

FROM INDIVIDUALISM TO THE INTERDEPENDENT SELF

*Changing the Paradigm of the Self in Psychotherapy**

Each culture constructs a sense of reality and a corollary model of selfhood that it assumes to be either universal or preferable. These constructions of reality are, in turn, reflected in the kinds of suffering people experience as well as in the culture's modes of healing. In its efforts to understand the self, mainstream psychology—itself a cultural artifact—has often failed to acknowledge the assumptions and values on which its theories of self and resulting practices of healing are based. In so doing, mainstream psychology identifies with and enacts the cultural myths about reality and personhood, thereby failing to help individuals become aware of and liberated from ways of thinking about the self that give rise to suffering. Indeed, unwittingly, psychotherapy is more often an agent of socialization than of healing. When this is the case, efforts to heal—while perhaps well-intended and temporarily helpful—constitute attempts to improve the sufferer's fit and compliance with the cultural norm, rather than efforts to question the society's requirements of the self in a manner that would encourage a reflective dialogue between self and society.

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KÄTHE KOLLWITZ
"SOLIDARITY"

The rapid "globalization" that is occurring requires us to think about what kind of self-definition is needed, not just for the well-being of individuals or of a particular culture, but for the well-being of the planet. Increasing global awareness has helped to nourish our sense of human diversity through the multiplicity of ways different cultures have of being selves. Through such cross-cultural comparisons we can begin to comprehend that an individualistic self is neither universal nor as conducive to individual or global well-being over the long haul as we might hope. While our construct of the self mitigates against certain kinds of pathology, it contributes to others.

Beneath the theories of development, personality, and psychopathology that inform the practice of psychotherapy lie tacit assumptions about selfhood. To the extent that these assumptions quietly operate to sustain the status quo, we must acknowledge that they have a concomitant political value and effect, of which we need to become aware.

MAKING THE CULTURAL UNCONSCIOUS CONSCIOUS

Socialization involves subtle and pervasive training to perceive certain aspects of reality and existence while ignoring or repressing others. Culture supplies us with categories of awareness, which we adopt without conscious choice. Parents, teachers, workplaces, popular culture—and, yes, psychotherapy—all implicitly and explicitly encourage each person to

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through therapy or education—should help us become conscious of the ways our culture structures our sense of self and our notion of reality. For Paulo Freire, acquiring this consciousness requires a two-step process of "conscientization" and "annunciation." In conscientization, people are helped to become aware of how their particular culture precludes or confuses efforts to address socio-economic and cultural realities. Freire uses a technique in which an "animator" asks participants in a group setting what they feel most strongly about and wish to change. Instead of directing participants' attention inward to search for the personal causes of the feeling—be it fear, worry, anger—the animator asks questions to facilitate consciousness of the relationship between one's *feeling* and the *cultural reality* in which one lives. Change is directed not toward the individual first and foremost, but to cultural levels that will effect the participants. Once aware of the processes by which the culture uses people and then obscures this

reproduce in his or her psyche the dominant structures of selfhood in the society. These cultural prescriptions about selfhood ensure a "fit" between society's requirements and roles and the people available to fulfill them. Only the process of becoming conscious of this cultural self-structuring places us in a position to begin to choose how the self—each of *our* selves—is to be defined and experienced. Consciousness allows us to pierce through the ordinary collusion with cultural standards and instead envision what could be possible, what is most deeply desired. As Jung has stated, "It is from need and distress that new forms of existence arise."² These new forms of existence can arise for whole cultures as well as individuals.

An alternative to psychotherapy's implicit role of reinforcing the status quo is to enlarge our sense of what it means to make the unconscious conscious. Erich Fromm and Paulo Freire—one a psychoanalyst, the other an educator and leader of the literacy movement in Brazil—each points to such an enlargement of our work.¹ Each contends that healing—be it

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use, individuals can seek to conceive a more just social order in which the well-being of the self *and* the group is more adequately encompassed. This, for Freire, is the annunciation stage of raising consciousness.

