

# What can psychotherapists learn from a materialist science of the subject?<sup>1</sup>

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## *Abstract*

The opening question of this article concerns how a psychotherapeutic practice can be formed in a way that enables emancipatory potentials to evolve. In the 1970s, Critical Psychology in Germany inspired an array of critical therapy projects. However, these could hardly establish themselves and have therefore only been developed sporadically. The contributions of Critical Psychology to critical therapy approaches will be traced in their historical developments and lines of conflict. Reference will be made respectively to a behavior-therapeutic, depth-psychological, and family therapy casuistry of the critical psychotherapists in order to consider not only the ideas but also the practices of these approaches. The article will conclude with suggestions for the further developments of emancipatory-oriented psychotherapies with a subject-scientific and historical-materialist foundation.

## *Keywords*

German Critical Psychology, critical psychotherapy, cognitive behavioral therapy, psychoanalysis, family therapy, humanistic therapy, class and gender relations

All present psychotherapeutic approaches are oriented in subject science, taken here to mean as being derived from the subjective experiences of the individual.<sup>2</sup> Their promise to rid the afflicted of their grievances without infringing upon social relations accounts for the appeal and short-lived functionality of these approaches (Holzkamp, 1988, pp. 28-29). Thus, societal life conditions and

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<sup>2</sup> This approach is partly avoided in behavioral therapeutic manual treatments; though individual case concepts are common in outpatient practices.

power relations play a neglected role in the various schools of therapy. This dearth of “societal diagnostics” (Keupp, 2009, p. 130) has been problematized by community psychologists as well as by feminist and critical psychologists of all movements. In past decades, some of these critics have attempted to develop alternatives within classic psychotherapy. This has resulted in a variety of feminist therapies (e.g. Ballou and Sanchez, 2014; Brown, 2008; Frauen beraten Frauen, 2010), as well as therapeutic approaches inspired by poststructuralism (e.g. Loewenthal, 2015, Tarragona, 2008) that have found footing in German-speaking countries in the form of counseling centers and other psycho-social institutions, but not in the system of healthcare-subsidized psychotherapies.

Though the feminist, poststructuralist, and historical-materialistic views may seem similar at first glance – since they agree in their critique of the unhistorical and psychologizing approaches in science and daily life – they do, however, differ in how they determine the basis upon which emancipatory psychotherapy must be developed. Critical Psychology, anchored in materialist theories of action, assumes that we must analyze historical, concrete reality in order to be able to influence it. In the tradition of poststructuralism, Critical Psychology adopts the strategy of questioning all truth claims as a way to enable resistance, and feminist approaches focus on appreciating and giving voice to the truths of oppressed persons.

Equating truth with the subjective perspective of oppressed (women) has contributed to a problematic voluntarism. The once politicizing statement “the personal is political” makes a return in the neoliberal therapization discourse as a personalization of the political. Ballou and Sanchez write that “the principles of feminist therapy are grounded in a double perspective: psychological and sociopolitical. ‘Personal is political’ or, more recently, ‘Political is Personal’ is a vital and empowering context for the principles of feminist therapy theory” (2014, p. 716). This political sentiment runs the risk of placing social interactions and cultural norms at the center of the battlefield without taking into account political and economic macrostructures, which are not easily deconstructed verbally or personally (Knebel, in press). By equating the personal with the political, one can harbor the illusion of being able to directly change society through therapy and self-awareness. In this way, single persons and speech acts are attributed more power and responsibility than is justified by their real and limited influence.

Another problem is the anti-scientific and practice-unrelated relativism of current, poststructuralist-dominated critiques of psychology and psychotherapy. Ian Parker, for example, assumes that any form of psychology that claims to describe how we develop ourselves and learn tends to ostracize and pathologize other ways of thinking and learning (Parker, 2015, p. 43). Without scientifically-

based criteria for determining what is conducive to health and development, professional practice would have to be consequently abandoned and replaced by self-help. Parker does not draw this conclusion and it would be interesting to see how he and other postmodern sceptics of psychotherapy work in their own therapy practices without a theory of psychopathological developments.

Boris Friele (2007) problematizes the one-sided critique, present also in the Berlin school of Critical Psychology, of personalization and psychologization. In his opinion, looking only at developmental constraints outside of the person ignores genuine therapeutic interrogations. He sees it as evident that experiences such as physical and sexual abuse, emotional neglect, and unpredictable behavior in relationships will lead to damages in the personality, meaning they will leave behind painful emotional patterns, particularly in children. However, by referring only to societal structures there could arise the problematic consequence that influence over life conditions would only mean “the establishment of a type of legal claim to protected spaces” (p. 407).

I agree with Friele, but would add that a one-sided critique of psychologization and pathologization that does not attempt to understand and treat psychopathologies differently (at least within the Berlin approach) can only be observed within the last decades. There were many attempts in the 1970s to reinterpret traditional therapies and develop new approaches to therapy that, in my view, serve as a rich source for future approaches. Because they have not been translated into English, they are not widely known internationally. I will begin with a historical categorization of the debate that took place at the Psychological Institute of the Free University Berlin and in the magazine *Forum Kritische Psychologie*, and then present the individual therapeutic approaches in their practice and development (1.). Finally, I will discuss what we can learn from this, i.e., which mistakes can be avoided, what can be built upon, and which gaps could be filled (2.).

### **1. Many critical psychotherapies or none?**

Klaus Holzkamp, the founder of critical psychology at the Free University (FU) in West Berlin, argued on a discussion panel that critical psychology is not in competition with existing schools of psychotherapy: “One does not deduce ‘the’ critical-psychological therapy, rather, within the new paradigm, there can be many different therapies and forms of therapy in competition with one another and... which have to prove themselves empirically.” (Dannenberger, Dreier, Drummer, Jantzen, Holzkamp & Schubenz, 1980, p. 165). Holzkamp, who came out of general psychology and social psychology, was not himself a

psychotherapist. Then, in 1986, Siegfried Schubenz, along with colleagues from the FU, founded the pedagogical-psychological institute for therapy (PPT) in Berlin. This begs the question of why there were hardly any publications on critical forms of therapy printed in the subsequent years and, instead, reflection upon one's own professional psychological practice and critique of psychotherapeutic approaches as adaption technique and therapization ("psychoboom") were pushed to the foreground in the debate around psychotherapy. Along with this has come a turn towards alternative concepts of psycho-social care and pedagogical counseling. Many critical psychologists took part in the development of theories and methods within the history of psychology and the psyche in general, social psychology, developmental psychology, and the research on institutions and practices. Others preferred to participate in political-economic change and switched over to other disciplines and areas of occupation. Attempts at structural and personal change were, in part, posited as contrasts rather than investigated in their relationality to one another. In this respect, practitioners of critical psychology felt confronted with the difficulty of having to complete the advanced therapeutic training they themselves found problematic. With this problem in mind, Holzkamp made the case for the organization of advanced training options with a Marxist foundation as a way to overcome the eclecticism in the practice, which he described as follows:

Even though I've learned that psychoanalysis is problematic, it still has its good parts and I approach it critically, the result of which being that I take the good parts out and leave the bad.' I think this is an illusion. I think this is an absolute illusion. It doesn't work! This is Habermas, the role distance: One internally compares oneself in contrast to this, one is constantly running around, so to speak, with a revolutionary inner life. Nevertheless, I see the objective need resulting from a lack of collective-organizational development in our work. (1980, p. 153)

Although he emphasizes here that critical psychology cannot simply adopt the theoretical processing of the therapy experience (p. 155), this is exactly – with a few exceptions – what takes place in the decades to come: At the FU Berlin, only a few training options for counseling and therapeutic approaches (e.g. Bergold, 1985) were developed, no new psycho-diagnostic procedures or therapeutic techniques were worked out and, after 1980, no further large case studies were being published. Instead, "therapeutic technology" (Dreier, 1988, p. 52) and "help ideology" (p. 58) came under increased criticism and, in the setting of the theory-practice conferences attended by professionals from both the university and practice, the working conditions of the professional practice were taken into account (Markard & Holzkamp, 1989). Consultative research of practice in the

sense of a critical-psychological intervention and supervision was thus developed (Fahl & Markard, 1993; Markard & ASB, 2000; Erckmann, Kalpein & Zander, 2013), but not therapy for mental disorders.<sup>3</sup> For example, Regina Scholz (1980) dealt pointedly with the ideological foundations of person-centered therapy following Rogers, which she characterizes as secularized religion, but does not go further into therapeutic practice. Gerlinde Aumann's (2003) discussion of gender relations in Freudian psychoanalysis also remains theoretic-historical. Sylvia Siegel (2013) proceeds in a similar way in her critique of the "immediacy thinking" (Unmittelbarkeitsdenken) of gestalt therapy. Although she works as a gestalt therapist in a private practice, the theoretical discussion occupies a lot of space while the practical alternative, which she acknowledges in reference to her short case study, requires further elaboration.

