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Psychiatry and Psychotherapy as Political Processes

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Therapy is applied politics. From hospitalizing a patient to offering psychoanalytic insight, a therapist's every action reflects his own attitudes toward political issues, including individual freedom vs. state control, or capitalism versus socialism. Ultimately every therapy implements some utopian political vision against which the client will measure his own success and failure in the therapy.

INTRODUCTION

Over the past few years a great deal of attention has been given to the use of psychiatric therapy as a police measure in the Soviet Union. This has made clear that in some countries at least the government can determine how psychiatric therapy will be used.

Criticism of psychiatry from both the radical right and the radical left has also made psychiatry a political issue in this country. Marxists have written a number of books supporting "radical" or collectivistic therapy, and attacking current psychiatry as Fascist or even Nazi. Conservatives, on the other hand, have long deplored the "liberalism" inherent in most modern psychiatric programs, and have often fought against their federal funding or their introduction into the schools. Both the Marxists and conservatives are thus aware that current-establishment therapy has its own particular political assumptions and aims. While psychiatry has been subjected to political criticism, less attention has been given to the underlying principle that *all psychiatric therapy is inherently political.*

Political most literally means "pertaining to the government" and *therapy* most literally means "treatment." Even in this narrow sense, psychiatric therapy must always be political. Its assumptions, its outcome, and its very existence will be determined by its attitudes toward the government, and by the government's attitudes toward it. Furthermore, its basic therapeutic principles will reflect assumptions about government in general.

The issue of "involuntary treatment" makes all this immediately apparent. Involuntary treatment based upon certification by a psychiatrist or commitment by a court reflects a public policy that condones and implements the coercive intervention of the state within the life of the individual for psychiatric purposes. Conversely, a therapy which denies this right to the state is not only political but politically radical.

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Libertarianism is a growing political philosophy which argues against the right of the government or the state to intervene in the lives of its citizens against their will. It bases itself upon a belief in private property and free enterprise, and promotes the individual's absolute right to own, dispose of, and defend his own body. Libertarians themselves may vary to some degree on the permissible degree of government intervention, some arguing for no government whatsoever, and others maintaining the necessity of a state police force and judiciary. Similarly, the specific implications for therapy may vary, and Thomas Szasz and Nathaniel Branden have developed psychotherapeutic approaches of their own which share basic libertarian principles (1-4). But however much libertarians vary in their outlook, involuntary treatment is wholly alien to their philosophy.

My aim here is neither to argue for libertarianism nor to explain it in any depth. A number of readable books already present the philosophy in a direct and readily understandable fashion (5, 6). My main purpose is to demonstrate the necessity for conceptualizing psychotherapy as a *political process* regardless of the therapist's political viewpoint. My secondary purpose is to demonstrate this concept by applying libertarian principles to psychiatry and to psychotherapy. This is an extension of the work Szasz and I have already done in examining psychotherapy as an ethical or "secular moral" process (1, 2, 7).

Many psychiatrists have already recognized that their profession has political *implications*. Keynote addresses at psychiatric conventions and editorial commentaries in journals testify to psychiatry's increasing awareness of the impact of psychiatry upon politics and of politics upon psychiatry. Seymour Halleck has perhaps come closest to taking the next step—the recognition of psychiatry and psychotherapy as an *inherently* political process or as *applied politics* (8). But Halleck fails to differentiate between the political implications and the political essence of psychiatry. Thus in an entire book on the subject of *The Politics of Therapy* he never formulates or acknowledges a specific political philosophy, despite pages of political commentary, much of it in the guise of conventional or clinical wisdom. Again, because he fails to grasp the fullness of psychiatry's political nature, he never bothers to address the major political question of our day—the struggle between both free enterprise and socialism, or the basic issue of the individual versus the state. He addresses problems of human freedom as matters of psychologic insight and therapeutic experience when they are wholly matters of political philosophy.

Halleck is not alone. If one examines any sophisticated commentary on issues of human freedom in a psychiatric journal, one will find this confusion of personal opinion and political principle. My aim is to make clear the direct connection between all therapeutic processes, including analytic insight, and the political principles which underly these processes.