In both therapy and meditation one seeks to let go of, to disidentify with, limited ways of being that preclude a deeper grasp of what is real. This movement of mind and being, from *identification* to *awareness to disidentification*, is needed to loosen the bonds of being only an individualistic self—bonds which often bring us suffering. It is a movement of mind and being, however, that must be entered into by *both* therapist and patient, for we swim in this water called "culture" together.

THE INDIVIDUALISTIC SELF

The first step is to understand cultural determinants of the individualistic self. We are all being called upon to become conscious of our cultural constructions of the self. As we attempt to climb out of our identification with the prevalent paradigm of the self and peruse with fresh eyes the multiplicity of ways of being a self present in other cultures, subcultures, and historical periods, we may be struck by the oddness of our former assumptions about selfhood. The forces of industrialization, technology, democratization, and secularization have forged an individualistic self that seems essential,³ even while living within its confines seems fraught with difficulty and suffering.

To become conscious of this paradox requires us to expand our views beyond the dominant reductionistic interpretations of mother-child interaction, which create a simple causal relation between early childhood experience and later psychopathology. This interpretation has effectively limited explanation and exploration of cultural problems to the smallest possible arena: the nuclear home. Since the onset of industrialization, we have tried to imagine the home as being separate from the wider world, providing a safe haven to which we could retreat. Now we must see this as wishful thinking, for the culture is within our homes, in each argument, each intervention with our children, even our most private thoughts. To open the

doors outward, we need to understand that mothers and fathers are powerful instruments of culture, helping children learn how to structure their experiences of self to fit the larger world. To enlarge our interpretive frame, we need to see past the parents' actions and behavior to the cultural myths of self and reality that not only shape but contort our experience. Karen Horney has noted that, "It is an individual fate, for example, to have a domineering or a 'self-sacrificing' mother, but it is only under definite cultural conditions that we find domineering or self-sacrificing mothers, and it is only because of these existing conditions that such an experience will have an influence on later life."⁴ Such seeing beyond the figures of the parents allows us to recognize that we are not just the victims of imperfect parenting, but fellow companions. We suffer together and bear responsibility together for changing the cultural assumptions which we all share.

Our modern individualism has many roots which we too easily forget, allowing ourselves to take our current version of selfhood as god-given and natural. Just as Jung insisted that therapists should be schooled in the imagery of diverse cultures in order to see through the personal to the collective, so we must be schooled in the diverse senses of self that exist across cultures, as well as the roots of our own. We must know about how the philosophers of the Enlightenment believed in the self as free and self-determining; we must know how the Romantics trained us to glorify the inward and the self-expressive; how American culture has been forged through both a utilitarian and an expressive individualism.⁵ Unless we understand how we have come to know ourselves, the very "commodity" we are offered by psychotherapy — self-knowledge — will remain deeply flawed and limited.

Psychotherapy could serve as a powerful ear to the messages of our culture, for in therapy we listen deeply to that distillation of culture we have labelled "inner life." This very labelling, however, has deafened us considerably. What is "inner" has become the personal, the private; we have lost our ear for the resonances between the personal and the cultural, the private and the collective. Our task is to learn a way of listening, in therapy and in our own lives, to much of what is presented as personal suffering so that we can hear the culture in it; hear how personal suffering reflects aspects of suffering in the paradigms of our cultural reality. This kind of listening links the healing of an individual to the healing of a culture and thus fuels the transformation of society in general.

