

The King's Therapy

Exploring our hopes for a cure, with help from The King's Speech

By William Eaton

Shortly after seeing the movie *The King's Speech*, I had the thought that it might provide a platform for exploring some ideas about psychotherapy. It seemed that this was really what the movie was about: psychotherapy and the relationship between patient and psychotherapist. Rewatching the movie I was impressed by how directly it presented its approach to psychotherapy. One of the lead characters, Lionel Logue, a self-trained speech therapist, has a classical Freudian view of his patient's problem (a bad stutter). He believes it the result of childhood trauma, which needs to be recalled in order for the patient ("Bertie," who becomes King George VI of England) to be cured. And like an American psychiatric social worker of our present day and age, Logue also sees himself as his patient's ally or even "friend." There is a scene in which he explains to the King how his career began: treating Australian soldiers rendered speechless as a result of what we have come to term post-traumatic stress disorder (PTSD). "These poor blokes had cried out in fear," Logue says. "No one was listening to them. My job was to give them faith in their own voice and let them know that a friend was listening."

Putting pen to paper, exploring my reactions to the film, I realized that it spoke to quite a range of issues for therapy patients and therapists, to include: the nature and value of therapeutic friendship, and the need for it; the modern taboo against the expression of anger; and the idea that people come to therapy because they have been wronged in some way. The present essay will focus on a fourth issue: our hopes for a cure—for a happy end, we might call it given the present context.

One of the analogies this piece will use is of a pendulum, swinging back and forth between optimism and pessimism. Be they fans of *The King's Speech*, moviegoers more generally, therapists or therapy patients, or those who may not find themselves in any of these categories, readers will, I believe, find some of the swings toward pessimism unsettling. The argument of the piece as a whole is iconoclastic. Specifically, I will propose that in going to our therapists, medical doctors, yoga classes and support groups, and in reading self-help books and articles laying out the ten ways to achieve happiness or health or whatever, we are, among other things, often seeking not only relief from a particular problem, but also to get caught up (a bit like a moviegoer) in a fantasy world. This is not Hollywood's world of strong, handsome men and beautiful young women, of good triumphing over bad, but our more everyday world of problems and solutions. In this world, the larger challenges of human existence—of mortality; of being a social animal, so dependent on others; of consciousness—are ignored as we and the professionals with whom we are working lose ourselves in addressing a specific problem, be it a stutter, lower back pain, alcoholism, stress at the office, an unsatisfying marriage, or seemingly worse.

(1)

As regards the structure, I have imagined this piece as a series of steps—white marble steps by the years a bit yellowed and gray, worn and pushed into the hillside. In hot sun or a cold drizzle, the piece walks up a few of these steps (five in all) towards a dilapidated stone monument further above. The first step involves the man who developed the story and script for *The King's Speech*: David Seidler, a Hollywood scriptwriter who happens to have also been a stutterer and to have come from England. In the course of his research, Seidler was told over and over again that as a therapist Lionel Logue was incredibly charismatic and had “overwhelming confidence, not just in himself, but in his patients.” Indeed confidence would seem to have been a large part of what the “real” (pre-movie) Logue was selling.

“He’d never say: ‘I can eliminate your stutter,’ but rather: ‘You’ll get rid of your stutter, I’ll show you things that’ll help, but you’ll do the real work and I know you’ll succeed.’”

My sense is that many psychotherapists give their patients something like this speech, though usually without words. The belief—the confidence and the faith that the patient, with help, can come to his or her own cure (or self-actualization, flourishing)—is communicated in the structure of the therapeutic interaction and in the responses the therapist makes. Given the prevalence of this attitude, I would pause here to wonder about it.

Logue’s confidence and optimism of course dovetails with the happy end that moviegoers (might we also call them patients?) have come to expect. No matter how violent, ugly, frightening, or despairing the earlier stages may be, all will be reasonably well in the end. A similar confidence and optimism has also long been a staple of the medical profession throughout the world. With the aid of readily available actuarial tables, any therapist or doctor might give a patient rather different news: Chances are you’ll be dead by X date. Nor would it be hard to show that most people’s later intimate relationships or work conflicts reprise many of the fundamental problems of their earlier ones, and this notwithstanding how devoted people may be to this or that psychotherapeutic approach or how much they pay for the treatment. But such things are rarely mentioned, let alone discussed.* Patients, healers, psychic and otherwise, speak of problems and solutions, and the worst case scenario is to have a problem (e.g., pancreatic cancer) for which a solution has *yet* to be found. The rhetoric is optimistic: To have a problem is to have a solution, either near at hand or awaiting its future Nobel Prize winner. What’s “nice” about this rhetoric is how, like a Hollywood movie, it departs from the terms of existence, in which mortality (for one) is not only unsolvable, it is not a problem, but rather one of the defining features of life.

