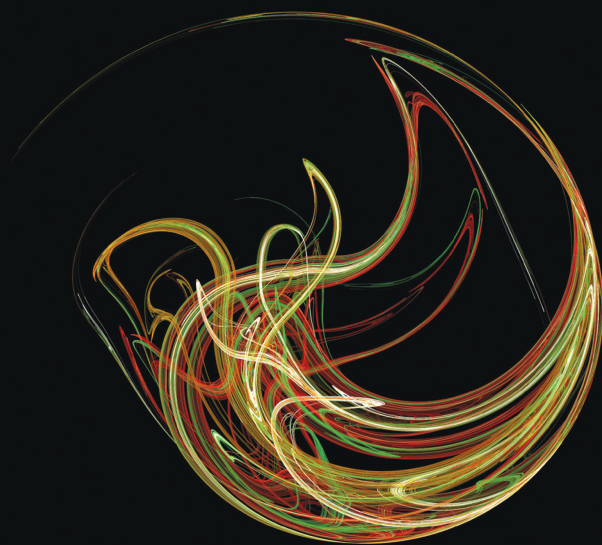


THE ORIGINS OF UNHAPPINESS

A NEW UNDERSTANDING OF
PERSONAL DISTRESS



DAVID SMAIL

ROUTLEDGE



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A New Understanding of Personal Distress

David Smail

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Contents

| | |
|---|-----|
| <i>List of Figures</i> | vii |
| <i>Introduction</i> | 1 |
| 1 Psychology and Distress – The Story So Far | 11 |
| 2 ‘When I Was Little’ – The Experience of Power | 24 |
| 3 Bodies and Worlds – The Field of Power | 56 |
| 4 Case Study: The 1980s | 93 |
| 5 Help | 160 |
| 6 A Rational Faith | 196 |
| <i>Appendix</i> | 227 |
| <i>Index</i> | 235 |



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Figures

| | | |
|---|---|-----|
| 1 | The raw materials | 62 |
| 2 | The person as interaction between body and environment | 63 |
| 3 | The field of power | 74 |
| 4 | The generation of distress in the 1980s | 128 |
| 5 | The microenvironment of therapeutic space | 162 |
| 6 | The microenvironment of 'psychopathology' | 164 |
| 7 | Therapy in perspective | 165 |



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Introduction

In order to develop a view of emotional distress which is both helpful and true, one has, I believe, to turn prevalent understandings inside out. Instead of looking inward to detect and eradicate within ourselves the products of 'psychopathology', we need to direct our gaze out into the world to identify the sources of our pain and unhappiness. Instead of burdening ourselves with, in one form or another, the responsibility for 'symptoms' of 'illness', 'neurotic fears', 'unconscious complexes', 'faulty cognitions' and other failures of development and understanding, we would do better to clarify what is wrong with a social world which gives rise to such forms of suffering.

This is not to say that we are not psychologically and emotionally damaged by our experience of life, but that neither the causes nor the 'cures' of such damage can usefully be treated as 'internal' matters. I would not claim that we do not at times conduct ourselves 'pathologically', but I do claim that we are all, at the outset, innocent victims of *social* pathology rather than harbourers of some kind of psychological abnormality.

Though unorthodox, the position I am taking here is, of course, not new: psychology and psychiatry have always had their critics, many of whom have emphasized the role of society in the generation of distress. Nor am I by any means the first to see the need to defend the individual against the incipient moralism of so-called 'psychotherapeutic' approaches, which, however subtly, manage to 'blame the victim'.

Former critiques seem to me to have fallen short, however, in three main respects. First, they have tended (entirely understandably in view of their starting point) not to draw the radical conclusion from their own arguments. From Alfred Adler

to R. D. Laing, the voices raised in criticism of individualistic approaches have themselves spoken from an essentially psychotherapeutic standpoint, and if they have seen the causes of distress as social, have shied away from acknowledging *fully* what this must mean for a therapeutic practice which still, for the most part, 'treats' individuals. Second, the theoretical elements of the accounts given by such critics tend similarly to be rooted in the perspective of one kind or another of individual psychology; indeed, most have their origin in Freudian psychoanalysis. Third, the vision of society offered concentrates most heavily on the person's immediate context – usually that of the family – so that the link between wider social influence and immediate personal experience is left obscure. It is largely concern with these three issues which provides the framework for my present undertaking.

