

DISCUSSION OF NEIL ALTMAN'S PAPER, 'PSYCHOANALYSIS AND WAR'

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ABSTRACT *This paper consists of a discussion of Neil Altman's 'Psychoanalysis and war', which was conducted online through PsyBC in the fall of 2006. Discussants were a group of psychoanalytically oriented thinkers chosen by the author and Nancy Hollander, the author of the other paper included in the discussion. The paper represents the full discussion with only minor edits to correct typographical errors and improve clarity. Copyright © 2007 John Wiley & Sons, Ltd.*

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The discussion of Dr Altman's paper 'Psychoanalysis and war' began with a pre-planned leadoff by Lynne Layton.

From Lynne Layton:

Annie's interview with Nancy and Neil provides a stimulating beginning to this ongoing project of thinking about how ideology works inside and outside the clinic. I'm sure we'll be exploring some of the differences between Nancy's and Neil's perspectives on what one can and cannot do, ought and ought not do with patients. The interview suggested to me that how we define what is and isn't political plays a large role in what we consider proper to bring into clinical work.

I'd like to begin the conversation about Neil's paper with a few comments and questions it raised for me. Neil offers a comparison of how various psychoanalytic and religious worldviews explain war and human destructiveness. Is destructiveness innate? A product of environmental failures, such as failed recognition? Is destructiveness more primary than benevolence and caring connection? Or is it a defense against connection? Is war inevitable, or, as in Freud's 1932 view, does society have a responsibility to sufficiently nurture the bonds between people so as to make war less likely? Clearly, one's view not only of war but of the ways we treat each other more generally is closely connected to one's view of human nature.

War, Neil says, is not inevitable, but is rather the outcome of 'egoistic attachments and the associated greed, arrogance, and sense of omnipotence that seek to deny death.'

His paper is an urgent plea to stop dissociating both human suffering and awareness of our transience. He proposes that recent interest in the US in Kleinian perspectives speaks to a 'counter-dissociative need to engage psychic pain more fully.' In the clinic we challenge ourselves to engage psychic pain as fully as we can, but do we encourage an awareness of our transience? Or do we here collude with the US trend to keep such awareness at bay? What are the ramifications of such a collusion?

Neil offers the provocative suggestion that human suffering arises from a conflict between loving attachments and the indifference of the universe. Do we perhaps too often omit from clinical conversation the painful awareness of that indifference? I wonder if sometimes the intolerable awareness of indifference becomes absorbed into interpretations that focus solely on the patient's relational reality and their agentic possibilities.

I was taken with Neil's discussion of what happened when he stopped drinking coffee. He felt his tiredness, he says, and became aware of the many ways we 'innocently' drug ourselves into not noticing the pain we feel and the pain around us (some of which we cause by our very indifference). I thought we might discuss something that came up in the interview with Nancy as well: are there bodily effects of oppression and of the dissociation of suffering that register the danger of the world in which we currently live, effects that we ought to be taking up in the clinic, linking them – if we think they are so linked – beyond the personal to the political. What, for example, are the bodily effects of living in a culture that does not nurture

the bonds between people but rather fosters an 'every man for himself' mentality? Are the depth and breadth of what we dissociate fair game for clinical analysis? Nancy offers examples of the way personal conflicts that play out in intimate relations also play out in the way we operate in the world at large.

I also was intrigued by Neil's thoughts about what people do to hold onto privilege. What he described seemed to me to be 'disavowal': I know and I don't want to know, because to know is to be called to account, to know that I am not simply innocent and good. We do not want to know that privilege will have to be given up, that privilege for the few is the source of suffering for the many. What are the psychological effects of living in a time when neither government nor corporate culture holds itself accountable for human suffering? Do we find 'accountability conflicts' in the clinic that reflect this sociological reality? One such conflict I've noted in the clinic is a tension between being overly accountable in some spheres and under-accountable in others. When political issues do come up in the clinic, I have also noticed that feelings of outrage and helplessness are voiced, but rarely feelings of complicity.

It seems to me that part of the psychoanalytic project is to help patients become aware not only of what they have suffered, but also how they have become complicit in causing suffering, both to themselves and others. I close with a quote from James Baldwin in *The Fire Next Time* that takes up the effects of white privilege on the racial 'other,' because I think it links the themes of war, the 'innocence' of privilege, dissociated destructiveness, dissociated suffering, and what Nancy refers to as the bystander phenomenon: '... it is not permissible that the authors of devastation should also be innocent. It is the innocence which constitutes the crime' (p. 16).

From Phil Cushman:

Thanks to Annie for her continually thoughtful and to-the-point questions, and Nancy and Neil for their willingness to honestly reveal themselves about these most difficult subjects. And thanks to Lynne for her learned introductory comments.

The first thing I am struck by is how difficult it is, regardless of our postmodern studying, for me and for us all to think about our political lives without being immediately affected by the Cartesian distinctions that inescapably constitute us. What seems to be the most salient issue for us therapists are questions focusing on interactive procedures in the therapeutic hour. What do we do if X happens? Or should I bring up X subject? Or what if the patient brings up or starts to bring up X subject? etc. Nothing is wrong with these questions, of course, but they all imply that there are ways that if we refrain from acting explicitly we can keep from talking politics with or enacting something political or politically affecting our patients. This seems to reflect the personal-communal and psychological-political distinctions that have framed (and plagued) modern-era Western society for the last 400 or so years.

When we start out with those distinctions framing how we think, we aren't going to get very far. We will be afraid of intruding, biasing, controlling, dominating our patients. And as a result we won't be able to notice how we are affecting them all the time, we won't be able to notice how we are constantly influencing one another, introducing topics, ignoring certain topics and emphasizing others, moving and vocalizing and feeling in certain ways that are always, generally speaking, political responses. The structural and power arrangements of our social world (the political) and our ideas and commitments about the good (the moral) ARE us. We can't escape them, decide to

ignore them, decide to not respond to them – we are always involved with them and responding to them. And if we think patients don't notice, or at least aren't affected by them, we are naïve.

Now, I don't mean by this that we shouldn't make decisions about what we say or don't say, do or don't do. I just mean that the idea that we can simply decide to avoid bringing any of that into the hour seems wrong-headed. What we do with that is, of course, a big part of our work, but the idea that we can just ignore or remain silent about the central point of our work won't get us very far – it will probably just help in convincing us that we are justified in remaining silent about some important issues, issues that are extremely important to our patients.

Now, please, I don't mean that we should argue Republicans and Democrats with our patients, or war and peace, or whatever specific topic is brought up. I mean we should (1) notice the ubiquitous nature of the political realm, (2) realize how pervasive it is in all our interactions with others, (3) notice how much we live in the political realm in the small moments of life and in the small moments of the therapeutic hour, (4) interpret those small moments politically in order to better understand our stance to the world and to our patients, and (5) use that clearer understanding to help us as therapists and as one half of the therapeutic dyad move the dyad into more explicit and articulate discussion and feeling about the political.

For instance, we could say that our entire profession is one giant political act. In a world that is suffused with increasing signs of selfishness, disrespect for others, ignorance, a lack of self-reflection, and callousness toward the suffering of others, we are committed to listening to others, trying to understand them, trying honestly to face our own motives and actions, trying to meet the other with truthfulness and compassion. If

that isn't an act of political resistance, I don't know what is. Now, I don't mean by this that that is sufficient in itself. Not at all. That in no way exempts us from speaking and acting in our work and our life in more explicit ways. But maybe it could help us get a better sense of WHAT we want to explore and HOW to do so, if we realized we do it all the time anyway.

Often, I suspect, because of our professional enculturation in the field and in general because of the Cartesian split – and undoubtedly because of our attempts to avoid our complicity and privilege – we continuously miss the multitude of everyday moments that we could respond to more directly and explicitly that would open up, expand, and deepen political talk. Of course we don't know where that would lead, but if we follow up with the kind of thoughtful and emotional responses we develop for other topics, I bet we could find ourselves in some extremely rich, meaningful, and productive interactions that might take us to some surprising places.

Neil's brilliant paper, which by the way I think may be one of the best things he has ever written, explains how the everyday suffering or escape from suffering that we all experience profoundly affects us. Understanding the connections between how the everyday political insecurities we experience (such as fears about health care or education or future retirement plans) and the awareness of the suffering of others on the one hand, and the ways we dissociate and distract ourselves, avoid the truth, and get deadened, on the other hand, seem to me to be some of the most important tasks of psychotherapy. It is, of course, not only Bion who lives on after being killed.

From Rob Riethmiller:

Hello, I am so pleased to have an opportunity to discuss these topics – they are on my

mind so often lately. Both of the papers so eloquently stressed the importance of our involvement in this political struggle. As I read them, feelings of urgency and outrage intensified within me. I agree with Phil that we are always playing a role within this struggle, whether we are aware of it or not. I am very concerned about how we, as the psychoanalytic community, should get involved. Two things came to mind as I started thinking about this.

First I am reminded of a 16-year-old boy who I assessed about a year ago who referred to himself as a 'bloodthirsty warhawk'. He hid knives and lighter fluid under his bed, and would talk explicitly about how he would kill Muslims if he got the opportunity. He had a way of getting people's blood boiling. It was amazing how, within the span of about eight months, this boy calmed down when he got a therapist to 'watch his back' in the tough and scary world. This therapist seemed to understand how scared and alone this boy felt – and how incapable he was of seeing these feelings within himself. The therapy was very delicate and very effective.

I also think about the book that has come out 'Bush on the couch' and Maureen Dowd's writing, although she is not a clinician. While these writings do use psychological theory to help understand what is going on politically, I am very uncomfortable with the role they take in this political struggle. I have little sympathy for George Bush, but I find it frightening when psychoanalytic theory is used as a weapon. In the book 'Bush on the Couch', Bush gets publicly psychoanalyzed, by force, by an analyst who feels intense hostile feelings toward him. I think that Neil Altman spoke to the danger that our anger will make us like those people that we are arguing against. Bush has compromised so many of America's values in the name of fighting terrorists, we must make

sure not to compromise our own in the name of fighting George Bush.

Just a couple thoughts to add to the discussion.