From this perspective, a therapeutic approach that speaks of problems and solutions partakes of a kind of desperation and of escapism. And we might take this a step further: Insofar as psychic or physical pain focuses the mind on something quite specific, and insofar as our pains may lead us, as through a magical door, into a world of problems and solutions, our pains can help take our minds off the terms of existence. Our pains may often be, in a

* *Cf.* a comment Steve Jobs apparently once made to Barack Obama: “I’m not worried about the country’s long-term future. What I’m worried about is that we don’t talk enough about solutions.” (For sources of quotations please see the Works Cited section at the end of the essay.)

sense, a relief. Like a Hollywood movie, these pains may indirectly speak to our predicament. Often, for example, when I get the flu, or even a bad cold, there is a moment when I become afraid—or get in touch with my fear—of dying. But most of the time, lying in bed listening to talk radio, taking this or that pill, the dominant idea is getting better (a happy end). And I do get better and my anxieties at the start of the “movie” (the flu) are forgotten.

(2)

With all this in mind, one may be led to ask what the purpose of psychotherapy is? Does/should a therapist offer the relief of this magical world of passing problems and solutions? As if to say, “Be thankful for your stutter because this is a problem you can work on and even fix to some extent, and because, while working on it, you will be ignoring so much else.” Or is therapy about *not* ignoring, about recognizing what is really “wrong”—or not wrong at all, but simply natural, essential? For example, the Duke of York (Bertie) was apparently a supporter of appeasing the Nazis. Might another—more worthwhile?—therapy have focused on this instead of his stutter? Or we might imagine Logue taking a yet broader approach, telling Bertie, “Your stutter is a problem and as such is not really important; it may even be a source of learning and of relief. Let’s use our time together to explore what might be more important, or—if we dare—to explore whether words like ‘important’ make much sense, or what sense they make.”

A line from a more famous movie (*Casablanca*) comes to mind: “I’m no good at being noble, but it doesn’t take much to see that the problems of three little people don’t amount to a hill of beans in this crazy world.” And, myself a back-pain sufferer, I am reminded, too, of a self-help book I once devoured: John Sarno’s *Healing Back Pain: The Mind-Body Connection*. There Sarno reports that in his youth he suffered from migraines. Shortly after he was able to rid himself of these (by exposing them to himself as an attempt to mask repressed anger), he developed lower-back problems. I take this to be paradigmatic, and assume, too, that a cure for lower-back pain, or for repressed anger, becomes in turn an opening oneself up to another malady.

We should also note that a problems-are-not-for-solving approach, in addition to being difficult, destabilizing, anxiety provoking—and in addition to likely being offensive to stutterers, back-pain sufferers, people who are grieving or depressed, people who take their

problems seriously and assume they will be taken seriously by their therapists . . . Such an approach could hardly be good for business!

One of my favorite therapists had a simple realism. My “problems,” he explained and helped me appreciate in various ways, stemmed from some combination of the terms of life, the terms of modern life and my personality and tastes. In this context I had made certain choices. Perhaps they were “only choices,” which I could make only one way*. It was not that I had made these choices without thinking and was suffering the consequences. Given the opportunity, and now with better knowledge of the consequences, probably I would do similar thinking and make the same choices again, and again.

For all I greatly appreciated this therapy, and the kind of confidence it gave me, it also made further therapeutic conversation seem pointless. I had to find another therapist who was less conclusive and not all that interested in nailing down a description of my predicament. Or one might say that this latter therapist and I reached a tacit agreement: I would be allowed to go on ruminating and bemoaning, and he would listen attentively, even admiringly, and offer some sympathy and support. In return there was the \$175 a week, and I allowed the therapist to retain his idea that we might be working towards some kind of a cure or at least getting me through a difficult transition (from middle age to the grave?). *Cf.*, a 2010 article for the Hoover Institution on “The Rise of the Caring Industry”:

More than half the patients in therapy don’t even qualify for a psychiatric diagnosis. . . . [T]hey are average people with conventional values who face real-life problems but have no one to talk to. . . . [T]he caring relationship approximates the experience of real friendship.