The difficulty with developing an alternative therapeutic practice that goes beyond critique might have to do with the critical-psychological dilemma "of wanting to develop an emancipatory practice in line with one's scientific and political demands, while simultaneously knowing that this is one of those tasks that cannot be solved under the conditions of capitalism" (Markard, 2000, p. 15). A deciding factor in more recent work is likely due to the fact that, since the closure of the "Critical" Psychological Institute (PI) at the Free University of Berlin as a result of the austerity program of the Berlin Higher Education Structure Plan of 1993, there has been a lack of institutional anchoring and thus of resources and working contexts. In 1983 Holzkamp was already hinting at the role of defensive struggles in the internal processes of differentiation and fractioning at the PI (p. 25), the result of which was that individual fields of work diverged. Heiner Keupp recalls in hindsight that it was already apparent in 1985 "that the social-liberal democratization and reform approaches of the 70s that had enabled important psychosocial projects would be thwarted more and more" (2018, p. 23). This makes it understandable that the spirit of optimism of the 1970s gave way to an increasingly defensive stance, with a tendency towards isolation and fragmentation of critical voices in psychology. This process must also be considered against the backdrop of neoliberal austerity policy in public institutions, the defensive workers' movement in the centers of capitalism, and the ideological "crisis of Marxism." However, a corresponding analysis would go beyond the scope of this article. In the following I will go into reinterpretations of (cognitive) behavioral therapeutic practices (1.1) and the development of

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<sup>3</sup> There is, however, a counseling center "Solidarische psychosoziale Hilfe Hamburg" (Solidary Psycho-Social Help Hamburg) for people who have fallen into mental crises as a result of joblessness or material poverty, as well as a guided self-help group "Projekt Selbstverständigung über Drogengebrauch" (Project Self-Understanding on Drug Use) in Berlin for people who would like to discuss and change their drug use, both of which use critical-psychological concepts.

pedagogical-psychological children's therapy for learning disabilities (1.2), present the reinterpretations of the psychoanalytic conflict model (1.3) and (systemic) family therapy (1.4), and, finally, trace how phenomenological and humanistic principles have been reinterpreted for critical psychotherapy for psychosis, addiction counseling, and gestalt therapy (1.5)

### 1.1 Activity Psychology and the Behavioral Therapeutic Practice

A discussion on behavioral therapy appeared in 1975 in a special edition of the magazine *Das Argument* entitled, "Critical Psychology (I)". At the time, Eva Jaeggi was trying to work out the implied theories for a behavioral therapeutic practice that could be upheld for a progressive form of therapy. She was of the opinion that critique of the authority-stabilizing theoretical foundations of behaviorism did not go far enough. Here, she was not referring to the theoretical self-understanding of behavioral therapy (BT) but rather to the fact that, within the practice, an idea of man was emerging not dissimilar to that of activity psychology. BT could be understood as "guidance to action" (Jaeggi, 1975, p. 426). In practice it is about planning, exercise, directed activity, current determination, and the specificity of the case: planning demands a transparent, goal-oriented, rationally-controlled approach; exercise enables a slow, step-by-step process; and directed activity requires people to actively shape their inner world through external activities. By assuming a current determination, present life conditions are made the starting point for therapeutic changes and the specificity of the case is taken into account by using various methods that make it possible to learn at different cognitive levels (pp. 427-438). There was no initial follow-up on Jaeggi's approach within critical psychology. Yet in the tradition of community psychology, a social-scientific, action-based theoretical line was developed in behavior therapy, which can be seen, among others, in the "union orientation" (Henkel & Roer, 1975) of the German Society for Behavioral Therapy.

Also, in *Das Argument*, Irma Gleiss (1975) criticized the term behavior, proposing instead the term activity, which could overcome the juxtapositions of individual and society and of behavior and consciousness. She argued that all forms of psychotherapy are unable to change people alone or the social reality per se; neither are they simple behavioral correction nor reducible to a discovery process, but instead change the relationship of the person to objective reality (p. 440). In terms of therapeutic process, BT's claim that there are neutral methods for any goal contradicts itself, as seen in this example from a pre-school: a child has to learn not to hit other children. BT might punish the hitting with isolation, for example, or else try to erase the behavior by removing positive

reinforcements. The pedagogical-psychological therapy favored by Gleiss attempts through a restructuring of the play situation to show the child that individual interests cannot be asserted at the expense of others. Ideally, the child's behavior would be the same – no more hitting – but the reasons for this differ greatly: one is the fear of isolation; the other, insight into the necessity of cooperative relationships.

Following this, Wolfgang Maiers (1975) made an attempt to describe a historical-materialist differentiation between normality and a pathology of the psychological. He thanks the social-behaviorist model, in particular the labeling approach, for drawing attention to the stigmatization caused by certain psychiatric-psychotherapeutic practices and to the formation of secondary symptoms due to hospitalization, but he criticizes the one-sidedness of the analysis, which dissolves the connection between the origin of pathological symptoms and the ways they are valued and sanctioned by society to the benefit of the latter (p. 464-467). Following his argumentation, the norm is not an outcome of the average, rather it is determined by that which might be possible under the given societal conditions. The ideal norm of mental health cannot conform to the present mode of the psychological, as possibilities for individual development separate as a result of the given productive forces and their realization through the restrictive relations of production. The full development of the personality can therefore be understood only as a “concrete utopia” (p. 480) of the opportunities for society's development as a whole.<sup>4</sup> Using the idea that psychological disorders are a normal reality in a pathogenic societal system, he applies socio-critical and destigmatizing perspectives to mental suffering.

According to Maiers, the therapeutic setting is not predestined to lead the joint fight against disabling conditions – for this, one would need a practical connection among people who are objectively in equal situations. If a person falls behind the given opportunities to conduct a social lifestyle because of a psychological disorder, then he sees no reason against pursuing a behavioral-therapeutic or similar approach as a way to reduce the pressure of suffering. However, the extent to which contradictions in the everyday reality of bourgeois living conditions have direct pathogenic effects he sees as a therapeutic necessity, meaning that it is a question of therapeutic efficiency to consider these contradictions along with their ideological distortion and concealment (pp. 491-420). To that he proposes a form of counseling to be developed that relates

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<sup>4</sup> The notion at that time that, in “militant life” (Sève), the partial anticipation of the unalienated life would take place in a classless society (ibid., p. 483) could have possibly been a theoretical answer to the pathologization attempts of socialist activists and intellectuals as defiant rebels, dangerous fools, and leftists nutcases.

“subjective purpose and societal meaning,” and which would require an “analysis and discussion at the level of reasonable political action” (p. 493).

I would like to use an example of outpatient behavior therapy from my training in order to examine such an approach more closely. The behavioral therapist Peter Fiedler (2003) suggests that therapists should take on the role of a competent lawyer in a joint social action against adverse living conditions (for example in women’s shelters or in order to support people who are bullied or bossed as employees of a company). The example shows that hasty partisanship or solidarity is not always sensible psychotherapeutically, since the client may be the one bullying others. Thus, on a micro-level the client is not (only) the victim of circumstances,<sup>5</sup> but also contributes to diminishing solidarity by striving for her own agency. These contradictions can be analyzed in an emancipatory way using critical-psychological concepts. Agency refers to the fact that people aspire to participate in having influence over their own living conditions. This is not meant as a normative concept advising people to fight for their agency, but rather as an analytical tool. In order to describe two types of agency, we must first differentiate between restricted and generalized agency. Restrictive agency refers to action under restrictive conditions that involves the arrangement and reproduction of power relations and oppression as a way of securing one’s own agency (against others). Generalized agency refers to action that calls into question restrictive conditions and changes them (together with others), but it carries the risk of losing one’s own agency. With this example I would like to examine how critical-psychological analyses can complement cognitive behavioral analysis.

Özlem Yiğit<sup>6</sup> came to Germany when she was seven years old. Her parents had found work in Germany and later brought her and her six siblings with them. Though this meant the end of a more than two-year separation from her mother, she lost a familiar setting. She quickly learned the new language but still felt strange and had to look after herself, since her parents were working and fighting a lot. She developed a great sense of independence and pride in her intelligence and strength. She worked for more than 30 years in a hospital ward, but described the increasing economization and intensification of the work meant that there was hardly any time left for the patients or one’s own recuperation. She went for the first time at the age of 50 to an outpatient psychotherapist because of severe depressive symptoms, without really believing that anyone could help her and not thinking much of doctors and psychotherapists especially. Yet she found

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<sup>5</sup> This has also been conceptualized from a feminist perspective as the “complicity of women” (Frauen beraten Frauen, 2010, p. 25) by Christina Thürmer-Rohr.

<sup>6</sup> The client has read the description and agreed to its being published in an anonymous and modified form.

it relieving to talk about current conflicts and earlier, painful experiences she had otherwise kept to herself.

One day she came to therapy very down and exhausted. She explained that she had shouted that day at a colleague who she said was completely inept and had mistreated a patient. After learning more about the situation, it became clear that the ward was understaffed and that her colleague had made a mistake because of how hectic and overwhelming things were. When asked about her feelings, Ms. Yiğit said that before she got angry, she had also been feeling very overwhelmed and helpless. She had already learned as a child to react with force and anger to powerlessness and helplessness and could even describe how she at first felt good and powerful in the situation. Her guilty conscious came later and she said things were already tense among the team. She had actually wanted to apologize, but was too exhausted and felt that it wouldn't have helped anyway.