Some Political Variables in Therapy

The client's role in any therapy is analogous to that of the citizen within the over-all political system, and the therapeutic setting is in fact a political microcosm—a social and economic relationship organized according to specific rules and regulations which relate to and typically implement the larger political organization of the society. That is true whether these rules are laid down by the therapist, the client, the evolving situation, an institution, or some outside force.

In America the totalitarianism of these therapeutic microcosms covers a much wider spectrum than that of the society as a whole. At one extreme is the totalitarianism of the state mental hospital—a virtual concentration camp for victims and failures within the society. Many forms of somatic and conditioning therapies practiced in other settings are also highly totalitarian. Then at the more libertarian end of the continuum we find those rare psychotherapies which actually promote a high degree of autonomy and personal freedom. Autonomy and personal freedom are the keys to distinguishing therapies along the continuum from totalitarianism to libertarianism.

By autonomy, I mean the capacity to judge one's own actions, rather than the freedom to act. Autonomy is something internal and has to do with the individual's moral outlook, and specifically, with the degree to which the individual takes responsibility for himself. The "autonomous man" may or may not have a high degree of personal freedom in his life, but he will believe "I am responsible for myself and I am the judge of my own actions." The "autonomous man" is of course a fiction of sorts, a philosophical ideal, as well as a personal ideal. Autonomy must be cultivated and fought for against innumerable pressures from within oneself and from the society.

By personal freedom I mean the degree to which an individual can act upon his autonomous decisions. This will of course be determined by his own capacities, such as intelligence and skill, and by the opportunities offered by the environment. Personal freedom is a highly relative concept, for which I can imagine no absolute.

Totalitarian settings will discourage both autonomy and personal freedom. They are the opposite of libertarian ones which encourage and permit a high degree of autonomy and personal freedom. Totalitarianism is not the only political variable relevant to therapy. All therapies, from psychoanalysis in private practice to drugs given in a clinic and groups run in a hospital or commune, will create new relationships between the individual client and his society in terms of his expectations about himself and others in the society and his own place in the economic system. Therapy is *applied* politics, or simply politics, in contrast with rhetoric.

In this alienated and politically naive society where political propaganda is always disguised as something else, therapy is often the most decisive

political experience of the individual's entire life. Often it is an experience which forces him to conform to some of the most grossly authoritarian and crudely economic needs of the society, as in the case of the three-quarter million or more "mental patients" in various hospital environments who are being processed for return to their old slots within the society.

The Utopian Nature of All Therapy

In political terms the therapeutic setting will be effective for the individual only to the degree that it is utopian—that is, only to the extent that it is conducted according to economic and social ideals toward which the individual aspires or is forced in his personal and private life and in his more general political relationships. By utopian, I mean "ideal" in the broadest political sense as well as the most narrow personal sense. I do not mean that the ideals are good or bad, right or wrong, consistent or inconsistent, but merely that they exist, are at the root of all therapy, and in fact distinguish one therapy from another.

The most grossly utopian nature of therapy can be simply illustrated. In a totalitarian "brain washing" therapy, as conducted at times in North Korean prisoner-of-war camps and in American state hospitals, the individual is forced into therapy to bring him into line with its ideals. In the Communist POW camp, the ideals are frankly political, an attempt to indoctrinate the capitalist captive into a new utopia (9). From the state hospital's point of view, the aim is the same—only the utopia is different (10-12). And though the methods may differ somewhat, in both the camp and the hospital the therapy is seen as necessary and beneficial to both the subject *and* his society, and it will be enforced by threats, punishments, drugs, group pressure, and such. When the individual can bring himself into line with these ideals, he is called cured or re-educated. Deviance from the ideals will be labeled according to whatever ideology one is using.

I do not want to dwell on the various forms of somatic therapy—drugs and electroshock, especially—or the various forms of hypnotic and behavioral therapy. *Brave New World* (14) and *1984* (15) have told us quite explicitly about the utopia promised by these methods. The ideal human being is a biologic specimen or a machine. And the therapy settings, in keeping with this, are almost always highly authoritarian or outright totalitarian. The client not only learns that he is a machine, he is taught to be a good machine! And good means "morally and politically acceptable" as well as "smooth-running."

