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Transcending Medicalism; An Evolutionary Alternative

Seth Farber

Family Therapy Institute of Washington, D.C.

Drawing upon recent developments in epistemology, this work attempts to advance the argument against the use of the medical model in psychology and psychotherapy. This model constitutes a culturally hegemonic interpretation that is epistemologically inadequate and that is an obstacle to the process of psychological change, both outside and within the context of the therapeutic relationship. Phenomena currently interpreted as "psychiatric disorders" can more adequately and constructively be made sense of with the use of categories derived from the cultural understanding of the processes of growth and education. It is proposed that widespread problems of life are not symptoms of an epidemic of mental illness but signs that humanity is involved in a process of evolution.

Thomas Szasz (1961) and R.D. Laing (1967, 1982) have written seminal critiques of the use of the medical model[1] in psychology. This essay attempts both to develop further this critique and to present an alternative way of viewing phenomena that are currently classified under such rubrics as "mental illness" or "psychiatric disorders." I will begin by noting the major features of my argument and several of the respects in which it differs from that of my predecessors.

This essay is strongly influenced by current developments in epistemology that have demonstrated that scientific and philosophical understanding is mediated by paradigms, by metaphors, by narrative structures (Crites, 1971; Kuhn, 1970; MacCormac, 1982; MacIntyre, 1977). It is becoming increasingly obvious that the narrative which, until recently, has channeled almost all interpretations and interventions in the field of psychology, is inadequate both as a tool for understanding persons and for producing therapeutic changes.

Recently a number of psychoanalytic theorists have described the psychoanalytic task as one of examining the original narrative the patient

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Requests for reprints should be sent to Seth Farber, Ph.D., 172 W. 79th Street, Apt. 2E, New York, New York 10024.

[1]The term "medical model" is used broadly here to subsume various models, all of which interpret psychological phenomena through the use of key concepts and metaphors that have been originally developed and are currently used in the field of medicine. They all rely on standard medical procedures such as diagnosis, treatment and prognosis.

has constructed out of the incidents in his or her past and of collaboratively elaborating a "second-order" narrative that is an alternative to the original symptomatic one (Bellin, 1984). On a broad cultural level psychologists, psychiatrists, philosophers and others have developed a narrative that shapes both popular understanding and the specific interpretations and interventions of practitioners in the "mental health" field. This narrative is continuously reaffirmed in the media, in psychoanalytic and medical journals, in clinical staff meetings. It is institutionalized in mental health clinics and hospitals and ratified through a series of social rituals (e.g., psychodiagnostic testing).

The narrative is situated at a level of generality broad enough to permit particular theoretical schools to create their own specific elaborations on the basic plot structure. The essential plot structure may be briefly conveyed. Large numbers of individuals are victims of diseases that usurp control over their minds, their psyches, their souls and initiate pathological processes that contravene the order of nature and over which these individuals have no control. A variation of this plot is that inadequate parenting has produced pathological defects in the structure of the psyche that lead the person to behave in unnatural and involuntary ways. Through various treatments—from medication to psychoanalysis—the psychotherapist battles valiantly to subdue the disease or remedy the defective mind. Successful treatment results in the restoration of the order of nature, of "mental health." In a large number of cases the "pathology" is too severe to be corrected and palliative measures—including neurologically damaging medication (Breggin, 1983)—are the best that can be offered the patient.

The narrative sustained by the mental health professionals is analogous on a broader level to the original narrative the psychoanalytic patient has presumably produced. It may also be described as "symptomatic" (of a growth crisis rather than an illness): it creates a state of general cultural malaise and passivity as well as (iatrogenically) many of the more specific phenomena that are classified as "mental illness." It is a tragic narrative that undermines faith in the meaningfulness of the human venture, in the unity of the species and in the capacity of the human spirit to overcome ultimately all obstacles to its self-realization.

Paul Watzlawick's (1984a, 1984b) pioneering work brings the hermeneutic dimension[2] to the forefront of psychology. Watzlawick demonstrates that beliefs often become self-fulfilling prophecies and he argues further that our interpretations create the "reality" we believe we have discovered. By believing we are victims of circumstances, e.g., mental illnesses—beyond our control—we abdicate real efforts to change those circumstances and thus become in fact

[2]I use this term to refer to the idea that "reality" is subject to a variety of interpretations, two or more of which may be equally valid or illuminating.

victims of those circumstances. Through the act of reinterpretation, of "reframing," therapists can free their clients of historical and cultural fetters that have bound them and doomed many of them to a tragic fate. While Watzlawick would have therapists bear a larger burden of responsibility for the suffering of their clients he expands the limits of human freedom thus offering the bright promise of becoming masters of our lives.

Alistair MacIntyre (1977, p. 455) in surveying contemporary revolutions in philosophy and science wisely noted "when an epistemological crisis is resolved, it is by the construction of a new narrative which enables the agent to understand *both* how he or she could intelligently have held his or her original beliefs *and* how he or she could have been so drastically misled by them. The narrative in terms of which he or she at first understood and ordered experiences is itself made into the subject of an enlarged narrative." One of the weaknesses of Laing's and Szasz's critiques of the medical model is that they have not attempted to accomplish the first task MacIntyre refers to. The present essay is a step in this direction; I account for the apparent intelligibility of the concept of mental illness by reference to the fact that both the physician on the one hand, and the psychotherapist and the educator on the other hand, confront situations in which there is a disparity between an actual state of affairs and an ideal state which they attempt to realize. This common feature helps to explain why intelligent people have systematically over centuries misclassified therapeutic and educational challenges as medical problems, i.e., illnesses.

Both Szasz and Laing have a tendency to reify the concept of (physical) illness, to treat it as a literal fact rather than a way of *interpreting* specific biological phenomena. This obscures a sense of the historical rootedness of our interpretative procedures, our paradigms (Kuhn, 1970) and consequently of the extent to which a successful paradigm is both a collective *achievement* and an interpretative framework that is subject to future modification.

The central feature of the concept of illness is not fully explicated in the work of either the critics or the defenders of the use of the medical model in psychology. Illness is a metaphysical concept: it derives its intelligibility from the postulate that there is an order of nature that is subject to violation by alien organisms or disruption by injury. In the case of a disease the organism is presumably under the reign of a malign power; in the case of an injury, the order of nature has been suspended creating a kind of limbo. In either case there is a breach of the natural order. The idea that illness is present is a hypothesis that can be supported—and on which a consensus can be reached—but cannot be proved, resting as it does on an inference as to nature's intentions.

Neither Szasz nor his critics have fully explicated the essential meaning of the concept of illness. Szasz has taken a structural alteration, e.g., a lesion,

to be a *sine qua non* of illness and his critics have fiercely contested this contention arguing that "illness" has often been used to refer to conditions where a structural abnormality is not detectable. Moore (1983), for example, asserts that illness means a state of discomfort and incapacitation. The point that both parties to the dispute overlook is that regardless of the empirical conditions that are present, an observer will feel warranted in using the term "illness" only if he or she believes that the specific conditions are manifestations of a breach of the natural order.

It is the ontological significance of the concept of illness that has caused the debate over mental illness to arouse such passion and controversy. The term carries this connotation for everyone who uses it. Existential comfort is derived from the sense that one is in accord with the order of nature. On the most fundamental psychological level, illness is regarded as unnatural, as a breach of the benevolent guardianship of nature, as something that is not meant to be. Being pregnant and having the flu may involve comparable degrees of discomfort and incapacitation, yet they are experienced very differently. The *meaning* of a situation mediates its phenomenological impact to a significant degree.