From Marlene Goldsmith:

I am delighted to be part of this conference. The issue of how to address the 'political subjectivity' of patients, as Nancy describes it, is especially important to me. I currently have a patient who is exactly the opposite of several of those described. She has been politically active for years within the non-profit organization of which she is a part. She herself is gay and has been the victim of much prejudice. Her department is extremely conservative. She has faced prejudice in getting promotions, in having important assignments and projects given to her, in having voting power, etc. She has fought every inch of the way to obtain positions for which she is well qualified. She managed to secure two promotions through tremendous effort and endurance. Recently an eminent colleague died. He had invited her several years ago to be part of a committee representing the rights of minorities in their organization. This committee voted that she speak for them at his memorial service. She was not permitted to do so on a flimsy excuse. The actual reason was that the institution wanted to portray him as applauding rather than questioning the establishment. After years of going through such experiences, she is now tired and depressed and has no energy left to carry on. She is thinking of dropping off the committee. In fact, going into the building where she has her office depresses her immensely. After writing a book some years ago that is a classic in her field and has been translated into several languages, she has become almost totally disinterested in writing. She sees her inability to produce as a sign of her inadequacy. She is in her fifties and does

not feel that she can transfer to another institution.

In her therapy we have worked on issues such as a mother who was critical of her and wanted a feminine daughter who dressed in pretty clothes. This mother was severely depressed, dependent, and emotionally disengaged when the patient was a child, leaving her with deep emptiness and longing, which she has covered over with a tough exterior. In sessions she cannot tell when an emotion is coming from her or from me. She is also filled with self-disgust and terrified of her desire to merge with me. In the face of this desire she can fragment, become suicidal, experience great anxiety in coming to sessions. As you can see, there continues to be much work to do. This patient's personal subjectivity has an influence on what is happening to her with her work and political involvement. Her history with engaging political issues raises questions about her treatment. For example, in her case, is it more important to address what is individual to her in the transference and leave the political alone for the moment; or is it valuable to address both, showing how they converge and reflect one another; or does one need to be fluid and sensitive to the moment using both approaches when one or the other seems to be necessary.

If anyone has thoughts about these issues, I would be very interested to hear them.

From Andrew Samuels:

Once again, this is the most stimulating discussion imaginable. A big Thank You to all.

I want to say something about war and violence, partly to draw Neil out. And then something about clinical work when the material is political, both explicitly so and also less obviously.

I'll begin with an anecdote of the first Uprooted Minds conference in Los Angeles

in 2004 that Nancy referred to in her interview with Annie. In my talk, I asked the audience to reflect on the possibility of doing NOTHING after the attacks on New York and Washington DC in 2001. I did not put this idea in the context of an espousal of non-violence. I just asked the question. I recall near total incomprehension and both then and now I did not feel critical of this response bearing in mind where I was speaking. Yet this was a thoroughly liberal and progressive audience.

Another anecdote: my friend in Israel, a brother to me, is dying of lymphoma. He writes to me of Lebanon: 'a just war carried out by unjust means'.

Numerous clients tell me of their profound feelings of unsafeness after the London bombings in 2005. They yearn for strong (that is, paternally strong) leaders despite their disgust at Tony Blair in particular. And the strong leader who knows how to lead an army is very effective electorally. (Also very effective in other contexts, such as the institutional and professional politics of psychoanalysis!)

Rather than dispute all of these viewpoints, I'd like to try to learn from them. (I seem to have learned more from political viewpoints I am not comfortable with than from those that chime easily.) One of the things that I am learning is that psychoanalytic theorizing about violence in general, but particularly in a political context, is in its infancy.

Neil raises fascinating theoretical questions and so do many others. Some turn to Buddhism and its idea of 'right action'. But I wonder if we are in flight from something about violence, something that cannot be avoided by our usual division into (a) mindless and destructive violence and (b) healthy self-assertion in defense of core interests.

Don't we need more theorizing about the shuttle between (a) and (b)? I mean, we all

seek transformation between (a) and (b) and, in developmental terms, I have written about the role of the father's body in making the transition from mindless violence to healthy self-assertion.

But there is going to be slippage, isn't there? And without being too morally relativistic about it, maybe there will be times when mindless violence could even be OK and the apparently more healthy self-assertion no damn use at all.

Now, all of us on this list are most likely interested in (read committed to) some kind of social change or transformation. We have specialized in it, haven't we? But, as Freud famously, said, one cannot make an omelette without breaking eggs and so the need for a differentiated approach to violence seems to me to be of pressing concern.

What are the connections and disconnections between social action and violence? Can there really be a conception of socially oriented action that firmly and conclusively excludes violence? If the answer is in the negative, then where would it leave those of us – me included – who are so careful to include an all round condemnation of violence when commenting on, say, the Middle East?

I won't go on about this any more and I've deliberately tried to keep my perplexity in the foreground. I think that, following Phil's experience, I'd better send this and do the clinical piece separately.

From Andrew Samuels:

This is the clinical post. I think everyone who has posted thus far went into the clinical area. Lynne's statement of the tension between political complicity on the part of the therapist (recognizing herself as part of the client's problem) and shared hopelessness (this is a problem the therapist believes she and the client share as citizens) was very interesting.

For ages, I have been wondering if there is or could be or should be a specific approach to clinical work when the material is political in nature, either obviously so or less obviously so. I don't think it is enough to treat this material – ubiquitous as it is – as if it had no particularities of its own. Even if we think only of the long debates about neutrality and acting out, we can see that there is a psychoanalytic thought police in play requiring therapists to develop some crafty new footwork. Tricksterish ways round the bans and shibboleths rather than frontal blasts, perhaps.

The client I learned from was a racist man. Highly educated and successful and fully aware that his views went beyond the upper-class consensus you find in Britain. Hence, not your casual racist who lets slip a revealing comment but someone whose developed ideas were that non-white people were inherently inferior, like monkeys, like babies, smelly and so forth.

I find it very helpful to have the following schema in mind when confronted with what seemed to me to be repellent material. It is simple and, though presented in a four-part way, these are not really stages the therapy interaction passes through chronologically but aids to thinking (in the Bion sense and also in terms of Jung's undirected, fantasy thinking).

In sum, the four aspects I want to try to explore with material such as the racist's diatribe are: history, intensity, centrality, and discrepancy.

Where did the racist view come from, what was its history? Parents? The media? Personal experience? Books? All of the above? None of the above? How long has this been the client's viewpoint? Just asking a client to give the history of a political viewpoint or engagement often opens things up amazingly. 'When did you first say something like that?'

How intensely is the viewpoint held? This may seem odd because we tend to assume that all political views are pretty passionate. Not so. It helps the therapist to see if there is a chance of a political discussion or dialog in which the views of both therapist and client enter the alchemical vessel, combine in both warring and loving ways, and the possibility of both seeing the other's point of view and/or changing their own emerges. I guess what I am trying to smell out is the kind of political passion that is abroad.

Centrality is a very important angle because, pace Aristotle and all of us with our concern for the political, humans are also OTHER THAN political animals. When I've been able to see how central or not a political viewpoint is from the point of view of the client's psychology and selfhood, it gives both of us more confidence to explore and expose. This certainly happened with my racist: when other aspects of his politics (never mind his personality) emerged, there was a kind of space created for something else.

Finally, discrepancy. This refers to what I see as the pressing need to think about how to work with clients with different viewpoints to the therapist's. How to introduce the very fact of such difference whilst respecting the power imbalance of the typical therapy relationship.

I am not forgetting that agreement can be illusory, one-sided and dessicated.

As with my previous post, I want to share ongoing perplexity over the many different ways one can approach political material. As far as I can tell, what I'm still in the process of working out is relevant whether the politics is of the background radiation kind or something more dramatic.

From Ronnie Lesser:

I want to thank Phil for his interesting discussion. I'd like to comment on two points;

the first is that Phil seems to define the political in a way that's different from Neil's definition. If I understand Neil correctly, for him the social/political is the 'third', which is somehow separate from self and other. Phil, on the other hand (and Nancy Hollander in her wonderful paper), seem to be stressing that the social/political is us, an indissociable part of who we are. Everything that we choose to say to patients or not to say is a political act.

I wonder if Phil and Neil would comment on the difference between their two definitions, as well as the clinical implications.

Also, I would appreciate hearing more from Phil about how he works with patients, since I know that he has given so much thought to the mobius strip-like relationship between the self and the social/political.

From Ronnie Lesser:

Dear Marlene,
Interesting question. Here I would say that there is no difference between the 'personal' issues of merging that are coming up in the transference, and the prejudice that disturbs her at the university. The concept of 'merging' is, after all, a political/personal concept in our field. It is commonly seen as a wish that is evidence of an early developmental stage. Of course, our ideas of how close one should want to get to the Other are both culturally and historically specific – developmental theory reifies certain types of closeness as being 'healthier' than others. Lesbian sexuality and forms of intimacy are then viewed as 'preoedipal' and evidence of a developmental delay. In this view, therapy would aim towards helping one 'surpass' them.

I would think that part of your patient's terror about feeling her wish to 'merge' (what exactly does she mean by this word?) is partly about her terror of wanting something that is culturally taboo. There is also

a way in which our culture teaches us that dependence and independence are dichotomies. Thus, wanting to merge, and experiencing moments of it, would make someone afraid that they would lose their independence.

Similarly, at work she is being told that it's not all right for her to be her lesbian self.

Thus, your question about whether you should go for the social/political versus the personal dichotomizes the two domains, when I believe the issue is the same in both of them.

From Stephen Soldz:

I began this a while ago. While working on it I saw there were a number of new contributions today, from Andrew and from Ronnie. I decided to finish this before reading them and possibly being deflected. So forgive me if I retreat a bit, back to Neil's article.

In his article, and in his interview, Neil raises a number of interesting points. As Neil points out, we've seen an upsurge in interest in post- and neo-Kleinian thinking in recent years. Certainly, when confronted by the horrors of the modern world, Kleinian (broadly defined) thought is a natural starting point, with its emphasis on the projective mechanism characteristic of the paranoid-schizoid position, and its hope that the integration seen in the depressive condition can contain human destructiveness.

As we approach the post-9/11 world, projection seems everywhere. Those dangerous Arabs! Or, for others, is it the Jews and the Americans? Saddam Hussein, or is it Osama bin Laden, is out to get us. For the others, it's those devils George W. Bush, Tony Blair, and Richard Cheney who are out to get them. Certainly projective identification comes readily to mind of almost any analyst viewing the world today. We hate them because of what they're doing to us. They hate us because of what we're doing to them.

Neil holds out hope: 'war is not a necessary fact of life . . . like death. War, in fact, derives from just those egoistic attachments and the associated greed, arrogance, and sense of omnipotence that seeks to deny death . . . War derives from the illusions of power and pride that seek to mask the reality of death and limitation, as if death could be avoided by killing.'