(3)

* For a discussion of “only choices” and of human agency more generally, see “[Finding Ourselves in Oedipus Again and Again](#)” in *Zeteo*’s Spring 2012 issue. That text proposes, inter alia, that it is both possible and a possible reading of Sophocles’s text, that the ability to make choices, good or bad is itself a fiction; our lives are a series of only choices. Our most significant actions are governed by forces—the gods or God, the corruption of our will (original sin), erotic and destructive Triebe (Freud’s drives/instincts), capitalism, genetics, demographics, etc.—forces that are larger than we are, however much some of them may also be the products of our own actions or imaginations. If we “enjoy” some measure of free will, and if we use bits of information to do our enjoying—to choose, say, Democrat or Republican, cemetery or crematorium, whether to keep reading a socio-literary paper or no—these capacities serve above all to obscure from us our more fundamental incapacity: how our lives are dictated; in every significant instance we respond in the only way we can.

You might say that the pendulum of this essay has swung from Logue's and Hollywood's optimism to my own pessimism. Swinging back toward Logue and Hollywood, I note that *The King's Speech*, nicely, does not make the patient's "presenting problem" (the stutter) go away. Logue's method and confidence notwithstanding, and notwithstanding that he and Bertie work together day after day for several years, they are not able to achieve the result Logue had promised. Yet we are led to feel, nonetheless, that Lionel and Bertie have succeeded—royally, as it were. This is because they have achieved something neither of them had originally identified as a goal: Bertie coming to feel much better about himself *as a stuttering person* and, as a result, being able to remain calm, work around his stuttering, and do his job of king quite successfully.

Thus the movie embraces a not uncommon definition of success in psychotherapy. Instead of a "complete cure," it involves the patient feeling much better about himself and his situation (his version of the general predicament, let's call it). This feeling is a result of self-acceptance, warts and bad childhood and mortality and all. And it is a result of no longer fighting with his past or with his limitations, or with therapists and others who stand ready to help ease the pain. In this way, the theory proposes, a great deal of energy is freed up, and this in fact reduces one's conflicts, limitations, and pains. If one can identify and accept the negatives and positives of one's circumstances and of life in general, it will be easier to make one's way and one will feel better about the struggle and about one's struggling self. (Others find similar relief in their faith in God. S/He takes the edge off both their highs and their lows, getting much of the credit for the former and infusing the latter with meaning. It is not for nothing that I suffer; God has a plan, a *good* plan.)

(4)

Now let us bring Freud into the conversation. A standard reading of Freud is that he was quite pessimistic. Famously (and early in his career) he told a patient: "[Y]ou will see for yourself that much has been gained if we succeed in transforming your hysterical misery into common unhappiness." I believe this standard reading also has Freud's pessimism growing. This could have been in part a result of the wisdom of age and of decades of psychoanalytic practice and of battling to establish psychoanalytic theory and on his terms. He also lived through the First World War and the destruction of the multicultural, liberal experiment that was nineteenth century Austria-Hungary, and the extinguishing of the extraordinary flames

of fin-de-siècle Viennese culture, and he saw the growth of the Nazi movement, the Second World War on the horizon, and . . . “Life, as we find it, is too hard for us,” Freud writes in the 1930 *Das Unbehagen in der Kultur* (*Civilization and Its Discontents*):

Life . . . brings us too many pains, disappointments. In order to bear it we cannot dispense with palliative measures. . . . There are perhaps three such measures: powerful deflections, which cause us to make light of our misery; substitutive satisfactions, which diminish it; and intoxicating substances, which make us insensitive to it.

With such observations of Freud’s in mind, some writers on psychotherapy have called into question the greater optimism of other, less Freudian approaches to psychotherapy. From the British psychotherapist and sociologist Ian Craib’s *The Importance of Disappointment*:

The complexity and disappointment of life can be denied by taking one half of what Freud was saying, and seeing psychotherapy as being only about resolving internal conflict, gaining self-knowledge, learning how to satisfy one’s needs, and so on. . . .

It is, then, difficult to accept the internal conflict that Freud thought was a normal part of human life . . . Nevertheless, our internal life consists for much of the time of internal conflicts, internal compromises, choices between pursuing our own interests and those of others, of choosing, consciously or unconsciously, what will be expressed, what we will repress or suppress. The message of Freud on this level is . . . about the necessity of conflict, and the necessity of both liberation and repression, the result being summed up in his classic phrase ‘normal human misery’ [a.k.a., common unhappiness].

Craib has plenty more to say on this head. E.g., as regards intimate relationships:

Jealousy, possessiveness, devotion, sacrifice, rage, brutality, respect, tenderness, understanding all have their part to play.