Like cognitive behavioral therapy (CBT), Critical Psychology looks for the subjective premises that make why she is feeling and acting in this way understandable. Her automatic thought was: "I have to do all the work alone since my colleague doesn't do her work properly. I can't deal with this anymore." The conditional assumption behind this was: "When I feel powerless, I must show strength." And the basic assumption was: "No one can help me." A critical-psychological analysis does not just stop at understanding the biographical conditions for these patterns, rather it shows how these patterns are anchored in current social and professional life situations, which are in turn embedded in societal power structures.

Also, like CBT, Critical Psychology looks for the subjective functionality of behavior. Cognitive behavioral analysis helps one to understand that shouting helps to let go of unpleasant feelings of frustration and helplessness, but there must also be a critical-psychological consideration of which opportunities to act appear too risky and must therefore be avoided. Here it is necessary to understand the hospital as a societal constellation of meanings and to recognize, ask about, or refer to her position therein.

Ms. Yiğit had already mentioned the understaffing. Further conversation revealed that this shortage of personnel, resulting from job cuts and the increasing duties of documentation, have become a normality at the workplace. Yet frustration about this could only seldom be addressed to those responsible, as they were not reachable during the day; on top of which she felt that a confrontation with staff management or the board would be quite risky. Under these restrictive conditions, taking her frustration out on her colleague was functional in the short-term, but it also undermined team solidarity, making it more difficult to find common strategies for improving the situation. Ms. Yiğit

criticized her colleagues' unwillingness to strike and lamented the fact that she is always the only one to complain about new impositions.

Here it was important to address the interpersonal dynamic among the team, but also to discuss concrete possibilities for change at the corporate level. Working conditions had worsened over the past few years due to the introduction of case rates, which had meant more patients had to be treated in less time. This simultaneously presented new possibilities for collective labor struggle (Wolf, 2013). A strike at a different hospital in 2011 had been very effective – no new patients were being admitted and, over the course of a week, many beds and stations had to be closed, leading to massive income loss and ultimately forcing management to give in. The new “form of strike with empty beds” enabled wide-scale participation in the strike despite emergency service agreements and the sense of responsibility to the sick. The employees' caretaking ethos even had a mobilizing effect (good care, more hospital staff) and led to increased solidarity (an alliance of patients, nurses, and citizens since 2013). A discussion of these structural constraints and possibilities was able to bring about a depersonalization of reproaches and make overcoming these injustices conceivable.

Seeking an opportunity to talk to colleagues, addressing one's frustration to those responsible, and testing the collective potential for power are ways of examining the basic assumption that “no one can help me” and undoing the generalization of biographical experiences of powerlessness into the present. Whether this works depends not only on the therapy and on Ms. Yiğit, it depends also on the strength of social and political struggles. I hope to have shown with this example how a cognitive-behavioral therapeutic analysis at the micro-level, in consideration of short and long-term consequences and certain biographically-derived assumptions, can be fruitfully combined with a critical-psychological analysis of agency with respect to macro-structures.

## **1.2 Pedagogical-Psychological Child Therapy between Learning and Attachment Theory**

At the Legasthenia Center (LZ) in Berlin, founded in 1970, a pedagogical-psychological therapy was developed for the treatment of developmental disabilities and school failure among children (Pilz & Schubenz, 1979). Using the morpheme method, Siegfried Schubenz developed a linguistic learning-theory approach using insight into the sensible construction of language to help dyslexic school children with acquiring written language in order to keep them from being transferred to special schools. The children's lack of motivation and resistance nevertheless proved to be an insurmountable hurdle in practice. A refusal to learn was considered indication of the child's powerlessness in the face

of the adults' demands. Because of these experiences, communicating written language for the benefit of cooperative interaction in the group was given lower priority. In reference to critical-psychological findings on societal nature, children should not be therapized individually, rather their specific disabling circumstances should be taken into consideration. This involves, on the one hand, parents, childcare providers, and teachers, and offers, on the other hand, treatment through performing subjectively and socially meaningful tasks in cooperation with other interacting difficulties and learning obstacles. Central was overcoming social ostracism, which could be traced to the special circumstances (e.g. overprotection or neglect) of the parent-child relationship. The reception of early-childhood attachment theory into the tradition of depth psychology began with the focus on problematic family relations, which in later publications plays an increasingly central role in comparison to critical-psychological theory (von der Lühe, 1988, Schubenz, 1993).

In a review of Pilz and Schubenz' edited volume, Ole Dreier inquired about the critical-psychological foundations of the LZ. The idea that a written language disorder was the result of a lack of willingness to communicate and cooperate seemed too general to him. As such, the cognitive learning problem is reduced to a social-emotional problem in the parent-child relationship, and the development of skills is neglected in favor of the seemingly self-determined social interaction in the therapy room. The unequal distribution of power between adults and children is not dismantled but instead redistributed to the effect that children become the ones in power: "This sounds like a traditional humanistic notion of inner freedom and external constraint, whereby, consequentially, the external influence – reduced to a pure constraint – simply needs to be eliminated in order to reach the realm of freedom and self-determination." (1980b, p. 98) A laissez-faire style is thus practiced out of fear of an irrational exercise of power. Self-determination is not defined as greater influence over relevant, objective living conditions, rather one is lead to believe that this happens through an unimpeded development of spontaneous present needs in the sheltered therapeutic environment (p. 103). Concerning the therapy of the therapists, Dreier notes that subjective feelings are not considered in their relation to objective social conditions, so that emotions are not understood as an evaluation of the opportunities and limitations to personal development. As a result, a split is made between the cold, objective, environmentally-centered aspects of competition and job performance, and the warm, sentimental, internal and vague aspect of sensation. According to Dreier, this split produces a hostility towards theory within the practice, so that everything that can't be experienced directly is considered irrelevant, thereby reproducing the general split between the societal and private spheres. A similar line of thinking can also be seen in a question

posed by Markard (same volume) on whether experience makes one wise: Experience can only ever serve as the beginning, not the end, of an argument, otherwise the “recourse to experience [would be] critique-immunizing and thereby affirmative” (2018).

At the colloquium on the work of the LZ (1980), employees of the LZ did not feel Dreier’s critique fully grasped them. They accused Critical Psychology of not developing concepts sufficient enough to work in practice. Though they all agreed to continue the discussion, no more related contributions were published following this in the “Forum Kritische Psychologie.” This is an indication of the break between proponents of pedagogical-psychological child therapy and those of critical psychology. The LZ inspired and influenced many similar projects during this time. Schubenz and others founded the Institute for Pedagogical-Psychological Therapy, which was renamed the Institute for Psychological-Psychotherapeutic Therapy and Counseling, where one can today complete methodologically-pluralistic, privately-financed training programs in behavioral therapy and depth psychology following a master’s degree. Like Critical Psychology and Community Psychology, their approach was ousted from the Free University.

### **1.3 Conflict model and gender relations in psychoanalysis**

In their discussion of psychoanalysis, Ute H.-Osterkamp (1976) and Manfred Kappeler (1977), in contrast to the LZ, arrive at the opinion that an explanation of mental disorders from early childhood experiences amounts to “de-actualization” and “psychologization” (H.-Osterkamp 1976, p. 459). What these critical approaches have in common, however, is that resistance to authorities is supported as healthy conflict and not pathologized as a behavioral disorder. H.-Osterkamp defines “mental symptoms as *disorders of agency*” (p. 432), which emerge following a failed process of repressing conflicts. These conflicts relate to the antagonism between a need to determine one’s own life conditions and being excluded from this right by capitalist class rule. Neuroses develop in those who must repress their needs in order to partake in the power of the ruling class, but who damage themselves and others in the process. H.-Osterkamp takes up the concept of defense mechanisms in her conflict model, but rejects the duality of nature and society as a basic human constant. In her reinterpretation of Freudian psychoanalysis, she historicizes the neurotic as a “privileged dependent” (p. 440), who orients themselves with power relations in order to receive short-term, individual advantages, and who “becomes neurotic to the extent to which this role appears unbearable to him, but is then again one from which he cannot find

the energy to free himself” (p. 441, emphases removed). In this regard, she shares the Freudian claim, “that unhappiness is not coextensive with neurosis” (p. 398).

According to H.-Osterkamp, critical-psychological therapy should be a “consciousness-raising therapy” (1976, p. 448), in which the awareness of one’s own entanglement in concrete societal reality and the imparting of skills to better cope with one’s life situation are at the core.

Therapy is to be primarily structured as preparation and follow-up in regards to the client’s life practice outside of therapy: The therapeutic reappraisal of the client’s history, but also, for example, activities involved in the acquisition of various kinds of knowledge and skills, in working towards clarifying and improving the client’s life outside of therapy, are a prerequisite in the improvement of the subjective mental state and agency... (pp. 462-463)

The therapeutic reappraisal of one’s history is thus relevant insofar as it involves adequately comprehending one’s own history in order to, on the one hand, better understand the biographic particularities involved in the development of conflict-resistant tendencies that are currently operative and, on the other, uncover the subjective reinterpretations of personal experience that justify one’s life choices, for which the use of objective data is necessary.

