PERFORMANCE SOCIETY AND PSYCHOTHERAPEUTIC PRACTICE: INDIVIDUALIZING PSYCHOTHERAPY

SOCIEDAD DE RENDIMIENTO Y PRÁCTICA PSICOTERAPÉUTICA: LA PSICOTERAPIA INDIVIDUALIZADORA

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Abstract

The situation of psychology cannot be understood apart from the sociopolitical reality in which it develops. The objective of the following article is to analyze the influence in the therapeutic practice of the preponderance of the capitalist system, the emergence of positive psychology and the technical-medical specialization of the profession. Initially, a review of the sociopolitical development of postmodernism and its influence on the conception of people's mental health is made; and the evolution of positive psychology and the technical-medical specialization of the discipline is developed. Subsequently, it reflects on how the previously described factors could be responsible for iatrogenesis in therapy due to the risk they have of isolating the individual, blaming him and promoting the structure of postmodern oppression. Finally, some alternatives are described to take into account during therapeutic practice with the aim of providing holistic and human care during therapy: promoting social capital, empowering the patient and depathologizing suffering.

Keywords: *Sociology, Clinical Psychology, Psychotherapy, Postmodernism, Positive Psychology, Iatrogenesis.*

Resumen

La situación de la psicología no puede entenderse separada de la realidad sociopolítica en que se desarrolla. El objetivo del siguiente artículo es analizar la influencia en la práctica terapéutica de la preponderancia del sistema capitalista, la emergencia de la psicología positiva y la especialización técnico-médica de la profesión. Inicialmente, se realiza una revisión del desarrollo sociopolítico del postmodernismo y de su influencia sobre la concepción de la salud mental de las personas; y se desarrolla la evolución de la psicología positiva y de la especialización técnico-médica de la disciplina. Posteriormente, se reflexiona acerca de cómo los factores descritos previamente podrían ser responsables de iatrogenia en la terapia por el riesgo que tienen de aislar al individuo, culpabilizarle y fomentar la estructura de opresión postmoderna. Finalmente, se describen algunas alternativas para tener en cuenta durante la práctica terapéutica con el objetivo de realizar una atención holística y humana durante la terapia: fomentar el capital social, empoderar al paciente y despatologizar el sufrimiento.

Palabras Clave: *Sociología, Psicología Clínica, Psicoterapia, Postmodernismo, Psicología Positiva, Iatrogenia.*

The situation of psychology cannot be understood apart from the sociopolitical reality in which it develops. The prevalence of capitalist culture in Western countries has facilitated an extremely individualistic conception of the human being. It is theorized that prevailing social forces subject the individual to a new form of exploitation based on performance and self-actualization; at the same time, they decrease social capital and can end up blaming individuals that experiences "negative emotions". This context cuts across the problems with which patients come to the consultation.

The modernization and technological-working development in the 19th and 20th centuries in the countries now called "developed", brought as a consequence a dissolution of social institutions, a breakdown of traditional roles and values, changes in the patterns of child rearing , urbanization and job specialization. The individual became more and more important, as opposed to the family, the community, or the occupational group.

Social capital has been defined as a characteristic of the links between people in a community, understandable as the healthy influence of social networks on psychological functioning. In general, higher levels of social capital are associated with better mental health and more likely to recover from mental illness (Tew, 2011). Some sociologists have defended how currently there is a decrease in social capital associated with the postmodern era, urbanization and globalization (Mckenzie, 2008). The 21st century society demands greater individual autonomy and allows less dependence or attachment to others. The dominance of an individualistic conscience causes a decrease in the feeling of unity and belonging with the members of the community, progressively weakening the social ties that involved the activities of daily life (Bauman, 2012).

The loss of power that communities have suffered has also been reflected in the decline in their influence to regulate the lives of their members with rules. There is consensus that there is currently a collapse of social norms, what Durkheim (1996) called social anomie, associated with a time of unprecedented change in values.

