

Saving the World One Patient at a Time: Psychoanalysis and Social Critique

JENNIFER TOLLESON, Ph.D, Private Practice, Burlington VT Chair, Committee on Social Responsibility/Social Justice, The American Association for Psychoanalysis in Clinical Social Work

ABSTRACT *In contrast to its revolutionary beginnings, the psychoanalytic discourse has abandoned its potential as a critical, dissident force in contemporary life. It is imperative, in our efforts to engage in socially responsible clinical practice, that we restore the socio-critical function to our professional mandate, and that we apply such critique to our symbiosis with the dominant organizing social and economic order. In our close encounter with the tragedies and profundities of the human subject, we are uniquely poised to inhabit a critical, dissident and ardent sensibility in relation to the larger political world. Our immersion in human subjectivity makes possible a vivid and poignant perspective on human experience in contemporary life, and yet our valorization of the subjective and the individual, and our difficulty looking beyond the dyad as the site of human suffering and human transformation occludes a broader social and historical inquiry. So, too, does our preoccupation with holding onto our professional legitimacy, staying viable in the marketplace, which tempts us in morally dubious directions and dampens our freedom to elaborate a more oppositional, or dissident, sensibility. Arguably the profession has a responsibility to make a contribution, practical and discursive, clinical and theoretical, to human rights and social justice. A contribution along these lines requires tremendous courage as we push back against the gains afforded by our conformity to the status quo. Copyright © 2009 John Wiley & Sons, Ltd.*

Key words: psychoanalysis, critique, political, discourse

The heart of psychoanalytic thought is critique. (Joel Kovel)

There has been a stunning reticence in the psychoanalytic psychotherapeutic world to engage in vigorous critique of the larger social world and our place within it. (One could say that we, as psychoanalytic practitioners, have been negligent about engaging in collective protest about practices we know compromise our patients and our clinical values. There is a critical difference between private grumblings amongst ourselves and organized mass action.) Our participation in dominant social processes, including the degree to which we are authorized by them, is distressing for most of us to consider (Cushman, 1994). Indeed,

*Correspondence to: Jennifer Tolleson, 156 College St #201, Burlington VT 05401, 802-651-7670.
Email: Jentolleson@comcast.net

most psychoanalytic types are politically curious and left-leaning (while also tending to sequester our politics as private citizens from our clinical preoccupations. I am interested in the split between personal politics and professional practice, especially among psychoanalytic social workers. Many social workers began their careers with a keen interest in social justice and grassroots helping methodologies. In moving towards psychoanalysis – moving right? – many of us feel we have left something of ourselves behind.) But of course our professional values, theories and methodologies, like every other cultural practice, are constituted by the matrices of power within which they operate. It is imperative, in our efforts to engage in socially responsible clinical practice, that we restore the sociocritical function to our professional mandate, and that we apply such critique to our symbiosis with the dominant organizing social and economic order.

Paul Wachtel (2002, 199) writes that in contrast to its revolutionary origins, psychoanalysis has become an ‘establishment profession that fits easily into the practices and social structure of our highly unequal society’. With all of the potency and critical depth of the psychoanalytic paradigm we are strangely silent about the radical inequities that pervade American life. Instead, we tend to confine our observations largely to the private – or domestic – sphere. So while we have, for instance, much to say about parental failure, we are nearly silent about the failure of our (all too human) government to provide a living wage or basic health care to its citizens. We have a lot to say about the sources and problematics of human violence – as it occurs between individuals and inside families – but almost no critique of state sponsored violence, as in, for example, the death penalty, the so-called ‘war on terror’, including the use of torture, the practice of extraordinary rendition, and the US funding of military occupations abroad. We have a lot to say about mania, greed, and emptiness but are nearly silent on the homogenization of American life, its rabid consumerism and uncritical submission to the logic of the marketplace.

Perhaps we have accepted our place in the continua of human knowledge and have dutifully left the meta-analyses to economists, sociologists, and political theorists; perhaps we are beaten down by years of battling a culture that burns our books, finds our ideas speculative and insufficiently empirical, and prefers the mania of the quick fix to the more sobering and formidable process of self-inquiry; perhaps we are anxious about risking the mainstream acceptance we have achieved over time.

Whatever the case, the radical deconstructive spirit has gone largely AWOL in this profession of ours, our heads too often in the sand about the larger sociohistorical contexts and political/economic practices that structure our patients’ lives, our theories and methodologies, and our collective professional values. We don’t address social inequities as much as perform them, doing so in the nuance of enactment with our patients (Layton, 2005), in the social reifications of our theories, in our neglect of cultural history in our clinical work, and in the unexamined alliances we make with those who fund our services.

In the headlong rush to achieve credibility in the mainstream, to satisfy the demands of the marketplace, to fit in, we have become participants (and unwitting collaborators) in a system we might otherwise challenge. This is blatant in the realms of managed care, diagnosis and medicalization and so-called ‘evidence-based practice’. (See Scholom, 1998; Pyles, 2003; Walls, 2004, 2006, 2007; Gourguechon, 2007 for critiques on the takeover of psychoanalysis by corporatized health care and scientism.) If psychoanalysis was once part of a counter-cultural critique, calling into question the organizing social practices of the

day, one could argue that we have long since learned to keep our mouths shut. It may be that many practitioners have replaced activist efforts in the social world with creating 'the good society' in the intimacies of the therapeutic dyad. Doing psychotherapy, with its contemporary democratizing thrust (i.e., empathy, mutuality, anti-authoritarianism) provides possibilities for clinicians to fashion a social utopia in the privacies of their work (Gordon, 1995; Boticelli, 2004) in lieu of social action on the streets. Importantly, in a century that has seen family and communal dependencies diluted by suburbanization, the demands of industrialization and the waning of traditional binding practices (likes religion and the family dinner), psychotherapy has been something of a refuge, providing people with intimate, empathic human contact (Cushman, 1995). Problematically, however, 'Our patients come to therapy rather than form social alliances and rebel' (Layton, 2004, 243), rendering psychotherapy a soothing and compensatory healing accommodation rather than a viable challenge to the sources of alienation in our patient's lives. Like a mother who comforts her child after he has endured a beating by his father, we help our patients feel better but stop short of confrontation with the system. Referring to managed care as a 'source of dehumanization', Boticelli (2004, 644) decries the absence of mass political action on the part of clinicians:

Instead of calling for the creation of a movement that could directly challenge the right of insurance companies to profit by denying the health care that they are mandated to provide, [it is suggested] ... that researchers conduct outcome studies to demonstrate the cost-effectiveness of psychoanalytic therapy, in the hope that this data will convince insurance companies to pay for it.