Psychological suffering — what we call "psychopathology" — is familiar to all of us. It is expressed in our depressions, our addictions, our efforts to maintain control and order, our feelings of emptiness and isolation, our paranoid. That this suffering is experienced as *individual* rather than as

cultural is due to a powerful sleight-of-hand performed by our prevailing paradigm of selfhood — individualism. In the early days of cross-cultural psychiatry, there was an effort to export our diagnostic categories to other cultures, believing that these categories could be proven to be objectively valid. More recently, anthropologist and psychiatrist Arthur Kleinman has helped defeat this person-centered view of pathology, arguing instead that diagnoses often do not reflect a disorder *per se* but, rather, a relevant reaction to difficulties associated with living in a particular culture, be these due to social class, economic factors, or social institutions.⁶ Viewing pathology from an individualistic conception of the person precludes recognition of all the epidemiological evidence that supports the claim that *suffering arises in a socio-cultural context*.

In our society the individual, not the family or the community, is the central unit of importance. In this individualistic framework, human development entails the gradual differentiation and separation of children from those around them. The baby is viewed as mistakenly confusing internal with external, self with other. Development requires training children in the appropriate bifurcations, allowing them to feel independent, autonomous, and separate from their environment. Even in what we try to see as the "spontaneity" of play, toys are used in the early years to socialize the child to be self-sufficient and autonomous, respectful of other people's "right" to privacy and isolation. Brian Sutton-Smith, in his book *Toys As Culture*, argues that the early encouragement of independent play with multiple toys not only schools the child's desire to participate in a materialistic culture, but also "habituates children to solitary, impersonal activity; and this is a forecast of their years to come as solitary professionals and experts."⁷

When our culture demands absolute independence — early adulthood — we collude with our children to create the impression that they are self-sustaining, despite the persistence of underlying dependencies and needs. The result is that their self-image is unrealistic and unsteady, as they alternate between feeling self-inflated in their sense of absolute independence and then inferior for still having needs. Takeo Doi, a Japanese psychoanalyst, contrasts this pattern with the Japanese culture, in which interdependence is acknowledged openly and the accentuation of individualism or the display of egoism is considered aggressive.⁸ Our almost sacred notion of "firm ego boundaries" reflects our effort to delineate not only one body from another, but one psyche from another. We are taught to experience the self as private and as separate from others, bounded by the literal boundary of the skin. The self, construed as separate from the world, becomes experienced as interiority, homing us in the internal and the subjective.

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We are taught to depend on ourselves and, since our well-being is our own responsibility, it seems we must distinguish ourselves in some way, prove our worth in comparison to others, in order to gain our security. Our worth is measured by what we have amassed—material possessions, achievements, accomplishments. Our stature increases as it appears that we have mastered and controlled the situations of which we are a part: the household, the children, the marriage, the job, the thought, the feelings... even time itself, as we partition it minutely to contain the stuff of our day-to-day experience. There is little time left for illness or death, for depression or wandering, periods of failure or uncertainty. Time spent with children and friends and older people and nature is not counted or valued, for there is no achievement to be shown for it. *Having* and *doing* have superseded the valuing and the nurturing of the ability to be.⁹ Our talents, our gifts, are seen as our own, to be used for aggrandizing the self, for gathering fame and friendship. In so doing, they become more like possessions than part of our being. We rarely experience ourselves more modestly to be the guardians of gifts and talents that have arisen through relationship and rightly belong to the community.¹⁰ Nor are we able at times to rest or refuse a piece of work, knowing that others can be relied on, and that each of us need not try to do everything.

We stimulate our productivity through self-criticism, self-doubt, and a fear of failure on the one hand, and an exaggerated sense of self-importance on the other. Well-being becomes tacitly concerned with the regulation of this oscillation, rather than with seeing through it to the structure of selfhood with which one is in compliance and drawing it into question, laying down this "comparative neurosis." Instead, exhilarating images of fame and success alternate with intense feelings of failure. Either side of this polarization uses other people as a barometer measuring whether we are "better than" or "worse than."