Perhaps the greatest atrocity of this nature in America took place in the 1950's when thousands of human beings, "difficult cases," were lobotomized (the front of their brains sliced up or mutilated), partially killed in order to make them more economically pliable as nonrebellious,

nontroublesome inmates for storage in mental hospitals, or as "productive citizens" working as housewives and laborers. These goals—cutting the cost of custodial "hospitalization" and producing low-skilled labor—were explicit benefits named by the proponents of these methods.

On the level of therapeutic communes the same principles hold true, but now force is no longer the driving motive. The individuals living together more or less consciously evolve a "politics" for living within the setting, and deviations from it are then analyzed psychologically, socially, and politically by each individual and the group. As in any voluntary therapeutic setting, progress will be facilitated by agreement concerning the nature of the politics and the process of learning about how to relate within the politics.

If the commune is truly a collective, that is, if the people are organized in relation to the society, as a collective of writers, artists, priests, working people, political activists, or others, then a wider therapeutic process takes place. There is an attempt, often, to extend the utopia to include others, to modify the society. The collective becomes therapeutic or political (the two words now synonymous in my understanding) toward the wider society which may or may not aspire to the collective's ideals but which most certainly does not match them in all ways.

All therapies vary to some extent along this range of commune-collective. At one extreme there are therapeutic communes, such as R. D. Laing's Kingsley Hall, which, despite Laing's book title, *The Politics of Experience* (13), had virtually no orientation toward the social and economic (political) realities of the wider society. In contrast, there are many collectives around America which relate to the society in a multitude of fashions, from publishing radical papers and promoting the cause of homosexuality to developing better Catholic priests. Communes are generally "soft" in their orientation, or "incestuous," stressing self-understanding and sensitivity to others, often using techniques learned in the encounter group movement. Collectives are likely to have a greater emphasis upon work and upon political or religious ideology with which they relate to the larger society.

Turning attention now to individual psychotherapy, we face some of the most subtle and fascinating issues of therapy as politics. Since psychotherapy has so pervasive an effect upon the society, indirectly through education and literature, and directly through all the various forms of therapy, one needs to take a deeper look at it. More than likely, psychotherapy is where the reader (and many influential Americans) has had some of his deepest political indoctrination into the American way of life.

The analysis of transference is the basis of insight or analytic therapy. The client learns that his old notions about relating to people do not really

apply to the new situation, or that he is distorting his view of the analyst on the basis of his past experiences. In psychoanalytic therapy the analyst allegedly sets up a "blank screen" to react against, but actually, at his best, the analyst would present a dispassionate, objective co-worker, a trustworthy guide through the tangles of the unconscious. This was Freud's ideal. And that is the point—transference cannot be analyzed unless the therapist presents some sort of ideal, if only an ideal of so-called objectivity, against which the client can see himself projecting his old loves and hates, all laden down with his past moral attitudes.

To the extent that the analyst fails to maintain his own ideal of conduct, to that extent he falls into "countertransference," acting upon his own personal confusion and anxiety rather than according to the rules of the therapy. In simpler terms, if the analyst does not uphold his end by conducting himself ideally, then the learning situation is contaminated. Furthermore, since the client learns from contrasting his own confusion and uncertainty against the more utopian expectations within the therapeutic setting, it follows that therapy will be most useful so long as the individual's private and personal life, and his internal responses, fail in some aspects by comparison to the standards of the therapy.

All this becomes very complicated because therapists are in fact human beings who usually conduct themselves according to a hodgepodge of ethics and politics. A client entering one therapist's office may be stepping into a "conservative utopia" in which Gay Liberation, radical politics, and such, are labeled sick perversions, or less likely, he may be walking into a "radical utopia" in which all these movements are highly esteemed.

There is no question that the intimate world created in the therapist's office will influence the client's ethical and political development. The only question is "In what direction?" In "Psychotherapy as Applied Ethics" (7) I described how depth psychotherapy is a moral re-education, how all techniques are fundamentally methods of implementing one ethic or another and how depth or insight therapy should promote the ethic of autonomy—that each individual is responsible for himself and must be the ultimate and absolute judge of his own conduct, moral, sexual, political, or otherwise.