In this, as in my previous books, *Illusion and Reality* and *Taking Care*, I have emphasized the limitations of 'psychotherapy' as an 'answer' to emotional distress, and indeed question 'psychology' itself as an undertaking of any real relevance to issues which seem to me essentially political in nature. However, more than in those books, I have here attempted (largely in Chapter Five) to place psychotherapy and counselling in a context which shows their positive (if modest) contribution as well as their limitations. I do not wish to be seen as rejecting therapy and counselling out of hand, though I do think one needs to be mindful of their intellectual blinkers as well as relentlessly critical of the grandiosity of their claims.

Working for three decades as a clinical psychologist in the National Health Service builds a viewpoint rather different from that of many other critics of the psychotherapeutic and psychiatric orthodoxy. My own view is that, more than just a relative difference in perspective, it is actually an advantage to have gained one's experience in the setting of public health rather than private practice, and in a profession (clinical psychology) which is, unlike medicine, relatively free of the responsibilities as well as the abuses of power. It is easier, I believe, to get at the 'truth' concerning

people's difficulties if one wields over them not even a possibility of the kind of coercive power available to, for example, psychiatrists and social workers. Contact with 'ordinary people', furthermore, gives one a particularly clear sight of what it is and is not possible to achieve in struggling with adversity; that is to say, the difficulties and distress of people who are not especially privileged and well resourced throw into sharp relief the poverty of conceptions such as 'insight' and 'responsibility'.

The attempt to sketch out a theory of societal influence which forms the core of this book is the fruit of my experience as a clinical psychologist. I have become less and less able to see the people who consult me as having anything 'wrong' with them, and more and more aware of the constraints which are placed on their ability to escape the distress they experience. I have long been aware that their suffering can in no helpful sense be regarded as their 'fault', but it is only relatively recently that I have been able to establish for myself a theoretical perspective which actually seems to make sense of how the individual experience of distress is related to the operation of social influences at the very margins of our awareness. Over the last few years it has increasingly seemed to me that talking about, and refining aspects of, this theory with the people whose experience has helped to form it is, in fact, often found illuminating by them, even though it doesn't end their troubles. It is this which made the book seem worth writing.

What has, perhaps, made the elaboration of this theoretical framework possible more than anything else has been the social, political and cultural events of the last ten years or so. What in the mid-seventies may have seemed to some a relatively unusual, perhaps rather provocative claim – that the causes of our psychological ills lie in our society – seems to me now barely controvertible. The experience of people who suffered from the 1980s, placed in the context of a radical critique of 'therapy', seems to me to open up possibilities for an understanding of distress which has never been clearer. By taking a decade as a 'case study' (Chapter Four) I hope that I may be able to set up sufficient

resonance with readers' experiences to make the rather more abstract theoretical account of Chapter Three come to life, as well as to illustrate the 'inside out' nature of my whole project.

I have written the book very much with the general reader in mind. Trying to write a book which neither assumes specialist knowledge nor panders to some – very likely imaginary – conception of popular taste does, however, present its difficulties, and to the extent that there may indeed be two stools, one runs a risk of falling between them.

A century of academic and professional involvement in psychology and psychotherapy has trained generations of researchers and practitioners to expect their intellectual fare to be delivered in certain kinds of package and certain kinds of style. The packaging is reflected in the way bookshop shelves have become compartmentalized into specialist areas – 'psychology', for instance, is usually split into myriad subsections which must surely be mystifying to anyone not trained to find his or her way around (it's bad enough for those who are). The style of presentation is probably also something which deters the general reader: all those footnotes and unexplained references to 'evidence', which is taken for granted as within the reader's reach.

The layperson, on the other hand, seems often to be expected not to want to be taxed by his or her reading matter. Complex issues and doubtful theories may thus be presented confidently and declaratively, rather in the 'psychologists have shown' style; notions are presented as facts, and the reader is in general expected to *receive* rather than to *enter into* the text.