Our insistence on separateness and independence undermines our efforts at intimacy. At the same time that we are trying to befriend others, we vigilantly rank ourselves vis-a-vis the other: inferior or superior, inadequate or proficient. Getting close entails stumbling on this comparative

matrix, which often leaves one person or the other feeling inadequate in friendship, unworthy of love. Envy stands in for intimacy, as we long for what the other *has*, rather than for what the other *is*.

Though we carry an abstract longing for community, we are not socialized with the tools to create a tangible sense of community. Our notion of ourselves as needing to be independent creates a yearning for dependency that seems insatiable and sometimes desperate. We bring competition and rigid, brittle boundaries into the most intimate of our relations, fearing that our vulnerability will create inferiority and subordination. Power is felt to be synonymous with hierarchy, power over others or situations. Our loneliness is so pervasive, we often cease to articulate it, accepting it as an inherent condition of personhood rather than payment for conceiving of ourselves in this particular way. In our attempts to experience ourselves as self-determining, self-actualizing, and free, we blind ourselves to the forces that construct our notion of the self.

Our visions of reality and selfhood in turn dictate the ideal form of mental activity needed to support and manifest that vision. In our culture, logical, abstract, rational thought, modelled on the scientific method of measurement and control, is the lauded cognitive style. In this version of reality, the poetic, mystical, spiritual, intuitive, and emotional are seen as inferior and undesirable pathways toward truth. Individuals inclined along these lines fear that their way of knowing is inadequate, inferior, even stupid.

To the extent that these prescriptions of the self are *not* suited to human well-being, individuals will experience themselves only in the limited polarity of failed and flawed/successful and perfected; or they must question how they have been asked to be a self. While much of psychotherapy attempts to correct the mad vacillation between feelings of success and failure, superiority and inferiority, it *seldom enlists the patient in an unearthing of the cultural conception of selfhood that gives rise to this dilemma*. Insofar as therapy is supported by affluence, it must enjoy and encourage one of the things that affluence buys in our culture: the illusion that we can be separate from and insulated against the wider culture. The retreat to the inwardness of psychotherapy parallels the retreat to the suburbs, each an effort, at times, to sustain the sense that well-being can be achieved through separation, in one's own backyard.

THE INTERDEPENDENT SELF

What are the alternatives to viewing the self in an individualistic manner? To answer this question we need to begin to fertilize our imaginations

with a variety of ways of being a self. Writers, philosophers, and researchers in feminist studies, psychology, anthropology, sociology, philosophy, and religion have proposed a medley of alternatives.

For example, Edward Sampson has argued for "ensembled individualism" rather than our current self-contained version, contending that a revised concept of individualism would be more likely to realize our cultural values of freedom, responsibility, and achievement.¹¹ In ensembled individualism the boundary between self and other is fluid rather than fixed; others are *included* within the boundary of selfhood; control arises from within the field of forces that includes and yet transcends the individual self.

James Hillman has argued for a return to an ancient understanding that contradicts our modern sense of soul as interior and private, something to be worked on only for the benefit of oneself.¹² Instead, soul is seen to be *of the world*. We are part of the soul, rather than the soul being our possession. To do soul-work, then, one must work in relation to the world. The nature of the self is one of multiplicity. Psychological work therefore entails our gradual disidentification with monolithic ego claims for dominance and power, and a corresponding ability to be aware of the multiplicity of psyche that has been cast into shadow by the light of the ego. To consciously challenge the dominance of the ego is to become aware of how we have strived to make ourselves reflect the dominant paradigm of the self as individualistic.

Both Jung's and Hillman's challenges to the concept of a unitary, separate self are fundamental to the loosening of our hold on unconscious individualism. Jung's method of active imagination, while inwardly focused, begins a rearrangement of the self that is critical—though not sufficient—to a burgeoning sense of interdependence. Through active imagination and dreamwork, one allows the multiplicity of self to arise. Further, as one witnesses the autonomy of psyche, one's sense of dominance, mastery, control and ownership is challenged.