But now the notion that therapy is applied ethics must be extended. It is applied politics.

The issue has hardly been approached at all by analytic therapists, with the exception of Thomas Szasz in his important book, *The Ethics of Psychoanalysis* (1). While he emphasizes the ethics and not the politics, he makes very clear what every client knows—that free enterprise is at the heart of private-practice psychoanalysis, both for the client and the therapist.

This kind of therapy will only be successful for *both* so long as the client accepts the entire political situation—including the paying of money for the

service. In classical analysis and in Szasz's careful reinterpretation of it, the demand for payment is almost the *only* demand the therapist can make. The successfully analyzed client learns to relate autonomously and independently in a free enterprise system. More about this later.

Politics of Institutional Therapy

From the individual's point of view, and I am biased toward this viewpoint, the therapeutic setting will be effective to the extent that it represents his political ideal, or to the extent that it is utopian, and it will be ineffective or destructive to the extent that it deviates from his utopia. Slavery did not tend to produce free men, nor did it prepare slaves for freedom, though rare exceptions, such as Frederick Douglass, escaped and rose above it. Similarly, prisons do not produce free men, but tend to produce criminals, though again rare men, such as Malcolm X, have escaped or risen above this. In *all* cases, however, as Douglass (16) and Malcolm X (17) document, the system attempts to keep the man a slave or a criminal, and it is only the revolutionary intervention of outside forces—abolitionists or Black Muslims—that facilitates the liberation of the individual from the system. Sad to say, as Goffman (12) has clearly documented, state hospitals tend to produce "good patients" who look remarkably like docile "schizophrenics." And again, only outside forces will ever really change that.

This is perhaps the most fundamental and misunderstood principle in the field of so-called mental health. Institutions which are run in a totalitarian fashion cannot liberate anyone. Nor will they change their own basic nature voluntarily. And I include the so-called open mental hospital, as I have previously discussed in "Coercion of Voluntary Patients in an Open Hospital" (10), where the doors are in reality closed tight by internal pressures and multiple threats, including transfer to a state hospital. So-called "cured" or "improved and released" patients are people who have conformed so deeply to the totalitarian aspects of the institution that the institution now feels safe in letting them walk "free," still under the influence of their indoctrination, drugs, and electroshock. Ultimately, the individual walks "free" under the threat that should he misbehave or "look sick" again he will be snatched away to the same hospital—or to a worse hospital.

This cannot be emphasized too much. It is the fundamental theoretical error of the "mental health" movement. Doctors, nurses, aides, patients, the general public—all fall into the trap of wishing, hoping, and believing that people can be helped toward independence through submission to authoritarian and even totalitarian settings.

The exception to all this, of course, is the rebel, or the revolutionary. Presumably one might work in a mental hospital system much as any rebel

works underground in a totalitarian system. But there can be no question of "rising to the top through the system" in order to "improve it" in any large manner. The entire weight of *any* totalitarian system is always brought to bear against any such threat. At best the therapist and the client become a radical cell which may either barely survive or extend itself into an outright confrontation, usually with disastrous results for the rebels, unless there is some outside support. In the mental health setting, such small rebellions are dealt with by the full force of the therapeutic system—social pressure, ridicule, treatment, labeling the rebels as "sick," or in the case of the staff, simple job termination.

In general, however, the victims of mental health systems are so demoralized by the society itself as well as the hospital system that rebellion never takes place. One need merely compare the situation to the state and federal prison system where rebellions are common. If one thinks that rebellions in prisons are more common than in state hospitals because the prisons are more oppressive, one ought to ask individuals who have been incarcerated in both. In several specific instances I am aware of, state officials have punished prison inmates for rebelling by sending them to mental health facilities. Hospital inmates are almost never sent to prison for punishment, since the mental health facilities are usually much more efficient in this capacity. Perhaps some reader will be kind enough to let me know about any interesting exceptions, but I have never heard of any open rebellion involving force by inmates of any mental hospital. The same cannot be said of any other institution in America, except perhaps kindergarten.