Whether or not a structural abnormality is necessary for inferring the existence of illness is a moot point. As regards psychological life, however, there is no reason to postulate anything analogous to a natural biological order. Nor is there reason to infer that behaviours and experiences currently categorized as psychiatric disorders represent breaches of a natural order caused by diseases or injuries. (As Laing has noted, there is no evidence that they impair biological function or shorten life, 1982, p. 41). In medicine the concept of illness is indispensable and there is generally a consensus as to whether a person is ill. In psychology the phenomena that are currently classified as disorders can be more usefully accounted for in other terms, terms that do not obscure essential aspects of the human situation.

While Laing and Szasz agree that the term "mental illness" is stigmatizing, they fail to tease out its implications in order to demonstrate why it is a particularly potent way of undermining a person's sense of identity, of self-worth. (It is no accident that one of the most common and offensive ways to insult a person is to accuse him or her of being mentally ill.) Mental illness is essentially a religious concept and it is thus rooted in the collective imagination in such a way that makes it extremely resistant to change. Like the myth of original sin, it haunts the collective psyche of humanity, afflicting us with a sense of guilt, self-doubt and helplessness and preventing us from realizing the dream of a greater destiny.

Like Szasz and Laing, I have provided alternative heuristic tools for interpreting phenomena that are currently classified as mental illness and psychological treatment. Unlike them, I have consistently utilized categories

derived from the common understanding of the processes of growth, education and apprenticeship. These processes are to a large degree idiosyncratic and involve developmental leaps, contrary to psychoanalysts' gradualist and pessimistic assumptions (Kagan, 1984). My approach offers a basis for a reinterpretation that is optimistic, that validates our clients' worth as individuals and that does not obviate essential aspects of the human situation as does the metaphor of mental illness.

Finally, unlike any of my predecessors in psychology, I have taken a leap of the imagination in order to sketch out an alternative narrative outline that comprehends our existence both as individuals and as a species. This story gives a sense of order and coherence to disparate data of observation and experience in such a way that a world in seeming chaos begins to assume the qualities of a cosmos. It endows modern life with an ineffable sense of historical and existential value. In this account, the problems of life appear not as symptoms of pathology, but as necessary and surmountable obstacles in a process of universal evolution. My understanding has been shaped and inspired in large part by the writings of the modern Indian philosopher Sri Aurobindo (1977). I have articulated an unabashedly Romantic vision that will undoubtedly arouse skepticism in an age of cynicism when philosophers and literary critics do their utmost to persuade us that the quest for understanding, when rigorously pursued, leads ineluctably to the abyss. But perhaps for that very reason it can help inspire a new generation of psychotherapists, philosophers and artists to engage in the kind of critical theorizing and "utopian" visioning that will enable us to resolve the cultural and spiritual crisis of the modern world.

Scientism and Medicalism

A backwards glance at the rise and decline of scientism seems to be an appropriate beginning for the story of the dominance of the medical model in pscyhology: it helps to clarify the significance of this model and may provide a clue to its ultimate destiny. After World War II the dominant school in philosophy on this continent was positivism. The positivists asserted that the methods and procedures for developing and testing the validity of theories in the physical sciences provided a standard of truth, and that other disciplines making cognitive claims ought to adopt these methods. This conception was later termed "scientism" by its critics. Scientism was fueled by the spectacular success of the physical sciences. Analogously, what I will term "medicalism" has been strengthened and perpetuated by the remarkable advances of modern medicine. The term is used here to refer both to the theory that the medical model provides the most useful (if not the only) interpretative framework and basis for intervention in the field of psychology and psychotherapy and to

the practical attempt to maintain the hegemony of the medical model in these domains.

Scientism has been debunked in the last twenty years, and has lost its epistemological credibility; it is now regarded by most philosophers as an ill-conceived attempt to force the human sciences into a mold which would have stifled their growth and development as autonomous modes of inquiry and interpretation[3]. Medicalism, however, still reigns supreme in the helping professions despite the trenchant exposure of its dangers and limitations by theorists and psychotherapists such as R.D. Laing, Thomas Szasz, Jay Haley, and Paul Watzlawick.

Medicalism is fostered in this country not only by a psychiatric establishment committed to the use of medication as a convenient means of social control but also by the psychoanalytic movement. Despite the various revisionist and "post-modernist" guises psychoanalysis has assumed in recent years, its efficacy as a therapeutic modality is still impaired by the medicalist bias that has been characteristic of it since its origin. Psychoanalytic theory is informed and inspired by a world-vision as comprehensive in its scope and as dour in its implications as medieval Christianity: a universe populated by a multitude of damaged beings suffering the consequences of their parents' original mistakes. For a blessed minority qualified to receive the psychoanalytic sacraments there is, of course, the assurance of redemption. For the rest there is only the solace of "supportive therapy."

The most progressive development in the past decade has been the elaboration and proliferation of new models sophisticated enough to compete with the dominant medicalist models. The most salient of these paradigms are systems theory (the basis for family therapy) and cognitive psychology.

Cognitive psychologists have, in effect, redefined the medicalist terms they habitually continue to use. The "patient" is not a victim of a pathological process but suffers as a result of an acquired habit of processing information in a self-limiting and irrational manner (Beck, 1976). The role of the therapist is essentially that of an educator.

Family therapists view the concept of pathology skeptically. The "identified patient" is a subject who has decided upon a self-defeating solution to an authentic dilemma: "symptomatic" behavior is an attempt to preserve family homeostasis in the face of real or imagined threats to the family's cohesion. By confirming the "identified patient's" status as "patient" the medicalist

[3]The later work of Wittgenstein was decisive in bringing about this turn (Weinsheimer, 1985, pp. 16–17). In Europe Heidegger, Gadamer, and Ricoeur argued for the significance of the "hermeneutic" dimension in the human sciences (Bleicher, 1980; Ricoeur, 1981; Weinsheimer, 1985). Recently the positivists' understanding of progress in the natural sciences has suffered serious blows (Kuhn, 1970; Weinsheimer, 1985, pp. 15–36).

authorizes and supports his or her attempt to preserve harmony at the cost of his or her own autonomy. Psychoanalysis is futile as long as nothing is done to alter the moves in the family game that keeps each person frozen in a limiting sense of identity (Haley, 1980; Minuchin, 1974; Sluzki, 1983).

Glasser's perspective (1975, pp. 133–134) is a useful supplement to that of the family therapist. He also regards clients, even those manifesting "psychotic symptomatology" as subjects who have chosen self-defeating solutions to challenging situations, and he goes on to observe, "Because he could not [found it difficult to] fulfill his needs in the real world, sometimes suddenly but more often gradually, the patient began to deny the existence of the real world and live in a world of his own, trying thereby to fulfill his needs."

In a discussion recently videotaped in New York, Salvador Minuchin and Jay Haley, two of the leading innovators in the field of family therapy, agreed that therapy was essentially an "artistic" process in which the therapist utilizes a variety of metaphors to help the client create an alternative reality. As Minuchin stated "We are experts at constructing a reality that is useful. You need to provide a reality that is plausible and coherent: the therapist uses his artistry, his metaphors. . . . It's not a scientific procedure." The myth of mental illness is still the central or root metaphor (Cua, 1982) in the helping professions, constraining therapists' ability to create useful narrative constructs, shaping and informing the stories they develop with their clients, the realities they help to create.