What is common to the alternative conceptions of self-experience that have arisen from disparate fields is the focus on the *larger whole* of which each individual self is but a part, and in relation to which we should not be seen as functioning independently. Our well-being as selves is seen to be dependent on the well-being of the material and natural world, as well as on the social world. Ego aims, reflective of our identification with the our individualistic culture, are to be consciously acknowledged and understood. The interdependent self is characterized by a multiplicity that reflects the diversity of the world. No longer a monolithic center, with a firm boundary between self and world, the interdependent self becomes decentralized,

in essence, allowing aims other than those of an ambitious and heroic ego.

Although it may seem arbitrary to "pick" a new conception of self and then create theory, interventions, and interpretations based on it, this is precisely the same arbitrary source of all clinical and developmental theory. The only difference is that the theorist or practitioner is usually unaware of the conception of self he or she has adopted. I am advocating, in contrast, a *conscious* selection process. It may also seem imprudent or even unethical to impose a particular conception of self on patients, yet that imposition dominates most, if not all, psychological approaches. Whenever we direct a person's attention to her early childhood, never asking about how a war or poverty or educational options has affected her, we are training her in a conception of self that is limited to an extremely localized, virtually isolated context. If we can acknowledge and articulate this limitation to ourselves and the patient, we move from a position of unconscious indoctrination to a fledgling attempt at mutual awareness. By focusing on explicating the *implicit* conception of self we are advocating, we become more skilled at hearing the patient's own construction of the self through his or her discourse and experience. We tend to assume that the developmental theory in which our clinical perspectives are based is derived from *facts*. However, this is simply not true. As Kaplan has eloquently shown, development is a perspective through which observations can be ordered.¹³ Developmental theorists, often unconsciously, hold certain values as given or sacred and weave the perceptions and expectations based on these values into their frameworks. *Developmental theory, therefore, is more a norm for interpretation than it is a basis of empirical reality.* Our choice is whether or not to become aware of the highly subjective component of this process; whether or not to consciously acknowledge our sacred notions before we act on them.

While understanding developmental and clinical theory in this way robs us of the comforting illusion that we are operating from the solid base

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of empirical reality, it bestows a valuable gift: We can take the freedom to reflect on and envision the kind of self that our culture *needs* at this point, a self that would be more congruent with the kind of human and non-human needs we presently experience. We are at a new crossroad, where our survival depends on NOT replicating the individualistic self that is incapable of protecting our home, the earth; that is incapable of achieving peace between nations; that refuses to address gross disparities in health, living conditions, and security. Liberating ourselves from individualism may seem a contradiction in terms because we associate an undermining of individualism with the ascending specter of totalitarianism. But is true freedom experienced by merely claiming and invoking it? Or is true freedom to be found in the awareness of how our actualization of that freedom is still curtailed by unconscious assumptions about the nature of reality?

FROM SUFFERING INDIVIDUALISM TO CREATING CULTURAL CHANGE

How can a new conception of self be experienced in our everyday lives? I can begin to answer from my clinical experience in which I work with patients to break through the individualistic model to create, together, a more inclusive, cultural way of being a self.

Timmy

When Timmy came to therapy at the age of five, he had been sexually abused for a period of 18 months by a boy cousin several years his senior. Timmy's first therapist had tried to normalize the abuse, viewing it as childhood sexual exploration, but Timmy remained fearful, unable to sleep, accident-prone, and difficult to limit. He had also replicated his own victimization by abusing several other children.

For the first year, Timmy and I worked intensely in play and family therapy. When we took walks outside, he would worry that the sky might fall in on him and he would ask what kept it in place. Later, he confided, he worried that there was still poison in him from being forced to drink his cousin's urine. He was able to recall his fear that objects stuck forcibly in his anus would come out through the top of his head, splitting his body. His parents and I also worked hard to let Timmy know that we heard his message: that he had been forcibly and powerfully intruded upon by someone he liked and needed; and that he felt his body and the world he lived in could be torn apart. Allowing his vulnerability to resurface, I believe, allowed him to empathize with his own victims, and the re-enacting of the abuse terminated.