The reconstruction of personal history through pure ‘descent’ into the phenomenological ‘inner world’ of one’s past is inaccessible under both aspects. In the therapeutic process, not only must the client’s current life situation be as permeable as possible, but also their individual formation of the objective general societal traits of class position and specific societal location manifesting themselves within them. The client must understand to what degree and in which way possible restrictive or random parenting practices from his/her own parents are not simply explicable in terms of individual characteristics, but are themselves expression of their location and class position. (p. 472)

Knowledge of social circumstances is therefore of great relevance for critical therapists, since this serves as the backdrop against which the client’s scope of action can be realistically evaluated. A “competency difference” (p. 460) with regards to knowledge and insight can emerge between the therapist and client at the start of therapy but should be reduced over the course of it. The rejection of psychoanalysis’ “neutrality claim” as a therapeutic stance does not mean advocating for an intimate involvement in the client’s personal fate and thereby the dissolution of the special therapeutic situation into a normal, everyday relationship. “‘Egalitarian’ notions of abolishing any difference between therapist

and client as a 'progressive' concept of therapy... are theoretical nonsense and both humanely and societally irresponsible." (p. 481) The incorporation of personal experience is meaningful to the extent to which generalizable insights, which are used to explain the client's situation, could be derived from them.

Psychoanalysis is still easy to recognize in the conflict model of mental disorders, but in the therapeutic practice aspects of the psychoanalytic method, such as neutrality, free association and interpretations of countertransference, are rejected in favor of behavioral therapeutic principles, such as preparation and follow-up work for daily life, learning skills, and transparency. It remains to be seen which methods Critical Psychology will make use of for calling into consciousness.

What Osterkamp tackled theoretically was attempted independently in practice by Manfred Kappeler. In his examination paper at what was then the only training institute for psychotherapy in West Berlin, he ventured a discussion "between psychoanalysis and Marxism" (Kappeler, Holzkamp & H.-Osterkamp, 1977, p. 28). In the case report for the psychoanalytic treatment (1969-1972) of a 14-year-old boy who, because of a "neurotic maldevelopment," had problems with communicating, parenting, and learning, Kappeler increasingly rejected psychoanalytic methods in favor of dealing with current problems in the home and at school. The predominant method seems to be a dialogistic conversation for clarification in which the boy reports on difficulties and experiences while the therapist listens attentively but also offers possible explanations as societal mediatedness and, when asked, expresses these and thereby actively supports discussion. In addition, Kappeler described "soliloquizing role plays" (p. 48-9) in which the boy invoked the parental arguments against his needs and actions and in doing so discovered that these had in part already turned into his own. In this way, his ambivalent attitude and feelings toward his parents could be explained and recognized as the source of his self-blame and feelings of guilt, which helped him to remove constraining parental requirements and actions through open conflict.

At the beginning of therapy, Kappeler was successfully able to trace instances of personalization back to the objective position of members of the family, thereby facilitating mutual understanding so that conflicts could be dealt with more constructively. The parents complained, for example, in parallel counseling sessions about their son's "outrageous sense of entitlement," whereas he would call them "authoritarian squares." Kappeler explained to the parents that the demand for more allowance had developed out of social comparison to his schoolmates, most of whom came from well-off, middle-class homes. In a similar way, he also attempted to explain to the boy the frugality and rigid parenting practices by the fact that it was only in doing away with directly

satisfying immediate desires and strict discipline that his parents had been able to work their way up from a working-class environment into a position as lower wage employees and afford a small house. His politicization through the student movement enabled the boy to overcome his social isolation and, following his school expulsion, his father sided with his son in opposition to the school authorities, which brought lasting improvements to their relationship.

Holzcamp and H.-Osterkamp used this case to concretize concepts of therapy in Critical Psychology. They first came to know of Kappeler as his case in Berlin had become a scandal because he did not pass his examination. Holzcamp and H.-Osterkamp saw Kappeler's critique of the psychoanalytic practice as a social worker's protest against their tendency to psychologize and emphasized the methodological primacy of objective life conditions in their class specificity and individual particularity, which had to be included in a diagnostic process independent of subjective standpoint (Kappeler et al., 1977, Chapter 3). In order to overcome the weaknesses of isolated individual treatment, they recommended establishing therapeutic cooperations with various competencies and alliances in different socially-relevant forces. With this goal in mind, practice-integrating study units were introduced as a pilot project at the FU. At the 1<sup>st</sup> Critical Psychology Conference in 1977, critical-psychological concepts of therapy were fervently discussed and, according to the critique, Kappeler's case was stylized into the "non-plus ultra" (Braun & Holzcamp, 1977, p. 197) of Critical Psychology, even though it actually presented as a classic approach of social work. The observation is undoubtedly accurate that the boundaries between the improvement of life circumstances, psychological counseling, and psychotherapy as conceived by Critical Psychology are fluid (Kalpein 2007) and still require clarification. However, this accusation ignores the fact that social work is rarely grounded in Marxist analysis in the sense of deciphering individual problems as class problems. In 1978, the meaning of emotions as the "guidelines of therapeutic conduct" (H.-Osterkamp, p. 69-70) was highlighted. A significant task of psychotherapy in Osterkamp's view is to support the individual to unreservedly acknowledge their needs to themselves and to others, and to prepare them to handle the pushback. Nevertheless, support in arguing out necessary conflicts is contrary to the conflict avoidance of therapists and must be understood as a problem of their professional position.

In retrospect, the conflict model of Critical Psychology can be problematized for making the restrictive agreement with the prevailing conditions the categorical key to understanding mental disorders. In Maier and Markard's (1980) considerations of the mental consequences of unemployment, it is being at the mercy of uncontrollable forces that plays more central a role than one's own embeddedness and unconscious self-hatred: "Psychological

suffering is, generally speaking, an expression of radical hindrances to being the subject of one's own life conditions, meaning that reducing suffering is linked with the expansion of subjective agency" (p. 94). Dreier sees "critical conditions" (p. 61) as the reasons for the development of mental disorders. These he means less in terms of unresolved developmental work, strokes of fate or accidents: "They are based primarily upon people in operational relation who use these conditions to mutually obstruct each other from the possibilities to overcome present problems." (p. 62) Under adverse conditions, this kind of conflict regulation could lead to the internalization of conflicts, if, for example, one is unable to communicate one's needs. "As a result, conflicts appear misplaced and in such a way that actual problematic relations are denied." (p. 64) Although Dreier places the focus on interpersonal conflicts, he otherwise follows H.-Osterkamp's conception. Markard (2009) criticizes this concept of mental disorders for threatening the negative consequences of the arrangement and attempts to punish opportunism preventively. Additionally, he formulates the question the other way around:

Couldn't one go insane from precisely *not* 'recognizing' this power? Has it really already been constituted on a categorical level that *every* delusion, *every* depression has at its core the recognition of the power of the rulers? Can't he who has been barred from a profession as part of the struggle *against* the rulers also become depressed? (p. 194)

Furthermore, Christian Küpper (2011) points out,

many manners of psychological suffering are the results of experienced violence as well as massive infringements of personal integrity and subjective scope of action (e.g. torture, rapes), so that there is no way to reasonably speak of agreement with the prevailing conditions. (p. 89)

The conflict model must be reconsidered in light of these objections. Reductionisms have arisen presumably as a result of the focus on the psychoanalytic etiology of neurosis. For example, the diagnosis of post-traumatic stress disorder, for which helplessness and the threat to one's life are etiologically central, was first admitted in the 1980s in the USA and in 1992 into the ICD-10 of the WHO. Ariane Brensell (2014) discusses the diagnosis of PTSD which, on the one hand, recognizes violence but, on the other, pathologizes the afflicted.

Nonetheless, the reinterpretation of the Freudian concept of the super-ego as the "inner compulsion" (Holzkamp, 1984, p. 20) is relevant for developing the theories of Critical Psychology and as the dominant hypothesis regarding the

origin of certain forms of psychological suffering, in which internalized (performance) demands, punitive voices, etc. become agony. In 2008 Zander and Pappritz published a research guide<sup>7</sup> for understanding agency as psychological conflict. From my perspective, this does not differ much from a psychotherapeutic questionnaire and it does not devote enough attention to questions regarding objective life situation and the significance of structural and interpersonal violence; the only question going beyond a classical concept of therapy references the power relations that stand in the way of generalized agency, which can be overcome in affiliation with others. Another peculiarity is that the questions are addressed to oneself and not to the other person.