Neil holds out a hope, a life raft for us to cling to. We can surrender our efforts to numb ourselves, to insulate ourselves from our suffering, from other's suffering, and from the fears of retaliation. We can give up our efforts to insulate ourselves from our 'fellow human beings', perhaps losing our competitive individualism in the process.

As psychoanalysts, this is our dream, our utopian vision if you will. The question I have, for Neil, and for all of us, is 'how are we to achieve this as a society?' For if we are to do without war, society must change, not just the few individuals we have in treatment.

We all know how long it takes many of our patients to let down their defenses and face the avoided. And when we begin treatment with a new patient it is far from certain that we will get very far down this path. After all, many of the psychoanalysts I know seem to be dedicated to war, though usually it is war with them, those psychoanalysts who don't accept our theory, or idea of how to train future analysts, or think that analysis requires that patients be seen more frequently, or less frequently, or on the couch, or without the couch.

So how do we as a society accomplish this goal of lifting the dissociation, of accepting the pain and suffering of the world? This is a real question, one I struggle with and dream that psychoanalysis can contribute to, because I actually believe that the future of human civilization itself depends upon it. But I don't come up with answers, only questions.

Neil provides some beautiful examples of his personal efforts to lift the veil. I personally haven't convinced myself to undertake the experiment of not having my morning coffee. He describes his analysis opening himself up to being able to tolerate the suffering of others, as in Iraq. As one who has cried daily during this war as I channeled my fury and my hopelessness into an antiwar web page, I understand. But I've also been puzzled. When Abu Ghraib happened, I was transfixed, but many of my analytic colleagues, disgusted as they were, ignored it after the first TV story. 'Too horrifying', they said. At the beginning of the war, several of my colleagues attended a few antiwar demonstrations. But, by the second month of the war, the veil was down: 'I can't think about it. It's too upsetting', I was told. So I'm not sure that Neil's experience of psychoanalysis generalizes. Does it lead patients to be more socially aware? Should it? But whether it should or not, psychoanalysis in the form of treatment for a few will not change the world or remove the scourge of war. So again I ask, how do we do this?

These are a few of the thoughts I had as I read Neil's beautiful paper.

From Neil Altman:

I wish I could respond to every person who has so far responded to my paper and to every point made because you all put so much thought and feeling into your responses. But I only have the time right now to hit on a few points that stood out for me. I do want everyone to know that I appreciate your responses.

Lynne notes that we often omit from our analytic conversation the awareness of the indifference of the universe. That is, death. Death is another thing, like politics, that infuses each and every moment of the analytic encounter, as each and every moment

of life itself, but that we don't know how to think about. But I do think that Ernest Becker was right in his book 'The Denial of Death': most of what gets us into trouble has to do with what we do to deny that we are as limited as we are and are heading toward death. Buddha, I think, was trying to hold onto that reality and develop the implications.

Lynne mentions 'the bodily effects of oppression and the dissociation of suffering'. This is like Philip's pointing out that politics is everywhere – in the body if not the mind.

I like Lynne's point that we talk more about feelings of helplessness than feelings of complicity. Another example of how readily we avoid feelings of guilt. 'It is the innocence that constitutes the crime.' I think this statement is an effort to restore the guilt that is being avoided by the innocence.

Philip says: 'our profession is one giant political act'. To accept this is to accept the limitations of what we can accomplish on a global scale. It's just too painful, as in Stephen's heartfelt question about how to change the world.

Andrew delights me with his questions that take us back to basics. I particularly appreciate his pointing out the inevitable slippage between mindless violence and healthy self-assertion. We can't be too afraid of mindless violence or we'll never be healthily assertive. But, on a deeper level, I think Andrew highlights the arrogance of our field in implying or asserting that you can really master violence. I smile when he, as trickster, says 'there will be times when mindless violence could even be OK and the apparently more healthy assertion is no damn use at all.' Maybe we could turn that around and say 'when healthy assertion is no damn use at all, mindless violence recommends itself.' I don't know what to say about Marlene's case at the moment, but I do know that when I heard about her patient not being allowed

to speak for fear that she would cast doubt on the decision to disband the committee that looked out for the interests of minorities, I felt a mindless violence. It reminded me of innumerable ways in which ruthlessness and heartlessness has triumphed in recent years. Marlene's patient collapsed instead of fighting. She'd been fighting too long already. The world was too much with her.

Ronnie makes me think by pointing out that if the political world is a 'third' then I am propagating the Cartesian split that Philip refers to. Ronnie and Philip are like my conscience, reminding me when I fall into patterns of thinking that I would not endorse. But Philip is a very benign conscience, reminding us to take satisfaction in the small, but giant, political acts that we might take for granted.

Thanks again to you all.

From Marlene Goldsmith:

I'd like to comment on the inability to live through and sustain experiences of suffering and death. Just before this forum began I started reading Walter Davis' book, entitled *Death's Dream Kingdom: The American Psyche Since 9-11*. In it he claims that experiences like Abu Ghraib cause an upsurge of emotion that shatters our stimulus-response mechanisms and forces us to suffer 'the agony of primary emotions'. These latter flush out all of the psyche's hiding places and leave us aware of 'the rule of Thanatos'. It is essential for him that we endure 'tragic suffering' and that we internalize the horror and pain of this war and its atrocities. Such endurance and internalization are two significant ways to cut through and destroy more numbed, mechanistic modes of feeling and reacting, among them the sadomasochism and revenge that often lead to support of Bush's tactics. It seems to me that we must acknowledge the workings of Thanatos inside us – not just as a literal physical death

but as a dimension of our psyche. I participated in a private PsyBc forum organized by Michael Eigen, and in this forum he spelled out his belief that we must acknowledge not only annihilative threats coming from the other, but our own annihilative urges. I believe that in suffering through the tragedies this war has wrought, we bring ourselves closer to what its victims, military and nonmilitary, are actually going through. It gives us an immediacy, an experience of pain, that humanizes us. For all too many, and especially for the military, the dead, dying, and injured are so many reified statistics, not living men and women with soft, vulnerable bodies who are bleeding, losing limbs, being blown up, suffering disease, terror, and post-traumatic stress of horrifying dimensions (which the government tried to convince us was a non-entity!).

Thank you Ronnie and Neil for your thoughts about my patient. I agree that the world is too much with her. I think that for now she probably does need some respite from all the political work she has been doing and all the prejudices she has suffered. The idea that she is fearful of what is culturally taboo is also helpful.

From Stephen Hartman:

I want to second Phil's suggestion that we ditch the dichotomy: clinical versus political. It doesn't seem productive to me to try to distinguish between the two. We are so embedded in the social world that our every personal gesture carries the influence of some other with whom we are always already in a political relation. The psychic mechanisms that allow us to dissociate from the horror in Iraq or Darfur is not so different from the moments when we endure everyday sadism with a detached reserve. Yes, there are very different magnitudes of suffering when thousands starve compared to when a man, my patient, is compelled to let someone

fuck him without a condom because he feels worthless. But to be able to feature the suffering in one case seems to me not so different from being willing to sit with suffering in the other. Perhaps an important conversation that can bridge the two would lead to a greater understanding of how we can better cope with and address each.

That said, I take Lynne's hope for psychoanalysis very seriously: the psychoanalytic project aims to help patients become aware not only of what they have suffered, but also how they have become complicit in causing suffering. Their complicity, though, may amount to no more than an overwhelming inability to confront human suffering, in other words, to a retreat from personal responsibility because of how daunting the task of being conscious is. Here I cannot throw any stones since I have, myself, not always done as much as I might to confront suffering when I have felt overwhelmed: by patients' struggles, by America's implosion, by the senselessness of war and the stealth of power.

What I found most beautiful in Neil's paper was the plea to do whatever possible to not numb ourselves. To work toward the goal of a practice that gives us the possibility of tolerating pain and registering in a more real way what is going on in the political world and elsewhere. To this end, it seems to me important not to be the analyst who knows best or who can tolerate more or who can champion the right cause with the greatest vigor. Our goal is to be present and to help others be present so that we can have our wits about us when we are presented with the suffering of others just as when we suffer ourselves.

Glad to be back in touch with everyone.

From Lynne Layton:

What a stimulating conversation. So many threads, so little time (and isn't 'so little

time' one of the key culprits confounding our collective attempts not to numb out). I find the clinical examples that people are bringing up quite compelling: Rob's boy who, in a safe space, can stop projecting his fear and hatred; Marlene's patient, who poses for her the dilemma of what's political and what's not – and Phil's response that the seemingly private issues have to be reconceptualized as thoroughly cultural and thus political. I currently have a lot of friends and a few patients who off-handedly say, 'I can't read the paper or watch the news anymore. It's too depressing.' I find myself having the opposite reaction; I can't read enough. But I certainly understand why those who can't read the paper feel the way they do. As I suggested in an earlier post, when I probe client statements about not being able to read the paper, I often find that what emerges are conflicts about responsibility. These conflicts in part reflect the way we grow up in what Phil refers to as a culture that endorses a Cartesian split: that is, most of our cultural discourses, including psychoanalysis, pull for dissociating the psychic from the social. That's why it's so hard for many of us to imagine how Marlene's patient's issues, such as fears of merger, are indeed, as Phil says, at least in part a by-product of how our cultural notions of independence contain within them the repudiation of dependence. With one of my patients who said she doesn't read the paper, inquiry revealed that she feels so overburdened with responsibility in her life that she can't bear to know about the world's suffering, for if she knew, and knew she could do something about it (which, financially, she probably could), she'd have yet more responsibility. My thought about this patient is that, as I said earlier about another patient, she is both over-responsible and under-responsible, suffering under the weight of responsibilities that her parents should have assumed and at the same time

delegating much of the care of her self and even knowledge about herself to others. When I've probed the same statement about not reading the paper with other patients, what has emerged is how intolerable it is to feel helpless. But that sense of helplessness is usually a pervasive theme in other areas of their lives. A similar question lurks in both instances: for what am I responsible? In my secular Jewish synagogue, Workmen's Circle, we sing one of Phil Ochs' songs at both Rosh Hashonah and Yom Kippur – 'When I'm Gone'. It brings together both the awareness of death and the question of how to live life, so I'll quote a verse: 'And I won't be laughing at the lies when I'm gone/And I can't question how or when or why when I'm gone/Can't live proud enough to die when I'm gone/So I guess I'll have to do it while I'm here.' It always gives me the chills. I think Stephen Soldz put his finger on something so very important—what does psychoanalysis have to offer to the problem of how to counter collective dissociation?