During the second year of our work, Timmy moved away from play therapy and began to talk vividly about recess at school. For me, as a

therapist, there was a choice point: Should I join him in what, at times, seemed like chatting about playing at school? Or should I steer him back into art materials and play toys that would allow him to express his intrapsychic conflicts? Theoretically, I was working to heal this bifurcation between external and internal worlds, between self and culture, so I threw myself into being as curious as I could about all the playground characters. Over weeks of sessions it emerged that Timmy oscillated in a way that was terrifying to him, between feeling afraid of being physically hurt by the roving gangs of small boys on the playground, and fearing that *he* would explode and begin to hit a fellow student uncontrollably. Sometimes the only way he escaped his anxiety was through physical symptoms that took him to the nurse's office, which provided a brief respite from the culture of violence on the playground.

Timmy's parents encouraged him to ignore his physical symptoms. His father, an avid gunman, wanted Timmy to "stand up" to the boys and act in the way that was required by his cohorts. Timmy had some of his own concerns, however, which the protective space of our relationship was able to harbor. He did not want to seriously harm a friend. He wanted to be able to play with his friends without the interaction degenerating into the bullying of one boy by five or six others. Taking one of my own children to play with a friend on the playground in Timmy's town, I had inadvertently witnessed life in this school environment. There were four women, not teachers, "in charge" of the playground, who talked with each other, their backs to the children. The girls and the boys of this elementary school played entirely separately. Small groups of boys ran around wildly, tackling other boys and beating on them. Boys who tried to play on the sidelines were attacked, their play violently disrupted.

Over many weeks Timmy strategized different solutions to the problems, taking different stands with his friends, trying to find a way to play without being either a victim or a bully. Each of us in our own way became aware of how a dilemma of the wider culture was reflected both in the schoolyard and in the earlier sexual abuse: How can non-hierarchical relationships be fostered when one person solves the problem of self-worth by wielding power over another? This seven-year-old boy, when given a place to speak about his culture—the playground—could begin to envision a different way to feel good about himself—indeed, a different way to be a self. With his permission I decided to intervene at an institutional level, speaking with the school officials about how to help the boys relate in ways that were less power- and terror-ridden, supporting the efforts of children like Timmy who were keenly aware of the price of the status quo.

I had the opportunity to see Timmy once, several years after weekly

therapy had ceased. Now at age nine, Timmy complained about the strictness of the playground guards; about how they sent kids inside when there was any hitting or ganging up. I tried to remind him of how he had been scared of situations that were uneven in power, where he or another might get hurt. He brushed this perspective off as "silly." A few minutes later he recounted having driven past the office of the first therapist who had normalized the abuse. He then commented what a "big deal" had been made about the experience with his cousin, himself trying to see it as normal. Now, almost five years later, I asked him what he remembered. Only the most innocuous details remained. When I asked him about his relationship with his cousin, he animatedly described the fun they were having inserting Fourth-of-July fire-crackers in dead frogs and animals, throwing them up, and watching the explosion of blood in the air. He had many hunting stories to tell, proudly identifying with his father's interests and his father's "gift" of a slingshot. With time running out, I sought to see and accept this boy on the verge of adolescence, this boy who had tried to stand up to the ways he was being asked to be a male, and who, in the end, had to capitulate—yielding memories, feelings, values.

It was clear when Timmy left that we would see each other again, if either of us had our way. We had always enjoyed our time together, walking in the woods, making pictures and clay scenes, talking about fears, love, punishment, and friendship as he taught me how to skip stones more effectively on the lake. Now I was witnessing the truth of the situation for Timmy: Culture had proven itself more profoundly affecting than psychotherapy. Timmy had not been able to sustain his consciousness about abuse and power. Fellowship with his father and his male friends depended on his complicity and denial regarding the experience and price of abuse and power.