At present, a social framework based on the priority of respecting human rights prevails, in contrast to the prevailing model centuries ago in which the construct under which society functioned was just society, with rules based on morality. The speech focuses on the right of individuals to be different and to choose and make their own models of happiness and lifestyle more suitable at will. The achievement of happiness will depend on how each one uses their own resources to satisfy their own desires. There has been a substitution of the impotence that life circumstances could cause, by the feeling of omnipotence of believing that you can change the parts of your life that you don't like if you want. A task for which society is responsible, but now it is charged to the individual, who, not finding solutions, seeks in therapies, personal coaches (those who promise to get the maximum development of people) and books of self-help how to create your own reality, as if it were independent of that of others, and in which you are subject to live (Bauman, 2018).

"Performance society", wich this text reffers, is a term developed by the South Korean philosopher Byung Chul Han (2014, 2017), to describe how the influence of neoliberalism in developed countries has generated a new form of exploitation based on personal performance and the search for self-fulfillment. Thus, the 21st century society is no longer disciplinary, as Foucault (1976/2005) would say, but one of performance. Its inhabitants are no longer subjects of obedience, but subjects that exploit themselves. Projects, initiatives and motivation replace prohibition, mandate and law. The contemporary subject is subdued by the positivist message that if he wants something he can get it. The disciplinary society is governed by prohibition and rules. The performance society is governed by motivation, by doing more and more. The social unconscious goes from duty to being able, however, being able does not override duty, in fact, there would be continuity between them, since it is a new norm that induces the individual to personal initiative, it is the mandate of being able to do more. A subject who is not subject to anyone but himself, has abandoned the impositions to have the free obligation to maximize performance (Han, 2017).

One of the most important consequences of the influence of neoliberal discourse on man's subjectivity is the fact of contradictions and risks that continue to be socially produced now fall solely on the individual, including the responsibility and need to face them (Beck et al., 2006). Social rights such as education, health or housing are reduced to the path that each individual chooses to take, to the time and work that he decides to invest in his own future (Žižek, 2016). The message is that, if you get sick, it is because you did not follow the proper diet or exercise, because you did not keep your sleep habits or the kilocalories consumed more under control, and you were not responsible enough for your health. If he does not get a job, it is because he did not learn the techniques to pass interviews successfully, or he was lazy.

Performance society can cause people who have not managed to achieve the happiness model on their own, have the feeling of having failed, and may become depressed. This depression, caused by the contemporary rhythm of life, results from the fatigue and exhaustion of the individual who has exploited himself like a work animal, until he has collapsed (Han, 2017). Postmodern society is dominated by self-referentiality, a gaze constantly directed at oneself to solve any vicissitudes in life. This dynamic generates a paradoxical freedom, since it is also a prison in which it is oneself who is subjugated, without a third party to blame for their lack of freedom, and against whom to rebel (Žižek & Rodriguez, 2010).

For Han (2017), the psychic illnesses of the performance society constitute precisely the unhealthy manifestations of this pathological freedom. The Burnout or the Attention Deficit Disorder would be caused by an excess of positivity, by the inability to refuse to maintain the rhythm and the self-demand. As there are no rules and it is oneself who exploits oneself, there is no one against whom to get angry and demand to stop.

Within the positivism that predominates in postmodern discourse, feelings such as fear, anger or sadness are considered "negative" feelings, to be eliminated in pursuit of a greater capacity for performance. The supposed freedom of choice includes the parts of life that one does not like, so the individual also begins to feel responsible for eliminating the negative feelings that he experiences.

The objective of this article is to reflect on how the new forms of social exploitation, the scientific-medical paradigm and the emergence of positive and self-help psychology are related; as well as its possible impact on the practice of psychotherapy. Therefore, thinking about it would allow mental health professionals to contemplate alternatives that do not reproduce or aggravate the same problem they seek to correct.