The Myth of Mental Illness

Szasz (1961) has presented a trenchant argument against "the myth of mental illness." The person labeled as mentally ill is not really ill since there is no evidence of an alteration of bodily structure. Even as a metaphor the term is misleading since it implies that life is normally unproblematic and that the presence of conflict or difficulties is a sign of pathology. The term is used to stigmatize deviants from the social norm and justify depriving them of their inherent rights and obligations as responsible and autonomous individuals.

Laing (1967, 1982, 1985) concurs with Szasz's critique of "mental illness." Psychiatric diagnoses are used to identify and proscribe particular experiences that the psychiatric establishment has decided are undesirable. "Rare experiences, difficult to explain socially and virtually invariant across the world, do indeed occur, in saints and sinners, geniuses, crazy people and even in otherwise apparently ordinary people. For the purpose of putting a stop to this sort of thing, it is useful to regard them as signs of disease . . ." (Laing, 1982, p. 39). There is no warrant for regarding these phenomena as

pathological since there is no evidence of an objective biological disturbance.[4]

Szasz and Laing do not fully explicate the metaphysical world view that underlies the conventional conception of pathology. Both simplify and vilify the motives of their opponents; in many if not most cases, medicalism is motivated not by a desire to deprive eccentrics of their rights but rather by the desire to provide a rationale for therapeutic intervention in situations where people are clearly in need of help. Before the medical model can be supplanted it must be acknowledged that it does often serve the purpose of providing a justification for interventions designed to help individuals seeking support or guidance.

Szasz argued that the alteration of bodily structure is the primary criterion of illness. His critics typically contend that the term is properly used to describe a state characterized by pain and incapacitation (Moore, 1983; Pies, 1983). However, neither alteration of bodily structure nor impairment of function are sufficient criteria for defining a set of phenomena as illness. Pregnancy is no longer considered an illness, though it results in an alteration of bodily structure, extreme discomfort, and impairment of function. The concept "illness" is essentially a metaphysical concept[5]—the core meaning is that what is occurring is unnatural, a violation of or a deviation from the order intended by nature. The fact that an alteration of bodily structure has occurred is merely one sign supporting the hypothesis that the person is ill.

In these debates the issue of contention is often obscured. Moore's statement that "being ill seems to involve something like being in a state of pain or discomfort, which . . . incapacities the person . . ." (Moore, 1983, p. 191) is typical. Moore actually means that these conditions are manifestations of illness and constitute *sufficient evidence* for the inference that illness exists. There is implicit agreement that illness is a breach of the order of nature caused by a disease or an injury. The debate between Szasz and his critics is over what constitutes sufficient evidence for the verdict of "illness."

Nor is a disease merely something that happens to a person over which he or she has no control, as some medicalists seem to think. Certainly a disease is an autonomous process that a person undergoes. But since individuals experience many *natural* processes, such as breathing, digesting, dreaming, growing, to assert that a process is "pathological" is to make the further judgment that the process contravenes the order of nature and is caused by an un-

[4]Some medicalists (Siegler and Osmond, 1974, p. 175) aware of this difficulty maintain that the evidence will be discovered in the future. One suspects that they are so disturbed by phenomena such as hallucinations that they are virtually compelled to posit a pathological process. It is only one step further to explain dreaming as a product of pathology.

[5]It is metaphysical because it is based on a conviction about the meaning and purpose of life, that by its very nature is not subject to empirical verification, although it might be intuitively based.

natural force. The feelings of pathos aroused by the concept of mental illness are not due to the fact that the individual has lost control but to the fact that he or she has lost control *to* a presumably "unnatural" force.[6]

In the modern world Nature has replaced God as representative of the normative order. The physician's task is not construed as merely alleviating or modifying bodily happenings that the patient considers undesirable. Physicians in their attempt to restore the homeostasis of the body view themselves as agents of Nature, guardians and restorers of the natural order in the face of attacks upon that order by alien organisms or disruptions of that order by accident or injury.

The ontological force of the physician's right and obligation to intervene is primarily derived not from the fact that the patient is experiencing discomfort or is suffering but from the conviction that what is occurring is a violation of the culturally sanctioned "order of nature." (I believe that is why euthanasia is proscribed). Someone with an alternative metaphysical viewpoint might interpret the same facts, including an alteration of bodily structure, not as "illness" but, e.g., as a sign of Divine purification. The concept of a violation of the order *intended* by Nature, i.e., illness, is actually a rhetorical trope, a metaphor that captures and conveys the sense or conviction that what is occurring *ought not* to exist. This metaphor authorizes medical interventions and endows the physician with an aura of heroic professionalism.[7]

The rhetorical power of this expression rests on a human proclivity that may be described by the term "religious": the need to believe that there is an Intelligence greater than our own in the universe. Ultimate metaphysical sanction is given to the inferred intentions of this power, whether they be described as God's will or nature's laws. *The term "disorder" implies that the body or mind is no longer in accord with the order of this Power* and is under the influence of an unnatural force or in a state of chaos. In keeping with the Zeitgeist most people in the modern world would vehemently deny having such a need; nonetheless, the ferocity of the debate as to whether certain behaviors and experiences should be classified as symptoms of mental disorders suggests that the need is operative outside awareness. (My own belief is that it is the denial of this need—not its existence—that is a mark of weakness.)

In our culture one must infer from a number of signs that what is occur-

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[6]J.W. Perry (1976) persuasively argues that the psychotic episode is a natural process tending toward regeneration.

[7]Derrida (1974) has argued that all philosophical reasoning depends on indispensable metaphors. Abrams concurs but maintains, contrary to Derrida, that metaphors have potential cognitive value and can provide us with a fuller understanding of things outside of themselves (1981, p. 170–174).

ring is a disruption of the natural order in order to classify the phenomenon in question as physical "illness." For example, one must infer that the alteration of bodily structure and the discomfort that is occurring has no particular purpose or function in terms of the interest of the being as a biological organism, e.g., as it does in pregnancy. Further, there must exist an agreed-upon norm of physical health that is prevalent in society. There is generally consensus in society as to what constitutes physical health and illness. The idea of a natural order is cogent and useful for the physician—it provides a basis for a successful and effective *praxis*. It is the foundation for the impressive advances of Western medicine.

In psychology the situation is altogether different. In the first place, in the case of emotional distress, as Laing (1982) and Szasz (1961) have pointed out, there is no evidence of a structural abnormality, no evidence of a virus or bacteria, no evidence that what is occurring impairs biological function. Secondly, emotional comfort and maturity are not maintained by homeostatic processes, as is physical well-being. They are achievements, as Szasz has noted. Consequently, emotional distress is not *ipso facto* a reason for suspecting that there has been a disruption of the natural order. Thirdly, there are so many imponderables that it does not make sense to maintain that a particular behavior or experience is a sign of illness.

There are different kinds of order. There is the order of the individual as a biological organism which maintains a state of physical well-being through homeostatic processes. There is the order of emotional and spiritual growth which has no final terminus though the individual may be said to ascend and pass through discernible plateaus, each marking a greater degree of mastery over the circumstances of life, an expansion of one's capacity for love and work, and an increased flexibility in adapting to life's transitions.