This can be contrasted to Gerlinde Aumann's (2003) reinterpretation of gender relations in psychoanalysis: She emphasizes the significance of structural violence in Freud's early theory of trauma, but argues that tying women down to repressed childhood experiences of sexual abuse ignores the significance of present conflicts and other forms of instrumental relations. Freud's concept of the "distressing antithetic idea" and "hysterical counter-will" are "a vivid and differentiated phenomenal description of contradictory tendencies in connection to extremely contradictory life demands" (p. 58). Yet the latter is not problematized explicitly in Freud's theory. According to Aumann, interpersonal dependencies and instrumentalization within the family can be addressed successfully using the Oedipus complex theory. Freud's categories discussed "the instrumentalization of genders and the unequal distribution of life chances (among genders), as well as women's resistance – even if mystified neurotically – against social exclusion." (p. 81) In her view, Freud discussed gender-specific socialization in terms of a girl's sexual inhibition and feelings of inferiority for not being a boy on the one hand, and biologized the differences using the terms "penis envy" and "castration complex" (p. 142-43) as anatomic facts on the other. He explained the devaluation of women within the framework of a boy's castration anxiety, which could be reinterpreted to suggest that power relations also threaten men with loss of control if they are unable to define themselves through the devaluation of those women who have been confined to the private domain. Furthermore, Aumann pointed out that psychoanalysis is connected to

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<sup>7</sup> a) Which needs am I attempting to satisfy through my actions? Which interest am I pursuing? b) What needs am I thereby preventing from being satisfied? Which interests can I not realize in this way? c) Am I perpetuating my problems through my own actions without being conscious of it? d) What risks would I be taking by giving up previous and testing new ways of acting? What power relations could be at stake in the perspective on generalizable agency? e) Am I psychologically rejecting recognition of the conflict? In what form? f) In which relationships and relations on the occasion of which results was the problematic behavior suggested to me? g) How can I make the risks that are being taken in the attempt at new behavior manageable? (Zander & Pappritz, 2008, pp. 374-379)

both the discussion of violent relations and their reduction to sexual violence as a way of excluding structural violence in the interest of the customer. This relates historically to the distribution of labor and function within the bourgeois family, the result of which being that gender relations are “privately-shaped” (p. 182), which goes hand-in-hand with a woman’s disadvantage in professional life. Romantic relationships have thusly been regarded as pure social relations, since mutual cooperation is made more difficult through the separation of the spheres of production and reproduction, which reduces happiness to satisfied sexuality. Because Freud limits himself to an understanding of sexuality as an obvious tension between genders, he loses sight of the unequal life conditions. A woman’s immediate dependence on a man also infers attributions that the man is oppressing the woman rather than considering the structural dimension of the gender-specific distribution of labor at the end of the 19<sup>th</sup> century. In a reinterpretation of the case of Dora, Aumann shows the functionalities of reducing problems to sexual wishes and infatuation with the therapist. Freud was able to play off the interests of the father (his customer) against those of the patient with regards to honesty and support in the face of the sexual assaults from a family friend – with whose wife the father was likely having an affair, explaining his lack of interest in pursuing clarification of the involvements.

#### **1.4 Family therapy and societal analysis**

In his therapeutic analysis of a working-class family in 1974/75 in Denmark, Dreier (1980a) takes an approach that Holzkamp described in his forward as follows: he does not reduce

the societal conditions to mere objective frameworks that act upon the family from the outside and against which family members’ concrete courses of actions are necessarily inconsequential and indifferent. Neither does he fall for the common misunderstanding that a subjective determination of conditions is only possible from the level of political or union organization, while in the family it is merely private-social relations that are taking place, that the ‘psychological’ dominates and there is no room for ‘politics.’ (p. 5)

In fact, it shows more that the contradictions of society did not have to be blindly asserted in forms of familial regulation and psychological forms, so that family members could consciously take their lives into their own hands and collectively improve their situation by, for example, systematically restructuring the division of labor within the family as a way to overcome deadlocks, aggressions, discomfort, and resignation as emotional dilemmas.

Thus the family might find new courage, even more consciously take charge of their extra-familial life conditions, no longer accept with resignation heteronomous existence, so that in this way a politicization is able to develop. (p. 6)

In addition, Holzkamp emphasizes that critical psychological therapy does not differ fundamentally from an empirical research process; rather, practical insights – which can be generalized beyond the individual case and thus lead to the surmounting of psychological difficulties – are gained in line with action-oriented process research involving the participation of persons concerned. Here he refers to a research project on early childhood development that had a therapeutic effect on participants: “The extent of this ‘therapeutic effect’ is to some degree almost equivalent to the knowledge gained in critical-psychological individual research.” (p.7)

In the manner of family therapy, Dreier’s therapy team initially analyzed the entangled family constellation and how the nine-year-old boy with a diagnosed “borderline psychosis” became a symptom carrier. Here it was apparent that the children mostly quarreled in the presence of their parents and that later anxiety symptoms appeared primarily when they were there. They attribute this to the fact that parents do not pay enough attention to the children and only formally regulate the disputes (who started it? Who does the toy belong to?), the result of which was that boy was continuously ostracized by the family as the “fight starter,” so that through his increasing disintegration he developed, anxieties, hallucinations, and nightmares with evil figures, which of course meant his parents would care for him again. The bourgeois “mine, yours” conception of property stands as much in the parents’ way of a constructive conflict resolution as do the abstract “everyone gets the same” notions of equality they had in the above-mentioned project on subject development in early childhood. The children made the problem clear to their parents, for example, if they all wanted the middle seat in the car (Ulmann, 1987/2003, pp. 109-110).

In order to understand the parents’ behavior, the therapy team traversed the immediate level of familial interaction to tie in working conditions (factory and homework) with ideas of family life and parenting. In this way, they were able to detect contradictions between the demands of wage labor and parenting: The father must function under rigid monitoring at work without support and he applies these demands to the parenting of his son; such demands are, however, dysfunctional in this context as they impede developmental stages (rigid homework monitoring leads to lack of motivation to study, forbidding the use of the father’s tools prevents learning related skills). A therapeutic model for ideational realization lies in comparing and contrasting work life and family life

with the father as a way to work out contradictions. Abstract personal characteristics are made visible in their mediatedness (*Vermitteltheit*) with real life conditions instead of their being situated exclusively in childhood or genes, so that feelings of guilt or of being alone disappear with the problem, new possibilities for action are discovered, and there could be more understanding for people in similar situations in the future. Other contradictory messages from the parents (“I like you just as you are” vs. performing at home to maintain sympathy) were processed similarly.

Dreier’s third large family therapy study (2008) does mostly without reference to Marxist analyses of the class-specific situation and societal structure, examining instead the interdependence of diverse social practices. A central aim of the therapeutic approach is still uncovering the personalizations and de-subjectivizations of mental problems (pp. 62-63) for which Holzkamp’s functional critiques of the terms personality (1985) and practice (1987) are important reference points.

Referring to Dreier’s critical family therapy, Friele (2007) developed a differentiated critique of systematic therapies, which he illustrated using multiple case studies<sup>8</sup>, along with several criteria for an alternative practice: Firstly, an interpretation of psychological problems cannot curtail the needs of the individual, rather it must make these visible. In this sense, feminist and systemic critiques and further developments of psychoanalysis are progress (p. 23). Secondly, an emancipatory psychology must be capable of recognizing both the potential and limitations of individual strategies, like learning and therapy, for problem solving, and of offering criteria for rational behavior (p. 409). For this, he uses the categories of Critical Psychology while critiquing them in their problematic aspects.

At first glance, it would seem as though Critical Psychology had finally found a therapeutic approach in systemic therapy, with its intention to contextualize the individual-centrism of psychiatric and traditional psychotherapeutic perspectives, and replace the objective judgement of professionals with constructions of reality that are equitable for all involved. This should lead to more respectful and democratic conduct with clients and relatives, release feelings of guilt, and finally overcome the limitations to self-determination within therapeutic relationships. On the basis of the professional literature, case studies, and the ethics guidelines of the German Association for Systemic Therapy, Counseling, and Family Therapy, Friele highlights the problem that rational reasons for action, responsibility, social understanding, democracy, and humanity must be repudiated as scientifically unsustainable

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<sup>8</sup> i.a. he introduces Dreier’s case analysis in contrast to Satir’s growth therapy as an example of family therapy without familialism.

categories. The discourse that everyone has their own truth and that planning contradicts freedom is firmly anchored in the everyday thinking of neoliberalism. Nonetheless, the rejection of modern notions of reality has a certain validity according to Friele, for example in its critique of the predictability of social processes and the normative overload of theories of action.

In opposition to the radical constructivism of Glaserfeld (1996) and his terminology of viability (functionality), Friele argues however that even if reality is not recognizable as such, the term truth does not have to be surrendered, and that the search for truth is an interminable clarification process about statements, “the meanings of which have been communicated in so far as there are corresponding actions along the lines of these shared understandings and the consequences of these actions fit these shared expectations,” for “as contested as the criteria for validity, assumptions, and possible reasons are individually, without a terminology of truth, one cannot operate with statements and action is no longer possible.” (p. 51) Countering the assertion of systemic therapists that they are not normative or that they act beyond power and control in not having claimed a truth for themselves (p. 95), Friele argues that either the random values of individual practitioners or the prevailing normativity will be implemented if they have no criteria for their interpretation of problems and suggestions for solution. If viability is the only criterion for therapeutic action, then there is no room to address in whose interest and under which conditions the problem is to be resolved.

