# Therapeutic Capture K

**Performance of the aff is an invitation for therapeutic capture. Fighting for subjectivity and self-actualization locates politics on the terrain of psychological modalities. This process leads our attention away from the material realities that have created suffering in the first place. Their relationship to the ballot is therapeutic – Individual and social problems are viewed as stemming from improper thoughts and that only by correcting our views of ourselves can produce more fulfilled lives.**

**Stewart 9** Tyrone Anthony Stewart, Ph. D., Dissertation submitted to the Faculty of the Graduate School of the University of Maryland, College Park, WHAT IS A BLACK MAN WITHOUT HIS¶ PARANOIA? : CLINICAL DEPRESSION AND THE POLITICS OF AFRICAN AMERICANS’ ANXIETIES TOWARDS EMOTIONAL VULNERABILITY

On the first front, I will address the pervasive tendency in our culture¶ toward the therapeutic and the ways in which “acknowledging our weaknesses” and¶ “sharing our feelings” may ultimately **lead our attention away from the social¶ inequalities that may have caused our suffering in the first place.** And on the second¶ front, I will explore a confluence of circumstances (i.e., government, business, and¶ science) with have made the dominant paradigms of depression as an illness seem so¶ normal in dealing with prolonged or persistent sadness.8¶ In performing this deconstruction, I must make it clear that in dismantling¶ clinical depression as discursive construct my goal is not to construct another term to¶ take its place, for to fill the space left by its absence would invariably be only another¶ name for another pathology of affect. Rather, I am interested in disarming the¶ indisputability of the diagnosis and how it has led us to view the bodies of individuals¶ as detached from society and culture. It is my belief that the pervasive sadness and¶ despondency that is called “depression” in our society is in large part circumstantial¶ rather than biological and that by exploring matters of the social expectancies and¶ cultural values the frame emotional experience we can create a new understanding of¶ depression. Thus, my primary goal in leaving the concept of depression “in pieces” is¶ to bring social circumstance and cultural values (i.e. story) back into our¶ understanding of depression and to free-up the concept so that I can explore it in¶ different dimension in later chapters.¶ I began this dissertation with the example of Dave Chappelle on Oprah’s¶ couch because I am interested in the ways in which his story becomes a public story,¶ and the ways in which the meaning and value of that story changes in the process of¶ its retelling. On its surface, the Oprah Winfrey show is perhaps the most revered¶ daytime talk show in the present moment; however, the show is also part of a cultural¶ phenomenon that is much larger than its parts. The Oprah Winfrey Show is an¶ example of Americans’ investment in the therapeutic ethos, an investment which is¶ **girded by the belief that personal healing can best be accomplished through**¶ **fellowship and open confessions of suffering**; however, this investment is problematic¶ because it **restructures the relationship of the subject** to their social context, through¶ the re-interpretation of individual experiences and their repackaging as shared and¶ universal human experiences. As a democratic and equalizing ritual of sharing, the¶ therapeutic ethos creates a milieu in which individual differences can become¶ **depoliticized and intersections of race and gender become less salient** in¶ understanding the political nature and material realities of suffering.¶ The therapeutic ethos has been addressed in many different ways. It has been¶ seen as a “culture” and “gospel”; however, the historian Christopher P. Wilson views¶ it as “an ethos characterized by an almost obsessive concern with psychic and¶ physical health.”10 “Ethos” is perhaps a better term than “culture” as ethos signifies¶ the ways in which therapeutic language has permeated not only the precincts of¶ American society and culture which are charged with matters of health and wellbeing¶ (i.e., medicine) but also those realms not traditionally associated with those matters¶ (i.e., religion, education, government, advertising).11 Furthermore, in using the term¶ “ethos” we can also better approximate the way the power of its claims are often¶ unquestioningly **regarded as conventional wisdom**, as the term “depression,” as a¶ signifier of illness and pathology, can be taken up by anyone in our society regardless¶ of their authority or knowledge of psychology or psychiatry.¶ In commenting upon the therapeutic ethos, I must make it clear that I am not¶ addressing the clinical technique of psychotherapy or other means of counseling, nor¶ am I addressing its practitioners or patients. The assumption that the practice of¶ therapy is the same as the therapeutic ethos is a connection that I strongly wish to¶ dismantle. Unlike therapy itself (e.g., psychoanalysis or cognitive behavioral¶ therapy) the therapeutic ethos is not a structured practice, but rather it is a more¶ pervasive and paradigmatic way of viewing the **quest for selfhood and selfactualization**¶ **as a libratory process of reinvention.