Employing a strategy of accommodation, we wind up doing treatment (or research) in lieu of social praxis – fitting in instead of talking back.

But this wasn't always the case. At varying points along the way, and in differing regions of the world, psychoanalysis has served as a progressive social philosophy alongside its application as a psychological treatment. (For a wonderful history of the social activism in the early psychoanalytic movement see Danto, 2005; for a compelling record of the social emancipatory work of Marie Langer and her fellow radical analysts in Latin America, see Hollander, 1997.) Freud (1926) himself believed that the greatest contribution of the psychoanalytic project lay in its power as a social transformational discourse and that its utility as a form of clinical treatment would be secondary. Our clinical work, he suggested about himself, earns us a living while we are otherwise changing the world. The revolutionary potency of the psychoanalytic discourse lay, at its best, in its *de facto* challenge and denunciation of received knowledge, its deconstruction of the illusions embedded in everyday life, and its (near heartless) refusal to take anything for granted, from the most sacred to the most banal.

That psychoanalysis has been historically regarded as a subversive project is evidenced by its violent exclusion by dictators and fascist regimes (Richter, 1996). In examining the dissociation of race from the psychoanalytic discourse, Altman (2004), writes that at its inception, psychoanalysis was 'a black thing', based on the high affiliation of Jews, who were referred to as 'black' in Vienna (Gilman, in Altman, 2004) at that time. This racialization of psychoanalysis, the ongoing anti-Semitic assaults against it, the repudiation of its emphasis on desire and death, and the socialist and communist affiliations of so many of its early practitioners placed psychoanalysis, in its beginnings, firmly in the social margins.

Comprised of people who were social reformers, political radicals, medical mavericks, and humanitarians, people who broke ranks with tradition, like women and Marxists (Jacoby, 1983), the early psychoanalytic movement, one could say, occupied a subject position that stood in opposition to – if not defiance of – mainstream culture. This position simultaneously required and inspired a creativity of mind, an independence of purpose, and the sort of critical scrutiny of the dominant surround that is only possible when one is standing outside it.

Necessarily, psychoanalysis depoliticized during the Nazi period. In mortal danger, practitioners fled for their lives, many to America. Altman (2004, 808) writes that once safely here these refugees ‘...sought (consciously or unconsciously) to join the ranks of white Americans...to adopt unreflectively a Northern European value system and to seek upper class social status.’ This identification with whiteness (as a social construction and subject position) joined them to the wheels of capitalism, which included medicalizing and privatizing. Ego psychology, with its emphasis on adaptation, frustration tolerance, and the stiff upper lip, became the chief operating theory. In addition, the degradations brought about by the relocation of psychoanalysis to America, i.e., its anti-intellectualism, its antagonism towards Marxism, and its rejection of lay practitioners (furthering medicalization), ‘conspired’, writes Jacoby (1983, 17), ‘to domesticate psychoanalysis, subduing its broader and...critical implications.’ Arguably, American anti-intellectualism continues to thwart a meaningful public role for a psychoanalytic discourse. For Gordon (1995), psychoanalysis as a discipline has failed to contribute to public intellectual conversation, and has become increasingly insular and cut off from the public sphere:

Indeed, on the contrary, it has produced a rather self-referential group of textual experts, talking to one another in an exclusive and rarified language about their own and others’ texts...I could name hardly anyone in the field of psychoanalysis who could in any way be regard as a public intellectual, that is someone who seeks a mass audience outside of the academic world...The ‘turn to psychoanalysis’ taken by many leftists, feminists, and other radicals in the 1970s and 1980s has ended up as a retreat from collective engagement and a search for individual consolation in the self-contained politics of psychoanalytic theory in the academy. (Gordon, 1995, 276)

I would suggest that, contemporarily, Slavoj Zizek qualifies as a public intellectual speaking from the domain of psychoanalysis.

As it Americanized over time, the profession’s notion of itself as apolitical became a proud part of its working value system. Barratt asserts that the Americanization of psychoanalysis was an important factor in the loss of its sociocritical vision:

That psychoanalytic science is a critical praxis with inherently ‘anthropological’ implications is all too comfortably obscured by the American domestication of Freud’s discipline...In the American setting the expansion of ‘psychoanalysis’ often seems to have depended on the occlusion of Freud’s method as a unique mode of personal inquiry and change that necessarily issues into political and sociocultural critique. (Barratt, 1985, 437–8)

According to Richter, training programs in psychoanalysis began to seek particularly compliant candidates, preferring applicants who were politically conformist and rarely admitting those who would have been embraced in the early days of the movement: ‘unconventional people, doubters...cranks, dreamers, and sensitive characters’ (Richter, 1996,

298). There was a burgeoning of a Left psychoanalysis during the 1950s and 1960s, particularly among Marxist academics and socialist freedom movements, which used the critical social analyses of the Frankfurt School to inform civil protest. But now Freud is dead, or so they say, and we could be (should be?), curiously, back to where we once belonged. This strikes me as an emancipation of sorts, an opportunity to re-engage our work from the margins, which is where we do it best.