Though the above features seem to be general and universal characteristics of the process of maturation the content, tempo, rhythm and vicissitudes of the process are to a large degree *idiosyncratic*. This fact is not recognized by medicalists who classify any deviation from an arbitrary and uniform *standard* of "mental health" as symptoms of pathology.

Any kind of process of maturation, of learning, inevitably entails experimentation and making mistakes which are typically classified by the medicalist as pathological symptoms. Moreover, numerous autobiographies and spiritual confessions throughout the centuries—from St. Augustine to Tolstoi to Gandhi—have testified that emotional and spiritual crises—though painful and temporarily incapacitating like physical illnesses—are integral to the process of growth.

Medicalists assume that the burden of past traumas can only be overcome through a gradualist process of incremental changes. (For an excellent critique see Kagan, 1984). Thus, they systematically underestimate the in-

dividual's ability to transcend his or her past. The case studies of therapists such as Milton Erickson (Erickson and Rossi, 1979; Haley, 1973) reveal that the process of personality growth is full of unexpected surprises, astonishing turns—in short, of revolutionary changes. In this way it is analogous to the growth of scientific understanding as Kuhn (1970) well describes it. The theory of relativity did not *gradually* develop out of Newtonian physics. Erickson, like Einstein, provides us with the rare example of an artist who trusted his intuition as much as his methodology, whose primary commitment was to human development—not to a set of theoretical strictures legislating how such development is to occur.

In the light of the above considerations it becomes obvious that there is in fact virtually no evidence for the existence of mental illness, no evidence that an individual's lack of mastery over the circumstances of life is due to the intervention of unnatural forces. On the contrary one might say that Nature imposes upon humanity the task of adapting to her rhythms and exigencies in order to facilitate the process of emotional development, of education. This is not an issue of recapturing ground lost to unnatural forces but of gaining new ground, of harmonizing and organizing the various tendencies and talents each individual harbors within.

Undoubtedly people frequently act in ways that are not conducive to their own emotional and spiritual well-being and development—they do this as a result of ignorance, anxiety, confusion and/or habit. It is not necessarily that they are ill or defective; they simply do not possess the wisdom, skills and/or trust in the environment that would enable them to resolve by themselves the particular life challenges that confront them as individuals. The role of the therapist is not to eradicate an illness but to provide guidance, direction and emotional support to persons who are involved in a natural process of learning and growth.

The question forces itself: Why has the medical model persisted for so long in the field of psychology? This is due in part to the achievements of Western medicine, as surveyed above. There is another factor: the persistence of the medical model in psychology is based on an obstinate tendency in the culture to jump to the metaphysical conclusion that there is *something wrong*—with the individual, with the universe. It is as if we are still under the spell of the archetype of the Fall, the expulsion from the Garden of Eden, the assumption of the burden of original sin. The person in the grips of this archetype of flaw, sensing the tension between the actual and the ideal state of affairs, concludes that somehow, accidentally, something went wrong.

The concept of physical illness *per se* does not have such profoundly disturbing implications because it posits only that the body is out of order, whereas in the myth of mental illness, as in the myth of the Fall, it is the core of one's being, the psyche, the soul, that is presumably afflicted. The

idea that the psyche is disordered may assume various guises. It may be asserted that a person is "mentally ill," thus implying that the disordered psyche is under the dominance of a malignant force, similar to a virus or a tumor. (In another era people were possessed by "evil spirits.") Or a person may be said to be suffering from a "mental defect" implying that the psyche has been damaged by an injury or a series of injuries. In the religious version the soul has been cast out of God's garden and is "tainted" by original sin.[8]

Whatever form it takes, the idea that the psyche is out of order, whether the order be that of Nature or of God, engenders a profound sense of metaphysical pathos and dis-ease. It also induces a sense of passivity since the disordered psyche or soul is presumably impotent and dependent on external aid for the possible restoration of its integrity. In past centuries Christians spent their days awaiting the final judgment in a state of continuous anxiety, consoled only by the ministrations and incantations of their clergymen. The Church attributed the unease of their congregations to original sin but the modern psychologist is more likely to attribute this Christian malaise to the belief in original sin. On the other hand, the handful of heretics who currently dispute the claim that a distressed person seeking support or guidance is mentally ill, are generally regarded as misguided romanticists impervious to the tragic plight of the mentally disordered.

The psychoanalyst maintains that people suffer from "structural defects" as a result of childhood experiences. These are termed "disorders." It is presumed that the person's behavior and experience is not merely undesirable, it is unnatural—it *ought not* to be the way it is. The problem here is that the analyst judges the patient's past in relation to a hypostatized ideal and finds it lacking. If the child's parents had not done such and such, the child would today have a normal "ego structure," he or she would be in accord with the order of nature, and thus would be healthy. But since optimal child-rearing is the exception rather than the norm, the analyst's conclusion that the patient is unhealthy, out of order, is unwarranted. The analyst judges people as sick by comparing them to an ideal which does not exist in actual fact, i.e., how he or she imagines people would be if they had had optimal parenting. Since the ideal does not exist in reality, we are not justified in describing the deviation from the ideal as unnatural, as mental illness.

It is because physical health is prevalent in society that we can define deviation from it as illness. However undesirable mortality is to us, we do not label it illness because its universality prompts us to view it as a *natural* event. Undesirability is not a sufficient criterion of illness.

If having an unhappy childhood is the norm, and this produces people with

[8]The medicalist presumes that the client's incorporeal self can be apprehended through metaphors evoking images of diseased bodies or defective machinery.

"mental disorders," then we have no justification for saying that this state is a deviation from the natural order. We may consider it undesirable, but that does not make it unnatural. In this society, it is the norm to come from a family that does not optimally meet the needs of its members and for one, as an adult, to attempt to "get oneself together." This is a feature of the times in which we live, and is in fact constitutive of the task that confronts us as adults within our culture. To view this fact as symptomatic of illness is to obscure its existential significance. Rather than as a defect to be overcome, it might more wisely be viewed as a challenge to be met.

I anticipate that advocates of the medical model would have a number of responses to the position taken here. Some left-wing medicalists might argue that the prevalence of mental disorders means that society itself is sick. This metaphor would be illuminating if these medicalists could demonstrate that the conditions in our society deviate from an alleged state of mental health prevalent in many other historical eras.

Psychoanalysts may respond that if the norm falls short from the ideal we should work to realize the ideal. Even if it is not Nature's plan, it is a noble goal. We must not abandon the ideal, but use it as a standard for evaluating the current state of affairs. I am in total agreement with them here. In comparison to the ideal, the person may be said to be less developed. But I object to the use of the term *defective.* I will reiterate: *the fact that a person deviates from a desirable state does not necessarily make him or her defective.* It would be misleading to describe persons in the first or second year of medical school as defective doctors, because they have not as yet achieved the competence and knowledge of experienced doctors. We do not describe children as defective because they lack the cognitive abilities and emotional resources of adults. Rather, we appreciate the process of growth and view it not as unfortunate but as meaningful.

At this point, many analysts would probably introduce a different argument. They would say that while it is true that we all matured in circumstances less than optimal, some individuals' experiences were more destructive than others' experiences and they have thus developed "structural blocks" that make change impossible; they may thus justifiably be viewed as mentally ill. In the first place, I take issue with the notion that certain diagnostic *classes* of people have structural blocks that make change impossible. For years the dogma that "schizophrenia" was incurable, that schizophrenics could not form transferences, prevented most therapists from attempting to form relationships with them, and thus became a self-fulfilling prophecy. These pernicious myths have been dispelled by the work of Laing (1967, 1985), Haley (1980), and others (Barnes and Berke, 1973; Glasser, 1975). The chronicity of many schizophrenics is created by the very institutions and practices that supposedly exist to help these individuals. (It may be true that there are certain *individuals*

who are incapable of change, but this can only be determined retrospectively lest it become a self-fulfilling prophecy.)