My experience of talking to clients of the NHS about their, often profound, personal and emotional difficulties has convinced me that 'ordinary people' are perfectly capable of expressing and understanding any theory about their problems you care to name. They are not particularly reassured by simplistic answers, they are not impressed by pomposity, and can detect intellectual and professional bullshit a mile off. On the other hand, of course, they are often not in possession of the educational equipment

necessary for deciphering the formal theories and methods underlying the procedures they are subjected to, or for an elegant exposition of their own insights.

There is, of course, a big difference between talking to people and writing for them, and I cannot pretend that this book will prove effortlessly comprehensible to everyone. It is not, I hope, a simplistic book and it may at times make demands on the reader's intellectual resources, but it does not assume possession of resources beyond those available widely to anyone who reads and thinks.

Trying to elucidate for a general readership the nature of distress and the context in which it occurs has, in contrast to beavering away within the narrow sphere created by the academic/professional division of labour, some interesting consequences. It makes one question one's assumptions and clarify and sharpen the principles and practices which have become the unquestioned routine of one's day-to-day work. All the familiar, dust-laden clutter of received ideas has to be dragged out from the murk of the ivory tower and submitted to a critical scrutiny which takes very little for granted. Conceptual issues have to be clarified and made comprehensible to a commonsense intelligence and their relations with each other made intelligible; practices have to be explained and justified.

So far as the present work is concerned I have found myself having on the one hand to spell out a quite detailed theory of societal influence while on the other to tackle philosophical and ethical issues which rarely seem to make much of an appearance outside a very small and rather claustrophobic academic world. It is one of the sorrier consequences of the compartmentalizing induced by a 'market' in intellectual activity that theorizing should become the exclusive province of specialists in universities (social scientists and philosophers) capable for the most part of being understood only by each other.

One cannot in my view consider the issues with which this book deals without a carefully formulated framework in which to make observations and a speculative appraisal of the meaning

of what one observes. To this extent both theory and philosophy are highly relevant to the everyday lives of all of us, and if I risk the scorn of academics for trampling on their grass, I make no apology: it's high time that we tried to break down the cultural barriers between those who make a business of thought and those who are not aware that they are thinking. I say this not out of any Philistine contempt for intellectuals, but because of my awareness through talking to 'ordinary people' in distress of how relevant to their difficulties intellectual considerations are, and how capable they are of making good use of them.

One cannot, then, hope to understand the nature of emotional distress without facing some of the philosophical issues which have always preoccupied people who speculate about what it is to be, and to suffer as, a human being. There can be little doubt that we all do think about these issues in one form or another, but few people encounter 'philosophy' in its formal, academic aspect, and if they do are unlikely to find its rarefied atmosphere one which they can tolerate for long. It is with some hesitation that I have (particularly in Chapter Six) introduced themes in this book – for example, concerning 'truth', 'ethics', 'free will', etc. – which are the staple diet of academic philosophy, mainly because I am aware that to do so will seem to the professionals absurdly ambitious. However, these *are* issues which cannot be evaded when we come to think about the causes of our ills, and if 'ordinary people' are to expand their understanding of them beyond self-blame and pop psychology, they are going to have to get to grips with philosophy too.

I have tried as far as possible to avoid making the text too didactic and academic. I must confess that this has not been difficult. I feel much happier with ideas, conceptions, ways of understanding as organic, changing things to be used in the living of life, rather than as intellectual property which has to be registered, pored over and obsessively criticized. I have always found reading books less like compiling mental catalogues than like eating meals. Some are indigestible and quickly excreted,

others (the best) are enormously nourishing and enjoyable, but the details hard, after a time, to hold on to. Like food, ideas become part of one's physical make-up; they are essential to one's continued existence, but one cannot necessarily remember where and when one acquired them.

I would much prefer this book itself to be regarded as a reasonably nutritious meal than as, for example, a potential text for A level psychology. In the interests of readability, I have in any case not peppered the text with as many references as I could have done, and have kept footnotes to a minimum. Many people, past and present, have contributed to the ideas in the book, and where I am aware of their contribution I have acknowledged it in the text. There may be others whose thought has been so well digested that I can no longer distinguish it from my own; if any of them are living, I hope they will take this as a compliment rather than an act of plagiarism.