From Marlene Goldsmith:

When I try to think about this question of how to counter collective dissociation it overwhelms me. How does one step into a tidal wave and try to turn it around? One little step at a time? This past weekend I went to see *The US vs. John Lennon*. It was eye opening to understand that the politics of that time were as filled with lies, greed, hubris, and disregard for individual rights as they are today. Lennon had enormous resources at his fingertips to bring together a great number of people in the fight for peace, and he used these resources: his music, large billboards in several cities across the world, huge gatherings, TV interviews, etc. As Yoko said at the end of the film, his message lives on but so does the hypocrisy, and here we are in another moment of unquestioned brutality, usurpa-

tion, and arrogance disguised as the goodness of American way – democracy. As if the Middle East wants democracy, as if it might not come up with an alternative of its own, as if democracy could take root there without developing from within its own history (and I doubt that democracy as we know would evolve from within that culture). Sometimes I feel completely without resources to enter the fray. I can share in the helplessness Lynne described her patients as having. But then, since this conference began, I think of what I might have to offer as a clinician in terms of beginning to rethink the political within psychoanalysis. I like Nancy's phrase 'political subjectivity' because I believe it provides a mode of entry for us to consider political themes in therapy. It certainly acted as a magnet for me around which to try to gather my thinking. It also served as an 'Aha!' moment for me. Yes there is some familiar ground here, the ground of subjectivity. I also value Nancy's addressing the importance of the process as opposed to the final goal. Concentrating here rather than on a final achievement leaves the opportunity for hope intact. Hope becomes a mode of being rather than a passing attitude or desire anxiously awaiting fulfillment by a goal. Of course so much remains to be done, as someone pointed out, to develop an approach to treating the 'political subjectivity' of our patients and of trying to internalize hope as a mode of being. I appreciate the work that Neil and Nancy are doing in their very fine papers that have begun to help me orient myself in the 'maelstrom'.

From Nancy Hollander:

I have been fascinated by this discussion so far and want to thank Neil for his moving paper. Several of the themes that others have taken up based on Neil's wonderful paper relate to something I am struggling to under-

stand, which has to do with the startling degree of disavowal from which we are all saying we and those around us suffer in response to the overwhelming degree of threat and destructiveness in the world around us. I think Neil is right when he says that this destructiveness, in the form of war, issues from the illusions of power that promise to mask the realities of death and limitation. Robert Lifton wrote that he prefers to think about Freud's notion of the death instinct rather as 'death anxiety', and that one way to account for the history of human destructiveness and war is that we need an other to be the repository of death so as to feel less anxious ourselves: if the other can hold the death experience as a result of our aggression and war making, then we don't have to feel as anxious. Or then we can disavow or deny its omnipresent reality. It's a perverse way of dealing with one fundamental aspect of the Real in Lacanin discourse. I think this can partially explain how large groups can get behind bellicose leaders and support war in their name, always legitimized as a defense against threat. But I also think there is a perverse disavowal that contributes: many of you have written about how among your psychoanalytic friends, their patients and yourselves at times, frequently there is the experience of tuning in momentarily to the terrible suffering in the world, even as a result of our own actions, and then tuning out because of being overwhelmed and feeling impotent. I think this disavowal is also connected to a state of confusion brought about by a discourse of gov't and media that make it hard to know where the real threat resides: is it the terrorists – the ethnic Others out to get us – is it our government and its policies that are killing Iraqis and Americans, is it global capitalism that threatens our livelihoods and the earth? Besieged on all sides, disavowal looks like implosion.

Maybe death anxiety is all around and there is no repository big enough to contain all the projections at this point in history. You could argue that we have come to the point in which human beings either figure out a way to tolerate transience, as Neil puts it, so that we rely less on paranoid schizoid projections or it really is hopeless.

On another note, I think Lynne's point that what is important, and undoubtedly the most challenging way to address the larger social world with patients, is not in the arena of disavowal but the issue of complicity that this implies. This is a thorny one because whose view of complicity are we talking about? And complicit with what? If our perspective of this larger social order or hegemonic political arrangements and ideology is a critical one, then how do we address opening up a space for ourselves and the patient to address this if the latter does not share our perspective? What does complicity mean if the patient supports what is going on? Andrew said he learns the most working with people with whom he does not agree politically. I wonder what he learns? I know that it stretches one to have to maintain a 'psychoanalytic attitude' by remaining open to an intersubjective co-created space in which two people practice speaking and listening to one another and comprehending difference without having to kill it. I struggle with how to integrate this stance with helping the other to see his or her complicity in what I don't think is right.

I guess I'll stop with this question and wait to see if and how others deal with this problem.

From Andrew Samuels:

I don't mean I learn about the hidden virtues of racism, Nancy! And I meant more than that I have to confront my own racism, though I often do. But I do learn more about how people come to their politics when there

is the distance and difference provided by discrepant viewpoints. And maybe I do learn something in particular about how early political memories grow in the mind. You can access them by exercising curiosity in the session, just trying to find out influences. In workshops with people who aren't clients or even therapists, come to that, it is even easier to pick up on 'formative' political memories and experiences. I did this with the Labour Party and also the Trade Unions Congress here. I think you do this in your work, Nancy, maybe lots of people do it without naming it, because it is nothing more than ordinary analytic work done, perhaps, in a somewhat unordinary context.

Developing this a bit more, I think the clash of perspectives, if contained in the analytical vessel (which can include all kinds of awkward and aggressive interactions as per usual), does lead to something happening in both people – maybe it isn't going to happen in an overtly political way but something happens. The vessel itself makes political discussion in analysis different from political discussion in Parliament, or in a bar, or on the streets. If one taped it, the words would be the same. But the feeling can be different.

As Neil knows, I have got interested in differing takes on conflict and am playing with and exploring the Qu'ranic idea of Ta'aruf. It means 'that you shall get to know one another' and it comes from a verse that gives a teleological spin to difference and conflict. Nations and the two sexes were created to fight so that they shall get to know one another.

It's similar to what goes on in the Jewish tradition over what is called Yetser Hara, the evil inclination. Mostly, we don't like the evil inclination and there is a vast literature against it. Sometimes, amazingly, Jews praise the evil inclination. There's a powerful commentary on Genesis Chapter 1 when the

world is created. At the end of each day, God says it was 'good'. But at the end of the sixth day with the creation of humanity, God said it was 'very good'. The Rabbis said that this word 'very' refers to the evil inclination:

'The fact is that, but for the evil inclination, a man would not build a house, nor take a wife, nor beget children nor do gainful work.'

Which brings me to the thing I originally wanted to write about this morning – the (alleged) dichotomy between the political and the clinical, as it has been summarized by previous posters.

Let me say right away that at a certain level of discourse I agree that we all so irradiated by politics that to single it out is pointless. But at many other levels of debate and struggle, I have come to see that this attitude – a sort of metaphysical one – lacks utility. (And a similar argument can be – and sometimes is – mounted with respect to religion or spirituality whence similar problems arise.)

When I was doing my survey into how analysts and therapists handled political material, one leading British Kleinian said that, as we are all political animals, everything he did, every interpretation he made, was a political act. He sounded like a Worker Priest, in a way! But I think what he said is self-deceiving, frankly. Nevertheless, such rhetoric is very difficult for people like me (like us?) to cope with. It feels like a colossal embrace that renders our specific efforts to shift what is safely do-able in analysis totally redundant. I expect there is posh language to express this suffocation by acceptance, is it repressive tolerance?

I think we need to be careful not to inflict this on ourselves whilst making what I say again are theoretically correct comments.

Let me give another example. Many people say that Yes, they did discuss politics with their analyst, what's the big deal about it,

politics is part of life after all, etc. When you go into this, you often find that the politics came in as a sort of chat 'as we were winding down'. Or the really big things like bombings got discussed but not the ongoing BORING everyday political. I think what we are trying to do is make the dichotomy between the clinical and the political a thing of the past but merely declaring a victory just creates a feel-good factor.

Consider the history: politics has been the analytical no-go area because it seems to offer the greatest risk of the analyst foisting her views on the client. Now, we know this isn't true and that influence is exerted in all areas but, historically, this is a special point made by conservative, classical or highly introverted analysts about the relations between the clinical and the political. It is a point made by people who are NOT on this discussion forum. We cannot simply ignore this point. (Maybe this is another example of learning from those one disagrees with! In my chapter in the book you edited with Lynne and Susan, Nancy, I begin by gathering objections to working clinically in and with the political; this *via negativa* is something I find works for me. Then I tried to demolish those objections.)

My slogan then and now is that I want us to make yesterday's bad practice today's good practice. A week or so ago, I did a plenary workshop on these themes at the annual conference of the British Association for Counselling and Psychotherapy. It was a huge conference, about 750 people. Very few, indeed almost none of the participants expressed as much confidence as working in political areas (defined as formal politics plus background irradiation politics plus personal politics) as they do working in areas like sexuality or relationships. Is this just the UK? I doubt it because I've done the same schtick many times in the States and elsewhere.

Sorry for the breathlessness of this post but I am getting down to the wire for travel and I need now to re-read Nancy's paper and send a comment on it to Dan Hill for posting at an appropriate time.

From Anne Stopford:

This is such a great discussion. Something I've been chewing over since the earlier postings, and which Andrew spoke to in his last posting, is the potential danger in describing everything we do as analysts and therapists as 'political'. Yes, it is critical that we recognize when we are caught in Cartesian dualistic thinking. But it is also critical that we differentiate between clinical (i.e. taking place in the clinic, not at a public forum, demonstration etc.) discussions/processes/encounters which actually challenge and potentially transform the social/political status quo – what Derrida perhaps would have described as ethical-political action, and interactions which relieve the personal suffering of our patient, but do not necessarily lead to any change in awareness about the way so much unnecessary suffering is being caused to so many in Iraq, for example, by our elected governments. The act of compassionate listening is perhaps political in the broad sense that Phil discussed earlier ('we could say that our entire profession is one giant political act'), but to my mind not in the specific sense of analysing, exploring and critiquing the ways in which we (analyst and patient) are complicit in unjust and inhumane systems and practices. The latter potentially involves a great deal of risk and discomfort, including a very real threat to the analyst's income and privilege, as well as the usual concerns about imposing, intruding etc, and is therefore so much more difficult I think.