It may very well be true that certain people who cannot be identified in advance require more time, emotional support and education from the therapist and society in order to change. This does not mean they are ill; it merely means that they require more time, emotional support and education in order to change. One might say that they are unfortunate, but there are many groups of relatively unfortunate people in this society, e.g., poor people or ugly people, whom we do not consider ill. (A schizophrenic or a borderline would be particularly unfortunate because he or she would most likely consult a therapist who did not believe change was possible.) Since the future cannot be predicted on the basis of the person's past, in the long run such an individual might turn out to be relatively fortunate after all. The early misfortunes may even have contributed to his or her growth and present sense of well being, as Milton Erickson's early bout with polio probably contributed to his becoming a daring and innovative therapist.

Individuals exist at various levels of maturity and may require more or less guidance, self-education, emotional support or courage in order to meet the challenges of life and attain the fullness of their creative, spiritual and emotional powers. The concept that the person suffers from one kind of disorder or another fosters a sense of metaphysical pathos that impedes the person in his or her life struggles. Medicalist concepts and practices often create or perpetuate the very problems they are designed to cure.

My contention is that the seeming cogency of the psychoanalytic model derives from the fact that a disparity exists between the actual and the ideal. The psychoanalysts' dream of an ideal state of child-rearing, of a harmonious childhood free of complications, has cast such a spell on their imaginations that they mistakenly conclude that this state is already a product of nature and therefore a deviation from it must be unnatural—rather than an ideal to be achieved.

Self-Fulfilling Prophecies

The self-fulfilling prophecy has been confirmed by extensive experimental research. While I believe Watzlawick's radical constructionism[9] is problematic, it rests on an undeniable fact: we often create the very phenomena we believe we have discovered (Watzlawick, 1984a).

Rosenthal's work validates the efficacy of experimenter bias.[10] The biases,

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[9]Watzlawick maintains that "reality" is wholly a product of our constructions.

[10]Rosenthal's classic research made it necessary for subsequent researchers to control for experimenter bias.

the expectations of the experimenter, influence the actual performance of the subjects, whether the subjects are children or laboratory rats. Children whose teachers were told they were unusually intelligent actually did significantly better in intelligence tests at the end of the school year than at the beginning of the year. The control group showed no improvement. The placebo effect has also been well documented—i.e., people who expect to get better often do so merely as a result of that expectation (Watzlawick, 1984b).

The therapist's belief that he or she is dealing with a mentally ill person helps to create the evidence that supports that interpretation. The ways in which this happens have recently been coming more clearly into focus. A person who consults a psychotherapist is in a state very prone to suggestion. This is recognized by psychoanalysts when they describe the client's "positive transference." The therapist's beliefs about the person, communicated directly or indirectly, will influence the client as would any hypnotic suggestion.

In the domain of psychology, the phenomenon of the self-fulfilling prophecy is elucidated by taking into account the nature of interpretation. Watzlawick's concept of framing and reframing helps to clarify two aspects of the process of interpretation: firstly, a situation or event does not possess a meaning independent of its interpretation or framing and secondly, most situations can be framed in a number of different, but equally logical ways. "To reframe, then, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the facts of the same concrete situation equally well or even better, and thereby changes its entire meaning" (Watzlawick, Weakland, and Fisch, 1984).[11]

Once a psychiatric diagnosis has been determined, it becomes the frame for the person's future actions and statements.[12] As stated before, a number of interpretations of a particular action are possible and may be logically equivalent. The therapist chooses the interpretation that fits the diagnosis—one that is consonant with his or her own medicalist tendencies. Through the act of interpretation the therapist gives the situation a determinate meaning. The medicalist typically asserts that what is occurring is a product or property of the client's pathology. Insofar as clients accept the meaning bestowed by the medicalist, their sense of self-trust is weakened. Their anxiety is increased and they may begin to act symptomatically. The "evidence" begins

[11]The concept of reframing is historic. It is based on a recognition of the "hermeneutic" dimension in the process of psychotherapy. (See [Bernstein, 1977] for an explication of hermeneutics.)

[12]Psychoanalysts have developed comprehensive theories correlating each "mental disorder" with specific infantile traumas. Although the scope of these theories is impressive, they are belied by the empirical evidence as Kagan (1984) has demonstrated and they impede the therapeutic process by engendering sets of fixed and pessimistic expectations.

to accumulate that they are, indeed, mentally ill.

A client at a clinic decided to cease attending a psychotherapy group run by the chief psychologist (she had attended two sessions) because she said she found the people in the group to be pessimistic and discouraging. The psychologist's comment was, "Interesting how brittle her defenses are." A man may feel a strong yearning to find a partner and a lover. One therapist would construe this as a sign of his willingness to accept his vulnerability, his human need for connectedness. Another therapist, with medicalist inclinations, might construe this as a sign of "intense dependency needs" or of a "dependent personality," of an "ego defect." The same phenomenon would be interpreted in different and conflicting ways. The first interpretation would increase the client's sense of self-acceptance, would make him stronger. The latter interpretation would increase his self-doubts, his anxiety.

Laing (1965) has shown that meaningful, albeit metaphorical, referential statements psychotics make are typically regarded as nonsensical, as symptomatic of their illness. Rosenhan's seminal study (1984) provides striking evidence of the tendency for psychiatric diagnoses to cast their shadow over perceptions and interpretations. In Rosenhan's study, "normal people" posed as mental patients in order to gain admittance into psychiatric wards; once in the wards, they acted as they normally would. Rosenhan concluded from an examination of the staff's statements and written notes, "Once a person is designated abnormal, all of his other behaviors and characteristics are colored by that label. That label is so powerful that many of the pseudopatients' normal behaviors were overlooked entirely or profoundly misinterpreted to make them fit into the assumed reality" (1984, p. 125).

Medicalists' interpretations and procedures systematically reduce persons to patients. All of their efforts to understand their "patients" are guided by a single question: What is wrong? At the end of their investigations (e.g., "psycho-diagnostic" testing) they present a long list of pathological defects and announce confidently that they have been led inexorably to the conclusion that indeed nothing is right—or at least nothing that has any relevance for the psychotherapist. It is overlooked, of course, that the investigators' questions predetermined the selection and organization of the data. The complexity of a human being with all his or her manifest or latent talents, dreams, and fears is obscured as therapists persevere in "scientific" efforts to describe and comprehend a person in terms of a limited set of variables measuring pathology.

The phenomenon of mental illness is caused in large part by a process of reification. The concept of reification has been used by Marxists, among others, to denote a process of mystification whereby individuals create something, forget or deny that they have created it, and subsequently regard themselves as subject to its domination (Lukacs, 1983). Psychotherapists, and

particularly their clients, suffer far more than is realized from their own "mind-forged manacles," to use Blake's phrase.

Reification is also used here to denote a *term* or *concept* which fosters the process of mystification (Thomason, 1982, p. 163). A reification obscures the extent to which a particular phenomenon or event is a creation of a human being, is a product of *praxis*, and posits that it is the product of a *process*. Praxis is human activity which is guided by project, by a conscious or unconscious goal. Process is something that happens to a person over which control is lost. The medicalist has a tendency to view goal-directed behavior (of varying degrees of consciousness) as a product of a pathological process.

