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PSYCHOTHERAPY AND POLITICS INTERNATIONAL

AIMS AND SCOPE

Psychotherapy and Politics International explores the psychological implications and consequences of the political, and the political implications of the psyche, both in theory and in practice. The premise of this journal is that psychotherapy is a social and political activity that asks us to examine the processes of self-deception that perpetuate individual unhappiness, as well as social structures that are inequitable and oppressive. Historically, political concepts and values, and their effects, have not been central to the therapeutic process, although that has changed. The journal welcomes articles from all modalities or schools of psychotherapy internationally and from across the political spectrum.

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EDITORIAL

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INTRODUCTION

The pandemic seems to be behind us, but the war in Ukraine continues as a new war breaks out in the Gaza Strip. Meanwhile, societies are torn apart by classist, racist, and sexist violence. Our current turbulent context is reflected in this double issue of *Psychotherapy and Politics International*. From feminism and intersectionality in the psychological professions to racism in psychotherapy, Eurocentrism in the training of psychotherapists, social violence towards the trans community, and the impact of the war between Israel and Palestine, this issue tackles some urgent and important themes in the political and psychotherapeutic arenas.

PEER-REVIEWED ARTICLES

We start this double issue with a stimulating paper by Stephen Abdullah Maynard. In this article, Maynard examines the intersectionality between Islamophobia and racism in life and in therapeutic work. He reflects on the Western normative context that has tended to avoid the subject of religion or spirituality, leaving them to the realm of specialist counselling such as in Christian or Islamic settings. Positioning a spiritual perspective as central to processes and choices Muslim clients make, he argues a strong case for making intersectional approaches, including spirituality, as central to the therapeutic task. Maynard offers a powerful way to open up our minds to some new information and perspectives that enrich our sense of who we are in the therapeutic professions.

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Following Maynard's article is a fascinating narrative describing the impact of having a dual-cultural legacy of names for the people of Hong Kong. Yoyo King-Yin Chang describes the injuries caused from ignorance and Eurocentrism in social and professional spaces. From the title, 'What's "wrong" with my names?', we witness how meaningful our names are in capturing the essence of who we are as well as shaping the way we become. However, the microaggressions and harm enacted unconsciously aggravate and intensify the distress already caused in European social settings from prejudice. The author argues for an expansion of consciousness and a capacity for therapists to work with identity, privilege, and power and understand how this contributes to conscious and unconscious processes in and out of the therapeutic arena.

The theme of racism continues in Jada Brown and Saafi Mousa's account of their research into the experiences of clinical psychology students. They examine the need for students to have safe enough spaces in an unsafe profession. They acknowledge the impact of the international protests of Black Lives Matter that seemingly has finally enabled psychological training to register the institutional racism in the profession. As a result, a new initiative such as the Safe Space for global majority trainees was developed and this article explores the experience for these students. The research poses questions as to how progressive training is incorporating a deconstruction of whiteness.

After the four articles on topics related to racism and psychotherapy, there are two pieces that offer psychoanalytic approaches to gender violence. The two pieces present original clinical proposals to treat population victims of this violence in Mexico. Both proposals were conceived by the authors of the texts.

Flor de María Gamboa Solís and Adriana Migueles Pérez Abreu recapitulate various relationships between psychoanalysis and feminist activism and tell the brief history of a recent feminist clinic project aimed at questioning, denouncing, and challenging gender oppression in Michoacán, in western Mexico. The high rates of femicides and other forms of violence against women in Mexican society are at the origin of the project presented by Gamboa Solís and Migueles Pérez Abreu. Similarly, Hada Soria-Escalante relies on the attacks suffered by trans people in Mexico to justify her proposal for a 'Tiresian clinic' as an alternative to the 'foreclusive clinic'. Drawing on the Greek myth of Tiresias, the story of a clairvoyant who was transformed into a woman for seven years, the article appeals to the profession to listen beyond the narrow bounds of training or national political discourse. Within the dominant clinical practice in psychotherapy and psychoanalysis, in which any non-binary gender experience or identity differing from the anatomical sexual referents, is absolutely excluded through the psychic mechanism of 'foreclusion' described by the French psychoanalyst Jacques Lacan.

The Lacanian psychoanalytic perspective is also presented by Bert Olivier, who starts from Lacan's conception of the subject to hypothetically explain addictive behaviours through a

gash in the symbolic and the imaginary that disrupts the self-representation and self-understanding of the person. This hypothesis leads Olivier to propose a psychotherapeutic treatment against addiction consisting of the repairing of the gash in the symbolic through new forms of symbolisation and personal narration that allow the establishment of significant social and political relationships.