He explains the attractiveness of constructivism for therapists in terms of the social changes that took place starting in the late 1970s, including an increasing liberalization, individualization, and flexibilization tied to a utilitarianization of relationships, which made it more difficult to define therapeutic goals as there were no clear prevailing norms for coexistence beyond striving for one’s personal gain. Thus, the feminist therapeutic goal of promoting independence is also unable to counter the constructivist paradigm. Feminist therapies come into conflict with systemic approaches only when feminine values are strengthened in opposition to the prevailing logic. Strengthening the feminine was more or less abandoned in the wake of 3<sup>rd</sup> wave feminism, so that the deconstructivist-feminist therapeutic approaches had to fit smoothly into the constructivist-systemic paradigm.

In the final chapter, Friele discusses what systemic thinking and critical psychology can learn from one another. The concepts of individuation in the tradition of the multi-generational perspective could fill critical psychology’s gap in terms of a personality theory and render visible familial involvements and parentification. Friele does, however, problematize the fact that individuation, under neoliberal conditions, could imply “irredeemable requirements for

performance and autonomy, lowering the demands for quality of life, and the rejection of a meaningful life in general.” (pp. 401-402) He uses the critical psychological category of *agency* to try to find a remedy and therapeutic orientation of action that goes beyond adapting to societal demands. The subjective conflict in power relations arises between “the acceptance of restrictions to agency and the risk of resistance.” (p. 413) The criteria for good and bad action is not, as Friele emphasizes once more, determined by an external norm, but rather by the justified assumption that it is possible to collectively and democratically change living conditions, that quality of life can be improved, and that suffering and conflicts can be systematically alleviated. He follows the (self-)critique of Markard (1998) concerning the postulated self-animosity of restricted autonomy, which states that adaptation and opportunism are in no way self-antagonistic but instead well-founded in personal interests. According to Friele, it is only subjective suffering and its relief, not an emancipation of society as a whole, that can become the standard of rationality for individual action (pp. 11-12).

### **1.5 Phenomenological and humanistic therapeutic processes**

Social psychiatrist Erich Wulff developed another psychotherapeutic approach in his book “The Logic of Madness. The Understandability of Schizophrenic Experience” (*Wahnsinnslogik. Von der Verstehbarkeit schizophrener Erfahrung*, 1995/2003). In reference to phenomenological and critical psychological theoretical traditions, he presumes that the incomprehensibility of psychosis is produced by a denial of shared social meanings through which subjective purpose and objective meanings collapse, so that intersubjective understanding is periodically and partly suspended (for criticism, see Küpper 2011). For example, when, as a result of individual life experiences, the only reasonable way out of certain situations remains a denial of intersubjective foundations because this signals life-threatening danger (Wulff, 2003, p. 36). As a first step towards renewed recognition, Wulff emphasizes radical acceptance and involvement in an intersubjective encounter, in which the therapist stands with one foot in the world of the patient and with another in his or her own, and together they explore the biographical map of the centers of recognition and denial. On the phenomenon of addiction, Wulff also proposed a description of socially-mediated rationales that could serve intersubjective understanding:

With addiction, a person is trying to become the master of his own happiness without having to do anything else other than enter into a situation of release that is available at any time if possible... Such addictive wishes become over-powerful during times in which satisfaction

is hard to come by in the socially-integrated ways of coping with life.  
(1997, 4<sup>th</sup> thesis)

The critical-psychological project, Projekt Selbstverständigung über Drogengebrauch (ProSD – Project Self-Understanding about Drug Use), tries to go beyond state health policy to find an alternative approach to problematic drug consumption in the form of a guided self-help group. In his article “Drug use as a reasoned act” (*Drogenkonsum als begründete Handlung*, 2012), Christoph Vandreier uses case study examples to work out the social structures of stigmatization, subjectivization, precarization that serve as typical hindrances to action and comes up with – in relation to Wulff – additional rationales. Much like initiatives for the afflicted, ProSD problematizes the expert status of professionals who are providing psychiatric and psychotherapeutic treatment without relinquishing this entirely. As a psycho-social association, they try to reunite subject-scientific practice and research. Within this framework, a critical application of client-centered counseling techniques following Rogers, which were used partly as guidelines for group moderation, took place: In accordance with Rogers, the “unconditional acceptance” of the person can be reinterpreted as the “universal understandability” of the reasons of human action. Thus “empathy” represents a rather important prerequisite, yet the expression of empathy can also be experienced as encroaching and get in the way of understanding. “Authenticity” must be conceived as irreconcilable with the idea of a “congruent subject,” as contradictions would have to be disregarded instead of understanding oneself as living under contradictory conditions. (Merz, 2012, p. 90-97)

Sylvia Siegel (2013) presents a similar reinterpretation of gestalt therapy. With its dialogical stance, consideration of the singularity of a given person and his/her specific situation, appraisal of subjective perception, investigation of frames of references, and demand that therapists continuously examine their hypotheses, the phenomenological approach has a depathologizing, resource-oriented direction of impact aimed at supporting understanding.<sup>9</sup> Though gestalt therapy understands the relation between the human being and the world as a holistic model of interdependence between organism and environment, it does not make a distinction between the societal, social, and natural environment, and thus leaves the form of interdependence diffuse. Siegel criticizes, in particular, the prevailing “immediacy thinking” (Unmittelbarkeitsdenken) that looks only at the individual, thereby contributing to “soft control” (p. 246) that empowers the subject to approach the pole of restrictive agency. She illustrates how the figures

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<sup>9</sup> Brigitte Schigl (2010) provides a similar appraisal of the emancipatory aspects of gestalt therapy from a feminist perspective.

of thought in immediacy thinking presuppose the notion of unrestricted access between subject and counterpart, which sprang up historically with the emergence of the bourgeois individual and has ties to the idea of an autonomous subject and the negation of dependencies. She also shows how, in practice, relational connections cannot be entirely disregarded, since both clients and therapists must find their way around societal contradictions.

## 2. Suggestions for a critical-therapeutic orientation

Finally, for anyone not wanting to abandon the demand for an emancipatory practice, the question arises of what mistakes should not be repeated and which insights can be used if psychotherapeutic practices with a critical-psychological foundation are to be (further) developed.

It is my opinion that one must avoid adopting a postmodern attitude or anti-authoritarian reflex that completely rejects all interventions, disorder-specific theories, or professional action and makes absolute the idea that sympathy and understanding are the only emancipatory approaches, as is partly the case in the tradition of person-centered therapy, or idealizes psychological suffering itself as a political expression already (“turn illness into a weapon”), as is the case in some anti-psychiatric groups, or else uses a constructivist stance (“everyone has his/her own truth”) as occasion to extract oneself from the responsibility and obligation to state reasons for one’s own therapeutic theories and interventions.

It is especially the *nuanced assessment of the life situation* and its societal mediatedness, as seen with the critical-psychological and feminist approaches that make reference to social-psychological and socio-economic analyses of family, career, gender relations, racism, and discrimination, that is to be preserved and further developed. I believe that historic-materialist analyses of meaning structures are indispensable for the comprehension of our societal foundations, our ability to critique them and thereby identify scopes of action. Without adequate analyses of conditions, premise (subjective meanings) cannot be understood and possibilities for action cannot be broadened, meaning that those active in the psychotherapies must be trained further in this regard and that advanced training of this sort must be offered. The notion of subject-oriented psychotherapy that psychological symptoms can be decoded as subjectively functioning patterns of meaning that appear without clear reason, as a way to apprehend previously incomprehensible things, must also be maintained. To achieve this, it is necessary in Critical Psychology to consider the relationship between being at the mercy of objective limitations/violence and the defense/suppression/blocking out of risky possible actions, and to understand

more precisely the relationship between biographical developments and the actual genesis of psychological suffering. With regards to these questions and the handling of psychological and political resistance, the creation of a critical-psychological theory and practice could learn from feminist debates on therapy and counseling (e.g. Hill & Ballou, 1998). Furthermore, a look at the concept of resources could also be informative, such as the critical-psychological one Silvia Schriefers (2007) mapped out with Bourdieu to help refugees cope with trauma.

