Yet, in bringing the private into the public sphere, therapeutic culture – especially the confessional mode – has been instrumental to the legitimation of emotional suffering through the opening up of a discursive space which has made possible the discussion of personal pain.
Indeed, as personal pain has assumed legitimacy in the public domain, greater accountability for and recognition of distress has also emerged. Framing this as a gendered issue, the increasing legitimacy accorded to psychological and emotional life, as well as the public articulation of personal inadequacy and suffering, is also implicated in the disruption of a traditional set of gendered arrangements governing both public and private life. Yet there is also another aspect. While casting their arguments in slightly different ways, Rieff, Lasch and Furedi all regard the therapeutic self as essentially amoral — caught on a treadmill of meaningless self-improvement in an ultimately fruitless quest for subjective well-being. However, to view therapeutic culture as amoral — regarding the preoccupation with self-gratification, pleasure and happiness as its only facet — is to fail to recognize its multidimensionality. Without dismissing the potential for narcissistic self-absorption, it is important to acknowledge that valuing the self also entails recognition of suffering, which has a thoroughly moral dimension. From this standpoint, the sanctity of the self in therapeutic culture cannot be understood merely as hedonistic and amoral. For the therapeutic has its own moral logic, one in which the authority of the self can be marshalled to speak against oppression. To the extent that therapeutic culture encourages and legitimizes the claims of damage inflicted upon the individual — often in the private sphere — the argument of amorality becomes a problematic one.

Difficult political questions remain. While theorists since Lasch have recognized the depoliticizing tendency of the therapeutic, it is important too to acknowledge that lifting the lid on pain was itself a political development. As with second wave feminism and the politicization of the personal, in the opening up of private life the therapeutic has been profoundly political. In moving forward, it is important to look carefully at the historical processes that give rise to contradictions of the therapeutic, with an eye to both the potential for social control and hollow individualism — in short, the negative strands — but also to the therapeutic’s promise: the potential for increasing caring relations and remedying forms of social injustice. What also has yet to be adequately considered is how confessional narratives and the therapeutic ethos have engendered new concerns with private suffering that challenge traditional (gendered) forms of authority in the name of those possessing less power. The ascendency of therapeutic culture has been instrumental in the exposure of abuse against some of the least powerful in society by legitimizing emotional pain, furnishing a language with which to articulate injury to the self and in the development of expertise with which to redress the damage. Reading the therapeutic predominantly in terms of new desires for self-fulfilment and happiness obscures its multidimensionality and forecloses recognition that it may not simply reflect an unfettered desire for happiness, but rather a shifting orientation to suffering.
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References

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