Some developments in Mental Health

Expansion of the discipline and "Psychopathologization of everyday life"
The economic model dominated by liberalism began to prevail in the late 70s and 80s of the 20th century. Free enterprise and individual initiative are encouraged; also affecting the healthcare market, benefiting the pharmaceutical industry and healthcare companies. The profitability of any business depends on having a good number of clients. In the case of medicine as a company, it managed to increase its benefits through a change in supply, turning health into a good that can be achieved through greater consumption of medical services (Ortiz, 2016). Moynihan (2002) describes the invention of diseases or "disease mongering", explaining that medicine, understood as a company, is capable of making people feel sick, thus creating a need for the consumption of medical resources. In the field of mental health, the fight against discomfort and the search for happiness become an excellent framework for generating potential clients who consumes psychotropic drugs and psychological therapies.

Psychology and psychiatry have expanded enormously in recent years, with a presence in areas of other professions such as legal, labor or academic. Attempts have been made to sensitize governments and institutions towards mental health from a perspective that serves a set of interests (Summerfield, 2012). Through the media, professionals successfully announce the importance of discipline, not only in the treatment of mental disorders, but also to face daily problems, conceiving them as remedies to eliminate the discomfort that comes with living (Thomas and Bracken, 2004). This phenomenon has been described as "medicalization and psychopathologization of everyday life": expansion of health interventions to social categories and processes, life problems and moral dilemmas, issues that were not previously in the medical field.

The extension of the competencies of mental health professionals includes the creation of new diagnostic labels. Of the 106 diagnoses in the first edition of the DSM, there are now 216 in the current DSM-5 (Sandín, 2013). This contributes to

overdiagnosis and overtreatment that allows economic gains for those who trade in products derived from healthcare: healthcare companies, professionals and the pharmaceutical industry (Frey, 2005).

Medicalization is a process that mainly affects developed countries where there has been a breakdown of traditions and loss of cultural and family references, institutions and ritual activities that gave meaning to people's life events. Socially created signifiers have been lost that provided a supportive context and made it possible to understand everyday problems such as moral dilemmas, expected tasks of each one or personal misfortunes, leaving the individual more alone in the task of giving meaning to suffering and facing it.

The origin of the term *salus* refers to "being in a position to overcome an obstacle". However, "the psychopathologization of life" has also implied the colonization of normality, fostering the loss of the boundaries between health and disease. Health becomes extremely fragile and difficult to achieve; the meaning of a "healthy lifestyle" does not remain immobile, since "you can always do something to be healthier": new diets, exercises, improve the quality of sleep..., requiring the individual to be constantly vigilant (Bauman , 2018).

Faced with the situation described, the individuals and populations themselves have developed a pathological rejection of the risk of illness and death. Suffering and death are no longer seen as inherent to the human being, to begin to be seen as health problems to be solved. According to Illich (2015), the conception is born that a life without suffering is possible instead of a life in which one is able to handle it. There is a fear based on the idea that people are in danger of being psychologically damaged by any loss or failure in life. Unpleasant feelings are no longer seen as the healthy and adaptive response, and essential to face an adverse event; and they come to acquire the meaning that they are an anticipatory sign of the failure of the individual's mental health. These feelings are decontextualized, the cause that provoked them is forgotten and they are taken as symptoms that require therapeutic intervention.

To calm the fears described and take charge of how dangerous a life with pain, sadness, anger and resentment is conceived, the idea that mental health professionals are necessary because they are trained to help solve the duels, reduce frustrations, uncertainties and harmonize relationships. In this way, the social explanation of suffering is replaced by the explanation given to the discomfort of the person by "experts in the psychological and emotions". Diagnostic labels proliferate as new signifiers, giving a quality of disease to the same processes. In the words of Ortiz (2016): "Health is the promised paradise and psychology and medicine are the theologies that shelter it."

Positioning of Psychology and Emergence of Positive Psychology
Psychology, for more than 50 years, has been trying to frame itself within the dominant biomedical model, not because this model has deployed a set of radically

more effective psychiatric treatments, but because it is hegemonic thanks to economic, historical and social factors (Álvarez and Colina, 2012).

