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Introduction

Like the citizens of many other Western societies, Australians are fascinated with emotional and psychological life. Popular culture and social policy alike reflect a widely held belief that talk is therapeutic and that speaking about problems helps to resolve them. Character traits and behaviors are routinely evaluated through a psychological lens: we talk of people being in denial, repressed, and having anger management issues. We indulge in retail therapy to lift our mood, engage life coaches to help us succeed, and consult therapists for mental health problems, relationship difficulties, and personal tribulations. In times of disaster, trauma counselors are dispatched along with emergency service personnel. Helplines and support groups assist people in crisis, while psychiatry, clinical psychology, and a range of other therapeutic interventions are funded by the state. From concerns about rising rates of depression and ADHD, to celebrity confessions, misery memoirs, and footballers talking about their feelings, social and cultural life in Australia is marked by a concern with psychological wellbeing. As in the United States, Britain, and elsewhere, the therapeutic has clearly triumphed.

The privileging of psychological discourses and the prominence of counseling as a remedial life strategy are emblematic manifestations of the therapeutic society. Yet the therapeutic extends more widely than concerns with psychological selfhood and the individual in therapy. It encompasses a multifaceted spectrum of discourses, social practices, and cultural artifacts that discursively and institutionally pervade social and

cultural life. It takes a clinical form in which individuals either voluntarily seek—or are coerced into seeking—assistance from psychiatrists, psychologists, psychotherapists, and counselors. Culturally, it finds expression in the spread of psychological ideas and therapeutic motifs in popular culture, as well as through discourses and practices that have been normalized through the institutional fabric of organizations.[1]

Through an analysis of its emergence in Australia, this book examines the rise of the therapeutic society and explores its legacy for sociocultural, political, and personal life in the globalized West. The historical shifts considered in the pages that follow reflect widespread changes that have taken place throughout Western societies. The book, therefore, not only throws light on Australian developments. It also provides the basis for theorizing the therapeutic more generally, and for examining questions of broader significance: What does it mean to live the good life in an age of therapy? Have ideals of reticence and self-reliance been dethroned by a culture of emotional expressiveness and help seeking? And has the rise of the therapeutic society ushered in a more compassionate and caring era, or have we simply become fixated with self-esteem and hooked on feeling good?

The book brings together historical research, social theory, and phenomenological accounts of therapy to offer an alternative perspective on the therapeutic turn, one that challenges orthodox accounts and raises new questions about gender, suffering, and struggles for dignity and justice. A principal aim of the book is to illuminate and historicize the therapeutic society through an examination of key institutional sites and cultural carriers that fostered its emergence. It seeks to elucidate the processes whereby over the course of the twentieth century, Australia's public and political spheres, no less than intimate and private life, were transformed along therapeutic lines. Put another way, how it was that by century's end, the renowned "she'll be right" attitude had given way to an unreservedly therapeutic sensibility, with psychologists and psychiatrists in Australia comprising almost twice the per capita rate of the United States—a country often assumed to be the vanguard of "therapy culture" in the West.[2]

While it may appear self-evident that a sociocultural phenomenon as multifaceted as the therapeutic will have wide ranging consequences, its apparently inexorable rise has aroused significant disquiet amongst social analysts and cultural commentators. According to the prevailing view, vulnerability characterizes contemporary selfhood and victimhood confers privileged status to those who claim it. Confession and depression are regarded as symptoms of a sick society in which consolation has replaced political change and transcendental meaning has given way to self-improvement. Twenty-first century faith at best refers to the feel good revivalism of evangelical religion, but more often a belief in the power of therapeutics or pharmaceuticals. With meaning pursued on the therapist's couch, or through the banality of reality television, hollow chit-chat, self-help books, and endless rumination, modern society and selfhood are regarded by many as being in a state of steady decline.

The rise of the therapeutic has thus been widely regarded as an insidious development. The gloomy prognosis of cultural and personal decline delineated by Philip Rieff four decades ago both demarcated the terrain and set the tone of things to come. Christopher Lasch famously identified a "culture of narcissism," while more recently Frank Furedi bemoaned the pervasive emotionalism of "therapy culture."[3] Following Lasch, accounts of social control feature prominently alongside narratives of cultural decline. Feminist critiques of both therapy and the therapeutic society, for example, implicate psychological knowledge and therapeutic authority in the social control of women.[4] Though a more ambivalent reading is refracted through a Foucauldian lens, in the final analysis the therapeutic is largely reduced to a beguiling apparatus of subjection, with "psy" knowledges underwriting the government of subjectivity and social life in advanced liberal democracies.[5]

Social theoretical critiques of the therapeutic society traverse divergent intellectual traditions—from the cultural conservatism of Rieffian sociology, to neo-Marxism, studies in governmentality, and radical feminism. Yet through them all runs an abiding concern about the cultural shift towards interiority. The conceptual origins of this book arose from my engagement with these issues. As insightful and compelling as many existing accounts have been, I was nagged by a concern that the contradictoriness of the therapeutic has, for the most part, been unacknowledged or downplayed, and consequently that the ascendancy of the psychological and emotional realms was not as bleak a development as much social theory has suggested. Seeking to ground these issues in the sociohistorical context of the emergence of the therapeutic society, and in people's everyday experience, the research developed largely into an empirical project, albeit one driven by theoretical concerns.