Once a situation or action is viewed as a product or property of a process no attempt is made to alter or modify the person's praxis. Although some psychoanalysts help their clients to analyze and modify their "transferential" reactions many are too hampered by their medicalist bias to engage their clients in that kind of an active process. Psychoanalysts and other medicalists miss many opportunities to help their clients to modify their self-defeating praxis since they labor under the delusion that their patients' illnesses will be cured by inducing them to talk about traumatic experiences in their past. Glasser aptly noted the absurd premise upon which this therapeutic approach rests: "When these experiences are exposed and resolved through conventional psychotherapy, the mentally ill person will recover in much the same way that the physically ill person recovers from a strep throat when the penicillin kills the streptococcus" (Glasser, 1975, p. 55). The medicalist ratifies the client's belief that his or her behavior is a product of pathology over which he or she has no control.

Salvador Minuchin's approach is radically different. In one family that Minuchin worked with, the father had a ten-year history of "mental illness" (1974, pp. 159–188). When the family was proximally together, Minuchin observed that the husband's symptomatic behavior and presentation of himself as mentally ill was used as a way of deflecting conflict with his wife, i.e., it was in fact praxis, not process. This praxis had, of course, become habitual and barely conscious. The habit was all the more intractable because for ten years the man's mental illness had been corroborated by numerous psychiatrists and other mental health professionals. Nevertheless, through skillful reframing, Minuchin and his co-workers were able to influence this man to modify his praxis.

A client who had spent eight months with a medicalist was referred to me. He was convinced that he suffered from low self-esteem. Every time he had reported a negative thought about himself his previous therapist directed him to recall past incidents in an attempt to discover the source of his affliction. Apparently no attempt was made to modify his praxis, to challenge the limiting ideas he had internalized and to curb his habit of indulging in negative

thoughts (for an alternative approach, see Beck, 1976).

The self-fulfilling prophecy can of course work in a positive manner—it can facilitate change. A therapist who expects change, who believes in change, is more likely to produce successful results. A therapist who realizes the ambiguity of reality will utilize reframing as a therapeutic strategy, i.e., he or she will consider various interpretations and choose the one most likely to advance his or her therapeutic goal. (The epistemological implications of this fact can not be covered here.) Through the act of interpretation, the bestowal of meaning, the therapist can restore or enhance the client's sense of agency, of power. The therapist can confront the client's praxis and help to modify it. The various interpretations described below are based on the single premise that the person is not a patient with a diseased mind, but a subject wrestling with life's challenges, with its "ordeals by labyrinth," to borrow a phrase from Mircea Eliade.

Milton Erickson often worked successfully with schizophrenics. The case of George is revealing (Dolan, 1985, pp. 58–61). George had been a mental patient for five years, and except for short greetings, he spoke only "word-salad." Erickson had spent a number of hours talking word-salad back to George (with appropriate intonations) and one morning George replied to Erickson's word-salad: "Talk sense, Doctor." "Certainly, I'll be glad to. What is your last name?" "O'Donovan, and it's about time somebody who knows how to talk asked. Five years in this lousy joint." Within a year, George had left the hospital and procured employment (Dolan, 1985, p. 72). The basis for Erickson's relationship with George was a remarkable reframing. Disregarding the psychoanalytic principle that schizophrenics do not form relationships, Erickson interpreted George's word-salad as communication. George was addressed as a person, as a signifying subject; apparently meaningless utterances were treated as intentional communication.

Jay Haley's successful work with schizophrenics exemplifies the value of an approach that dispenses with diagnosis and does not begin with a set of negative expectations (1980). Haley described one of his teachers: "He believed there was nothing wrong with the person diagnosed as schizophrenic. It was inspiring to watch him work with the mad offspring who was an expert at failing. I recall one who would not speak. She would sit pulling out her hair like an idiot. Yet Jackson treated her as if she were perfectly capable of normality, given a change in her family and treatment situation. The family was forced to accept her normality, partly because of Jackson's certainty" (1980, p. 22). Haley's premise is that the "eccentric young person" (he finds that term less stigmatizing) is not a victim of a process but is engaging in a kind of praxis which is self-defeating. By restructuring the family, Haley is able to help the identified patient to lead a productive life and to do the things appropriate to the stage of the life cycle he or she has reached to modify his or her praxis.

Haley strongly opposes the idea that the schizophrenic is incapable of holding a job or of accepting the other responsibilities of adult life. He argues persuasively against displacing persons from their natural life setting and segregating them with other "deviants" in a day treatment center. Judging from Haley's reports, he is extraordinarily successful in his therapeutic approach (1980, pp. 2–6).

Laing also is committed to viewing people who come to him for help as persons, as subjects, as signifying beings regardless of how bizarre their behavior appears, regardless of the official diagnosis with which they have been stamped (1965, 1982, 1985). Laing's reframing is not primarily a cognitive intervention that alters the person's self-conception—rather, the cognitive reframing is the basis for an existential act that transforms the person's way of experiencing self. A seemingly disordered being is construed as a subject—and becomes a subject. Laing's therapeutic praxis was demonstrated during *The Evolution of Psychiatry* conference, when he engaged in a live interview with a *paranoid* schizophrenic.[13] She began her interview with Laing by talking about her belief that there was a conspiracy against her. At the end of their thirty minute session, they were engaged in a collaborative exegesis of a passage from the New Testament regarding one's relationship with one's parents. Laing was about to conclude the discussion when, surprisingly, she asked if she could accompany him to the lecture hall to help answer questions from the audience of approximately a thousand therapists.

I worked with a client who was diagnosed as having a *major depression* and an *avoidant personality disorder*. He was twenty-two, uncomfortable in social situations, and had no friends at the time I began seeing him. (He had had a few friends in the past.) This was a source, not only of boredom and loneliness, but of consternation, because he was afraid that there was something wrong with him, that he was somehow defective. A psychoanalyst would have been likely to corroborate his feeling that he was defective. The source of the pathology would have been felt to lie in his childhood, and an exhaustive examination lasting several years would have been conducted to determine what went wrong. After several sessions with me, his depression dissipated completely: I had reframed his problem from a symptom of a disorder to a lack of experience, social skills, and shyness. I said to him, "Social skills come with practice. It is always more difficult in the beginning." Since he seemed reluctant at first to initiate any moves toward making more friends, I "prescribed the symptom:" I suggested that he make no efforts to make friends, that this would happen naturally, when the time was right and he was ready. When I asked him how he accounted for the disappearance

[13]This conference was sponsored by the Milton Erickson Foundation and took place in Phoenix, Arizona in December, 1985.

of his depression, he responded that my remarks had helped him to accept himself and to realize, in fact, that there really was nothing wrong. After several months, he spontaneously and rather effortlessly made several friends. He terminated therapy and a follow-up six months later revealed that he was socially involved and content with his life.