If my argument is right, then for the good side of the relationship to exist—for men and women to love each other, respect each other, co-operate as equals—they must also hate each other, despise each other and attempt to subordinate each other. . . .

Psychotherapy . . . can enable the formation of relationships based less on the illusion of common identity than on the reality of individual separation, difference and dependence. But this achievement means recognition of the real internal pain of fragmentation, of internal conflicts and of our manifold limitations.

Nonetheless, reflecting on *The King's Speech* has brought to my mind the other side of the coin: the optimism of classic (i.e., at least semi-Freudian) psychotherapy, Logue's speech therapy included. It is the optimism of the physician who believes that if one can name the disease, a cure will be close at hand. More specifically, it is the optimism of believing that by unlocking repressed memories and emotions one will also make available to the patient untapped reservoirs of energy, creativity, and engagement with life. If I may repeat myself, it is the optimism of believing that if one can identify and accept the negatives and positives of one's circumstances and of life in general, it will be easier to make one's way in life and one will feel better about the struggle and about one's struggling self. The positives will come to outweigh the negatives.

(5)

Italo Svevo's novel of psychoanalysis, *La coscienza di Zeno* (*The Confessions of Zeno*), may help our pendulum continue on its way. A core idea of the novel: The disease is life. I would take this further: If, recognizing the terms of human existence, one does not feel dis-ease, uneasiness, anxiety, . . . This would be an illness in and of itself. This *is* an illness, an illness we dare not name. And this is *not* to say that naming this disease, recognizing its symptoms—or, say, calculating how many billions of dollars it costs or generates yearly . . . None of this is going to make the dis-ease go away.

We come back here to the double-edge sword that is reflection, and that is in particular dogged reflection, doing one's damndest to understand who and what "I" am, and what we are wrestling with. Svevo paraphrases Dante: "*si vedono meno bene le cose quando si spalancano troppo gli occhi.*" Things do not appear as well when the eyes are too wide open.*

Coming back to dogged reflection, and to what we might wish to call its self-mutilating aspect, we may find the example of Nietzsche, who served as patient and psychologist (and medical doctor) for himself and who was sensitive to an extraordinary degree, sensitive to the smallest changes in the weather and to the largest changes in the culture. ("I am neither mind nor body, but a [*tertium quid*] third thing. I suffer for everything

* Note that Zeno's written confession is prepared at the urging of his psychoanalyst, who Zeno tries to thwart by falsifying his memories. The analyst's revenge is to publish the false statements—forcing Zeno to have been the man he was trying to pretend he was? If we note further that "Italo Svevo" is a pseudonym, . . . Here is an intricate meditation on a common response to the human predicament: trying to lose oneself in some mixture of fantasy and confusion.

and everywhere.”) In his biographical essay on Nietzsche, Stefan Zweig, who knew all too well whereof he was writing, writes:

Nothing made Nietzsche suffer so much as his never-ending dissection of himself. As always, the psychologically minded suffer twice as much as everyone else, because they experience their suffering twice: first in the event and then in reflecting on it. . . . Psychology . . . on a very deep level pushes impressionable individuals toward suffering and even into the abyss of despair.

Zweig also appreciates what Nietzsche learned and through his extraordinary writings passed on to future generations as a result of his hypersensitivity and his suffering. And Zweig appreciates, too, the transcendence and ecstasy Nietzsche found after many years of suffering and also in writing. But this did not make it any less suffering.

Believing in a Loguean or otherwise optimistic view of psychotherapy would seem to require believing as well that the positive energy released by the therapeutic process can outweigh not only the greatest challenges of human existence but also the greater awareness of the terms of existence that the psychotherapeutic process, diligently engaged in, would lead to. For example, in thinking about how the optimistic view might be realistic, I found, in my pocket as it were, an analogy of a person—the therapy patient, with help from his or her therapist—struggling and struggling to fine-tune a faint and distant radio signal and finally succeeding! Now to be able to hear—to have worked so painstakingly and successfully to be able to hear, and to be hearing from so far away, something so special. News of the universe, news of the soul. In such a circumstance, I am proposing, it might well *not* be the contents of the news, of the broadcast, that would be exhilarating, soothing, or nourishing. Indeed, the content might not be altogether pleasant or easily digestible. (I.e., one might be receiving news of the terms of existence, or of childhood trauma, or of seemingly insurmountable barriers to improving one’s intimate or professional relationships, or barriers to a successful resolution of national or international problems.) In the midst of all this, the strength, the feeling—the astonishment?—would come rather from being, and at long last, connected. To say yes, yes—it’s no wonder I am suffering!

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