During the early stages of the research it was through interviews with people about their experiences of therapy that the complexity of the therapeutic first presented itself. Stories of emotional angst suggested that a therapeutic worldview offered a means of framing and articulating experience, and as such provided people with a resource for managing uncertainty and difficult situations.[6] The messy reality of everyday life, which is largely neglected in theoretical analysis, problematized for me what might have otherwise been convincing readings of the therapeutic turn. As the research progressed, the possibility that the therapeutic might operate not only in repressive ways but also in emancipatory ones emerged as a neglected yet significant issue. It became increasingly evident that premises upon which dominant analyses rested became questionable in the light of inquiry that was open to differences in the experiences of women and men, and to the ways in which the rise of the therapeutic society and changes in the gender order were interconnected.

Theoretical and empirical concerns thus intersect as I trace the contours of the therapeutic society historically—how it arose and was legitimated in Australia—and develop an alternative framework from which to consider its implications. To capture its disparate strands in an inquiry grounded in the sociohistorical but driven by present

concerns, my methodological approach follows Michel Foucault's exposition of the genealogical project. Rather than a search for truth or historical linearity, a major thrust of genealogical research involves the problematization of the present, and an examination of the past in light of present concerns. It is a mode of inquiry that aims to disrupt common sense by looking at what is familiar in a new way.[7]

In the face of the preponderance of social theory surmising its pernicious effects, the book aims to defamiliarize assumptions about the therapeutic turn. Therefore, while I draw on Foucault's approach to critical history and his delineation of problematization, I do not begin from the premise that there is something inherently wrong with what I am calling the therapeutic society. My interest, rather, lies in exploring its manifestations in various domains of social, cultural, and personal life at different points in time, in order to look anew at how we have come to understand the therapeutic, both theoretically and in everyday life.

My analysis, moreover, is concerned less with uncovering the operation of power in the governing of modern subjectivity than it is with throwing light on the contradictory consequences of sociocultural change. In the face of excessively negative theorizing, this entails, among other things, shedding light on the ways in which psychological knowledges and therapeutic dispositions have engendered new concerns with emotional life that in turn have given rise to new concerns about suffering. Particularly in relation to suffering in the private domain, and forms of injustice hitherto unacknowledged, this development has had major implications for gender relations, and in moving towards a more just society.

Historicizing concerns about psychological and emotional life throws light on the many factors at play in the emergence of therapeutic discourses and practices. Conceptually, I have delineated a number of key dimensions and central processes. These include: the destabilization of gender and the self; the legitimation of psychological expertise; professional therapeutic intervention into private life; the cultural diffusion of psychological models of reflexive selfhood; the ascendancy of the emotional realm; and, the disruption of the boundaries between public and private life. Though all may be understood as critical, they assume varying degrees of significance and take different forms of expression during different historical periods.

An examination of the therapeutic society grounded in the context of its sociohistorical development reveals that many aspects of social change have been propelled by an emancipatory impulse of progress. The individual became knowable, suffering was accorded new forms of recognition, and therapeutic strategies were developed to deal with the alienation of modern life. Yet in the process, the therapeutic has been bound up with the contradictions of modernity itself, ever inseparable from consumer capitalism, mass media, bureaucratic rationality, and professional self-interest. This complex picture is further illuminated when consideration is also given to the experiences of those who best exemplify the spirit of our therapeutic age: people who have sought psychological assistance and experts who provide it.

In the chapters that follow I examine a number of historical developments that demonstrate how therapeutic concerns and psychological knowledges arose within particular sociohistorical locations, often in response to emergent social and personal dilemmas. Suffice to say, the therapeutic society did not "arrive" out of nowhere during the last decades of the twentieth century with the spread of therapy and counseling. The seeds had been sown earlier with the diffusion of psychological knowledges and therapeutic strategies in diverse spheres of social, economic, and cultural life. Its strands can be traced through developments in medicine, in the economic sphere, and in the educational sector, as well as in professional practices and in the wider dissemination of therapeutic discourses.