Several years later I learned of a treatment approach for sexually abused and abusing boys that might have proved more successful with Timmy. In this residential model, a culture is created that attempts to mitigate against values of domination and coercion. Newer members of the community are encouraged to model their behavior on older members of the community, who provide an alternative set of values with which to identify: honest communication and disclosure, cooperation, mutuality of relationship.

Karen

Karen, a 40-year-old biologist, began sessions with me after many previous attempts at therapy. While stating that things were better in her life, her demeanor reflected depression and exhaustion. As she talked, it

was easy to understand the source of her fatigue. Nothing she did was ever "right enough"—not her research, not her marriage, not her friendships. Each effort in the day was accompanied by enormous self-criticism and excruciating comparisons of herself to others. Though she had many friends, she was unable to feel the nurture of intimacy with this kind of self-doubt occurring. An unearthing of her childhood memories revealed all that Alice Miller could have hoped for, in terms of how a narcissistic mother had regulated the thought and feeling of her child to satisfy her own psychological and emotional needs. While this self-reflective archaeology provided intellectual insight, it did little to soften or silence the endless internal dialogues that left Karen in despair.

Having emptied the coffers of childhood interpretations, we returned therapeutically penniless to her present life, in which the research she did was equated with financial reward and fame—the ultimate indicators of self-worth. Past accomplishment rarely satisfied colleagues. "What are you working on now?" was the feared question she felt ill-equipped to answer. While her love of science surfaced from time to time, it was readily smothered by expectations and fears that blocked her creativity and revived deep feelings of inadequacy. The inner figure carrying the depression, when allowed to speak, yearned for unconditional love, for time to interact leisurely with another, for gentle nurture in the place of harsh criticism and drivenness.

While the content of Karen's mother's expectations of her child differed from those of Karen's colleagues, the underlying injunction of both sets of expectations was strikingly similar: to be loved and respected, you must be better than others, you must achieve and excel. Excellence could never be accomplished once and for all, but must be proven over and over again. Here the attempt to pin Karen's neurosis entirely on her mother dissolves, because her mother was merely the first and most powerful voice of an individualistic culture that expresses its demands a thousand times over through institutions, friends, colleagues, and, ultimately, the intimacy of one's own thoughts.

Exposing the similarities between early parental expectations and the expectations of the culture allows us to experience the link between the personal and the cultural. This new link recontextualizes personal pain.¹⁴ Our earlier belief that present behavior reflects early childrearing practices is greatly supplemented by a conviction that present pain *also* reflects truths about our experience in the culture. In essence, the personal is a window to the larger world. Gradually we are helped to experience the connection between our most intimate thoughts and the surrounding cultural realities. *Our culture has gotten into our minds; indeed, our minds are made up of our culture.*

Several therapeutic benefits can occur as a result of working on this level. For one, the shame and isolation of the pathology we have suffered are lifted from our shoulders. Instead of being the special victim of a special mother or unusual father, we realize that our suffering bears a shared commonality. Working it through is no longer merely an individual matter of surmounting personal difficulties but now includes working with others to change the cultural vision of selfhood.

For Karen, this revisioning included a growing awareness of how the changes she was trying to make in the structure of her thought and self-talk were a small part of creating a way of being a scientist that differed from the mode in which she had been schooled. While her published papers might be numerous, she grew convinced that the *way* in which she conducted her research and wrote her papers was itself a legacy to her students. She struggled to drop comparisons between herself and others, to let go of the effort to gain love through accumulating achievements, to mitigate against intense inner criticism and outer judgment, to base her work *not* on a sense of insecurity and drivenness but on her love of the natural world.