Finally, since most readers and most mental health professionals are likely to be "liberal" and "psychologically aware," it seems worthwhile to stress the nature of the most severe and effective punishment that is wreaked upon them for rebellion within the mental health setting. The punishment is guilt. Usually this takes two forms, personal and social. Personally the individual is told he has problems with authority and is asked to go into treatment, or if he is in treatment, it is implied that he is "acting out." His therapist may even be blamed, thus increasing his guilt. Second, the rebel will be blamed for the pain and anxiety he causes the staff (and perhaps the patients) when he confronts them within the system. He will be blamed for the faults of the system itself, and then be told that he is "hostile" (11).

If the therapist himself is involved in a serious compromise, that is, if he tries to support both the individual patient and a totalitarian hospital which oppresses him, then he will teach his client to compromise, by personal example, and by encouraging the client to accept a therapist who compromises. His therapeutic maneuvers will encourage the role of "good

patient" if only to maintain his own role of "good doctor" in the eyes of the hospital administration.

The therapist should not fool himself into believing that he can conduct autonomous psychoanalysis or non-authoritarian group therapy in a hospital setting. As soon as the therapy has some effect toward the liberation of the client, that soon the institution will have to halt it. This is analogous to the slave system which may teach a few slaves to read. As soon as this possibility is fulfilled enough to matter, the slaveholders will actually pass laws to prohibit the teaching of reading. The point of conflict, of course, will come out when a few slaves read and write well enough to falsify passes or to communicate with each other about undermining the system. The same thing happens in the mental hospital system. When a therapist begins promoting the autonomy and personal freedom of his patients, he immediately comes into conflict with every aspect of the system that labels the patient as sick and decides for him whether he can come and go and what treatment he will have.

In summary, mental hospitals are totalitarian institutions and will teach their clients to live by such ideals. In many cases, if not most, the totalitarianism of the setting will far outstrip the worst tendencies of the patient himself. After all *he* does not give electroshock to anyone or drug anyone into a stupor, and *he* could not control his children's lives to the extent that the hospital controls him. The mental hospital client is likely to learn ideals that are more oppressive than the ones he brought in with him.

The Politics of Private Practice

Private practice of course covers quite literally a multitude of sins, as well as some of the finest aspects of the practice of therapy. Among the sins I will only briefly mention that most psychotherapy seems to be run in an authoritarian manner by therapists who believe in the mental illness model which provides a conceptual framework for authoritarian maneuvers against the patient, including labeling him "sick," manipulating him through other "well" members of the family, giving him drugs and electroshock more or less against his will, and even committing him to a mental hospital. Most behavioral modification therapies also tend to encourage submission. As any clinician can document, the "encounter group movement" is also fraught with authoritarianism through submission to group pressure and oppressive leadership. Every therapist has seen wounded group drop-outs. Typically, each of these therapies fosters an apolitical view of life which encourages a life based upon blind, uncritical submission to the prevailing politics.

But private practice is also the only situation where one can find autonomous psychotherapy as first described by Thomas Szasz (1, 2). By au-

tonomous psychotherapy I mean one-to-one individual therapy in which the client and the therapist have a conversation for the purpose of liberating the client from his old parental and societal morality (and politics!) so that he may go on to choose his own ethics and politics. The therapy is governed by certain rules, outlined and discussed in detail by Szasz in *The Ethics of Psychoanalysis* (1), rules for the protection of the client's autonomy within the therapy from any meddling or control by the analyst himself or by anyone else. The autonomous psychotherapist makes no decisions for the client, and after accepting him into therapy, the analyst cannot even terminate the therapy on his own. The therapist refuses to break confidentiality under any circumstances, and hence it is nearly impossible to conduct this kind of therapy in a clinic, where some sort of records are usually kept. He of course refuses to drug his patient or commit him to a hospital, or to do anything to him, except to demand financial payment, and to talk to him in return.