**12 The therapeutic ethos is a¶ commoner’s or lay viewpoint of psychic wellbeing, however it does influence expert¶ opinion and vice-versa. For the purposes of this dissertation, I am more so interested¶ in the phenomenon of employing therapeutic models in our understanding self,¶ suffering, and subjectivity in public discussions of emotional experience. 13 I am¶ interested in the therapeutic ethos and its more casual relationship with science and¶ the way in which the therapeutic is made into ‘common sense’ through this¶ relationship.¶ Furthermore, in my interest in the therapeutic ethos and its relation to black¶ men, I will not be pursuing an argument that black men resist the therapeutic out of¶ gender anxiety for to do so would be overly simplistic. Such writing has already been¶ done, and it has focused on white men to the exclusion of race.14 “Macho” (read:¶ white hegemonic masculinity) and “Cool” (read: black hegemonic masculinity) have¶ divergent histories and to look at gender to the occlusion of race would neglect black¶ men’s different emotional politics, although gender is an important factor. I will be¶ primarily be addressing the therapeutic in terms of the ways it erases the significance¶ of matters of race and gender, which will enable me to talk of its implications for¶ African American’s in general and African American men, in specific, in later¶ chapters.¶ Lastly, it has been argued elsewhere, and in varying ways, that the therapeutic¶ ethos has helped to create an “illness identity” within the phenomenon of depression,¶ ¶ wherein the effect (the “disorder” or “disease” of depression) becomes a **more** salient¶ and **visible than structural encounters** within the individual’s biography.15 In regards¶ to people in actual therapeutic situation (i.e., therapy with a trained professional) this¶ viewpoint has lead to the omission of more institutional forces of racism and¶ economic inequality, such as Euro-American physicians’ misinterpretation of African¶ Americans’ idioms of distress16 and the systemic lack of access to affective health¶ care among less affluent communities. The question that I want to answer in this¶ section is what are the political consequences of acquiescing to therapeutic models of¶ understanding subjective experiences which are, in part, caused by identity specific¶ encounters with such structural inequality? The short answer to that question is the¶ erasure of the structural factors of racism and classism that may have contributed to¶ the individual’s feelings of depression in the first place.¶ America’s Relationship with Therapeutic Cultures¶ American’s fascination with the therapeutic extends from what Eva¶ Moskowitz calls the “therapeutic gospel.”17 In her examination of America’s¶ relationship with therapy, she describes our reflex dependence on psychological cures¶ and hunger for personal fulfillment as having a “long and strange history.” According¶ to Moskowitz, the drive toward therapy began out of a desire for guidance and life direction¶ at a time when the influence of traditional religion (i.e. Protestantism) was¶ waning in the nineteenth century. Due to a convergence of factors, such as the rising¶ belief in science and the meta-physical, changing notions of individualism, and the¶ rise of consumer-based culture, Americans in the nineteenth century, increasingly¶ sought out strategies and products rather than parables and prayer to become better¶ people.18¶ Through this “therapeutic gospel,” Moskowitz argues, individual and social¶ problems began to be viewed as stemming from improper thoughts and poor self esteem,¶ **and that only by correcting our views of ourselves as individuals and as a¶ nation, would we may be able to live** happier and more fulfilled lives. Key to the¶ operation of the Moskowitz’s “therapeutic gospel” was the idea of the malleable¶ inner-self or “the mind,” which created another dimension of social identity that did¶ not exist prior to the professionalization and growing authority of medicine in the¶ late 19th century. Previous conceptualizations of the individual had dealt with the¶ notion of a “soul”; however, as the baggage of morality and guilt associated with this¶ concept and the authority of the religious officials charged with this work began to¶ lose favor the rational belief in science and self-improvement began to encroach upon¶ the religious perspective, but the belief in the malleable “inner-self” never fully¶ displaced religion. Rather, “ministers and other moralist began increasingly to¶ conform to medical models in making judgments and dispensing advice.”19 20 In this¶ way, the “mind” as the seat of rationality and enlightenment, in turn, established a¶ new locus of moral authority in the construction of the individual will. Ultimately, the¶ “therapeutic gospel” **helped to create a