From Marlene Goldsmith:

I think that often working on personal suffering with a patient can lead to profound

political awareness and activity. I have been working with a patient for quite some time now who came into treatment feeling isolated, deeply uncomfortable in social gatherings, and who had difficulty making friends. As we worked through these problems in her treatment, she decided to take some steps to feel less isolated. One important one was to join the Unitarian Church in town. She found people friendly there and began to have more comfort in attending activities after services were over. She joined committees slowly, and as she did, she found herself gravitating to those having to do with environmental problems. When some of her initial contributions were responded to very positively, she was surprised and delighted. She had been convinced that she would have little to offer. Her activity grew until she is now sponsoring and planning environmental events. She recently gave a speech to the entire congregation that was highly applauded and praised. She is now taking part in events to get the democratic and independent vote out in November. I think that through working on social inhibitions in her therapy, this person was able to discover and act from a political conscience that is very much a part of her subjectivity. Working on seemingly unrelated dynamics freed this conscience for vital movement and realization. Of course, not all patients (perhaps not even many patients) would move in her direction. Different psyches, different values. But I wanted to point out that sometimes in treatment if we work on the personal, we free up the political. As others have pointed out here, the personal and political do not constitute a Cartesian dualism but stand in dialectical relationship.

From Stephen Soldz:

A couple of thoughts raised by the very stimulating discussion so far. I think there is value in both the totalistic and the particular

view of the political. On the one hand, it's true that the political world – the world of power, social structures, and ideology – permeate everything we do. We are never outside of society or of ideology.

On the other hand, I basically agree with Andrew that to say everything is political is often bullshit, repressive tolerance. The first thing I ever (co)wrote was an early 1970s pamphlet for New England Free Press: 'I Don't Want to Change My Lifestyle, I Want to Change My Life' which critiqued the then left and nascent women's movement for saying that 'everything is political' despite the fact that, in a sense, it is.

When we have these definitional issues, I think it is at least partly due to people using words/concepts to bring out different aspects of things. It's not necessarily that one use is right and the other wrong. Rather, one way of using 'political' calls attention to the relations of power and ideology that undergird daily life, the other use calls attention to activities that are directly related to the macro structures of power. [Years ago I made a point like this about the incessant Marxist arguments about the real nature of social class.]

So, the main point is, let's not get distracted about the meaning of the words, but focus on the aspect we're interested in at the moment.

I also liked Lynne's point about patients and complicity. Again, this can have multiple interpretations and I'm not sure we all read it the same. To a degree, I think she's getting at the problems with viewing our patients solely as victims. To do so denies their agency. The complexity is that we live in a world not of our creation and we help create the world in which we live. Both Freud and Marx were concerned with conveying this duality, which is a starting point for that elusive integration of psychoanalytic and social theory.

Perhaps the concept of agency is part of what Andrew is getting at with his wonderful comments on the 'evil inclination': 'The fact is that, but for the evil inclination, a man would not build a house, nor take a wife, nor beget children nor do gainful work.' And would not psychoanalyse, we might add!

But Lynne's point also has a more concrete interpretation. That we should not blind ourselves to the ways that our patients, and ourselves, benefit through the degradation of others [as in one who benefits from employing low-paid domestic labor] and/or turn a blind eye to injustice. When a patient witnesses what they feel is an unjust firing of a coworker and fails to speak out, we can focus upon the reasonable desire to protect themselves from getting into trouble. We might also choose to call attention to their 'cowardice', their unwillingness to take risks for what they think is right. What I hear Lynne saying is that we should pay attention to the later. [Of course our behavior in a particular case cannot be specified by general rules.]

I had intended to say more, but I got interrupted by a reporter on the APA-torture business, and his 'quick call' turned into over an hour. I hear that *Washington Monthly* will soon be doing a piece on the issue. Anyway, I need some sleep.

From Nancy Hollander:

I think that the question of complicity was beautifully addressed by Steve Soldz. And the point is, I suppose, that when patients do not manifest any interest in what is happening in the world around them as if it has nothing to do with them, it is very important to wonder why and how it is possible to be so split off from others without any experience or capacity for empathy. It's interesting to me that so few people even register the feeling or thought: 'too bad for them, thank goodness it isn't happening to me, what

luck!' Perhaps that can't get articulated out of guilt for having such a thought or feeling, but it seems to me to be something worth getting into the clinical space as one beginning of an exploration of why (or why not) or how (or how not) the patient conceives of herself in relation to other human beings. Maybe there's no corollary in a narcissistic culture to what I grew up hearing after WWII when I didn't want to eat my vegies – you remember, some of you: 'think of all the poor children in China!' I don't know, but maybe that was a crude starting point, intended to be controlling and guilt-tripping, but maybe encouraging an ability to think about others less fortunate.

This little personal remembrance reminds me of how important I think it is to follow what many, including Andrew, emphasize: the importance of exploring the history, the generational history of the patient. Not only in terms of his political thoughts or awareness about race or class or gender issues, but many other things. For example, one patient complained bitterly for some time about her unfeeling, withdrawn mother whose emotionally sparse reserves were but another manifestation of her financial stinginess. She also thought her mother's sporadic accounts of her own childhood and mothering were phony. Finally, sparked by her grave disappointment and shock at finding some information that appeared to contradict her mother's narrative about herself, I did an exploratory investigation with her about how her mother's history and the period of time in which she was a child, adolescent and adult. It turned out that the mother had grown up in the Great Depression, [and her] own mother had suffered a fate that caused her to withdraw emotionally as she suffered with the terrible economic dislocation of the family. When my patient was able to put that all together, she was able to reinterpret her mother, able to see her in

the context of the social/economic/cultural history that was the context for her formation and psychology. She was able to feel more empathic and less distrustful and resentful toward her mom. Of course there were many other aspects to this relationship and the patient's psychology, including her own versions of withholding. But this kind of detailed inquiry about history really did help to flesh out some significant part of the transgenerational transmission of traumatic experience.

I also wanted to say to Lynne that I also went for Yom Kippur to my secular Jewish organization linked to the Workmen's Circle in LA. We also sang the Phil Ochs song, and it also gave me chills!!! What we do while we are here is so important to our sense of being a subject whose life has meaning. There is a new film just about to come out, the name of which escapes me. The coming attractions show a fast paced story which takes place in Apartheid South Africa (stars, among others, Tim Robbins) – a Black South African upstanding citizen gets accused of an act of sabotage and when he and his family are abused by the white police state, he becomes a guerrilla. In the coming attractions, the last screen is black with the voice-over that goes something like (and I'm paraphrasing): 'my children will be able to say that I stood up like a man and fought for what is right. What will your children say about you?' It is a striking and dramatic confrontation with the audience. With just the coming attractions, it suggests that it is important to fight against injustice. I wonder what the adults who are watching it think and feel in response to that voice challenging them . . .

From Andrew Samuels:

Just to clarify: my point about the ongoing dichotomy etc. etc. is different from Annie's important observation about working with

the client's suffering irrespective of political considerations. I wasn't focusing on suffering qua suffering when challenging the claim for the end of the political/clinical dichotomy. Only recognizing that this struggle within psychoanalytic theory and practice isn't over.

Nancy's post was incredible, the segment about the Depression mother in particular.

There are probably innumerable examples of what I call 'non-personal fields of emotional distress': economic, ecological, war and violence. For example, I think people do get depressed because of feeling guiltily responsible for having destroyed the Mother Earth that they love. It doesn't matter that they are most likely not the worst offenders and the extent of their guilt a fantasy (phantasy). It's like and not like ordinary accounts of depression.

(The humanistic therapist Joanna Macey posits that humans are mourning and in depression over what they have lost via species depletion. I think she is right.)

I've found Lynne's 'internalized social norms' a very good way of understanding how these non-personal fields of emotional distress work. And also a lot of Otto Gross and Wilhelm Reich is quite prescient in linking personal and social dimensions of experience.

A question: what is Workmen's Circle? How does it link to synagogues? What are secular synagogues? In the UK, synagogue membership is down to 200,000. There are probably another 150,000 Jewish-identified people in various situations. These figures include children. More than 75% of the Jewish population lives in London. We don't have secular synagogues and there'd be very few songs like the one you are talking about that would work!

Why do I bring this up? Because I am concerned about how to get multiple cultural perspectives into our discussions and some-

times it feels very US Jewish. On the one hand, I like this little piece of inclusivity because I miss it or something like it here. On the other hand, I feel a bit mystified if not exactly excluded. (Sorry, Annie, I do not mean to ablate you by raising this. After all, IARPP's membership is said to be 50% non-US now.)

From Neil Altman:

Hi everyone,

I'm just going to focus on one point out of the wealth of ideas put forward by all of you. I want to focus on the two ideas and words 'complicit' and 'embedded'. Complicit has more of a criminal ring to it, an accessory after the fact or something like that. It evokes guilt and maybe even punishment. I believe we are complicit both in our laziness and in the readily observable but often underappreciated fact that very few of us would give up our privileges even if we could, which we can.

Then there's embeddedness, which means we are all prey to the Cartesian split and to psychic numbing and denial, like everyone else, and that the best we can do is keep trying to raise our own consciousness and to work our way out of whatever moment of embeddedness we are in at the moment. This leads to a more accepting attitude, less guilt, and maybe even to the recognition that we can be more politically effective if we are clearly part of the problem and part of the solution. From this point of view it's completely wrong to say that you are either part of the problem or part of the solution, or if you're not part of the solution you're part of the problem. We've learned clinically that you have to be part of the problem to be part of the solution (which doesn't absolve you from guilt) and the same may be true politically.

Could that be part of the evil tendency Andrew points out in Judaism?

From Phil Cushman:

Good Morning, Everyone,

Wonderful conversation. I'm pressed for time right now so I'll just mention a few things quickly. One, please remember that when I said that everything we do in therapy is political I didn't mean that therapy is a substitute for political activism. There are big differences between the two and I didn't mean that we should feel self-righteous or be complacent because we do enough just by doing therapy. God Forefend!!! I just meant that we should challenge the fantasy that therapy and the therapeutic micro-interactions in which we engage are not political. It is true that I said that therapy is one giant political act, but that doesn't *necessarily* mean it is a good act, or that what we do in therapy is necessarily good politics. For instance, remaining silent about political issues, say about race or gender, doesn't mean we are then prevented from contributing to the political status quo about those issues. In fact, of course, remaining silent about them increases the power of the status quo. Or being unable to think in a politically critical way about our therapeutic practices might well deliver an unspoken message to the patient that implies that, say, unending obsessive self-centeredness is good politics, and nothing more need be done in the world! This is part of the big mistake some of humanistic psychology devolved into; it is absolutely the wrong way to think about politics.

I am, however, suggesting that if we can recognize the politics and moral positions that inhere in the little moments in therapy, we might be better able to figure out what matters to us and what we want to communicate to our patients and how we might think about taking those ideas and commitments out into the commons.