This protection allows the client to explore and experience his own inner world and to study the reality of the outer world without fear of retaliation or control from anyone, and without hope or fear of "rescue" by the therapist. He can even dare to look sick or psychotic! Thus the situation is set up for the purpose of enhancing the client's understanding. Only in this setting, where autonomy is rigidly protected, can fear and paranoia be considered transference. Only in this setting can helplessness, dependence, and a need for rescue be interpreted as originating in the client rather than in the situation.

The autonomous psychoanalytic setting is utopian in its adherence to the ideal of autonomy. In few other relationships will the client's own judgment be so valued and promoted. True love relationships are also characterized by this respect for autonomy, but they are something of an exception. In regard to the society as a whole, the autonomous therapeutic setting is indeed utopian, and the client can generally expect that he will have a great deal to learn about relating within this new setting.

But in regard to personal freedom, the setting is far from utopian. Limitations are placed upon both the client and the therapist. The therapist is personally free to demand his fee, and respect for his person and property, and nothing more. He cannot demand a "cure," he cannot decide that the therapy is over (unless he stops practicing altogether), he cannot intervene in the client's life in any way, and he cannot gratify his needs for love with the client. The client in turn is also greatly limited, especially in his freedom to gain love gratifications from his therapist. But because the therapy is voluntary and promotes personal freedom it is extremely libertarian compared to other treatment environments.

I have experimented with other forms of relationship therapy more typical of our times and have returned to something closer to the traditional

position of the classic psychoanalyst, that the eventual liberation of the client from his old morality cannot take place unless the therapist refuses to gratify his own and his client's needs for intimate friendship or love.

The therapist, as well as the client, must always measure himself against the utopian principles of his therapy. He must watch himself constantly to make sure he does nothing to impose upon the autonomy of the individual, and having imposed upon it, as he will time and again as an erring human being, he must have the courage to face it within himself and with his client as well, so that his client may become free of this particular oppression.

The Socialist in Private Therapy

It is not sufficient to say that this is a capitalistic society and thus we most use the capitalistic model to help "adjust" our patients. For one thing, there is considerable argument about how capitalistic our society is. Government intervention in our economy and our individual lives pushes us at one moment toward socialism and at another toward fascism. Free enterprise—the economic expression of autonomy and personal freedom—has been severely compromised.

These issues cannot be treated as irrelevant. They may come up at the very start of the therapy if the client is politically conscious. And if a client completes insight therapy without a political consciousness, he can hardly be said to have a full understanding of himself. Whether a man works for himself, the government, the schools, private enterprise, or simply lives off his family or works for her family (as most women do), this person cannot reach any self-understanding without grasping his or her relationship to the immediate social and economic system and its place in the larger political system. Political understanding is limited only as much as one's self-understanding, and one's self-understanding can only go as far as one's political understanding. The two are inseparable!

The problem for the radical socialist who seeks therapy in private practice is not, I believe, the questionable efficacy of one-to-one therapy. In my own experience, one-to-one therapy is powerful. The issue is, powerful toward what end!? What sort of utopia is the client learning to relate to? The problem for the radical socialist in therapy is this—can he develop consistently with his socialistic ideals if the therapeutic setting is based on the free-enterprise system? I would say no—that whatever apologies we make, clients in private practice are basically being influenced to function within the model of capitalism. To the extent that the therapy is successful, that is, to the extent that the client feels that it has been worthwhile to him, to that extent he will likely accept its capitalistic nature. He will feel glad he paid for what he got.

Of course, the client may rebel against this aspect of the therapy, but

that will lead to termination of the therapy if he refuses to pay, which is the only true rebellion. He may limit his rebellion to "bitching and moaning," or to ideological complaints, or he may keep his feelings to himself; but he still pays the price. Actions teach us more than mental reservations!

An experienced therapist may set up an autonomous psychotherapy which allows for so high a degree of individual self-evaluation that the individual may benefit from the situation even though his own political consciousness may oppose his therapist's in certain areas. But in order to do this he will have to see where his therapist's own personal politics intrude upon him in the otherwise autonomous situation. And I would not want to be overly optimistic about such possibilities.