terrain** in which the problems of anxiety and¶ phobias as well as desire for social status could be fixed by the right attitude and the¶ right advice.21¶ Our reliance on such a conception of ‘the self’ is so prevalent in today’s¶ society that it is almost invisible. From talk shows to twelve-step programs to selfhelp¶ bestsellers, we are continually bombarded with solutions that suggest that we can¶ **transcend our troubles and angst by talking about them openly** and honestly; however,¶ it is through this same process of “sharing our feelings” that we may, in fact, **be**¶ **erasing the very matters of our social and cultural experience** that created our¶ discomfort in the first place. In a strange set of circumstances, the individualistic¶ ethos that permeates our common culture and inspires us to view ourselves as unique¶ and autonomous beings, may in the end generalize our experiences and identities.¶ Frank Füredi, in his examination of the therapeutic impulse, argues that¶ “despite its individualistic orientation, therapeutic intervention…often leads to the¶ pursuit of the standardization of people rather than to encourage a self-determined¶ individuality.”22 **Instead of creating individuals who have social agency**, Füredi¶ argues, the therapeutic ethos creates identities which rely upon various “publics” for¶ affirmation or recognition, be they ten alcoholics in a church basement or a national¶ television audience. The success of such a process of affirmation depends upon an¶ individual’s willingness to **defer the meaning of their experiences to the authority of**¶ **the group** and to relinquish any claims to difference which may threaten the cohesion¶ of the group;23 however, belonging has its benefits. Acquiescence to the therapeutic¶ ethos allows the individual a sense of identity and helps them to “make sense of their¶ predicament and gain moral sympathy.”24¶ The concept of “moral sympathy” is important in the construction of a “public¶ of the depressed,” because, as a disease of the mind – a mental illness – its lesions are¶ invisible. Moral sympathy is thus needed to assuage the beliefs that individuals can¶ “feel better” and “do better” for themselves out of will and discipline. Other mental¶ illnesses, such as schizophrenia or bipolar disorder, do not fare as well as depression¶ in terms of gaining moral sympathy, since they can sometimes be associated with¶ violent crime, particularly in news media.25 But arguably, perceptions of the mentally¶ ill have changed dramatically over the past twenty years, amounting to a virtual¶ reshaping of lay understandings and public attitudes toward various mental illnesses.¶ This change has not been the result of a single influence, but rather it has been the¶ result of a confluence of factors, from anti-stigma groups to cultural representations.¶ No longer are the mentally largely portrayed as violent or disturbed one-dimensional¶ characters, rather they are presents as characters who are “ill but talented, impaired¶ but not stupid, troubled but attractive.”26 Take for example, popular films such as¶ Rain Man (1988), Sling Blade (1996), A Beautiful Mind (2001), I Am Sam (2001),¶ Radio (2003), the Aviator (2004), the Soloist (2009) which have helped to create the¶ sentiment of understanding mental illnesses as a result of defective or damaged brain¶ processes and not the result of the moral faults of the individual.27 However the¶ absence of ‘fault’ or ‘blame’ does not preclude questions of responsibility or the need¶ for an explanation.¶ Within the therapeutic ethos, the “public of the depressed” are able to account¶ for their despondent moodiness, and ultimately their difference, through the general¶ belief that the human mind is fragile and can “break” just like a bone can fracture. It¶ is through this process, which Charles Barber calls the “physicalizing of behavior,”¶ that depression becomes a normalized;28 however, it is a process of normalization that¶ leans heavily upon a recent shift in common understandings of the **mind as a fallible body part.** The therapeutic ethos borrows from **scientific authority** the belief that the¶ body is knowable, generalizable, and universal, but in the end **replaces lived social**¶ **experiences with scripted ones** based upon medical authorities and the “physicalizing¶ of behavior.”¶ It is the lure that there is something “out there,” authenticated by¶ medical knowledge, that can describe people’s “indescribable” encounter with¶ depression **which makes the therapeutic ethos both attractive and limiting**; as much as¶ they may **gain in the articulation of their experiences, they may lose in regard to**¶ **context.