In her post of 10.16 Ronnie Lesser invited Neil and me to discuss the presence of

the social realm (i.e., the idea of a 'three-person psychology') which she thinks we conceptualize in a slightly different manner. Neil and I have discussed this from time to time, and I think we might have a slightly different idea about these things. Sometimes I think I shouldn't have used the term 'three-person psychology' because it does imply a concrete, separate 'thing,' distinct from self and other. I would never want to convey that. Of course the social should not be reduced to the 'mind' of individuals (that is a slippery slope to the apolitical claims and thereby the dangers of cognitivism), but the idea of a 'three-person psychology' is meant to convey the idea that the mind is profoundly entangled or constituted by the social. This idea does not deny that there are material cells, organs, and biochemical processes in the brain that initially exist independent of the social; but it does mean that how we understand those material parts and functions significantly affect what they mean to us, how we relate to them, and even to some degree how they function.

I hope that makes some sense.

I don't have time now to discuss how this can be used in clinical work, Ronnie, but let me refer you to Chapter 9 ('Psychotherapy as Moral Discourse') in my book *Constructing the Self, Constructing America*. Also, recently in *Contemporary Psychoanalysis* (2005, v. 41, n. 3), in response to a lovely discussion by Lynne Layton, I wrote a response titled 'Clinical Applications'. That is my latest attempt to write about possible clinical applications of hermeneutics.

I'd also like to mention Jennifer McCarroll's post of 10.21. Jennifer, I appreciated your discussion of how political issues often render us silent. You suggested that 'perhaps we're so unaccustomed to discussing how class issues play out institutionally, and . . . the specter of shame around class slippage

[that we experience] . . . a situation where people don't have the language to talk about it.' That seems so true. We could say that in our social world, in what the hermeneuticists call 'our cultural clearing', language about socioeconomic class, and therefore human communication and discussion about it, just don't show up for us. Last year's symposium, featuring an article by Lynne Layton, addressed issues of language and the political. I have no doubt but that, as clinicians, our economic struggles, and feelings such as guilt and shame generated by those struggles, affect our ability to think and speak about things like class and race. It is a subject that can strike ordinarily talkative people, such as analysts, deaf and dumb. Lynne's paper discussed ways we can shift our perspective, attenuate the enactment, and develop new ways of meeting the moment. I'd recommend it.

From Nancy Hollander:

Hi again,

I will now be sharing thoughts intermittingly because I am in NJ for the APCS conference and on a friend's computer. I have lost the ongoing nature of the discussion about everything we do in psychoanalysis (as elsewhere) being political, but I wanted to affirm the idea. I don't think it eviscerates the notion of what political means; on the contrary, I think it confronts the old notion of neutrality that has guided too much of this profession. Many analysts still believe that if they do not say anything about the context in which we live beyond the patient's personal relationships that is generally the stuff of the analysis, they are fulfilling the mandate of neutrality, even if their's is a 'two or three person' orientation. Just because one approaches the work as an intersubjectivist doesn't mean that one thinks about how everything is encoded with meanings related to hegemonic ideology and

structures of the social order in which we live, breathe, think and feel. So realizing that all is political, including the assumptions about class and gender that underlie interpretations of patient material or transference and countertransference interactions/enactments is, I think, a very important guide that permits us to question a whole lot more of what goes on clinically.

I also wanted to comment on what Neil just wrote about the false dichotomy inherent in the idea that you are either part of the problem or part of the solution, a notion originating with Malcolm X. Of course this binary approach to politics has its limitations, and what psychoanalysts have to offer it precisely, as Neil points out, is the opportunity for us to understand the contradictory, multifaceted, ambiguous nature of the psyche and how we are simultaneously always part of the problem; in fact, one has to know that truth before one can be part of the solution. But that said, at least there is an idea that alternatives to what is exist potentially. There is still something wonderful about the clarity of the idea if it can be disentangled from guilt, something liberating, perhaps permission-giving, about the human capacity (which too few of us exercise, by the way) to be part of the solution, to disengage enough from attachments of privilege to choose to fight against the fetters on more just social arrangements. Such an idea might embolden analyst and patient alike at some moment to speak out or act in a way that lets both make a choice, aware of ambivalence, to opt in accord with solution-oriented values.

I guess I am always trying to find hopefulness in the human condition. And the thing that scares me most is the complacency with disavowal and complicity. Because as we speak, those with power are actively, insistently engaged in making every problem worse.

From Marlene Goldsmith:

In her book, *Crisis of the European Subject*, Julia Kristeva gives the following definition of politics: '[it] . . . is the experience of a debate in which free individuals come forth and measure themselves against one another in their plurality, so as better to think about the public interest. And in fact this is the inherited ideal of the Greek city . . . let us understand politics then as a living interrogation and polemic, life of the mind remote from all archaisms, investigation that can shed light on other peoples as well.' I like this definition for a number of reasons, not the least of which is because I think it can be applied to the notion of the political within a psychoanalytic context. Its notion of politics as a living interrogation made me think of Nancy's work with her patient whose mother had lived through the depression and more generally of the nature of therapy; one very important way of conceptualizing our work is as something living, vital, and interrogating. The notion of being a life of the mind free from archaisms reminded me of our work to free the patient's thinking from primitive or infantile and distorted patterns that might get in the way of thinking and feeling more clearly about politics, women, gays, racism, etc. Kristeva's thought, if we dwell on it in dialogue with psychoanalysis, has much to offer as a mode of understanding and integrating the political into our work.

From Nancy Hollander:

Hi all – a brief response to Marlene's last comment. I appreciate your sharing Kristeva's definition of politics because it is provocative and challenging. It has a containing effect and feels good, like a wonderful Disney fantasy to me at this point!! I think it's a great ideal, but it doesn't take into account the general environment of war and of unconscious (as well as conscious, of

course) group dynamics that are unleashed on every continent in so many different political contexts. How do we get to that place where we, and most of all, those who politically represent the world's people, can experience politics as a living interrogation and polemic when enactments on all sides everywhere seem to be on the ascendance? It feels like a good definition for a psychoanalytic relationship, a position we can aspire to create with our patients, and even a goal to pursue in the 'world out there', but it does not capture what exists for me. The passions that have been stirred up interfere with the benign exchange Kristeva depicts, at least in this short quote. Not being familiar with this particular work, I'm wondering if I'm off the wall in my reaction. I also would love to see what others say about the idea she articulates.

Thanks,

From Marlene Goldsmith:

Nancy, I was referring to Kristeva's understanding of the political only with regard to psychoanalytic praxis and only as a way of beginning to understand the political in that context. I think that if we are going to address political subjectivity and bring the political into our treatment approach, it is important to think about what we mean by the term in a systematic way when applied to psychoanalytic work and one way is to consider what has been said by other eminent thinkers. I thought Kristeva had a definition that could dialogue with, not be taken over wholesale by, psychoanalysis, and that her understanding, which broadens the term beyond Democrat/Republican/Independent lent itself in many ways to the questions and concerns that have been brought up here. What is personal? What is political? What is the dialectic between the two? Is there a difference between them? Etc. For Kristeva, as described in the Introduction to

her book, psychic economy is the obverse of political economy, something that I think has been addressed here, and is well said by her. In her definition, Kristeva was attempting to free the notion of politics from the idea that it must be tied only to men of power. Certainly it does not apply to the hatred, gruesome murders, and psychotic anxieties that keep lashing us. It is not meant to. But it might apply for instance to this forum, or to the work you did with other activists in Latin America that resulted in such beautiful camaraderie. Being a scholar of world oppression and historical movements, Kristeva knows better than to idealize her concepts. If this is her notion of the political, she also knows that it is something not easily won and she is aware of, has written about the force of Thanatos within the psyche and culture. In the chapter where she gives this definition, she addresses herself to how women have been excluded from giving meaning to most 'political spaces' and understands that the threat to Europe lies in the loss of 'the capacity to elaborate an inner life and communicate it, whether through free activity or a creative one'. I understand this as the threat that Americans, ruled by the hegemony of capitalism and consumerism, are constantly under and falling prey to. It is what the avoidance of deep anxiety and recognition of death prevent in us. It is just what oppressors worldwide want.

From Stephen Soldz:

I want to respond to a tone in a number of the contributions (including mine of last night) regarding the 'complicity' issue. We are all complicit in abuse and exploitation in many ways. That's true. But, as we think about people in general, and our patients in particular, and why they are passive in the face of obvious injustice, we shouldn't forget that social change is in their interest as well.

It's not just a matter of identifying with the exploited and abused 'other'. We all are that exploited and abused other.

Let's start with the most obvious. Human civilization is threatened by environmental destruction. The wealthy may do better than the poor, as crisis hits, but few of us are wealthy enough to be immune to potential massive dislocation and/or destruction. The wealthy may have done better when Katrina hit, but were certainly far from immune. It is in the interest of all of us, or at least those of us who identify with our children and their welfare, to have the world not undergo catastrophic changes. Many people realize this. They are also complicit in it. They will also be victims of it. So why don't more people put this in the forefront of their mind and their behavior? That's an initial question for us experts on human motivation.

At a second level, as has been described since at least when Hegel elucidated the Master-Slave dialectic, the dominant ones suffer their lost humanity by their role in an exploitative system. Former psychoanalyst Joel Kovel wrote movingly in *White Racism: A Psychohistory* of the costs to whites of being brought up by loved yet devalued black nannies in the US south.

At yet another level, most of us are exploited by the system. Thus, many mental health professionals are now workers, taking orders from bosses and dismissed when their presence is no longer convenient. The majority of the rest are in a much more precarious situation, getting (a relatively low) fee-for-service that gives them no protection and makes them suffer when patients don't attend. The labor movement fought against this piecework system for a century. The mental health folks initially embraced it, having fantasies that fee-for-service would allow them to share in the private practice nirvana they had dreamed of. And even those still able to play the private practice

game are, with a few exceptions, agents of the insurance companies, wondering what new tortures these companies are dreaming up for them.

So why do people put up with all this crap? Reich said something to the effect that it was understandable why unemployed people would riot or workers would strike. What needed to be explained was why most didn't do so. The question still remains. Older and wiser and sadder now, we don't have Reich's libido or orgone to provide an easy and ultimately comforting explanation any more.