Another need for the discipline, in line with socioeconomic development, has been to approach the technological paradigm, associated with the need to be productive and effective (Ortiz, 2016). This flight of psychology towards a rational-technological scientism is also explained as an attempt to move away from the pseudosciences prone to conquer the field of mental problems. Its positioning and marketing, within the previously described conception of health, causes part of psychology to begin to be conceived as a consumer good. Thus, for example, within the cognitive-behavioral paradigm, the psychologist becomes a figure who knows certain techniques or exercises that one must acquire and practice to solve their mental health problem. Sometimes, some psychotherapeutic currents offer these techniques (of emotional regulation, problem solving ...) in cases that do not suppose a mental health problem, but a daily difficulty. From this perspective of psychology, the message is given that these techniques would allow us to achieve greater mental health, in order to be "more fit" psychologically, and thus better face the difficulties of life. Therefore, in such cases, the figure of the psychologist resembles that of a doctor who prescribes, instead of drugs, advice and exercises to alleviate unpleasant emotions, decontextualizing suffering. This popularization of psychology as a consumer object, in a certain way distorts it, although it makes it more profitable (Márquez and Meneu, 2003).

In the line of thought of developed countries, Self-Help Psychology is developed: books, seminars, personal coaching, motivational messages and Mr. Wonderful-style propaganda. It is an industry that already in 2006 generated more than 2.5 billion dollars a year with products based on proposals, ideas and hypotheses, of which 95% are published without research documenting their effectiveness (Norcross et al., 2000, cited in Held, 2002). This phenomenon seems to feed back on itself, since every year its expansion increases and makes people truly addicted to its products and ideology.

Despite attempts to distinguish this pseudoscience from the more academic psychology, Self-Help Psychology has a clear similarity with Positive Psychology (an already academic field of the discipline). Thus, Positive Psychology and Self-help literature pursue the same horizon of well-being, use very similar concepts and psychological characterizations to speak, describe and explain the individual, and develop similar techniques and practices in order for subjects to act on themselves. in search of their own happiness (Cabanas and Huertas, 2014).

Both currents also share the contemporary ideology of an extremely individualistic vision of happiness, as a personal achievement (Held, 2002), achievable and manageable through the promotion of self-control, self-knowledge, self determination and self-cultivation (Cabanas and Sánchez, 2012). They introduce the idea of an achievement of happiness, conceiving it as mental health, generating confusion between both terms. They promise that, through their exercises, based

on authenticity, personal flourishing, trying to feel good about oneself and moving away from dependence on other people, one can achieve health and increase school and professional performance (Csikszentmihalyi and Hunter, 2003).

While "positive" emotions are empowered, those designated as "negative" begin to be avoided, developing intolerance to everything that involves low humor and sadness, as if the natural condition were perpetual euphoria (Bruckner and Castejón, 2008) . It is forgotten that sadness, anger and disappointment are negative affects with positive effects: natural human experiences, in principle, with more adaptive than harmful functions (González and Pérez, 2007).

Discussion on current Clinical Practice

The position taken by mental health professionals is immersed in an ideology and a way of understanding the individual and society. On the one hand, the phenomenon of the "psychopathologization of everyday life" implies a displacement of the problems that were previously understood as social towards the particular individual as the protagonist. That is why in the consultations of specialized services a large number of demands have a social origin (Ortiz et al., 2006): people who go to the psychologist for work problems, economic difficulties, social exclusion, violence or immigration.

To the extent that collective problems of discomfort become an individual health problem, one of the main dynamics of current times is fed back: the rupture between individual life policies and collective political actions (Bauman, 2018).

Critical voices within the discipline such as Ian Parker (2010), denounce that psychology would be preventing people from thinking about the origin of the social problem, withdrawing the focus from those who are truly responsible for such problem. For example, if someone with symptoms of depression, due to suffocating working conditions, is referred by their doctor to the clinical psychology service, and the psychologist "takes charge" of the situation, accepting it as a matter in which they can help, This psychologist avoids, to a certain extent, spending time working on another way of solving the problem, such as through trade union associations. There is a risk that, by focusing the gaze on the individual's way of thinking and feeling, the political and economic issues that surround this psychic suffering will not be noticed. For this reason, psychology is accused of having a disciplinary character to the extent that it monitors and regulates individuality, helping people to be able to better adapt to social injustices (Ortiz, 2016).