So there has been, over time, an abandonment of psychoanalysis as critical ideology and social movement in favour of its therapeutic function. Indeed, in the century since its inception, the potential of psychoanalytic thought to offer a subversive, even revolutionary, challenge to Western social values has been overtaken by its clinical application. Speaking of the surrender of the critical ethos of psychoanalysis to the clinical turn, Barratt writes ‘... A technical preoccupation with the patient’s “cure” in an instrumentalist procedure that takes the givenness of things as its premise, results in a false cogency that conceals the political and sociocultural fabrication of the patient’s characterology and symptomatology’ (Barratt, 1985, 438). Increasingly, and perhaps especially in its American form (i.e., deriving from ego psychology), psychoanalysis has become, seemingly, more conservative in scope and tone, having abandoned many of its claims to social transformation and retracted much of its earlier political *chutzpah*. Whatever the case, clinical psychoanalysis has opted out of its contribution to critical social praxis and has found safe harbour as an individual healing technology that promotes social adaptation rather than social unrest. It is meaningful that those who approach psychoanalytic philosophy as critical social theory are found largely outside of mainstream clinical practice, typically in the academic disciplines. It seems also meaningful that theorists who have used psychoanalytic thought on behalf of a radical social critique or sociological analysis have been marginalized or, in some cases, excluded from the therapeutic canon (clinicians in training, for instance, rarely encounter the theorists of the Frankfurt School), thus maintaining the functional splits between therapeutic practice versus social critique in the first instance, and between therapeutic practice as ‘colonial administration’ (Kovel, 1988) versus therapeutic practice as cultural dispute in the second.

The absence of cultural dissent in the profession and the submission of clinical autonomy to the exigencies of the establishment have meant a tragic loss of vitality for the psychotherapeutic community (Richter, 1996, 2). The ‘triumph of the therapeutic’ (Rieff, 1966) in American life, the degree to which psychotherapy (as a cultural practice) has been absorbed comfortably into the cultural surround, rendered legitimate, has produced a waning of a particular sort of creative passion, a defensive smoothing away of dissent, leaving a banality where critique should be. Agreeing to our own corporatization, and sidestepping vigorous inquiry into matters as disparate and crucial to our integrity as diagnosis and the mother/baby metaphor in treatment, we risk, quoting Cushman, becoming ‘functionaries and apologists, chaplains who *enable* the machine, rather than activists who *condemn* it and help others resist its march’ (Cushman, 1994, 805).

There exists a paucity of critical consciousness about the rootedness of our theoretical constructs in larger narratives of power, race, gender, class, and empire (Ghannam, 2005). The primacy of the mother in our recent theorizing, for example, including the equation between doing psychotherapy and mothering and the assumptions about what constitutes ‘mothering’ goes, too often, critically undeconstructed. The psychoanalytic discourse on

Mother, borrowing from and re-inscribing the social discourse, is potent. Indeed, theorists as conceptually distinct as Klein and Kohut share in common the valorization of the mother/child matrix. (According to Layton, 1990, there is explicit male bias in Kohut's theorizing, as the responsibility for the mirror function is typically maternally assigned, while the father is more often the object of idealizing needs. Whatever bias exists in the theory also appears to correspond to a parallel bias in the application of the theory. In my experience listening to cases presented along self-psychological lines, women therapists more often describe the transference of their patients in mirror terms, while men more typically speak of an idealizing transference. What is curious is how easily the gendered nature of these interpretive formulations escapes notice.) The Mother as an organizing *idea* in psychoanalytic theorizing goes, again, undeconstructed. A further aspect of the mothering discourse in psychoanalysis is its application to particular theories of clinical technique, whereby the therapist is maternally conceptualized. Emerging from developmental models of therapeutic interaction that view the clinical dyad as a reconstituted mother and child, the unacknowledged assumptions that inform our notions of 'the good mother' and what we, as clinicians, are reenacting in our efforts to be 'good enough,' require studious consideration. The equation between mothering and clinical empathy, or mothering and a particular brand of benevolence (Tolleson, 2003) clearly needs to be examined. For Layton (2004), the premium on 'niceness' and empathy in American therapeutic technique derives, in part, from white bourgeois ideals of femininity (which includes the disavowal of aggression and a tendency toward submission) and the feminization of the clinical professions in the past several decades. Again, without rigorous scrutiny of our working assumptions, we unwittingly perpetuate the very sources of psychic enslavement we hope to lessen.

Simply, we too often mistake how things operate with what they are, confusing appearances for essences, and in the moment of our confusion, unwittingly reinscribe them. In the fetishization of the mother in the theories of Winnicott, for instance, she – for Mother is always *she* – is shorn of her defining discursive contexts, as well as the social patterns that compose those contexts, including sexism, capitalism and her place in those structures. 'Mother' is reified, treated as a universalized 'someone' responsible for the well-being of children in a particular, naturalized, way, rather than understood as a social construct. Mother as constructed, then, becomes an organizing social discourse with which real women – and men – consciously or unconsciously must reckon. Addressing reification, Layton (2004, 242) writes, 'Discourses do not just describe; they have formative effects'. Brenda Solomon, a postmodern sociologist, puts it thus: 'Ideas become real, in consequence' (2009, personal communication). The psychoanalytic community has long understood the projective identificatory processes by which phantasy is realized and the Other is shaped.

If our unexamined and historically de-situated theoretical constructs reflect an unwitting alliance with the dominant social system, this is hardly truer than in the case of diagnosis. There are several recent texts that describe the making of the DSM (e.g., Kutchins and Kirk, 1997; Lane, 2007), revealing the farcical process by which disorders have been named, catalogued and, at different points along the way, sponsored by Big Pharma.

Much of psychoanalysis has been proudly suspicious of psychiatric diagnosis, yet there remains a keen attachment to particular descriptions of experience which is treated as a thing (e.g., borderline personality). Whether such labels are useful is less the issue here than

the importance of our willingness to critique them as social constructs embedded in a cultural history that is raced, gendered, and informed by economics. In a curious twist, Bollas (2000), sharing a position with cultural critic Elaine Showalter (1997), post-modernizes the concept of hysteria by framing it as an unconscious performative pattern in which cultural narratives (like cutting, anorexia, multiple personality) are reified and reproduced, again suggesting the importance of considering the social – and medical – production of diagnosis. At its best, psychoanalytic psychotherapy deconstructs diagnostic lexicon rather than enacts it; at its worst, it degrades into ‘mere medicine’ (Jacoby, 1975), in which practitioners treat ‘disorders’ that have been labelled in a medically efficient nosology in order to justify particular medicines and treatments with the aim of moving the patient in culturally prescribed directions.