I was struck by Nancy's referring to the absence of the old standby: 'think of all the starving people in China.' Maybe she's on to something. We don't say it to our kids anymore because thinking of others in that way, of social solidarity, seems so quaint, so alien to contemporary capitalist values. Through association, it reminded me of an old Marxist friend who pointed out how momentous the PATCO (air traffic controllers) strike was under Reagan. Momentous, not just because the strikers lost everything, dealing the labor movement a blow from which it never recovered, but also because it ultimately was so easy. My friend pointed out that 20 years earlier, perhaps even 10, any such attempt would have been met with massive solidarity. Millions upon millions of workers, not all in unions, would have ceased flying rather than cross a picket line. Solidarity of that kind was a core value for so many. PATCO showed that that era was over. We've entered the post-modern, everyone for him or herself, era that still predominates.

Perhaps we should think more of why we no longer teach our children to 'think of all the starving people in China.'

As for Kristeva, her vision of the political is obviously an ideal she believes one should strive for. It gives us a vision of a world to

strive for. In my view, that vision presupposes 'socialism' that long considered antiquated concept, as I can't imagine how true dialog in the world at large can long survive the vast differences in power, wealth, and resources that are the essence of capitalism. There. I've done it. Uttered the 'S' word. Shows my age. At the same time I agree with Marlene that that type of dialog is something we should and are striving for.

I'm headed out of town tomorrow (to my nephew's Bar mitzvah, anti-religious atheist that I am) through the weekend and am not sure if I'll get access to a computer.

From Marlene Goldsmith:

I wanted to add that Kristeva understands the political as an agonistic space in which the truth of human conflict emerges. Certainly in attempting to help patients identify their defenses against the terror such events as 9/11 bring to life, we create an agonistic space in therapy.

From David Lotto:

Dear Neil,

A few thoughts on your stimulating paper. Your comments on the Buddhist view of suffering and attachment involving a denial of the transience of all things in our world brought me to re-read Freud's wonderful little 3 page piece titled 'On Transience', written in 1915, a year into the horror of the first World War. Freud reports that the idea for the essay came from an experience he had 2 years earlier walking with Rainer Maria Rilke and Lou Andreas-Salome. Freud is wrestling with trying to understand Rilke's melancholy reaction to the thought that the beauty of the countryside around them would vanish with the onset of winter. Although for Freud, attachment to the people and objects of the world was a bedrock given of human nature, not something illusory as it is seen in Buddhism, both Freud and your-

self come to the same conclusion about transience. It is something very much not to be denied and, in fact, acknowledging it enhances rather than detracts from the value of those things and our attachments to them which one day will cease to be.

I sympathize with the optimism you, Hanna Segal, and Jessica Benjamin express about the possibilities for attainment of the maturity of the depressive position with its capacity to bear guilt as an antidote to the paranoid-schizoid processes that lead to and accompany war. However, I find myself much closer to Freud's pessimism expressed in 'Thoughts for the Time on War and Death'. To use Kleinian language, the problem is that when the war drum beat starts and spreads even the most apparently successful exemplars of depressive position maturity can quite quickly slip into the paranoid-schizoid stance.

For example, I participated in the PsyBC forum in the months following 9/11. Although there was a good deal of grief, sadness, and feelings connected to loss and suffering expressed, what was most striking to me was the level of anger that emerged. The anger was largely contained and couched in the garb of rational intellectual discourse, but the power and intensity of the rage was palpable. Perhaps living outside of the New York area allowed me to be more detached than those who were physically closer to the World Trade Center, but I was struck and shaken by the extent of the vindictive rage directed primarily at the perpetrators, but also toward those expressing any hint of a sense that Americans or the United States might be in the least bit responsible for engendering the terrorists. (As in the response to Susan Sontag's piece in the *New Yorker*.) I take this to be an example of regression from the depressive to the paranoid schizoid position. In particular, indulging in the wish for revenge.

Most on the list seem to approve of the United States military attack on Afghanistan and the overthrow of the Taliban regime.

I am gratified to see you putting in print your reaction to the planes hitting the world trade center that: 'This is what people all around the world experience quite regularly from which we have been insulated.' I had a similar reaction but it is my strong feeling that such sentiments would not have been appreciated at the time.

I don't mean to single out psychotherapists or psychoanalysts here. In the months following 9/11, there were justifications and explanations presented for the war in Afghanistan from many in the left-liberal community. For example, the political science professor Richard Falk, a longtime peace activist, wrote an article titled *Defining a Just War* in which he lends his support to the attack on Afghanistan, saying that it was a 'just war' directed at 'global terrorism'. Todd Gitlin, the former SDS leader and self-identified leftist put together a book of essays he called 'The Intellectuals and the Flag' to justify why he felt inspired to hang an American flag from his apartment terrace in Manhattan in the days following September 11th.

Unfortunately, we, the citizens of this country, are once again in a time of war; being governed by those whose actions are driven by paranoid-schizoid processes.

From Jennifer McCarroll:

I want to throw in my thoughts about some ideas mentioned by Neil, Lynne, and Phil. I gave a talk this week at my Institute on an analytic case, one that was part of my training. In the talk, I mentioned Neil's paper in an effort to raise some questions and start an exchange about the whole practice of psychotherapy is completely caught up in oppressive cultural norms, the same ones

that oppress us, how the profession of psychoanalysis is complicit or embedded. The patient was a young woman, mid 20s, an illegal immigrant in New York City since she was 17. Her family background is such that her parents split when she was 5. Post divorce, her father, already upper middle class, married into a wealthy family that did not accept my patient as one of their own. Meanwhile, her mother's economic situation gradually deteriorated to the point of poverty when the patient was a teenager (the patient lived with her mother). The patient's family background highlighted painful issues of acceptance, worthiness, and rejection around class issues, which became amplified when the patient moved to New York and lived as an illegal immigrant for 10 years. She experienced being an illegal as a shame ridden 'less than' status.

At the end of my clinical presentation of how the patient's class issues in her family and as an illegal immigrant dovetailed, I talked about all the progress she had made in her life. She always hated being a worker in the illegal, i.e., off the books, cash part of the American economy, but as an illegal who was not using someone else's social security number, it was the only work available to her. She eventually got a green card and became a professional consultant, an on the books, tax paying worker. This has been a crucial achievement for her that registers in her self-esteem and resonates deeply with her familial struggles.

However, I also mentioned Neil's paper, about how people are running after a state of privilege that ever recedes and this causes 'despair' in those that can't keep up and 'driven anxiety' in those that can. I pointed out that a main goal of her analysis has been to move her from the camp of the despairing to the camp of the anxiously driven and that the analysis was a 'success' in this regard. But I then suggested that despite the achieve-

ments of the patient, this is a muddled success story, one that we as middle and upper middle class analysts are heavily embroiled in our own personal lives (here, I'm remembering Stephen H.'s comments last year about the class divide in New York between people who rent and own their homes). I talked about how my own class struggles affected this case, that despite the fact that my practice is full, I could not afford to continue seeing this patient three times a week at a very low fee. I also talked about the class struggles of my institute, which owns a building in a prestigious part of Manhattan and to which many aspiring therapists apply for analytic training each year. But under the surface of the Institute's success and prestige, there are rumblings about a shrinking endowment and less than effective fund raising. So, I tried to get a conversation going about all this in the discussion of my clinical case. I got a lot of compliments about bringing up my own and the institute's class struggles, not just the patient's. But no one engaged the topic aside from acknowledging that I brought it up.

Now I'm wondering what this was about. One thing I think is that perhaps we're so unaccustomed to discussing how class issues play out institutionally, and that the specter of shame around class slippage, creates a situation where people don't have the language to talk about it. Maybe this is what happens with our patients too, why it seems hard to figure out if and when to bring up political/societal issues. But it also seems crucial to me. I remember a comment in a paper by Muriel Dimen about money, love and hate in psychoanalysis. Something to the effect that the middle class is shrinking, and as goes the middle class so goes psychoanalysis, as it's most of its practitioners and patients are middle class. I think of conversations I've had with other analytic candidates, about how many of us struggle

mightily to pay for training and wonder if psychoanalysis is destined to be practiced by and for the wealthy. I think of my patient's feelings of oppression as she fights to be a citizen and a part of the middle class. I think of my feelings of oppression as I fight to be an analyst and remain a part of the middle class. I think of my school's struggle to hang onto its designation as an upper middle class educational institution, and how the psychoanalytic community has such a difficult time engaging in conversations about these things . . .

From Marlene Goldsmith:

Jennifer, I can relate to much of what you are saying about the practice of psychoanalysis. I was invited by the institute in my city to become a candidate. They had known my work because as a graduate student, I had been employed by the low-fee psychoanalytic center in town. There I had been supervised by two different psychoanalysts each week and participated in a weekly group supervision with rotating psychoanalysts leading the case presentations. I had to decline. At the time my husband and I just could not afford it. We were setting up private practices and had just had a child. I had cut back on my hours, wanting to be with my baby more, and we were paying for a babysitter when I did work, which taxed our income. I would have loved to have gone through the training. I have remained active within the community, which keeps inviting me to presentations, public and private. They also invited me to present a paper I had written on creativity, trauma, and abjection. As the years passed I had another son and as I grew older (I am now 57), I felt that I did not have the energy to go through the program (I went through a life-threatening illness at age 49). Your comment about the possibility that only the wealthy will treat wealthy patients in this field struck home for

me. I wonder if one of the reasons that it is so difficult to address these issues is that they touch on so much that is psychologically conflicted for us. As you said, shame can be a factor. I do not think that when I was invited to join the institute, I would have felt free to talk about my financial situation. There was no such thing as a scholarship or funding anyway, but I think my inhibitions were paramount. My analyst had reduced his fee while I was in graduate school and this was always a difficult issue for me. I could barely bring myself to talk about it with him. After his death I found out that he was always surprised that he got paid and paid so well for what he did. He had been born in Poland and then his family moved to Cuba to avoid persecution of the Jews during the war. He was a very humble man and remembered secretly passing books by poets such as Pablo Neruda from friend to friend until the books were dog-eared and beaten.

In this situation you can see what an intricate tapestry economics and the class structure defined by it formed with my individual psyche. In fact I would say that economic, political, and feminist issues can get to the core of our psychic conflicts and dynamics. I think that this fact creates many inhibitions around these issues and that in order to talk about them, one must feel oneself to be in a very safe and trustful group of people or perhaps have worked through beforehand the conflicts and feelings magnetized by them.