Before Freud, therapy, or even psychology, had any significant cultural impact, discourses and practices associated with "nerves" were engendering a distinctly therapeutic ethos and recasting ideas about the self in critical ways. Concerns about nervousness captured the public imagination, and the increasing prevalence of nervous disorder in the late nineteenth century fostered the belief that the "stresses and strains of modern life" were damaging to individual health. Both in the medical arena and at the popular level, discourses of nervousness generated new conceptualizations of the self that challenged dominant models of personhood.

That nervousness was understood not just as a problem of women, but increasingly as an affliction of the male population, became especially important to the ascendancy of the therapeutic. For as men were subject to diagnoses of the contemporary equivalent of depression and anxiety, established views on mental health were disrupted, and prevailing views about gender—especially dominant ideals of masculinity—were challenged. The destabilization of taken-for-granted selfhood characteristic of this period was further intensified with the outbreak of World War I and the profound social and psychological consequences that followed. Yet while there was significant consternation about the emotional and psychological cost of modern life, at the same time, new hopes of cure were also emerging.

During the interwar years, yet more complex representations of the individual emerged as selfhood increasingly came to be framed in psychological terms. Though notions of nervousness persisted, the institutional spread of psychology was promulgating a conceptualization of the individual as calculable and knowable. The "scientific" analysis of self and behavior thus pushed the therapeutic in another direction. Psychology provided a discursive scaffolding which made possible the measurement and classification of individual differences. The reach of psychological ideas to normal populations was therefore fostered, with opportunities for the dissemination of psychology's broadening repertoire of knowledges of the individual into fields where those knowledges could be usefully applied.

At the same time, psychological and psychoanalytic ideas spread at the cultural level, underpinned by these institutional developments. In the popular media, psychoanalytic ideas fermented as models of reflexive selfhood were diffused, first

during the interwar years with the influence of Freud, but increasingly by the mid-twentieth century as the technical rationality of institutional practices yielded to more therapeutic approaches. As emotional and relational dimensions came to the fore, the therapeutic also found expression in the advent of counseling for problems of everyday life. Psychological knowledge and therapeutic techniques went at least some way to providing strategies with which to manage the difficulties faced by ordinary people in an increasingly complex world.

Insofar as the interplay of gender and the therapeutic is concerned, the destabilization of the self, particularly the masculine self, has been of central importance. While this can be traced to the popularization of male nervous conditions in the late nineteenth century, the therapeutic continues in a variety of ways to challenge dominant notions of masculinity. Indeed during the late twentieth century, the therapeutic not only became more diffuse and multifaceted, but it increasingly assumed an emotional, humanistic, some might say feminized hue. It is through exploring these changing cultural dimensions and associated institutional practices that a central impulse of the therapeutic becomes evident, one concerned with the articulation of—and with attempts to remedy— experiences of suffering. This is apparent in the early period through the discourse of nerves and becomes more explicit in the latter part of the twentieth century, for example, in public revelations of personal distress and in the growth of counseling and therapy.

Given the enormity of the terrain, the account I establish is far from exhaustive. What I hope it offers, however, are some new insights into the therapeutic turn and an alternative way of thinking about its ramifications. Specifically, I begin from the premise that the undermining of cultural authority, which Rieff's incisive analysis revealed was central to the "triumph of the therapeutic," has had uneven and contradictory consequences. While Rieff's Freudian-inflected account found the breakdown of paternal authority particularly troubling, an alternate view of psychosocial development and gender relations invites a different reading. I do not approach this, however, in the way that has come to characterize feminist readings of both therapy and therapeutic culture—that is, to interpret the elaboration of the "psy-complex" as the social control of women, both through professional intervention into private life and normative constructions of femininity.

Rather, with an eye to elucidating the multiple ways in which gender and therapeutic culture intersect—and the largely overlooked issues around gender and suffering—I examine the emergence of a discursive space for the recognition of emotional aspects of life that have traditionally been regarded, and dismissed, as feminine. A somewhat different picture emerges when the weakening of cultural authority is understood as part of a reconfiguration of the cultural-symbolic logic of gender, a reconfiguration that involves shifts in the demarcation of public and private life, in normative prescriptions of masculinity and femininity, and in levels of social acceptability regarding suffering. The opening up of the private, the legitimizing of the

emotional realm, and the speaking of the hitherto unspeakable, I argue, has engendered more complex consequences—particularly for women and marginalized groups—than dominant accounts have thus far suggested.[8]

The interpretive context for my analysis of the therapeutic society is elaborated in Chapter One, which provides a critical overview of the main strands in the history of debates about the therapeutic, and a discussion of the theoretical issues pertinent to my analysis. From conservative sociological critiques of moral decline to concerns about capitalist control, analyses of disciplinary discourses, and feminist objections to therapy, I question assumptions implicit in dominant approaches, notably those concerning the importance of traditional authority, the sanctity of private life, and the rise of the confessional. While theorization of the therapeutic over the last four decades has offered valuable insights into this cultural turn, their limitations became apparent in view of a critical reading of gender and authority. By examining presuppositions of the individual and the social that form the basis of these analyses, and by drawing on social theoretical traditions that offer a more ambivalent reading of twentieth century cultural change, I develop an alternative framework for theorizing. In the chapters that follow, this perspective is explored through empirically grounded research that pays heed to the struggles of ordinary people in dealing with changing social conditions.