Karen's moments of apparent failure were no longer symptoms of an embarrassing depression but signs of the enormity of a common task—to transform her sense of what it means to be a self in our culture. At home her efforts to love and be loved by her husband also revealed the workings of culture: the defenses against vulnerability, the workaholicism, the fear of need and dependency, the intense judging of the other and the expectation of being judged oneself—all were mine fields, needing to be carefully disarmed in the desire to love more simply, more deeply. The strength of her vulnerability, not of her ego, needed nurture and respect.

RECONTEXTUALIZING PSYCHOTHERAPY

In an individualistic model, the self is the supreme unit of focus. Individual psychotherapy has been granted a central place in many peoples' lives, because it caters to this sensibility about what is of most value. When we begin to acknowledge the importance of cultural and global factors through the model of the interdependent self, then psychotherapy becomes another means of enabling transformative action for self and society. Once the unconscious cultural aspects of our self-constructions are made conscious, psychotherapy recedes in importance. For, indeed, an hour a week is clearly insufficient to the task I am outlining. One needs communities of support in which work and relationships can struggle to unfold in a less individualistic fashion.

There is much work to be done beyond the walls of the consulting room—on Timmy's playground and with his teachers, with parents, with groups attempting to build community, in the field of education, between the genders, between cultural groups. Personally, I think there will always be room for the deep sharing that can occur in psychotherapy, the needed space for awareness to enter and grow, for confusion and pain to be suffered together in a benign haven. But, I also hope the time is ending when therapy is used as a defense against acknowledging the impact of culture, as a theoretical camouflage that obscures the origins of some of our suffering.

In the early 1980s I conducted workshops with 300 psychologists and social workers, attempting to help them integrate their social awareness with the day-to-day practice of psychotherapy.¹⁵ Participants were asked to imagine the kind of community and world they desired in the future, and then to allow that vision to inform the way they practiced their profession on a daily basis. Many reported that their practice left them alienated from their original inspiration to work in their chosen fields and from acting fully in alignment with their social awareness. Therapists felt confined by work that, of necessity, took on an individualistic and intrapsychic perspective and was often restricted to a narrow socioeconomic group. In visions of how to bridge the gap between their social awareness and their clinical practices, participants imagined taking their skills into the world (to schools, prisons, neighborhoods, cultural exchange groups), bringing social concerns into their teaching and research, creating new kinds of roles and jobs, and, particularly, tithing of time to work on their concerns and visions—be it racism, community building, AIDS work, educational reform.

To the extent that our suffering is created by cultural assumptions and values, we must become aware of those assumptions and values. Like an epidemiologist, we must read the patterns of suffering that arise in our culture—anorexia and bulimia, depression, anxiety disorder, obsessive-compulsive disorder, the particular way we experience schizophrenia as splintering into multiplicity—and make sense of these patterns in relation to the demands on the self made by the culture. In this way, pathology ceases to be solely an individual problem but also serves as commentary on our culture, identifying the pathological features of our sociological reality. Each time we consciously oppose the way we have been taught to be a self, and create anew in its stead, we contribute to a change in the culture. By resisting our trained propensity to see our suffering solely as our own, issuing from a highly circumscribed local history, we can begin to perceive the difficulties of the self on a cultural level. Individuals are no longer merely single lonely persons acting on their own behalf, for their

own private self-interests, but people whose creative struggle to define selfhood is simultaneously a critique of and a contribution to culture.

It is vital that we articulate the collusion—in which we are all mutually engaged—that accepts a separation between self and world as though it were god-given. If psychotherapy is to remain relevant to the suffering it is expected to address, an active understanding of unconscious cultural assumptions—the “cultural unconscious”—must be incorporated. It is the cultural unconscious that is at work in the theories we have been taught. If psychotherapy cannot work at the level of the cultural unconscious, it remains but one more tool of the socialization process—a tool that facilitates conformity rather than transformation. As Wallace Stevens said, “The way through the world is more difficult than the way beyond it.” We must return from those efforts to heal that have taken us only *beyond* the world and, together, find a way *through* it.

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