Numerous other examples could be given. The medicalists would say that these examples are exceptional. While it would be foolhardy to assert that these kinds of radical transformations can occur in every case, it is self-evident that they would be more frequent if there were more exceptional therapists, i.e., therapists whose medicalist bias did not prevent them from attempting to accomplish what is generally considered impossible. *The more exceptional therapists there are, the more exceptional clients there will be.* The more exceptional clients, the more other therapists will be persuaded to give up their medicalist bias. *What is now exceptional might in the future become the norm.*

The Actual and the Ideal

Many therapists outside of the psychoanalytic school have come to reject medicalism, implicitly if not explicitly. The rationale for their interventions is not to correct a disorder, but to assist in the process of growth.[14] This rationale is general enough to subsume a variety of different therapeutic approaches and modalities. (Even a "problem-solving" therapist such as Haley [1973, 1980] would construe the therapeutic task to be that of removing the obstacles to the spontaneous growth of the person or of the family.) The problematic situation that prompts the client to consult a therapist is a result either of the fact that the individual has not yet acquired the specific knowledge, skills, and emotional support needed in order to achieve what he or she wants, or of the fact that he or she reacts symptomatically to the exigencies of growth, to the need to move on to the next stage of the life cycle. The symptom in this case is not a symptom of an illness, but a sign of an impasse in the growth process. While it may impede growth, it can also be viewed as a manifestation of order insofar as it often results in an agent of change being summoned. Keeney has written, "In general, we can view symptomatic behavior as striving towards higher orders of self-correction" (1983, p. 165).

It is notable, however, that psychotherapists in general endeavor not merely to help individuals grow up within our culture but also to *change the culture itself* so that future generations can live more fulfilling and less traumatizing lives. There is a disparity in our culture between the actual and the ideal state of affairs (watching the evening news provides compelling evidence).

[14]This conception presages the idea that will be developed in this section: that humanity itself is undergoing a process of growth, of evolution.

The medicalist account for this disparity is essentially a secular, yet more nebulous, version of the myth of the fall. The medicalist believes that we are dealing with a "plague" of mental illness. As a result of structural deformations in their psyches, previous generations of parents were unable to respond with "good-enough" parenting to their children's needs. Consequently, the children grew up to become emotionally crippled adults. Some medicalists are more inclined to lay the onus for the problem on genetically programmed biochemical imbalances, i.e., mistakes of nature. In either case humanity is profoundly disordered. To a predestined elite (which has expanded somewhat due to the efforts of revisionists within the medicalist camp) they offer the promise of secular redemption through long-term psychotherapy; to the others they offer sympathy and various medicinal palliatives designed to help them to cope and to live with their illnesses.

The same facts can be placed in an alternative context, one more likely to support and inspire an attitude of faith, of hope. One can discern or posit a pattern of order underlying the phenomena in question. This context is the process of the evolution of humanity.[15] The gap between the reality and the ideal is a mark of the evolutionary process and the tension we experience internally—the discontent with the actual, the desire for the ideal—is a result of this dichotomy and provides the dynamicism necessary in order to drive the process forward. The metaphor of illness is misleading. There has been no fall from grace, no deviation from a natural order as in (physical) illness. The metaphor of growth is illuminating.

From this perspective the hardships that the individual faces in the course of growing up are signs of our lack of maturity as a species and at the same time they are the conditions for our progress. Each human being is faced with challenges that represent an opportunity to contribute to the development of humanity. Challenges and crises are not signs of pathology but integral to the process of growth. As particular individuals successfully meet the challenges of life, they provide inspiration and encouragement to others and the general feeling of our ability as a species to master the circumstances and problems of life grows. Each authentic personal triumph contributes to the development of the species since on the most fundamental level—which Jung termed the collective unconscious—there is a unity of all human beings.[16]

Individuals are motivated to change ideas, practices and social institutions that cause them suffering and do not meet their needs, for the welfare of others.

[15]Many biologists have argued that the *existence* of the human species can not be accounted for by natural selection and is evidence that nature is purposive (Koestler and Smythies, 1968).

[16]This idea is strengthened by the theory of Sheldrake (1982), the biologist, that when enough individuals succeed at a new task it alters the "morphogenetic field" (which acts both across space and time), making it easier for other genetically similar individuals to accomplish the same task.

The individual's involvement in the evolutionary process motivates him/her to articulate new ideals and to help create new practices and institutions that embody these ideals and that can more effectively meet the needs of other individuals.

The concept that humanity is evolving induces a sense of metaphysical comfort that clearly differentiates it from the idea that we are all mentally ill. For it posits that things are *in order*, they are as they *ought* to be. A natural process is occurring—albeit one that may involve pain and crises. As a species we need not wait for a physician, a Messiah, to restore psychological order. The process of growth will lead eventually to an equilibrium at a higher level of development. This will undoubtedly entail not stasis but continued growth and development, albeit with less pain and pathos. As agents of change, therapists can act as catalysts in this process.

Further, there is the metaphysical comfort that the suffering has not been in vain. Suffering was necessary to reach a higher level. The concept of mental illness fosters *angst*. Since illness, like the Fall, is *ipso facto* a result of accident or chance, one has a tendency to become preoccupied with regret for past events which one believes might have been avoided. One feels that something went wrong and one becomes involved in efforts to recreate the past in one's imagination. From an evolutionary perspective the struggles and traumas of the past are a necessary part of the process of evolutionary transformation.

The concept of mental illness reflects and fosters a sense of metaphysical pathos. This stance mirrors the position of the client, who already suffers from the idea that there is something wrong with him or her, that he or she is out of order, that there is a basic fault in his or her being. What is wrong is precisely the *idea* that something is wrong, i.e., what the client suffers from, what is crippling, is not an illness but a number of limiting and self-disparaging ideas (Beck [1976] has demonstrated this). When the expert consults the *DSM III* and makes a diagnosis, he or she is engaging in a ritual that confirms the client's belief that he or she is essentially tainted. The attitude of metaphysical pathos that is conveyed to the client is part of the process that increases his or her sense of dis-ease, that perpetuates it, that makes it more intractable, and that may ultimately transform dis-ease into disease, as the unconscious mind yields finally to the conscious belief that something is wrong.

An evolutionary perspective on the problems of life engenders an attitude, not of metaphysical pathos, but of metaphysical faith. The basic therapeutic stance implied by this model is one of optimism. The essence of the message to the client is not, "There's something wrong here. You have an emotional disorder, a mental illness," but, "You are in just the right situation to begin or to continue the process of change, and to reap the rewards the future will bring." The question is not, "What went wrong?", but rather, "What is the

next step that this person needs to take in the process of growth?" Acceptance of the necessity and finality of the past permits a receptivity to the possibilities that the future promises. The client's past is viewed not as a series of unfortunate pathogenic events, but as an integral part of the person's life-story—a story that must include elements of pathos, suffering and adversity in order that the individual's triumphs and resolutions will be heroic enough to encourage others to make similar efforts, to advance the evolutionary process of the species. This kind of perspective reflects a profound metaphysical faith, a faith that will reveal itself through the mood and actions of the therapist.

I am speaking of a general attitude which does not obviate the need to take into account the complexities of the process of change. Watzlawick et al. (1984), Haley (1976), Papp (1983), Madanes (1984) and others (Sluzki, 1983) have demonstrated that some of the most effective techniques for promoting change consist of warning against change, restraining it, prescribing relapses, etc. These techniques are based on the idea that change is as frightening, or almost as frightening, as it is desirable. They are thus not founded on a naive optimism that could not withstand the trials of life. Furthermore, their efficacy may be taken as corroboration of my point. The client is both reassured and encouraged by the therapist's communication that whatever is occurring is to be accepted, not viewed as a sign of disorder.