As psychoanalytic clinicians we have tragically de-linked (Layton, 2006) the public and private spheres, severing the individual from his social world. Of course Freud was concerned with the repudiated, the unknowable and unknown, the unspeakable and unspoken, with what has been refused from waking consciousness, rendered to the margins. And of course, according to the psychoanalytic template, we are fundamentally composed, not simply by what we know, but by what we cannot know, see, imagine, or represent. We are, in short, constituted by the missing. Psychoanalysis is distinctively organized around the vicissitudes of absence in the forming of human subjectivity, and the centrality of restitution – and reclamation – in the clinical encounter.

If, as they say, ‘the personal is political’, I want to argue here that what might be missing, absent, repudiated, unformulated in the human subject lies within the vagaries of our unarticulated political and cultural histories, histories rendered mute, trivialized, in part, by their taken for grantedness, their seeming banality in the course of our living them. As clinicians we are sensitive to the transforming role of trauma and the pain suffered in the course of events that deviate from ordinary experience. We are perhaps less attuned to the tyranny of everyday practices, the hegemony of bourgeois culture, experienced unreflectively as ‘common sense’, which accounts for the absence of social revolt among those who suffer most under its value system (Gramsci, 1971).

If we live something long enough, it becomes ordinary; it becomes nothing at all, equivalent to life itself. Anna Freud (1967) said that we are traumatized only by the unfamiliar. Anthropologist Daniel Linger (1993, 3) writes ‘Common sense makes revolution hard to think.’ It is in the nature of the great civil rights revolutions that they have forced a radical critique of the ordinary working social order, a consciousness, as it were, of everyday life. It is revolution, in fact, that reveals the ideological structure of what has been experienced as the natural, inevitable order of things (i.e., common sense). Ideology is a notion that we typically reserve for the Other as a measure of his exoticism or his evil; for instance, in the United States the Arab is ideological while we ourselves are not, as we refuse to consider capitalism an ideology or type of totalitarianism. (Political philosopher, Sheldon Wolin (2008), uses the term ‘inverted totalitarianism’ to describe America’s (potential) system of power, referring to the domination of democratic institutions by economics. Unlike classic totalitarian systems, economic processes are not subordinated to politics; rather, politics serve the exigencies of capital.) Jacoby (1975) argues that our modern thinking on ideology pits it against ‘common sense and empiricism’ and joins it only to rhetoric and theoretical abstractions that run counter to Western sensibility:

The irony is that the Marxist notion of ideology was originally directed toward elucidating and articulating consciousness... [I]ts meaning [has been] repressed, and a conformist one, openly or implicitly celebrating the common sense of the 'West,' was introduced. (Jacoby, 1975, 7)

My mother grew up in the segregated American South during the 1940s and 1950s. When I ask her about the apparent lack of protest by her and her otherwise well meaning friends about realities as gruesome as separate bathrooms and dining halls, she explains that this was simply 'the way things were'. In other words, it did not occur to them to question it; nor did it occur to them to scrutinize other 'facts of life,' like the burgeoning American exceptionalism in the wake of World War II, or that being a girl meant aspiring to a husband and children; the evils of communism and the rightful buildup of an American nuclear arsenal; the ideals of heteronormativity and the 'Standard North American Family' (Smith, 1993), whereby, in the words of one child activist, 'Daddy works, Mama cleans, Baby cries' (uttered, at two years old, as my first psychoanalytic interpretation, and equally, my first act of civil protest); and, more insidiously, the establishment of 'the good mother' as an organizing construct, represented by, and in turn animated by the work of Dr Spock, among others, and the mounting intensity of the child abuse movement, which would have a huge impact on the shaping of guilt, sexuality, freedom, occupational power, and how maternal life could be imagined – and resisted—for my mother's generation of American women. If my mother had been in therapy during this time in history, might her analyst have helped her consider the larger shaping forces of her subjective life, her development not just within a family, but within a place and time in which particular discursive options, or grand narratives, were available for imagining a life? Might her analyst, furthermore, have helped her contest the limits of a discursive field rendered as 'common sense' to think beyond the borders of her own collusion with the prevailing order of the day, to undertake a resistance? We can hope.

Psychotherapy entails a critical reckoning with what is de-linked from the patient's lived subjectivity, including the 'unthought known' (Bollas, 1987) of ideology masquerading as 'the way things are'. Psychotherapy problematizes everyday life (Smith, 1987). In this formation, the therapeutic process becomes fundamentally deconstructive, political, and facilitative of a capacity for critical social awareness and resistance. Cushman (2005, 432) writes '... we live out the status quo until we begin educating ourselves. That is when a crucial aspect of becoming a human being begins.' Psychotherapy, imagined thus, becomes a form of revolution whereby what has been unconscious (unformulated, repudiated) becomes part of a critical consciousness of the social world and one's place in it. A difficulty of engaging a historically and politically sensitive therapeutic stance is the level of knowledge required by the clinician. Richardson and Zeddie write

Mental health professionals are certainly not trained for such tasks. Indeed, they are indoctrinated, in the main, in... ahistorical modes of human functioning that actively impede their functioning in this way. Also, patients are perhaps decreasingly aware of... compelling moral ideals from their own cultural past or from elsewhere. Trying to broaden the dialogue could easily become the blind leading the blind. (Richardson and Zeddie, 2004, 624)

But just as the potency of political and cultural history can be disavowed from the patient's ongoing self-sense and just as his conformity to the dominant social order can

persist without critique, the content of the clinician's own interpretive work can detach people from their broader social, historical, political contexts, sponsoring a process that overly privatizes the dyad and celebrates the patient's bounded individuality. Joel Kovel writes:

Psychotherapists, consumed by the day-to-day task of helping the troubled, tend to forget that their work is historically situated and that it plays a very real, albeit ambiguous, social role. More exactly, they have not so much forgotten the sociohistorical side of psychology as much as failed to consider it in the first place. The forgetting is done for them by bourgeois culture, which established a split between subjective and objective realms, made a fetish of the former, and turned it over to psychology to 'cure' once the need for religion had been outgrown. (Kovel, 1976, 171)

Psychotherapy (as a social practice) becomes, in some sense, adversative to social/political critique insofar as it engages the internal world and valorizes the inward turn (where reflection is praxis). One could argue that the psychoanalytic engagement of the psychological, the subjective, effectively services the demands of capitalism, doing so in multiple ways:

- Employing soothing techniques that calm people down and quell dissent, softening what Gramsci (1971) called 'the basic, negative, polemical attitude,' or stirrings of class consciousness. I would add to Gramsci's notion of the 'basic, negative, polemical attitude' the stirrings of race consciousness, gender consciousness, heterosexism consciousness, or, in general, injustice consciousness. I agree with Layton (2005) that facilitating this form of awareness is crucial in psychotherapy, not just among those who occupy these subject positions, but among us all, and that realizations along these lines, often enacted, will emerge in any mix up of class, race, gender, and sexuality in the clinical dyad.
- Reframing social problems in terms of individual psychopathology.
- Displacing blame for suffering onto local objects, like parents, particularly mothers, and away from larger constitutive structures. This is what Deleuze and Guattari (1977) label the 'mama-papa matrix'. 'In this gaze', writes Ingleby (1984, 49), 'every influence on socialization except that of the family is rendered invisible.'
- Reinscribing consumerism with developmental narratives about internalization and 'the empty self' (Cushman, 1995).
- Tranquilizing human distress through pharmacology. Given the availability and user-friendliness of the psychiatric discourse for articulating human pain (Hogget and Lousada, 1985) and the collusion of the therapeutic community with the aims of the pharmaceutical industry, the rampant medicalization of subjectivity is not surprising. On the issue of pharmacological treatment for emotional pain, Hogget and Lousada (1985, 131) write, 'We would not wish to dispute that in the short run this may help people, but it only does so by leaving their troubles untouched, by seducing them further with the "ideology of management," and only "helps" by rendering their distress "mute" . . . Distress is no longer clamorous, insisting, or improper; it has been made quiet.'
- Reducing the work of psychotherapy to outcomes treated as commodities (e.g., higher self-esteem, better marriages, healthier children and the like) rather than valued as a process with unknown – and perhaps zero – economic value.
- Essentializing narcissism. The kind of relational and expressional freedom celebrated implicitly in constructs like 'self' and 'authenticity' is an inherently conservative (i.e.,

freedom trumping equality) capitalist social ideal. To be sure, the privileging of narcissism intersects crucially with the commodification of the self in a corporate and advertising culture, valorizing the importance of self-expression, individual decoration, and uniqueness. So while we have fundamentalized narcissistic needs, and positioned ourselves clinically in relation to those needs, we have not done the same with morality needs – compassion, responsibility, caring for others (with the exception of Klein's essentializing of guilt and the pursuit of love over hate). Samuels (2004) criticizes the standard – and reifying–psychoanalytic theorizing in which the patient is viewed as an infant whose wellbeing rests on whether it is gratified or failed by the broader society-as-mother. In a powerful reversal, he suggests we regard the patient as a 'citizen' who is caregiver to the baby-world.

In sum, all of these trends help to produce subjectivities fit for American empire and a global marketplace. Certainly Foucault (1978) believed that the function of all social sciences is to promote the state's hegemony over its people. Kovel (1980) indicts directly what he calls the 'mental health industry' for its effective social control.

Phillip Cushman (2005, 440) writes: a reason to work as a therapist is to help prepare patients to engage in effective *progressive* political activity... if our work isn't to prepare our patients to bring on and work toward a better world, what good is it?' To what extent can psychotherapy urge a critical engagement with the social surround? Disagreeing with both Marcuse (1955) and Jacoby (1975), who assert that the revolutionary goods are in the theory, not the practice, of psychoanalysis, Frosh (1986) argues that psychotherapy can be a powerful agent of social criticism and progressive political impact. Insofar as social processes do not affect subjectivity as much as constitute it, he argues, the therapeutic emphasis on the personal is also always a process of social deconstruction. The centrality of social structures, particularly capitalism, in the shaping of subjectivity was also emphasized in the work of Wilhelm Reich (1946). Cushman (1994) argues that in a hermeneutical paradigm the psychological and political are not convincingly separate. And of course Andrew Samuels (2000) believes the psychotherapeutic endeavour must involve meaningful exploration of the patient's political development. I would argue that the decision to interpretively *disregard* the potency of the broader social world in the forming of subjectivity, to expunge political meaning from the therapeutic discourse, is as political an act as otherwise.

Critical questions that organize psychoanalytic inquiry – 'Who am I? How did I get here? What's going on?' – render therapeutic practice closer to a philosophical discourse than a medical discourse, to be sure. Yet helping people locate themselves as subjects, to find themselves in some meaningful way existing, not just within a specific family, but within a much larger and more complex social and historical field is to help them reclaim disavowed informing narratives, or 'subjugated knowledges' (Foucault, 1980), while also connecting them to the wider human community. For Meyer (in Cushman, 1994, 822), a psychotherapy that does not reckon with sociopolitical history risks 'help[ing] the weak feel strong while remaining weak.' Of course this sort of broader therapeutic inquiry requires a willingness on the part of the clinician to call into question the historical embeddedness and discursive nature of her own organizing constructs, and her unexamined collusions with dominant social discourses/ideologies which she treats as common sense (like, for instance, the centrality of the mother in making sense of subjectivity, and the validity of

diagnostic lexicon). It requires, further, that she shift her curiosity from figure to ground, from trauma to the social ideologies that potentiate it (ideologies rendered 'hard to think' by their ubiquity). It is so called 'normal psychology' (i.e., common sense) and our collusion with it, that needs to be vigorously examined. Ingleby (1984) writes:

The task for radical psychoanalysis is to show how crippling compulsions arise in the course of normal socialisation, and persist because they serve so well the maintenance of oppressive institutions... The development of a truly 'emancipatory' form of psychoanalysis... requires its disembedding from the system of practices... within whose constraints it must remain an individualist, adaptationist, and essentially conservative form of praxis. (Ingleby, 1984, 60)

The work of mourning is at the heart of a revolutionary therapeutic practice. Mourning, says Judith Butler (2003), as distinct from the narcissistic preoccupations of melancholia, politicizes the self by ushering one into a realization (a making real) of global suffering and its unequal distribution. Death, especially violent death, has always been decidedly racist (see Tolleson, 1997) and classist (see Goldscheider, 1971). If the narcissism of the melancholic stance narrows the subject to the problematics of survival and self care, mourning creatively broadens him to a compassion for others. 'Then,' writes Butler, '[he] might critically evaluate and oppose the conditions under which certain human lives are more vulnerable than others, so that certain human lives are more grievable than others' (p. 16). The identification with human suffering, which entails a perspective on one's own suffering that situates it in a larger human discourse, brings one into contact with the Other as a living subject. It is my denial of the Other, he or she whose subjectivity I repudiate in favour of my own, that is the source of my own 'beating heart' (Poe, 1966). As clinicians, most of us had the experience of helping our patients sort through the agonies of 9/11. There was a collectively endowed space for the mourning of lives lost in the atrocities that day. My patients were much more silent on the ravages of Hurricane Katrina, and even more so during the recent – and ongoing – events in Gaza. Who counts? What matters? We tend to assign 'trauma' to, or properly humanize, those whose subjectivities we recognize or that mirror our own, those who are given voice within our dominant political paradigms (one facet of American life is the relative absence of contact with, much less apology for, the crimes of the state, like the travesties of slavery or military invasions against the Third World. I have often wondered if our culture's rampant consumerism is an effort to drown out a collective grief.) Butler writes, 'I am as much constituted by those I do grieve as by those whose deaths I disavow, whose nameless and faceless deaths form the melancholic background for my social world, if not my First Worldism' (Butler, 2003, 23). What gets said and what remains silent in the clinical encounter, in this sense, reflects our social demarcations and stratifications, reconstituting the very balance of power that is the source of global suffering in the first place.

If the human subject is formed as much by what we repudiate – by what we cannot or refuse to imagine – as by what we embrace, the encounter beyond the borders of our own knowing (a reckoning, one could say, with the denounced Other) becomes crucial to a complexification of the personal imaginary and a deepening of our humanity. Michel Foucault (1980) was famously concerned with discourses that have been culturally submerged due to their critique of dominant Western paradigms. The dessication of any knowledge that threatens the party line is analogous to how the human subject repudiates

that which threatens his narcissistic equilibrium. Of course, the requirements of power (which is simply another way of thinking about narcissism) determine what can be thought, known, imagined and felt. Power, via the ways it mediates culture, hence, sets the parameters for desire, for thought, and for language, determining who gets a voice and what matters (Cushman, 1995). Despite the relative absence of reflection within psychoanalysis on the constitutive role of gender, race, sexuality, economics, and nationality, the human subject is conditioned by the dynamics of power into which it is born. As such, the psyche is fundamentally political, discursive, and ordered according to the requirements of the dominant forming epistemologies. In contemporary Western life, one could say that the Corporation, shaping human desire and awareness to its own ends, 'manufacturing our consent' (Lippman, 1922; Herman and Chomsky, 1988), sponsors us increasingly. Yet this reality seems to escape most of our clinical and metapsychological theorizing, and seems rarely to enter our empathic or interpretive work with patients. Of course our work thrives in a consumer culture – it is the air we breathe – which likely accounts for our disavowal of its significance.

That which is expunged from cultural thought and articulation – whatever does not satisfy the exigencies of power – is not demonized in the human subject as much as unformulated, not rejected as much as unseen. On considering the social inequality of death, Judith Butler (2003) poses the questions, 'Who counts as human? Whose lives count as lives? And, finally, what makes for a grievable life?' (p. 10). By marking certain graves and not others, the media spares us the complexities of free thought while producing and exoticizing the Other through his and her cancellation. Butler writes:

There is no obituary for the war casualties that the United States inflicts, and there cannot be. If there were to be an obituary, there would have had to have been a life, a life worth noting, a life worth valuing and preserving, a life that qualifies for recognition... I think we have to ask, again and again, how the obituary functions as the instrument by which grievability is publicly demonstrated... we have to think of the obituary as an act of nation building... The queer lives that vanished on September 11 are not publicly welcomed in to the idea of national identity being built into the obituary pages. But this should come as no surprise, when we think about how few deaths from AIDS were publicly grievable losses, and how, for instance, the extensive deaths now taking place in Africa are also, in the media, unmarkable and ungrievable. (Butler, 2003, 18)

It disturbs me that we rarely hear case presentations involving waitresses, truck drivers, migrant workers and coal miners. It would seem we work for the – largely white – middle and upper classes, and we too rarely challenge this alliance. Those who practise 'on the ground', in community clinics, in rural or working-class communities, or with the poor, do not, in the main, have a voice in the articulation of formal clinical theory. Arguably, our colleagues working in clinics and agencies too often cannot afford to attend conferences where we gather. They do not have a place at our table, nor do we, by virtue of being perceived as elite and having poorly articulated the relevance of our perspective to grassroots aims, have a place at theirs. Working from the margins, these clinicians have contact with our culture's hidden subjectivities, serving as witnesses of the radically discrepant distributions of justice in American life. These subjectivities, whose voices rarely enter our working consciousness, much less our journals, our conferences, our theories, and our practices, comprise hidden – subjugated–knowledges that remain, sadly, outside our formidable

intelligence as a profession, exacerbating the split between knowledge in the grassroots and formal psychodynamic theory, and fomenting the long divide between the social justice arm of social work and the therapeutic mission of psychoanalytic practice. Aiello (2002, 4), importantly, describes the absence of ‘representation in the symbolic register’ for clients and therapists working on the margins. Solomon (2006) calls these underground discourses – often emerging from grassroots social work – ‘guilty knowledge’, reflecting theorizing that is lived apart from the professionalizing – and sanctioning – stamp of formal theory.