**¶ Hostile Homogenization in the Therapeutic Encounter¶ At the core of the therapeutic ethos is the idea that our minds and our¶ thoughts are the essence our being and that by aligning our thinking with accepted¶ definitions of “illness” and practices of “healing” we can change our perceptions as¶ well as our circumstances. Viewing the mind in such a way is attractive because it¶ mobilizes the idea that we are ultimately in control of our health, our well-being, and¶ our material existence, but in the exchange we lean upon the wisdom and expertise of¶ medical institutions and the belief that such wisdom is neutral. It is the casual bridge¶ that is formed between the therapeutic ethos of “sharing feelings” and “self realization”¶ and the practice of therapy that **lends the therapeutic ethos its¶ normativity.** Thus, having access to medical discourses of self, suffering, and¶ **subjectivity** **enables** the depressed to make meaning of their experience; however, the¶ costs of that acquiescence are seldom considered. Take for example Andrew¶ Solomon, the author of the Noonday Demon: an Atlas of Depression and proponent of¶ the medicalization of depression, who argues:¶ To be given the idea of depression is to master a socially¶ powerful linguistic tool that segregates and empowers the¶ better self to which suffering people aspire. Though the¶ problem of articulation is a universal, it is particularly acute¶ for the indigent, who are starved for this vocabulary – which¶ is why basic tools such as group therapy can be so utterly¶ transforming for them.29¶ The ideas of a “transforming” vocabulary and a “socially powerful linguistic tool” are¶ noble concepts in Solomon’s crusading for the depressed, but what is downplayed in¶ this statement are the power dynamics involved in the therapeutic encounter and how¶ the simple adoption of such a “vocabulary” cannot change an individual’s¶ relationship to power and privilege.30¶ Absent from Solomon’s view are the ways in which the therapeutic encounter,¶ and the language and values that gird its appeals, are ordered by a particular¶ relationship to the culture of therapy, a relationship which black men and other¶ marginalized groups do not share in equally. This is not meant to imply that group¶ therapy cannot work in more culturally attuned settings among black men, as such¶ groups and their varied methods have been written about in work on minority¶ counseling.31 Nor is it meant to imply that African Americans are in any way not¶ participatory in the viewpoint expressed by Solomon. Rather, what is at issue is how¶ such a process dangerously simplifies healing as a matter of adopting the¶ “vocabulary” of depression and the therapeutic ethos of a “better self.” Viewing¶ **healing as a matter of “education”** ultimately dismisses any skepticism as an¶ individual act of resistance and unmoors it from the milieu of its occurrence. What¶ must be considered are how racism, environment, and self-esteem issues affect black¶ men in ways that are culturally political as well as personal.¶ The literature on African American’s experiences of “stress” does a much¶ better job of discussing the political nature of the depressive experience than does the¶ writing from within a therapeutic framework. This is because the therapeutic¶ discussion of depression often assumes the individual as a self-contained and¶ autonomous being, while the literature on stress takes into consideration the social¶ milieu of the individual. The literature on African American stress has examined the¶ way in which structural racism (i.e., institutional policies of inequality, cultural¶ messages of black inferiority, and unhealthy and/or toxic physical environments) has¶ had a negative impact on African American’s health and quality of life.32 Chappelle’s¶ use of the term “stress” in reference to his emotional state instead of “depression,”¶ perhaps, owes its rationale to this difference. Therefore, the factors that contribute to¶ stress must be considered when thinking of the etiology and experience of depression¶ and black men’s participation in therapy.¶ It is known that African American men underutilize formalized therapy and¶ counseling.33 African American men’s resistances to the practice of therapy are¶ conditioned by several factors, such as African American’s suspicions of therapists,¶ past negative experiences with public agencies and institutions, and the often¶ superficial relationships that black men must form with therapist: things that exist in¶ addition to the possible issue of gender.34 Furthermore, in many cases, black men in¶ therapy or counseling do not attend out of their own volition, as third party entities¶ (e.g., employers, clergy, or the judicial system) are often the primary reasons for¶ black men to begin to participate in therapy.35 Other researchers have called this¶ phenomenon a “forced process,” by which the process of “help,” reinforced across¶ many of society’s institutions, is viewed as a matter of coercion to the status quo.36¶ These factors make the therapeutic encounter not only foreign, but also possibly¶ hostile to black men. In these ways, the democratic appeal of such therapeutic¶ thinking on depression can erase matters of gendered and racial experience which are¶ part of the story and obstruct the individual’s authority to come to less mainstream¶ interpretations of the sadness of depression and its larger meaning, **for themselves.**