From the medicalist perspective the mentally ill are unfortunate victims of disease. Their life-stories represent nothing more than "tales told by an idiot" offering no opportunities for heroism unless heroism is defined in such dispiriting terms as the stoical acceptance of a life-long curse. Since individuals are instinctively inspired by the heroic ideal, the absence of these opportunities is itself cause for regret.

In the context of the story developing in this essay, those labeled mentally ill are summoned to a heroic task: demonstrating by the force of example and personal triumph that they are not suffering from an incurable disease, that they can resolve and transcend the crisis they are confronting. It is the task of the psychotherapist to encourage and chronicle such heroic endeavors.

Humanity is presently sloughing off collective thought forms and social mythologies that hold us in bondage. As a species we bear the weight of disease and famine and death which haunt the psyches of all of us no matter how fortunate our life circumstances. The idea that there is something fundamentally *wrong* with the minds of most of us is an additional burden we need not bear. By contributing to our liberation from these "mind-forged manacles," those labeled mentally ill may be hastening the beginning of a new chapter in the story of humanity's evolution.

The idea that humanity is undergoing a process of evolution, of growth to maturity finds expression in Romantic poetry and philosophy (Abrams, 1971), in Hegel, in Emerson and 19th century Transcendentalism (Conner,

1949), in the philosophy of Alfred North Whitehead (Srivastava, 1968) and in the voluminous writings of the 20th century Indian mystic Sri Aurobindo (1977). The idea of individual evolution through a series of successive incarnations is accepted as a matter of fact by the majority of people in Hindu and Buddhist cultures. Although "cosmic optimism"[17] (Conner, 1949) is not currently fashionable, it has been embraced in one form or another by most of the towering spirits in the history of humanity.[18]

The pessimism of psychoanalysis and other medicalist models is implicitly (if not explicitly) challenged and undermined as an effective force by the recent proliferation of new paradigms in psychology—the most outstanding recent examples are family therapy, cognitive psychology and Ericksonian hypnosis.

An analogous development (it is impossible to avoid this set of metaphors) is occurring in the field of biology. The failure of the dominant reductionist paradigm to account for many of the phenomena of life has led to the proliferation and increasing interest in various systems theories and (compatible) organismic paradigms (Jantsch, 1976; Sheldrake, 1982; Thorpe, 1974). Most of these models not only explain much of what the reductionists are unable to account for, they also stipulate or imply that humanity is involved in a process of cultural and psychological evolution.[19]

I believe that these developments are the beginning of a trend that is leading to the replacement of the dominant paradigms within each discipline by non-reductionist and evolutionary paradigms. This in turn will lead to the replacement of many of the metaphors and stories that are embedded within popular culture by new metaphors and stories.

If one believes that there is at least some truth to pragmatist or radical constructionist epistemologies (Watzlawick, 1984a, 1984b) then there is strong reason to accept an evolutionary *Weltanschauung*, if only on the basis of the fact that through the force of belief and expression at appropriate times, this world-view will become a self-fulfilling prophecy.

Conclusion

To recapitulate, the following contentions differentiate my critique from that of my predecessors: (1) the concept of pathology is based on the inference

[17]Conner's definition is succinct: "The major premise of cosmic optimism was [is] that the universe is not alien to man but the embodiment or reflection or prototype of his own deepest self; because this is the case, the conclusion then follows, the universe must aspire towards the same ends as man" (p. 118).

[18]This optimism is obviously augmented by the concept of reincarnation which implies an identity of interest between the individual and the species (Aurobindo, 1977).

[19]Thus Jantsch in the introduction to his anthology of various system-theorists writes (1976, pp. 1–2), "human life is sharing integrally in a greater order of process . . . it is an aspect as an agent of universal evolution."

that there has been a breach of the natural order; (2) the concept of physical illness, no less than mental illness, is an interpretation, albeit a viable and useful one; (3) the seeming cogency of the concept of mental illness rests upon an implicit comparison between the actual situation and an imagined ideal; and (4) mental illness is essentially a religious concept, a secularized variant of the myth of the Fall.

I have consistently utilized concepts deriving from the cultural understanding of the processes of growth and education. These concepts exist at a broad-enough level of generality to be consistent with a variety of more specific therapeutic models, e.g. Szasz's communicational model (Szasz, 1961).

I have contended that psychological understanding and interventions are mediated by an implicit narrative that constitutes a way of making sense of historical and cultural phenomena. Although Szasz and Laing might agree with this proposition, they have not expressed themselves in these terms.

Most controversially, I have outlined an alternative cultural narrative. This is likely to arouse skepticism in a secular age when intellectuals are generally suspicious of comprehensive narratives which are regarded as products of a religious consciousness that has been long outgrown. Those who would dispense with narratives altogether overlook the fact that they are a basic form of cultural sense-making that operate on an implicit, if not explicit, level (Crites, 1971).

The basic theme of the narrative that currently shapes psychological and popular understanding is that *something is wrong*. More specifically, the story depicts society as subject to unnatural forces and unfortunate accidents that cause almost everyone to become mentally defective to a greater or lesser extent. This fundamental theme consequently imposes on each individual within the culture the task of freeing himself or herself from the idea: "There's something wrong with me." The "best" patients are offered the promise of the restoration of their mental health through long-term psychotherapy. A larger number are believed to be permanently damaged and are offered only palliatives. At best therapy is a restorative venture that offers only the hope of regaining lost ground, not of capturing new ground. Consequently, the heroic dimensions of the human project are obscured: the opportunity for each individual to contribute potentially to the growth of the species.

In proposing a new story I can do no better than to quote Stephen Crites (1971, p. 307): "[A] conversion or a social revolution that actually transforms consciousness requires a traumatic changes in a man's [or a woman's] story. The stories within which he has awakened to consciousness must be undermined, and in the identification of his personal story through a new story both the drama of his experience and his style of action must be reoriented. Conversion is a reawakening, a second awakening of consciousness." It is just such a cultural reawakening that is here envisaged.

The basic theme of the new story I am proposing is that humanity is undergoing a growth process that confronts each individual with a number of tasks and challenges. This is the most profound articulation of the nature of the human situation that can be formulated. The suffering we are undergoing as a species is a mark of the fact that we are in a transitional phase. This story recognizes humanity's deepest aspirations—freedom from terror, loneliness and suffering; the opportunity for joy, love and creative service—and evokes a sense of the possibility if not the inevitability of the universal fulfillment of these aspirations. The story posits the unity of the species and offers each individual the opportunity to contribute to a felicitous denouement of the human drama. Consequently, it has the potential to strike responsive chords in the collective unconscious of humanity, evoking the heroic ideal and thus mobilizing the altruistic instincts that have always been among the primary springs of human progress.

In calling for a new story I am calling for a profound ontological shift, a change in our mode of being in the world. This is a change in posture that signifies the acceptance of the present situation as the necessary ground from which to move forward into the future—and it anticipates the next step. This is an ontological position that experiences life—not just one's own life but other persons' lives as well—not as a burden and a curse but as a gift and an opportunity. I believe it will provide the impetus for the move into a brighter—albeit dimly glimpsed—future.

Finally, I submit that the world-view I have outlined is true: that an evolutionary process *is* occurring, a process that is not entirely subject to our wills, and that is ultimately beyond our power to resist. The ideas we feel inspired to express, the endeavors we feel we must initiate, originate in a source beyond and greater than our conscious minds.

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