In our close encounter with the tragedies and profundities of the human subject, we are uniquely poised to inhabit a critical, dissident, and ardent sensibility in relation to the larger political world. The immersion of practitioners in the subjectivity of individuals makes possible a compelling, provocative and experience-informed perspective on the human subject in contemporary life, and yet our steadfast refusal (a refusal produced, too often, by our totemization of theories that delimit the therapeutic imagination) to look beyond the most proximal sources of human suffering (e.g., parental failure and the nuclear family) ultimately limits our social justice participation. So, too, does our preoccupation with holding onto our professional legitimacy, staying viable in the marketplace, which tempts us in morally dubious directions and dampens our freedom to elaborate a more oppositional, or dissident, sensibility. Butler (2003, 21) queries, ‘What has happened to the value of critique as a democratic value?’ To be sure, as clinicians we support easily most democratic ideals, employing many of them studiously in the therapeutic situation, but what about the role of dissent? Or have we purchased (too much of) our professional security at the cost of (too much of) our professional integrity? To be sure, our ‘fear of falling’ (Ehrenreich, 1989) structures and delimits what can be thought, felt, and articulated in the therapeutic process, as well as in our relation to the systems within which we work.

Our domestication, including our preoccupations with the pragmatics of practice, has entailed a critical loss of creative freedom. We risk a dangerous insularity insofar as we minimize our contact with other social science discourses (sociology, political theory, anthropology), occluding the vision of a psychoanalysis that might be at once more social and more critical. Confining the interpretive field fetishistically to infancy, the nuclear family circle, and to the transference, we are insufficiently attuned to the centrality of sociopolitical history in the shaping of the human subject and to political praxis in the healing of the human subject. Psychotherapy, as an emancipatory practice, might push beyond the terrain of emotional consolation, or political resignation (Marcuse, 1955), facilitating in the patient his own capacity for cultural dissent. Certainly the potency of reparation is well theorized in psychoanalysis and arguably the compassion engendered by mourning links the clinical project to a sociopolitical one. Samuels (2004, 821) describes political action as ‘self healing’ in its own right.

We have to clean our own house, to take on our perspectival biases and limitations, to restore history to our theorizing, critique to our praxis and political resistance to our ethos. The categories we work by are always rooted in the social, historical, political, cultural facts on the ground, always revealing something of our private and collective interests. When we endow our constructs with the status of pure truth, when our ways of talking become naturalized, confused with ‘how things are,’ we descend into a culture of obedience, as thought gives way to conformity. Noting the hypocrisy of a profession that is concerned about human emotional and relational vitality but does little to fight govern-

ment policies that hurt people, Boticelli (2004) suggests that a more politically engaged psychoanalysis, one that is confident in its ability to make a difference in the world would have less a need to prove itself, less a need to justify its existence by conforming it to a status quo we should be challenging.

Perhaps cleaning our house means, above all, examining our collective transference to the potency of the psychoanalytic discourse and the seductiveness of its clinical and conceptual ambition. Psychoanalysis articulates a radical, unsettling, and exquisitely beautiful view of the human subject. But psychoanalysis is only one way of thinking and talking about the human experience and its discontents, only one pathway to personal redemption. Perhaps our capacity for dissent emerges from our refusal to be in love with it.

REFERENCES

- Aiello T. From the margins: the origin of some relational concepts in psychoanalytic work in the inner city. Presented at IARPP Conference, 20 January 2002, New York City.
- Altman N. History repeat itself in transference: countertransference. *Psychoanalytic Dialogues* 2004; 14 (6): 807–16.
- Barratt BB. Psychoanalysis as critique of ideology. *Psychoanalytic Inquiry* 1985; 5: 437–71.
- Bollas C. *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia University Press, 1987.
- Bollas C. *Hysteria*. London: Routledge, 2000.
- Boticelli S. The politics of relational psychoanalysis. *Psychoanalytic Dialogues* 2004; 14 (5): 635–48.
- Butler J. Violence, mourning, politics. *Studies in Gender and Sexuality* 2003; 4(1): 9–38.
- Cushman P. Confronting Sullivan's spider – hermeneutics and the politics of therapy. *Contemporary Psychoanalysis* 1994; 30: 800–45.
- Cushman P. *Constructing the Self, Constructing America*. Menlo Park, CA: Addison-Wesley Publishing Company, 1995.
- Cushman P. Clinical applications: a response to Layton. *Contemporary Psychoanalysis* 2005; 41(3): 431–46.
- Danto EA. *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918–1938*. New York: Columbia University Press, 2005.
- Deleuze G, Guattari F. *Anti-Oedipus*. New York: Viking, 1977.
- Ehrenreich B. *The Fear of Falling: The Inner Life of the Middle Class*. New York: Pantheon, 1989.
- Foucault M. *Discipline and Punish: The Birth of the Prison*. New York: Pantheon, 1978.
- Foucault M. *Power-Knowledge: Selected Interviews and Other Writings, 1972–1977*, C Gordon (ed.). Hassocks: Harvester Press, 1980.
- Freud A. Comments on trauma. In Furst S (ed.) *Psychic Trauma*. New York: Basic Books, 1967; 235–45.
- Freud S. The question of lay analysis. *Standard Edition*, 20. London: Hogarth Press, 1926.
- Frosh S. Beyond the analytic attitude: radical aims and psychoanalytic psychotherapy. *Free Associations* 1986; 1H(7): 38–59.
- Ghannam J. The use of psychoanalytic constructs in the service of empire: comment on Baruch (2003). *Psychoanalytic Psychology* 2005; 22(1): 135–9.
- Goldscheider C. The social inequality of death. In Schneidman ES (ed.) *Death: Current Perspectives*. Palo Alto: Mayfield Publishing Co, 1971; 34–9.
- Gordon P. Private practice, public life: is a psychoanalytic politics possible? *Free Associations* 1995; 5C(3): 275–89.
- Gourgeuchon P. The canary in the coal mine: psychoanalysis and health. *Psychologist–Psychoanalyst* 2007; Spring 2007: 19–22.
- Gramsci A. *Selections from the Prison Notebooks*, Q Hoare, GN Smith (eds and trans.). New York: International Publishers, 1971.