I hope this approach to documenting the provenance of the arguments to be set out in the following pages will not be regarded as too cavalier. It may perhaps lead to a suspicion that those arguments are of doubtful intellectual parentage. However, I would claim that, though they cannot be identified with any particular 'school', they are not without a pedigree. 'Schools' in psychology, and in particular what I shall call 'brand name' approaches to psychotherapy and counselling, have always seemed to me too cosily like clubs which offer the reassurance of association with 'people like us' rather than being forums for intellectual liberation and discovery. The idea that a particular group of professional experts could corner the market in 'psychology' seems patently absurd. On the other hand, one cannot but be part of a tradition, and I would be far from wanting to disown the influences which have shaped my approach.

I would, for example, be more than happy to be associated with those critics of orthodox psychiatry and psychology who have striven to place the burden of responsibility for distress on the social context rather than the individual (their names will occur

throughout the text). More broadly, I think there may be a lot to be said for trying to refract some of the inspired ideas of European (in particular French and German) thinkers through the kind of commonsensical prism one tends to acquire from British empiricism; my understanding (which I freely acknowledge may well not be theirs) of both Michel Foucault and Jürgen Habermas has, for example, contributed greatly to what follows. More broadly still, I wonder how possible it is to escape from one's intellectual and cultural origins even if one wanted to: though, as David Jenkins points out,¹ Christendom no longer rules European culture, it is virtually impossible not to be bound by Christian ethics.

I offer no simple answers in this book. Though this seems to irritate some people, who, so far as I can see, tend to equate a lack of answers with 'pessimism' or even 'depression', it seems to me only sensible. If there were any simple answers to the kinds of problems I shall try to elucidate, they would surely have been found long ago. There has certainly been no shortage of suggestions, and it is precisely the fact that these suggestions have signally not worked that leads one to try again to clarify the nature of the difficulty. To proffer solutions for problems we are barely beginning to understand does nobody any service. This, in fact, is something about which nearly all clients of psychotherapy would agree: being told 'the answer' to your predicament (the most frequent strategy of well-meaning friends and relatives) is usually experienced as profoundly unhelpful, and is exactly what drives people to seek professional help.

Before we can even think about what an appropriate 'answer' might look like, we need to penetrate the ideological obscurity which surrounds the whole question of emotional distress. Success in this latter project, though, might have some interesting effects. It would probably not reduce to any perceptible degree the psychological pain endemic in our world, but it might help to

1. See David Jenkins, Bishop of Durham, & Rebecca Jenkins, *Free to Believe*, BBC Books, 1991.

lift from people the curse of 'abnormality', so that they could at least live their lives as themselves, and understand their own experience as valid.

It is precisely the *validity* of people's experience that I have tried to demonstrate by the use of 'case material' in the following chapters. Above everything, it seems to me, the judgemental clinical eye of psychology and psychiatry needs to be replaced by a respectful appreciation of character, i.e., of the manifold, resourceful, ingenious and, most often, courageous ways in which people of all kinds and conditions come to engage with their fate. I have done my best to give an accurate impression of how the material influences of the social environment ultimately impinge upon and are received by a range of characters who are modelled upon people I have encountered in my work. For obvious reasons I have fictionalized these characters, and not one of them could be identified as anyone personally known to me, though all of them are, I hope, widely recognizable as sharing predicaments typically affecting many people, including, of course, many of those likely to read this book.



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CHAPTER ONE

Psychology and Distress – The Story So Far

So far as psychology is concerned, business is booming as never before. What used to be the esoteric preserve of a minor branch of the Academy and a handful of slightly eccentric doctors is now a growth industry whose principal products – counselling, psychotherapy, psychometric testing, etc. – are familiar to everyone. One can't travel far through life before encountering some aspect of psychological thinking or practice. If not before birth, through concerned parents' perusal of the child rearing manuals, then soon afterwards as the infantile object of postnatal care. And if not then, the older child will certainly not escape the influence of 'developmental' and educational psychology once he or she starts school. In later life, psychology comes at you from every direction: from magazine questionnaires on your love life to personality tests which decide whether or not you get a job.