Moving from the theoretical to the historical, Chapter Two examines the discursive construction of nervousness. Anxiety about the "stresses and strains of modern life," advances in medical and scientific knowledge, and a developing consumer culture intersected in late nineteenth century Australia. In the context of significant social upheaval, the problem of nerves formed a juncture of medical knowledge and cultural discourses, one in which dimensions of gender, class, and consumerism came together in an emerging therapeutic ethos. The chapter explores how the increasing prevalence and recognition of nervous disorder destabilized accepted ideas about the self, especially the male self, a process that intensified with the outbreak of World War I and in its aftermath. Related developments in the field of psychiatry are also traced, especially those associated with emerging ideologies of treatment and prevention—first physical and then psychological—that saw the bifurcated categories of madness and sanity disrupted.

From changing medical and cultural discourses of nerves to the ascendancy of a scientific discourse of the self, Chapter Three examines psychology as the formal foundation of the therapeutic society. During the early decades of the twentieth century the institutionalization of psychology laid the basis for a new understanding of the self —one in which the individual was comprehensible through scientific knowledge. Psychology's articulation of the self was compatible with the notion of the liberal subject as rational and controllable, and the public sphere was constructed as a domain that could be improved by psychometrics and workplace testing. The chapter charts the professionalization of psychology in Australia and traces how emerging psychological knowledges were applied in the spheres of education and work—long before clinical

psychology or counseling had any significant impact. The discussion reveals how psychology legitimized a new approach to the individual, one that was secured first through the development of a scientific project, but which later found expression in a new emotional and relational orientation to private life.

While psychology in education and industry was primarily drawn upon as a "science of the self," Chapter Four explores how psychoanalytically informed ideas resonated at the broader cultural level. An examination of the model of reflexive selfhood disseminated through the popular media reveals how psychoanalytic and other strands of psychological knowledge both reinforced and destabilized important dimensions of the gender order. At the institutional level, the emergence of marriage guidance during the postwar years represents a significant historical moment in which the advent of professional intervention for problems of private life paved the way for the variety of therapies and counseling modalities that emerged in subsequent decades. The nexus of professional self-interest and public education is explored through the marketing campaigns of the Australian Psychological Society, and through reflections of prominent Australian psychologists and therapists who straddle the roles of private therapist and public expert. The opening up of a new discursive space—what is commonly referred to as "confessional culture"—is then considered as enabling a public concern with suffering and a politicization of private life.

Chapter Five takes therapy itself as the focus and examines stories from individuals who have received psychological assistance, and reflections from those who provide it. Phenomenological accounts of both therapists and clients offer insights into quintessentially modern dilemmas. Interviews suggest that therapy cannot be reduced simply to self-absorption and narcissism, nor should its development be read in terms of the proliferation of "victim identities." Rather, therapy may be more usefully understood as a strategy to deal with fundamental dilemmas of modern life, from problems of mental health to a range of other difficulties arising from, or exacerbated by, various aspects of social change. The destabilization of the gender order and shifts in personal and working life emerge as central concerns, as does an important question, notably one neglected in debates of therapeutic culture: how to live with dignity.

The concluding chapter returns to questions of evaluating and theorizing the rise of the therapeutic society. Following an examination of disparate social, cultural, and institutional knowledges and processes, as well as accounts of individuals' own experience of therapeutic practices, the book suggests an alternative reading of sociocultural change. Rejecting dominant interpretations of moral collapse and cultural decline, it closes with an argument for greater recognition of the complex and contradictory dimensions of the therapeutic. In particular, I suggest that recognition of emotional suffering, made possible by the therapeutic turn, has an important part to play in moving towards a more just society. Indeed, I argue that acknowledgement of suffering and struggles for human dignity and social justice constitute central dimensions of the therapeutic project—ones that so far have been largely overlooked. A more complex and indeed ambivalent interpretation of cultural change is called for, one that acknowledges how the privileging of the psychological and emotional dimensions

of selfhood has led to the exposure of widespread experiences of suffering, and has challenged a set of gendered arrangements governing both public and private life.