- Herman ES, Chomsky N. *Manufacturing Consent: The Political Economy of the Mass Media*. New York: Pantheon Books, 1988.
- Hogget P, Lousada J. Therapeutic intervention in working class communities. *Free Associations* 1985; 1B(1): 125–53.
- Hollander NC. *Love in a Time of Hate: Liberation Psychology in Latin America*. New Brunswick, NJ: Rutgers University Press, 1997.
- Ingleby D. The ambivalence of psychoanalysis. *Free Associations* 1984; 1A (Pilot): 39–72.
- Jacoby R. *Social Amnesia*. Boston: Beacon, 1975.
- Jacoby R. *The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians*. New York: Basic Books, 1983.
- Kovel J. Freud the revolutionary. *Psychoanalytic Review* 1976; 63(2): 171–78.
- Kovel J. The American mental health industry. In D Ingleby (ed.) *Critical Psychiatry*. New York: Pantheon, 1980; 72–101.
- Kovel J. *The Radical Spirit: Essays on Psychoanalysis and Society*. London: Free Association Books, 1988.
- Kutchins H, Kirk S. *Making us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders*. New York: The Free Press, 1997.
- Lane C. *Shyness: How Normal Behavior Became a Sickness*. New Haven and London: Yale University Press, 2007.
- Layton L. A Deconstruction of Kohut's concept of the self. *Contemporary Psychoanalysis* 1990; 26: 420–429.
- Layton L. Dreams of America/American dreams. *Psychoanalytic Dialogues* 2004; 14(2): 233–55.
- Layton L. Notes toward a nonconformist clinical practice: response to Philip Cushman's 'Between arrogance and a dead-end: psychoanalysis and the Heidegger-Foucault dilemma.' *Contemporary Psychoanalysis* 2005; 41(3): 419–43.
- Layton L. Attacks on linking: the unconscious pull to dissociate individuals from their social context. In Layton L, Hollander NC, Gutwill S (eds) *Psychoanalysis, Class, and Politics: Encounters in the Clinical Setting*. London: Routledge, 2006; 107–17.
- Linger D. The hegemony of discontent. *American Ethnologist* 1993; 20(1): 3–24.
- Lippman W. *Public Opinion*. New York: Harcourt, Brace & Co., 1922.
- Marcuse H. *Eros and Civilization*. Boston: Beacon, 1955.
- Poe EA. The tell-tale heart. In *The Complete Stories and Poems of Edgar Allan Poe*. Garden City and New York: Doubleday & Company, Inc., 1966; 121–4.
- Pyles RL. The good fight: psychoanalysis in the age of managed care. *Journal of the American Psychoanalytic Association* 2003; 51S (S): 23–42.
- Reich W. *The Mass Psychology of Fascism* (trans TP Wolfe). New York: Orgone Institute Press, 1946.
- Rieff P. *The Triumph of the Therapeutic*. New York: Harper, 1966.
- Richardson FC, Zeddies TJ. Psychoanalysis and the good life. *Contemporary Psychoanalysis* 2004; 40(4): 617–58.
- Richter H. Psychoanalysis and politics. *International Forum of Psychoanalysis* 1996; 5(4): 295–301.
- Samuels A. *Politics on the Couch: Citizenship and the Internal Life*. New York: Other Press, 2000.
- Samuels A. Politics on the couch? Psychotherapy and society – some possibilities and some limitations. *Psychoanalytic Dialogues* 2004; 14(6): 817–35.
- Scholom A. Managed care's assault on our hearts and minds. *Psychologist-Psychoanalyst* 1998; 18(2): 6–12.
- Shwalter E. *Hystories: Hysterical Epidemics and Modern Media*. New York: Columbia University Press, 1997.
- Smith D. *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press, 1987.
- Smith D. The Standard North American Family: SNAF as an ideological code. *Journal of Family Issues* 1993; 14(2–3): 16.
- Solomon B. Taking 'guilty knowledge' seriously: theorizing, everyday inquiry, and action as 'social caretaking'. In Witkin SL and Saleebey D (eds) *Social Work Dialogues: Transforming the*

- Canon in Inquiry, Practice, and Education. Alexandria, VA: The Council on Social Work Education, 2006.
- Tolleson J. Death and transformation: the reparative power of violence in the lives of black inner city gang members. *Smith College Studies in Social Work* 1997; 67(3): 415–31.
- Tolleson J. Narcissism, guilt, and the fear of the bad object: the therapist's personal anxieties and the perversion of clinical technique. Presented at Being on the Inside: Case-Based Summer Series, Institute for Clinical Social Work, Chicago, IL, June 2003.
- Wachtel PL. Psychoanalysis and the disenfranchised: from therapy to justice. *Psychoanalytic Psychology* 2002; 19(1): 199–216.
- Walls G. Diagnosis, epistemology, and politics: The PDM paradigm. In L Aron (Chair) *The New Psychodynamic Diagnostic Manual (PDM): How Old is the Wine; How New are the Bottles?* Symposium presented at the Spring Meeting of Division 39 of the American Psychological Association, Toronto, Canada, April 2007.
- Walls G. Toward a critical global psychoanalysis. *Psychoanalytic Dialogues* 2004; 14: 605–34.
- Walls G. Meaning or medicine: The future of psychoanalysis in the professional schools. *Psychoanalytic Psychology* 2006; 23: 654–60.
- Wolin S. *Democracy Incorporated*. Princeton: Princeton University Press, 2008.