For their part, the efforts of some branches of psychology to fit into the biomedical model may limit the understanding of patients about the experiences with which they come to consultation. The biomedical model fosters an individualistic view of human suffering, where symptoms and signs come to the fore (to fit into a category of DSM 5 or ICD 11) while the socio-cultural context, interpersonal relationship styles or family dynamics lose relevance. The diagnostic categories of medical manuals take precedence and displace the traditional ways that each culture

had to experience, evaluate and give meaning to mental suffering (Timimi, 2013).

The description presented allows us to reflect on possible dynamics that could be established during the practice of current psychotherapy:

Complicity with job exploitation

Sometimes, the same dynamics present in the performance society that imposes on people to maximize their results can be reproduced in psychotherapy spaces. This occurs if a psychotherapeutic space is created, the principle of which is that an expert who knows certain techniques asks patients to perform exercises, exposures, self-registrations…, in order to help them to solve the problem for which they come. Which would make it difficult for the patient to stop and think about what is behind their discomfort, prioritizing the cessation of their suffering due to the symptoms, which are only the tip of the iceberg.

If the path proposed by the psychologist is full of more demands, more action, more exercises and a "non-stop", the person remains in action and focused on "achieving his goals" until he forgets what caused him dissatisfaction.

The moment a subject begins to suffer symptoms (e.g. of depression, attention deficit or burnout), he is referred to one more cog in the capitalist machine: the "experts" in the mental. Parker (2010), argues that psychologists sometimes help to retain people in their production positions, ignoring the problems of exploitation and oppression. This makes psychologists an instrument more at the service of the capitalist system, capables of maximizing people's performance, since they have medical knowledge and techniques to eliminate negativity from life, and thus safeguard the postmodern acceleration process (Han, 2017).

Blaming individuals

The contemporary conception of health would convey the idea that mental health constantly needs care and attention, and that the fact that one does not feel well is perhaps due to not having followed the guidelines and routines that the "expert psychologists" advise and promote (Castiel et al., 2010).

Positive and self-help psychology, so widespread today, transmit in their messages a pressure to approach the positive attitude and forget the healthy of the negative; and their attempt to reject unpleasant emotions may be contributing to a certain form of unhappiness: people may feel guilty or faulty for not being able to feel good (Held, 2002). As the pressure to be cheerful on all occasions grows, we understand that feeling bad is not only pathological, but socially unacceptable.

When psychotherapy is used in cases in which the patient is facing difficult social situations (unemployment, poverty, social exclusion …), it may be ineffective, since in no case will it be able to change the social situation, but in addition, the problem is run risk of attributing solely to the individual the responsibility for their discomfort if the idea of an internal locus of control of their symptoms is transmitted, being able to make the individual feel incapable and guilty (Castiel et al., 2010).

The feeling of being free to become what one wants, or to feel as one wishes, if not achieved, can lead to destructive self-reproach and self-harm. The performance society generates that people who have not managed to achieve the happiness model on their own have the feeling of having failed. The self-exploited and burned individual is both the executioner and the victim. He becomes depressed when he can no longer follow the mandate of being able anymore. This depression, at first, would consist of fatigue, but the feeling of incompetence would end up leading to self-harm, since the person cannot accept such a blow to his personal dignity, nor reproach anyone other than himself for failure.

For Bauman and Dessal (2014), postmodern society, dominated by trust in science and technology to solve the dilemmas of each subject, beyond being a dynamic at the service of capitalist interests, would be the reverse of the Freudian death instincts. Thus, social anomie and the abandonment of socially imposed restrictions, far from resulting in an increase in individual freedom, what it would have achieved is a greater feeling of vulnerability, defenselessness and enslavement to instincts in each individual. These authors comment: "along with a greater surrender to his desire for instant gratification and to the fleeting pleasures of the senses, his propensity to self-destruct gains ground."