For *therapeutic relationship building*, taking up and practicing a *two worlds position* could be highly promising. Wulff (2003) describes his basic therapeutic position as one of an intersubjective relationship in which one enters into the world of the other without identifying oneself. Osterkamp (1976) locates the therapeutic relationship in the tension between personal engagement and distanced professionalism. How this concretely looks in practice has been discussed over the last decades primarily by feminist therapists with the term “differentiated partiality” (Frauen beraten Frauen, 2010, p. 15). What this means in terms of a basic feminist position is answered differently depending on the school of therapy, and ranges from the demand for political statements, to solidarity with women’s concerns and appreciation of the female experience, all the way to abstention: meaning, adopting a stance that does not reveal personal opinions or evaluations but accounts for gender differences. In order to overcome the opposition between, on the one hand, uncritical partisanship and a friendly egalitarian relationship and, on the other, a seemingly neutral position and an intact competency discrepancy, it would be important to further develop the concept of partiality in dialogue with critical psychological and feminist therapists as an alternative to the so-called multi-partiality of systemic approaches. Markard (2009) differentiates between partisanship (Parteinahme) and *partiality* (Parteilichkeit) with regards to critical science: Partisanship is concerned with our personal ideas, wishes, intentions and consequences, and refers to our engagement in those instances in which our psychological action is implicated in societal and institutional contradictions whenever we want to or must take a position; Partiality refers to the extent to which our personal partisanship has been scientifically identified, thus “‘partiality’ is a concept used to identify the extent to which societal contradictions are dismantled or disregarded by scientific terms and approaches.” (p. 70) In this regard, partiality is not seen as politically connoted – rather, to a greater degree, it is insight and critique that represent two sides of a coin. In the context of the therapeutic process, partiality does not mean partisanship for the perspective of a person or group of people. It can instead mean, for example, adopting a detective stance towards the problem and tracing its social embeddedness, since addressing and dealing with a problem requires not only empathy for the subjective experience

but also an adequate comprehension of dimensions that are not directly experienced or conscious. It is then partial to involve mechanisms of exploitation, oppression, and exclusion in the sense of a generalizable perspective of self-determination.

Extensive considerations for reflecting upon one's position in the therapeutic relationship as a way to reduce the existing discrepancy in power and competency, along with the resulting long-term dependencies, have been developed for behavioral therapeutic, humanistic, and feminist approaches in particular. Furthermore, it is necessary to reflect upon one's own tendency to psychologize conflicts in order to preserve one's professional position or because traditional psychotherapeutic procedures have been adopted uncritically. It is exactly the psychotherapeutic competency in and art of abstractedly solving problems without regard to concrete life conditions that has fascinated people with psychology. Critical Psychology must resist this temptation. For this reason, *critical reflections on practice* are important as regular intervision and supervision. Here, Parker's (2015) proposals for an analysis of therapists' class positions and personal interests should be taken into consideration. Even the portraits of practice (Markard & Holzkamp, 1989) and internship (Ulmann & Markard, 2000) produce questions that offer instruction for understanding and communicating the societal mediatedness of individual activity as a method for working through conflicts and contradictions in the practice rather than disregarding these with recourse to psychological theories, accusing oneself, or placing blame on the client.

Emancipatory therapy concepts must be evaluated in terms of whether they contribute in practice to making visible and tangible the possibilities of consciously and collectively creating the societal conditions for a self-determined life, i.e. to enable self-enlightenment, to free oneself from harmful dependencies, to open up new possibilities for action, and to include societal conditions. Psychotherapy, however, is not a form of politics that creates universally valid guidelines for living together. Therefore, the emancipation of society as a whole cannot be an aim of psychotherapy, which consists only of reducing suffering and making needs visible. Exchange, networking, and cooperation with other agents of change – like neighborly help, legal counseling, political projects and unions – can help keep the boundaries of psychotherapy with an emancipatory intention from stretching too far, while at the same time drawing the client's attention to these possibilities so that psychotherapy, counseling, and legal, financial and political interests are able to complement rather than replace each other.

The therapeutic *methods* are more or less problem and treatment-specific, making general statements difficult. The above-presented case studies involve

methods that recognize contradictions and deal more consciously with problems. There are existing guidelines and instructional videos on feminist approaches, but there are no such materials on critical psychological approaches, likely due to a fear of technification. To be able to examine and communicate the therapeutic practice and to keep the therapeutic act from being mystified as a purely intuitive process, it is necessary to cite explanations for the therapeutic procedure. This is in need of development. It is also necessary to once more establish a critical psychological *casuistry* that, using therapeutic processes and self-experience, offers its own knowledge and language for mental suffering, along with possible methods for coping. As a general guideline, Wulff's estimation still seems current:

Here, the task of critical psychotherapy would be the development of an alternative semantic net that can appropriately define and order the therapeutic process for previously outlined – certainly not all – psychological suffering... Probably the process of slowly evolving and distinguishing oneself in practical-therapeutic work is just as painstaking as it was in the case of psychoanalysis. (Wulff, 1977, p. 535)

It must be added that, in order to make this possible, associations are required that are able to compile these insights, arrange exchanges, and finance the research.

## References

- Aumann, G. (2003). Kritische Psychologie und Psychoanalyse. *Historisch-subjektwissenschaftliche Analyse zum Geschlechterverhältnis*. Hamburg: Argument.
- Ballou, M. & Sanchez, W. (2014). Feminist Therapy and Critical Psychology. In T. Teo (Ed.) *Encyclopedia of Critical Psychology* (pp. 715-723). New York: Springer Science.
- Brensell, A. (2014). Traumaverstehen. In A. Brensell & K. Weber (Ed.), *Störungen. texte kritische psychologie 4*. Hamburg: Argument Verlag.
- Brown, L. (2008). Feminist therapy. In Jay L. Lebow (Ed.), *Twenty-first century psychotherapies: Contemporary approaches to theory and practice* (pp. 277-306) Hoboken, New York: Wiley.
- Daiminger, C. (2005). *WWW - Eine Erfolgsgeschichte mit Differenzen. Ein Beitrag zur Geschichte der Professionalisierung der Verhaltenstherapie und der DGVT in der BRD*. FU-Online-Dissertation. Retrieved from <https://refubium.fu-berlin.de/handle/fub188/9955>

- Dannenberger, J., Dreier, O., Drummer, H. Jantzen, W., Holzkamp, K. & Schubenz, S. (1980). Materialistische Psychologie, Therapieprobleme und die Arbeit des LZ. (redaktionelle Bearbeitung eines Tonbandprotokolls von unvorbereiteten, mündliche Beiträge in einem Colloquium). *Forum Kritische Psychologie*, 7, 141-169.
- Dreier, O. (1980a): *Familiäres Sein und familiäres Bewußtsein. Therapeutische Analyse einer Arbeiterfamilie*. Frankfurt/NewYork: Campus.
- Dreier, O. (1980b). Kritisch-psychologische Grundlage der Arbeit des Legasthenie-Zentrums? *Forum Kritische Psychologie*, 7, 87-140.
- Dreier, O. (1988). Denkweisen über Therapie. *Forum Kritische Psychologie*, 22, 42-67.
- Dreier, O. (1990). Psychische Erkrankungen aus Sicht der Kritischen Psychologie. In A. Thome & E. Wulff (Hrsg.), *Psychiatrie im Wandel: Erfahrungen und Perspektiven in Ost und West* (pp. 55-75). Bonn: Psychiatrie-Verlag.
- Dreier, O. (2008). *Psychotherapy in everyday life*. Cambridge: University Press.
- Erckmann, G., Kalpein, J. & Zander, M. (2013). Kritisch-psychologische Praxisforschung. *Forum Wissenschaft*, 30(4), 10-13.
- Fahl, R. & Markard, M. (1993). Das Projekt „Analyse psychologischer Praxis“ oder: Der Versuch der Verbindung von Praxisforschung und Psychologiekritik. *Forum Kritische Psychologie*, 32, 4-35.
- Fiedler, P. (2003). Eine Kritik (nicht nur) der Verhaltenstherapie aus der Sicht eines Verhaltenstherapeuten. *Psychotherapie*, 8(1), 258-270.
- Friele, B. (2007). *Systemische Therapie: Psychotherapie, Emanzipation und Radikaler Konstruktivismus. Eine kritische Analyse des systemischen Denkens in der klinischen Psychologie und sozialen Arbeit*. Gießen: Psychosozial-Verlag.
- Gleiss, I. (1975). Verhalten oder Tätigkeit? *Das Argument*, 91, 440-456.
- Illouz, E. (2008). *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help*. London: University of California Press.
- Henkel, D. & Roer, D. (1975). Die Politik der klinisch-psychotherapeutischen Standesverbände. *Das Argument*, 91, 387-422.
- Hill, M. & Ballou, M. (1998) Making Therapy Feminist: A Practice Survey. *Women & Therapy*, 21(2), 1-16.
- Holzkamp, K. (1983). *Grundlegung der Psychologie*. Frankfurt/M: Campus.
- Holzkamp, K. (1984). Kritische Psychologie und phänomenologische Psychologie. Der Weg der Kritischen Psychologie zur Subjektwissenschaft. *Forum Kritische Psychologie*, 14, 5-55.
- Holzkamp, K. (1985a). Zur Stellung der Psychoanalyse in der Geschichte der Psychologie. In K.-H. Braun et al. (Ed.), *Geschichte und Kritik der Psychoanalyse. Bericht von der 3. Ferienuniversität Kritische Psychologie* (pp. 13-69). Marburg: vag.
- Holzkamp, K. (1985b). Persönlichkeit. Funktionskritik eines Begriffs. In: H. Holzkamp, *Schriften 1. Normierung, Ausgrenzung, Widerstand* (pp. 43-53). Hamburg: Argument.