In the final peer-reviewed article for this issue, Rinata Terkulova makes use of personality and political-psychological theories to share her research into how and why Putin acted the way he did with the invasion of Ukraine. Drawing from the field of foreign policy and a study of leadership from a distance, the author explores the decision making process associated with what is revealed as Putin's 'dual framing style'. The article argues for consideration of leadership trait analysis of individuals in critical cases such as invasions and war.

NOTES FROM THE FRONT LINE

This double issue closes with four Notes From the Front Line dedicated to the conflict in the Gaza Strip that has caused, so far, between October and December 2023, almost 21,000 civilian deaths, including 860 Israelis and 19,700 Palestinians. This death toll is clear evidence of the imbalance of forces between Israel and Palestine, an imbalance that seems to be clear for all the authors included in this section, several of whom are participants in the global social movement for peace in Gaza. The authors, all of them with psychoanalytic sensitivity, offer particular points of view according to their countries of origin and residence, as diverse as Lebanon, Argentina, the United States, the United Kingdom, and France.

Agustín Palmieri interprets the Palestinian genocide as an acute symptom of globalised capitalism that cannot be ignored in psychoanalysis and psychotherapy. Psy practices, according to Palmieri, should adopt a critical approach and interrupt the automatisms of the social when addressing psychopolitical discontent. This interruption, as Stephen Sheehi and Lara Sheehi show us through direct testimonies of Palestinians in Gaza, can be realised in a certain way through reveries that affirm Palestinian life, wilfulness, and resistance against the backdrop of settler colonial violence and genocide by the state of Israel.

Describing what is happening in Gaza as a 'mass-murder by a racist apartheid state', Ian Parker insists on the need for psychoanalysts and psychotherapists to join the global movement of solidarity with the people of Palestine through a text prepared for the Red Clinic, a collective of communist mental health workers. As we know, this movement has included many Israelis and Jews from around the world. Solidarity with Palestine, however, can be prevented in the Jewish diaspora by forms of identification and assimilation analysed by Sophie Mendelsohn from a psychoanalytic perspective. Mendelsohn's article, like those by Parker, Palmieri, and the Sheehis, reveals a committed psychoanalytic clinic positioned in favour of the weakest in the current world situation.

LOOKING FORWARD

The troubles in the world, as expressed in this powerful final edition, may weigh heavily on many of us as citizens and professionals as we head towards the final few days of 2023. We also draw hope from our collective dialogues on these essential subjects. Opening up minds, hearts, and souls is the work we commit to, and we can draw strength knowing there are many minds also engaged and committed to this task.

There are many contributions in this issue from psychoanalytical colleagues that prepare us for what is coming in 2024. As well as our generic issues, we have two exciting themes coming in 2024. The earliest being psychoanalytical approaches to colonialism, and then later in the year we have a special edition on the African diaspora. In the meantime, we thank you for reading and contributing to this journal and wish you all a good end of year whilst looking forward to the new year ahead.

We would not like to end this editorial without thanking all our peer reviewers who have supported us by writing reviews this year. Some of you have done so under tight time frames and this has made our work possible. Your reviews really support the editing process, and help authors see how their work has landed and what else they need to consider in order to improve their work. Thank you so much and we look forward to collaborating again in 2024.

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PEER-REVIEWED ARTICLE

The racism you know is not the racism we experience. A perspective on Islamophobia and racism concerning the therapeutic frame: What Muslims bring and what they leave behind

Stephen Abdullah Maynard*

ABSTRACT

This article articulates some of the complexities of the interrelationship of Islamophobia and racism that are present in life and therapeutic work with Muslim clients. It addresses the political context of the intersectionality these factors bring to Muslim mental health and therapeutic work with Muslims, contextualising their mental health inequalities in Western hegemony in the UK. In this, it explores the choices diverse Muslim clients make as to what they bring to the therapeutic relationship in the context of the above. It further suggests that counsellors and therapists of colour may use their awareness of intersectionality to work to develop rapport with diverse Muslim clients in this context.

KEYWORDS: therapeutic frame; racism; Islamophobia; mental health inequalities; Islamic counselling

This article is an attempt to articulate some of the complexities of the interrelation of Islamophobia and racism, that are present in life and therapeutic work, addressing aspects of the intersectionality that this brings to the work. In addressing these concerns, this article examines current definitions of Islamophobia considering their relationship with racism and what this means systemically for Muslim mental health. This article considers some of the complex intersectionality and diverse realities of being Muslim as experienced here at this time, and in these contexts, explores the safety of the therapeutic space for Muslims.