From Marlene Goldsmith:

Here is an anecdote that I think is relevant to the discussion. We were paid a pittance by the psychoanalytic center I had worked for, and at one point the therapists came together to ask for a raise. We had not received one for a few years. At the time (1985 or 1986), my husband was earning \$15,300 a year, and I was earning a little bit

more because I had been hired sooner than he had been. The clinical director and analyst with whom we were speaking about this raise, who was quite wealthy and lived in a well-to-do neighborhood in an exceptionally large, beautiful, stone house, told us, 'You didn't come here to earn money'!!! And we did not get a raise. At the time there were no other job choices for graduate students interested in psychoanalysis. I could have gone to a large institute and hospital and received training in cognitive behavior therapy, but I had absolutely no interest in this field after having studied it as an undergraduate. I'm not sure the pay would have been much more anyway. I think that this anecdote is an example of graduate students being treated as second-class citizens.

From Stephen Soldz:

Thanks Marlene for the stories of how finances affected your relationships to psychoanalytic institutions. I find it all too common that the wealthier among us castigate the less wealthy for being greedy for wanting more. We're supposed to pretend that we're not interested in making a living, as well as in treating patients.

But this is endemic in the 'helping professions'. Nurses get it all the time, the accusation of being 'selfish' for asking for a fair shake. Psychoanalysis and psychotherapy in our society are part of that society and partake of its values. Jennifer's patient show this as well.

Another aspect of this occurs in analytic institutes, which run, to a great degree off of volunteer, or near volunteer, labor. Ignored is that the burden falls disproportionately on people. The newer, not established professionals are earning a lot less than the most established and, therefore, volunteering costs them more. This leads to a slew of resentments that are seldom discussed, due to a combination of shame, guilt, and guilt-

tripping, similar to that described by Marlene.

Another favorite of mine is private-practice therapists espousing the ideology that treatment for free can't possibly work, as the patient won't value it. Of course, those of us who've worked in community clinics know that is far from the truth, but we can seldom get through the defensive certainty. It doesn't seem to occur to people that, because such a belief is in their personal interest, they should subject it to especially careful scrutiny.

So how do we bring class, finances, and the associated power and inequalities into the analytic situation, and into analytic thinking. Given the reactions people describe, plus those I've experienced, it will be difficult.

From Neil Altman:

I gather that we're going to wind down this discussion this weekend and turn to Nancy's very thought-provoking paper. I have found this discussion very important in keeping me on my toes about my own complacency and denial in my practice and in my life. I especially appreciate Nancy's insistence that we not use our embeddedness as an excuse to fail to act to promote change. Steven's example of the way the labor movement has become relatively quiescent since the PATCO strike was broken was a chilling reminder of the dangers of failing to act. I knew a man who was an air traffic controller who struck, was dismissed, and who went back to his home in upstate New York to work, I'm sure at much lower pay, for a building contractor. I got to know him as he worked on a shed for us at a house we had just bought. Shortly thereafter, he had a heart attack (he was probably in his late 30s at the time) and I would see him doing fast walking along the country roads, trying to get his health back, I guess. Within another couple of years, he

had died from a brain tumor. I have no ideas whether there was any relation between his illnesses, his untimely death, and his experience of being crushed in the labor-management wars, but his experience registers with me as one among millions of such experiences going on in this country and around the world that we, collectively, have come to accept. What comes to mind as I end this posting is a response by Michael Rustin to an article I wrote called 'Manic Society' (there is a companion article by Rachael Peltz by the same title) in which he said he thought clinicians were in a good position to work toward social change by compiling individual stories of how people suffer in a certain socio-economic milieu. Karen Rosica has been collecting such stories in the Div. 39 Section 9 newsletter and, in the press, an accumulation of horror stories about managed care had some impact. Staying close to the human costs of oppression and war is a way of fighting complacency and denial, if not despair.

From Neil Altman:

I just noticed David Lotto's and Jennifer McCarroll's postings and want to make one more response briefly. In response to David's comments, I find some solace in Gandhi's remark that violence never prevails in the long run. (The end of the world may give the lie to that idea, but until then I think it's true.) Empires built on violence self-destruct. Violence breeds violence until it runs its course, for the time being anyway. The Romans went and conquered the world, but in the end Jesus on the cross conquered Rome, and still has a powerful hold on the imagination of billions of people (not forgetting that people have used the cross to go to war). The problem is that Gandhi's statement is about the long run, and in the short run a lot of people die violently. But I find it a comforting reminder.

Jennifer's experience rings so true about how much easier it is to talk about class anxieties in the abstract, in someone else's life, than when it hits close to home. That's a danger in our work, isn't it, that we can get a false sense of mastery to the extent that we take a detached, objective stance toward the suffering of our patients, dissociated from our own suffering. And that reminds me of another thing Steven said, how we're all in the same boat, fighting for the privileged seat, and ultimately will float or sink together.

From Marlene Goldsmith:

I would love to be able to take solace in Gandhi's comment that violence never prevails in 'the end', but that concept remains very abstract for me. What has been recurrent throughout history is war, brutal murder, unjust interment, torture, manipulation, lies, etc. Violent empires might self-destruct but new ones take their place, and eventually violence rears its head again. This reality is what an empirical look at history reveals to me. I was immensely discouraged after seeing *The US vs. John Lennon* because it brought home that Nixon and Bush have exercised the same disregard for human rights, the constitution, and the law. History repeats itself. The only difference is that Bush is doing it on a grander scale: lying to keep us involved in an unjust war, fending capitalism and democracy on the world no matter how many deaths this might cause, or how detrimental it is to the poor, causing the murder of innocents, etc.

Perhaps I do not have enough of or the right quality of faith. But I find myself thinking of what Martha Graham once said: There is no hope. There is only what we do.

From Stephen Soldz:

My final comment on Neil's paper.

Driving to and from New York this weekend, I thought of the discussion we've

had and thought of two recent songs. [Thanks to YouTube you can go watch/listen to them.]

The Dixie Chicks, in *Not Ready to Make Nice* decide not to forgive and I, for one, cheer them on. For me it raises profound questions of when forgiveness is desirable and when it allows injustice to continue. [Go to <http://www.youtube.com/watch?v=ucGPGGB9zRA> to listen.]

The other song is '*Dear Mr. President*' by Pink. [Go to <http://www.youtube.com/watch?v=nG9TsTCfLec>.] She asks the President to have empathy, and finds him wanting. I cry every time I listen to either of these songs.

From Marlene Goldsmith:

Thank you, Stephen. I'm crying with you.

From Karen Peoples:

Thank you all for the fine, thought-provoking papers and comments. I had made two earlier attempts to respond, to no avail. As the dialogue winds down I would like to take up three points:

(1) The question of dissociation, numbing, overwhelm: while I think it is true that many (ourselves, our patients) cannot bear the bad news in the papers every day while others (e.g. Nancy) eagerly absorb as much as possible, the issue of dissociation has its negative counterpart in the illusion that we can truly absorb and emotionally integrate the widespread occurrences of human suffering to which we are exposed daily. The very real flood of painful global news is something we have never before experienced in such magnitude. So I find myself faced with the constant challenge of knowing as much as I can, of opening my heart and my capacity to bear witness to the world's suffering (as in Buddhist practice), while also working to restore an internal quiet – a space in which I can think effectively about what steps of action I can take within and outside of the consult-

ing room. I applaud Neil's noticing the small ways in which he/we in Western society create little manic physiological states and behaviors to not notice our bodies' suffering or to numb ourselves to our sorrow. But I think this kind of dissociation is not the only problem: I believe there is a significant lack of cultural forums that provide interdisciplinary, interracial, multiclass exchanges that are of a personal and intimate nature – that is, communal forums for emotionally-engaged critical thinking about social problems.

This leads me to point (2): the matter of complicity Lynne brought up, which is linked with dissociation. I agree that our patients, like ourselves, can be both over-responsible and under-responsible and that this problem, like helplessness that leads to avoidance of the knowledge of suffering, often has personal roots that need to be analyzed. However, there seems to me to be a missing middle step or ground between the isolation of the consulting room and the action/activism we may engage in outside of it. When Nancy points to the media and government as figuring large in the constitution of the ideology in which we are immersed, I agree and disagree. While I am as furious as she (and most on this forum) about the policies of the Bush administration, I also see forms of complacency and silence, if not 'complicity' within our analytic communities when injuries occur to its members by other members.

For example, as I have thought about how my own analytic community can become more involved (beyond the letter of protest written) in the 'APA-torture business' Stephen mentioned, I have been thinking about the links of complicity/complacency in abuse, torture and anonymous detention all the way up and down the sociopolitical chain. When thinking recently of the complicity of many in the German populace in

WWII as citizens peered out their windows at the starving, frozen inmates marched by the outskirts of town, or of our own hidden-away internment camps filled with Japanese-Americans, I was startled to realize very powerfully that I was no different from those earlier citizens: aware of the Guantanamo Bay inmates, anonymous and faceless, in a remote location as if not real, existing mostly in the abstract to me. This despite my closely following the news and my strong feelings that the detainees deserve legal representation.

With the recent Bush legislation to strip the right of habeas corpus from all foreign visitors to the US, to which only a few news commentators noted what a dark, unprecedented and sad day this was for the rule of law, I was struck by my likeness with the German people in WWII, and frightened at this slow, steady encroachment on human rights.

However, as I thought further, I also began to consider the ways in which the principle of 'habeas corpus' – meaning 'you shall have the body in court' – is fundamental to the process of seeing, witnessing and knowing injuries and allegations of injury at the level of persons to persons within the social group. This raised the further question for me of the process, or lack of process, existing within our own analytic communities for 'having the body' of injurer/injured – the body of hurt – present, witnessed and able to speak. When egregious injury occurs, for example, leading to the public notice expelling a member from the community, do the victims' injuries get witnessed, acknowledged? Does the institute, in its silence, tacitly comply with the harm committed?

Further, has the community participated in allowing the harm to occur by failing to recognize, as one colleague put it, the group's unconscious wish to act out by winking at the perpetrator's escalating signs of being 'outside the law'. How can psychoanalysis create small group processes of community self-reflection that break such patterns of complicity while respecting freedom for individual differences? How does the group/community spot trouble in advance, and manage the tension of alliances between supporters of both victim and perpetrator. How do we sensitively, analytically, handle the complexity of interpersonal dynamics in a way that can be healing – i.e. in a way that mends splitting and projection within the community itself? And is there a way for such communal accountability to extend across disciplines and social groups? Interfaith religious services are the only analogies that come to mind for such mutual soul-searching and healing. (Jennifer's and Marlene's recent posts about the silence around class differences is one centrally important social issue needing to be taken up within our analytic communities. I have been affected by and speaking up about this issue in my institute for some time.)

It seems to me that only in this manner of self-accountability within our own community can we effectively move forward as a community to address the links of complicity/complacency up to the highest levels of government. Short of that, we are in danger of perpetuating the splitting and projection.

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