- Holzkamp, K. (1988). Praxis - Funktionskritik eines Begriffs. In: H. Holzkamp, *Schriften 1. Normierung, Ausgrenzung, Widerstand* (pp. 355-384). Hamburg: Argument.
- Holzkamp-Osterkamp, O. (1978). Erkenntnis, Emotionalität, Handlungsfähigkeit. *Forum Kritische Psychologie*, 3, 13-90.
- Holzkamp-Osterkamp, U. (1976). *Motivationsforschung 2. Die Besonderheit menschlicher Bedürfnisse - Problematik und Erkenntnisgehalt der Psychoanalyse*. Frankfurt: Campus.
- Jaeggi, E. (1975). Persönlichkeitstheoretische Implikationen verhaltenstherapeutischer Praxis. *Das Argument*, 91, 423-439.
- Kalpein, J. (2007). Praxis – Neue Phalanx subjektwissenschaftlicher Theorieentwicklung? Oder: „The greatest act can be – one little victory“. *Forum Kritische Psychologie*, 51, 87-108.
- Kappeler, M. (1977). Kritische-psychologisch fundierte Therapie von Kindern und Jugendlichen: Bewußtseinsentwicklung und Veränderung der familialen Beziehungen im therapeutischen Prozeß. Diskussionsprotokoll. In: K.-H. Braun & K. Holzkamp (Ed.), *Bericht über den 1. Kongreß Kritische Psychologie vom 13.-15. Mai 1977* (Vol. 2, pp. 192-207). Köln: Pahl-Rugenstein.
- Kappeler, M., Holzkamp, K. & Holzkamp- Osterkamp, U. (1977). *Psychologische Therapie und politisches Handeln*. Frankfurt/New York: Campus.
- Keupp, H. (2009). Psychische Störungen und Psychotherapie in der spätmodernen Gesellschaft. *Psychotherapeut*, 54, 130-138.
- Knebel, L. (in press). Muss Psychotherapie politisch werden? Nein, aber... Psychologie & Gesellschaftskritik.
- Knebel, L. & Hummel, M. (2015). Niedergedrückt und gefangen im Leistungsethos. Zur Rekonstruktion subjektiver Depressionstheorien im therapeutischen Prozess. *Verhaltenstherapie & Psychosoziale Praxis*, 47(3), 605-622.
- Küpper, C. (2011). Subjektivität und Wahnsinn – Grenzen intersubjektiver Verständigung? *unpublished Diplomarbeit*, FU Berlin.
- Maiers, W. (1975). Normalität und Pathologie des Psychischen. *Das Argument*, 91, 457-493.
- Maiers, W. & Markard, M. (1980). Probleme der individualwissenschaftlichen Perspektive auf die gesellschaftliche Massenerscheinung Arbeitslosigkeit. Diskussionsprotokoll. In: W. Maiers & M. Markard (Ed.), *Lieber arbeitslos als ausgebeutet? Probleme des psychologischen Umgangs mit psychischen Folgen der Arbeitslosigkeit* (pp. 93-108). Köln: Pahl-Rugenstein.
- Markard, M. (1985). Projekt „Subjektentwicklung in der frühen Kindheit“ – Begründung eines Antrags auf Gewährung einer Sachbeihilfe als Hauptförderung durch die DFG. *Forum Kritische Psychologie*, 17, 72-100.
- Markard, M. (2000). Einleitung: Praxisausbildung im Studium oder die Frage nach den Umständen, unter denen man aus Erfahrung klug werden kann. In: M. Markard & ASB (Ed.), *Kritische Psychologie und studentische Praxisforschung* (pp. 9-27). Hamburg: Argument.

- Markard, M. (2018). Does Experience make us wise? Subject-scientific Considerations on the Relation between Subjective Experience and Scientific Generalization? *Annual Review of Critical Psychology, 15*.
- Markard, M. (2009). *Einführung in die Kritische Psychologie*. Hamburg: Argument.
- Markard, M. & ASB (Ed.) *Kritische Psychologie und studentische Praxisforschung. Wider Mainstream und Psychoboom. Konzepte und Erfahrungen des Ausbildungsprojekts Subjektwissenschaftliche Berufspraxis an der FU*. Hamburg: Argument.
- Markard, M. & Holzkamp, K. (1989). Praxis-Portrait. Ein Leitfaden zur Analyse psychologischer Berufstätigkeit. *Forum Kritische Psychologie, 23*, 5-49.
- Merz, J. (2012). Nur mit dem Herzen sieht man gut? – Zum Potential klientenzentrierter Prinzipien in subjektwissenschaftlichen Selbstverständigungsprozessen. *Forum Kritische Psychologie, 56*, 82-98.
- Parker, I. (2015) Towards Critical Psychotherapy and Counselling: What Can We Learn from Critical Psychology (and Political Economy)? In D. Loewenthal (Ed.), *Critical Psychotherapy, Psychoanalysis and Counselling. Implications for Practice* (pp. 41-52). London: Palgrave Macmillan.
- Pilz, D. & Schubenz, S. (Ed., 1979). *Schulversagen und Kindertherapie. Die Überwindung von sozialer Ausgrenzung (Pädagogisch-psychologische Therapie bei psychischer Entwicklungsbehinderung)*. Studien zur Kritischen Psychologie 13. Köln: Pahl-Rugenstein.
- Schigl, B. (2010). Frauenspezifische/feministische Arbeit mit integrativer Gestalttherapie. In Frauen beraten Frauen (Ed.), *In Anerkennung der Differenz. Feministische Beratung und Psychotherapie* (pp. 135-146). Gießen: Psychosozial-Verlag.
- Schulz, R. (1980). Gesprächstherapie: Wissenschaftlicher Humanismus und humanistische Psychologie – Kritik an Rogers. *Forum Kritische Psychologie, 6*, 86-100.
- Schubenz, S. (1993). *Psychologische Therapie bei Entwicklungsbehinderungen*. Frankfurt/ Berlin/Bern/New York/Paris/Wien: Lang.
- Schriefers, S. (2007). Trauma und Bewältigungsmöglichkeiten– eine subjektwissenschaftliche Untersuchung von Ressourcen in Flüchtlingsbiographien. Retrieved from [www.baff-zentren.org/wp-content/uploads/2008/05/Trauma-und-Bewa%CC%88ltigungsmo%CC%88glichkeiten.pdf](http://www.baff-zentren.org/wp-content/uploads/2008/05/Trauma-und-Bewa%CC%88ltigungsmo%CC%88glichkeiten.pdf)
- Siegel, S. (2013). *Unmittelbarkeit. Kritik und Brechung der Gestalttherapie*. Hamburg: Argument.
- Tarragona, M. (2008). Postmodern/Poststructuralist Therapies. In Jay L. Lebow (Ed.), *Twenty-first century psychotherapies: Contemporary approaches to theory and practice* (pp. 167-205) Hoboken, NJ: Wiley.
- Ulmann, G. (1987/2003). *Über den Umgang mit Kindern. Orientierungshilfen für den Erziehungsalltag* (4. Edition). Hamburg: Argument.

- Ulmann, G. & Markard, M. (2000). Praktikums-Portrait. In: M. Markard & ASB (Ed.), *Kritische Psychologie und studentische Praxisforschung* (pp. 217-224). Hamburg: Argument.
- Vandreier, C. (2012). *Drogenkonsum als begründete Handlung. Eine partizipative Studie zu den Gründen für problematischen Drogenkonsum, subjektiven Drogentheorien und ihrer Vermitteltheit mit den Lebensbedingungen der Betroffenen*. Berlin: Verlag für Wissenschaft und Bildung.
- von der Lühe, S. (1988). *Fallanalyse und Selbstanalyse. Die Überwindung von Entwicklungsbehinderungen in einer Pädagogisch-Psychologischen Therapie*. Frankfurt: Herchen.
- Wulff, E. (1977). Sind psychoanalytische Kategorien der Subjektivität und Interaktion mit dem historischen Materialismus vereinbar? Diskussionsbemerkung. In K.-H. Braun & K. Holzkamp (Ed.), *Bericht über den 1. Kongreß Kritische Psychologie vom 13.-15. Mai 1977* (Vol. 2) (pp. 532-535). Köln: Pahl-Rugenstein.
- Wulff, E. (1995/2003). *Wahnsinnslogik. Von der Verstehbarkeit schizophrener Erfahrung* (2. Edition). Hamburg und Bonn: Argument und Psychiatrie Verlag.
- Wulff, E. (1997). *Thesen zur Sucht. Ein Brief an Toni Schlösser*. Retrieved from [www.kritische-psychologie.de/files/ew1997a.pdf](http://www.kritische-psychologie.de/files/ew1997a.pdf)
- Zander, M. & Pappritz, T. (2008). Handlungsfähigkeit als psychischer Konflikt. Vorschlag eines Forschungs-Leitfadens. In L. Huck, C. Kaindl, V. Vanessa, T. Pappritz, K. Reimer & M. Zander (Ed.), *„Abstrakt negiert ist halb kapiert“*. Beiträge zu marxistischen Subjektwissenschaft. Morus Markard zum 60. Geburtstag (pp. 369-386). Marburg: BdWi.

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