It has been argued that this type of depression generated by the self-exploitation to which the postmodern individual is subjected, together with pressure and fear of failure due to not being able to perform enough, could be the cause of the high rates of suicide in societies more developed and with better quality of life indices (González, 2019). Thus, individuals self-enslaved by the message "nothing is impossible" would be led through depression to the message "nothing is possible."

Decrease in social capital

To the extent that the idea is transmitted that the person has options to feel good, that in theory they would be free to "acquire / buy" (books, courses, techniques, talks), they are held responsible for their emotions at the same time that you run the risk of leaving you alone with your suffering. If being happy is an opportunity that depends on what the person does, that he does not need others to achieve it, or that "true happiness is inside oneself", the subject can withdraw from others. By decontextualizing the problems that have led you to suffer and focusing attention on whether you feel "good or bad", the importance of networks can be minimized family and community support. Trying to seek emotional independence can damage social ties and hinder the natural establishment of healthy relationships and communities (Szapocznik and Prado, 2007).

Contemporary psychology may fail and to submit to the social forces that overlap postmodern culture, and keep promoting the loneliness of the individual. In the excess of acting, techniques, commands and advice, therapists can lose the gift of listening; that of themselves as therapists, but also that of the individual's community, thus contributing to their disappearance (Han, 2017). Sometimes a

dependent relationship is established with the therapist, which weakens the natural health aspects of the individual (Crown, 1983). The more time the person spends in therapy, the more it contributes to the weakening of traditional support networks: the patient no longer has to share and think about his discomfort with his family and his people because "an expert" is already listening to him (Boisvert and Faust, 2002) .

One must not lose sight of the importance of examining whether the therapeutic process itself is being salutogenic or iatrogenic, insofar as it could be interrupting natural processes of the person. This is why it is so important for the therapist to review the therapy process itself through the supervision and analysis of the therapist.

Conclusions and Alternatives

It is important to recognize the sociopolitical forces to which the discipline of Psychology is subjected and guides its evolution. It has been examined how postmodern thinking is grounded in neoliberal and capitalist values that promote individualism, while insidiously affecting basic principles of psychology: do not harm the patient, isolate him or blame him. Reflecting on the true purpose of psychotherapeutic work allows not to lose the capacity for self-criticism and self-management, which would be the worst situation to place oneself in front of the patient (Safran and Muran, 2003).

This text emphasizes a psychotherapeutic model that integrates the psychological, philosophical, social and biological spheres, as influencers the individual and his development. As Holmes and Slade (2019) comment, the concept of neuroplasticity can open a door to the reversibility of altered neuronal development processes since childhood in relation to adverse processes, associated with the psychological and social environment. These authors describe that there are sensitive periods during the development process that imply a higher level of neuroplasticity, something that occurs during psychotherapy. They use the concept of "biobehavioral synchrony" to refer to the pacing that is generated between two people (between parent and child, and also between patient and therapist), and that gives rise to a secure attachment. Thus, psychotherapy based on the Attachment Theory would entail the reactivation of a sensitive period to reestablish biobehavioral synchrony, something that would include the four areas discussed throughout the article.

Other authors have also proposed an integrative model to understand the human mind from a biopsychosocial perspective, as is the case of Siegel (2016), which refers to the concept of "the neurobiology of us". The author comments that both genes and experience make up the structure of the brain and that relationships with others in our social context can modulate this.

These perspectives support the idea of taking into account the interpersonal context in the therapeutic space, beyond a psychotherapy based solely on techniques that individualize the patient's discomfort.

Being able to think about the position of psychology as a discipline at the service of capitalism allows us to be aware of it so as not to reproduce oppressive

behaviors on the patient in the therapeutic space. In this sense, González and Pérez, (2007), cite Young in their book: "the psychological pathology of an individual, the microcosm, reflects the moral pathology of society, the social macrocosm". By encouraging the therapy space to allow the patient to pose and discover the yoke that tightens her neck, the true needs of the person under her symptoms are being attended to. In the same way, therapy would move away from the corporatist needs of a capitalist structure.