For all the reasons that have gone into this conceptualization of psychotherapy as applied to politics, it seems inevitable that a therapy consistent with socialism can only be conducted in a socialistic setting, and further, that it will be effective therapeutically largely to the extent that it is utopian, one toward which the individual aspires to relate himself. This is a repetition of a basic principle of this study—that the individual will benefit from therapy only in so far as the political organization of the therapy is more ideal than he has thus far been able to attain within himself and his best relationships with others.

Individualism in Therapy

Here I wish to discuss two criticisms of the notion that therapy is applied politics—first that this orientation is doctrinaire and forces the individual into the political bag of the therapist, and second that the creative man who deals with art, dreams, and fantasies will find this approach sterile.

By describing therapy as a political process I am not trying to force anyone to adopt my own political beliefs. When the political foundations of therapy are recognized by both the client and the therapist, then the situation becomes less dogmatic and doctrinaire, for it allows for an understanding of what is happening, and hence for the possibility of improving its defects, rebelling against it, or quitting it if the client feels it is to inconsistent with his own ideals. I do not want to try to force any of my clients to become less totalitarian, though I want to fight in the broader political arena to stop totalitarians from taking over society any more than they have. Similarly, I do not want to become a tool of totalitarianism by using my therapy to fulfill someone's life goal of suppressing other people.

The same reasoning can be applied to the clinical concept of dependency, which I believe is the personal expression of the totalitarian society—the dependency of the citizens upon their leaders and the dependency of the leaders upon controlling other human beings. Thus I do not want to

promote dependency in my therapy, and I do nothing which allows my patient to act dependently in relation to me; but I do not ask someone to leave therapy because he wants to be more dependent than I favor. I confront him on his dependency within the context of the utopian autonomous principles of the therapy; I analyze its roots in his past upbringing and education; and most important, I continue to refuse to meet his dependent needs in relation to me. I do not give him answers, give him drugs, or give him anything—except my impressions about his dependency, its roots in his past and within the society itself, and its basic conflict with the ideals of the therapy.

Within the rules of autonomous psychotherapy, the individual may examine any aspect of his life which interests him—his art, his dreams, his fantasies. In describing therapy as politics, I am not suggesting that it involves political discussions, but rather that its content must inevitably include an examination by the client of his whole political world. His personal world of dreams and fantasies of course relates heavily to that world. As a novelist, I believe that autonomous therapy may be the only therapy that encourages the development of the artist. The artist must be free to face himself—his autonomy, his personal freedom, his need to encounter the limits of social control and to examine his relationship to the entire society. In order to do this, he must be free within the therapy—and within the society—to face an existential or psychotic crisis without fear of coercive interventions from the therapist or from anyone else.

Undoubtedly there are a variety of therapeutic models consistent with autonomous therapy, from those that are psychoanalytically oriented to those which stress current or immediate events. An emphasis on dreams or fantasy life or free associations might vary from client to client and therapist to therapist. Basic ideas about the dynamics of psychology might vary, and indeed the entire philosophy might run the spectrum from the spiritual to the materialistic. Of course, the personalities of the client and the therapist alike will determine much of the style and the content.

But the underlying principles of the therapy must not be compromised, particularly the absolutely voluntary nature of the relationship. Furthermore, there must be emphasis upon the client's personal responsibility and personal freedom, and a deep respect for his subjective experience of life. The client must remain the sovereign judge of his own life.

Only such a therapy can implement the Jeffersonian and libertarian ideal of the individual's right to life, liberty, and the pursuit of happiness.

SUMMARY

While psychiatrists have become very aware of the political implications of psychiatry, they have failed to come to grips with the political *essence* of

their activities. The client's role in any therapeutic setting is analogous to the role of the citizen in the over-all political system, and conversely, the therapist will implement one or another political philosophy through his actions and insights.

Psychiatry itself varies widely in the philosophies which it implements, from the totalitarianism of the state mental hospital system to the libertarianism of those psychotherapists wholly devoted to the personal freedom of their clients. Regardless of the philosophy, however, every form of therapy will implement a utopian vision of man's relationship to the society and to government. Only when the client gains a full awareness of these underlying political principles can he make up his own mind about the implications of the therapy, and hence maximize his ability to choose his own political philosophy.

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