The concern of this book is with the experience of psychological and emotional distress, and here, of course, psychology is in its element. Apart from psychoanalysis, which formed the exclusive practice of a tightly regulated, largely medical club, fifty years ago psychology's involvement in the treatment of 'mental disorder' was virtually nil. In the years following the Second World War, however, the scene was transformed, and a field which had been considered more or less the sole province of medical psychiatry is today wide open for pretty well anyone with a plausible psychological idea to stake his or her claim to putting it into practice. Nor are the theories and techniques of

psychologists who succeeded in storming the fortress of psychiatry contained within the strictly 'clinical' sphere: they spill out into the domestic and working world of 'ordinary people', who are as likely to encounter programmes of 'stress management' at work as they are 'relationship counselling' at home.

Some benefits no doubt stem from this transformation. Not so long ago people struggling with emotional pain and distress had little choice but to give themselves over to the mysteries of medical treatments, which they were not permitted to question, but which as often as not left them drugged or electrically stunned into bemused conformity with what they took to be the laws of science. Now, a whole range of 'treatments' and procedures exists, which offers comprehensible accounts of psychological problems, the fundamentals of which can be learned at evening classes. People can now take an active interest in their own psychology – indeed they can hardly avoid doing so – and even if the official channels of help still leave a lot to be desired, the labyrinths of professional mystique are not as impenetrable as they were.

Psychiatry, to be sure, still holds sway in the field of emotional distress, and seeks with habitual arrogance to define what may and may not count as 'mental illness' and what are its appropriate treatments, but its grip is loosening. Apart from the 'psychodynamic' therapies which derive from the psychoanalytic school, there are many other kinds of therapy for the sufferer to choose from: 'behavioural' approaches, 'cognitive' approaches, Client-Centred Therapy, Transactional Analysis, Gestalt Therapy, Rational-Emotive Therapy, and hundreds of other varieties of therapy and counselling, which are flourishing in a rapidly deregulating market.

As the result of all this we may, perhaps, have developed a rather more tolerant and flexible understanding of our personal and emotional difficulties; they may be less tinged with incomprehension and dread than they were when murky conceptions of 'madness' and 'mental breakdown' formed the

limits of most people's knowledge. People who can talk about the 'stress' affecting them may be less estranged from themselves than those who could view their psychological interior only as a dark and well-kept medical secret. But what does the psychological boom really indicate? Is it a response to increasing pressures within society? Is it the fruit of a developing scientific understanding of distress? Do we really know ourselves better, and are we curing our psychological ills more successfully than before?

It is interesting that there are, in fact, no satisfactory answers to these questions. There is certainly no evidence that the wider availability of psychological theories and techniques is leading to a decrease in psychological distress, and the burgeoning of such approaches is not founded on any scientifically established evidence of their validity and effectiveness. Nor is there any indication that the relative 'user-friendliness' of psychological approaches leads to people's being able to understand themselves any better than they ever have. We are looking, I would suggest, not so much at a breakthrough in enlightened understanding of distress as at the success of an enterprise.

Psychology, you would think, is a pretty serious and pretty complicated undertaking. Given the importance of its aims and implications, the complexity of its subject matter, and the moral and philosophical intricacies involved in the study of a species by itself, one might expect to find on entering its territory an intellectual structure at least as complex and imposing as nuclear physics (certainly such seems to have been the expectation of some of its earlier explorers like Freud and Jung). What one does encounter, however, is more like a bazaar.

There are, it is true, pockets in academic psychology where painstaking observational work is undertaken and ingenious experiments performed. However, in that aspect of psychology most likely to touch the lives of the 'ordinary person' – psychology as applied to emotional distress – there is less a unified discipline than a motley of competing factions, each trying to demarcate

its own domain, patent its own procedures, and prevent intruders from entering its territory.

The pattern was set by psychoanalysis, which at times in its history looked more like a secret society than an intellectual or scientific undertaking (Freud's distribution of rings to the inner circle of his chosen disciples provides an indication). In fact, psychoanalysis developed from being an exclusive club into a cross-national business which sought and seeks to restrict its practice to initiates, and only in the most distant respects could be said to resemble a branch of knowledge. I do not want to suggest that there is anything particularly disgraceful or necessarily even undesirable about this, but only that it runs completely counter to academic tradition, and marks therapeutic psychology out from nearly all other forms of scientific pursuit in a way which must cast doubt on any claim practitioners make to scientificity. One wonders how physics might have progressed had Newtonians refused to truck with Einsteinians, and so on.