Contrary to promoting hyper-individualism, the therapeutic space gives the opportunity to remind people that their mental health is not reduced to the amount of happiness they are capable of experiencing, that mental health also depends on social and collective aspects. Likewise, it can address the fallacy of postmodern freedom, as a new form of oppression that on many occasions is generating its suffering (Žižek and Rodriguez, 2010).

When psychologists try to make their work also conceptualized within the scientific-technological paradigm, an expert-consumer model is conceived between them and their patients. Citizens seek to buy relief from suffering inherent in life itself, while the professional positions himself as a doctor who knows the solution to the person's problem; a solution that is also supposedly based on scientific knowledge. This fosters a relationship so unequal that it can damage their interpersonal character (Radden, 2009), weakening the therapeutic alliance, self-esteem and internal locus of control of the patient, to the detriment of a context that promotes the empowerment of the person who suffers (Bracken et al. al., 2012). In this dynamic it is easier for the therapist to acquire a paternalistic position that disregards the subject as capable of their own care or to establish a dependency relationship. To avoid the personal needs of therapists such as omnipotence, the urge to give an answer to patients' problems or vanity that can make these types of relationships more frequent, analysis and supervision of the narcissistic cores is necessary.

In relation to the "psychopathologization of life", there are demedicalizing care models to understand and face human suffering, such as therapeutic communities or those provided from a humanist and social perspectives (cited in Ortiz, 2016). Many of the supposedly clinical issues that are seen in the consultation have more to do with existential problems of freedom and indeterminacy, which are considered as a species with thought, and not with serotonin levels (González and Pérez, 2007).

Psychotherapy, from its origins related to philosophy, has been a space where the patient could stop to think and reflect. However, current technological positivism leads the discipline to base its tools on behavior, action and movement techniques. It has positioned itself on the opposite side, forgetting to give contemplative calm as a necessary correction to the hyperactive nature of society (Han, 2017). You need to appreciate the importance of the "don't do," otherwise you run the risk of getting too close to the self-help stream and becoming a further flight forward.

Some currents that base their therapy on promoting positivity in the face of adverse life circumstances, are not taking into account the congruence of affect with

reality, that is, it is incongruous to feel happy in the face of a complicated situation in life. This conception of psychotherapy is related, as has been previously written, to a practice that conceals reality and covers up the discomfort that, ironically, the welfare society generates (Prieto-Ursúa, 2006). These currents create the duty to be happy, pathologizing the moments of unhappiness, which are those that lead to reflect on the problems of the world.

Avoiding looking and facing, not only the aversive part of life, but the negative part of ourselves, in addition to the moral implications, can lead to a decrease in our level of consciousness (Held, 2002). We know the world insofar as we perceive it, and we perceive it insofar as we encounter obstacles. One cannot speak of vision without understanding that what we see is that which opposes and reflects the light. We cannot talk about life without talking about obstacles and problems that keep us active to solve them, that keep us suffering to appreciate the moments of calm. In this sense, Han (2017), takes up the quote from the philosopher Hegel: "negativity keeps existence full of life."

In short, from an integrative perspective that combines knowledge of psychology, philosophy, biology and sociology, it is considered that for the medical principle primum non nocere to be fulfilled, some attitudes in the psychotherapist become important. In the first place, be guided by the ethics of ignorance in the therapeutic space, that is, admit the ignorance about whether there are "good or bad" behaviors, feelings or thoughts, warning, at the same time, that such an assessment is reductionist and dangerous. Second, recognize your own limitations and share them with patients. Third, inform people of the harm that may be caused by undergoing psychological treatment or monitoring. Finally, take into account the principle of autonomy and offer the possibility of deciding whether to participate in each proposed intervention. The ultimate goal would be to try to build a human relationship away from medical mythology (Gervás et al., 2012).

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