In this way, psychoanalysis became the first in a line of 'brand name therapies' all of which to a greater or lesser extent took exclusivity as a criterion of their validity. Gestalt Therapy, Transactional Analysis, Rational-Emotive Therapy, and many others, all emphasize the distinctiveness of their beliefs and procedures, institute training courses with restricted entry, and accredit recognized practitioners; they all but register their trademarks.

In most cases the theory and practice of brand name therapies are far from being the patiently accumulated knowledge of an industrious academic community, but represent rather the hastily elaborated ideas of one more or less charismatic figure who developed personal therapeutic style into a pseudotechnical blueprint for all (who join the club) to follow. In every case we need only look at the basic theoretical constructs to read off the particular preoccupations of the leader. Psychoanalysis reflects Freud's somewhat mechanistic concern with the gloomy engine-room of psychic deviance; Analytical Psychology speaks to Jung's

fascination with religion and the more esoteric aspects of cultural anthropology; Carl Rogers builds Client-Centred Therapy in response to his belief in the self-creativity and fundamental benignity of human nature, while conviction in the power of positive thinking guides Albert Ellis to Rational-Emotive Therapy.

It does not seem to occur to the researchers who sedulously compare and contrast such approaches in the hope of establishing scientifically which is 'right' that, representing as they do the whole range of human resourcefulness in confronting personal pain, they are all equally right and equally wrong. So far as Freud, or Jung, or Rogers developed some useful ideas about how to make sense of life, they may help you make sense of yours, and if you wish to consult one of their followers, you would be wise to enter the booth which seems most congenial to you.

For what are on offer in the psychotherapeutic bazaar are not so much – indeed, are not at all – substantiated theories of psychological damage or demonstrably effective cures of emotional pain and confusion, but a range of more or less homespun philosophies of life and the attendant strategies they spawn for trying to cope with it. Just about every conceivable formula is on display, ranging from the entirely biological (distress is a question of nerves, synapses and body chemistry, its cure a matter of appropriate physical readjustment) to the entirely spiritual (psychological equilibrium depends upon the balancing of various kinds of purely internal mental forces). The majority consist of a plausible mixture of outside influences and the internal processing of them – for example, of traumatic events and their subsequent therapeutic reappraisal – such that few people are likely seriously to balk at submitting themselves to their ministrations.

There was a time when 'scientific' doubts about the efficacy of psychotherapy, broadly conceived, placed something of a brake on its acceptance, certainly within official medical spheres, but also to an extent within the wider culture. That barrier has now collapsed, and it occurs to hardly anyone to question the desirability of therapy and counselling at times of distress – indeed,

the therapy industry has succeeded in gathering round itself an aura almost of moral piety: to call the efficacy of 'counselling' into question comes close to committing a kind of solecism.

In view of the absence of clear and convincing evidence for the efficacy of *any* approach to psychological 'treatment', this state of affairs requires an explanation. In essence, I think the explanation is quite simple: 'psychology' in this area flourishes so spectacularly a) because we so *want* it to be effective, and b) because it's impossible to demonstrate that it *isn't* effective.

It is not really possible to elaborate these two points satisfactorily without anticipating too fully arguments to be spelt out in the rest of this book, but perhaps I may at this point sketch what I mean in broad outline.

THE DESIRE FOR EFFECTIVENESS

Despite there being an extremely wide range of theoretical ideas and practical procedures, many of them markedly incompatible with each other, there are nevertheless some general features which almost all approaches to therapy and counselling have in common. The most obvious of these is that the explanation and treatment of psychological distress are negotiated through the social transactions of two people: the 'patient' and the 'therapist'. It seems almost so self-evident as to be beyond question that if you are suffering for reasons you can't immediately understand and rectify, you are best advised to consult an expert who will be able both to explain your difficulties and to offer an appropriate remedy for them. If in trouble, it seems indisputable that one's only recourse is to someone who can help, and if relatives and friends have been, as they so often are, unable even after their best efforts significantly to ease your pain, then a *person* must be sought who possesses the necessary knowledge and expertise to do the trick; there is scarcely any other way one could conceive of the trick being done. It is this paradigm of help – deliverance through a personal relationship – that underlies and legitimates the role of