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My positionality in writing this is as a Black (Caribbean heritage), male, cisgender, middle class, older, dyslexic, Muslim revert (as in a person who chose to be Muslim not a person born into a Muslim family), therapist. The frame through which I see this work includes my therapeutic approach—a faith-based model—Islamic counselling. The term Islamic counselling was first coined by Aliya Haeri in 1994 following her work with Shaykh Fadhlalla Haeri (a teacher of the Islamic science of Tasawwuf, the gnostic Science of the Self) on his books *The Journey of the Self* and the *Cosmology of the Self*, psychologically framed expositions on psychospiritual development. Sabnum Dharamsi and Stephen Abdullah Maynard were granted ithn (permission) to develop this work leading to the completion of the therapeutic model, the first publication on Islamic counselling in 1998 ('Beginning at the Beginning, Islamic Counselling' [Maynard, 1988]), the first independently accredited training in Islamic counselling for a professional qualification in 2001, the development of The Lateef Project—the longest running Islamic counselling service, and the development of an evidence base for this work. There have been subsequently other models identified as Islamic counselling; these, however, are not as yet backed by evidence. Islamic counselling has been practised since the 1990s in the UK urban context of late modernity. I speak of late modernity thinking that we live in an increasingly fluid multipolar but still neo-colonial world, where global systems both constrain and empower, individuals increasingly need to define themselves, and knowledge—though it has use—is full of uncertainty. This understanding of the wider context of 'our times' I believe impacts the work we can do and need to do at the individual level as counsellors and therapists of colour, as well as the presentations our clients bring, e.g., their context-specific experiences of existential crisis. In saying this I note that this article is submitted in the context of the SCoPEd (Scope of Practice and Education) framework of competencies for UK qualified counsellors with its 28 diversity competencies, and during the Gaza War, and the vicarious trauma I perceive in all Muslims I know at this time which feels similar to the vicarious trauma I remember among Black people when children were shot dead in the Soweto uprising of 1976.

Islamic counselling is a therapeutic process rooted in core understandings of Islam, the faith (the belief)—the one thing shared by 6.5% of the UK population identifying as Muslim, and 23% of humanity—a community who by all other accounts is therefore super diverse. Islamic counselling is based on an ontology that differs from other therapeutic models, being both psychospiritual and not originating from Western hegemony. With this comes a different perspective on the lived reality of the client's present that relates to their psychospiritual understanding of their experience. When working with Muslims of colour, where this is relevant, it also attempts to explore the interrelationships between racism and Islamophobia in the client's experience, seeing them not as one thing, but as overlapping interrelated forms of oppression, that jointly impact psychological wellbeing. These discriminatory forces create the ontic violence experienced by Muslims (Dharamsi, 2022) that impacts their wellbeing. Islamic counselling articulates a psychospiritual framework of wellbeing (a wellness framework of 'being Muslim') based on intrinsic understandings

within Islam that are larger than contemporary Western understandings of psychological wellbeing, addressing from this psychospiritual framework the intrapersonal, interpersonal, and geo-sociopolitical lived experiences that help to anchor mental distress and mental illness of Muslim people.

Understanding the experience of Muslims requires some reframing of Islamophobia, and reconsidering understandings of racism, and particularly its interrelationship with Islamophobia. In addition, Muslims, Islam, and mental health must be considered for what they are; how we frame things defines too often how we see them or if they are seen at all.

ISLAMOPHOBIA AND RACISM

In 2018, the All Party Parliamentary Group (APPG) on British Muslims published its report, *Islamophobia Defined*, presenting a working definition of Islamophobia which though not adopted by the government has been largely adopted in the Muslim community and by various agencies. The definition was researched and presented as: 'Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness' (APPG, 2018, p. 11).

Without criticism of the work that has been done, and in the context of the therapeutic work we address, I would like to set out an alternative definition as follows:

> Islamophobia is discrimination and prejudice towards people based on apparent and/or real belief in, or adherence to, the faith of Islam that targets expressions of Muslimness or perceived Muslimness. In targeting that which is perceived as Muslim it also targets Islam. Islamophobia may be systemic, institutional, interpersonal, or internalised.

In presenting to diverse counsellors and therapists of colour, in the framing of Islamophobia, Muslims, and Islam, the significant difference I would like to present in the second definition is that this definition sets Islamophobia as a parallel process to racism, allowing both forms of prejudice to occur in and of themselves, as sexism and racism do. In this, both Islamophobia and racism may be systemic as well as interpersonal or internalised. This is important for the fact that religion or belief is one of the protected characteristics identified in the Equality Act 2010 (UK) along with sex, race, disability, etc. These 'protected characteristics' relating to the forms of discrimination connected to them *require* public sector agencies by law, including the Department of Health and Social Care and NHS (National Health Service) England, to address the specific forms of discrimination. This includes responsibilities to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

The APPG definition of Islamophobia reduces what is endured because of one's beliefs to racism. This is not to say there is no overlap between Islamophobia and racism—most Muslims in the UK are people of colour originating from places historically colonised by the British Empire; an empire which, in doing so engaged in orientalism to delegitimise not only the people but their ideology or beliefs. Racism and Islamophobia are intertwined. However, Islamophobia is also discrimination concerning beliefs, relating to thought. *Anyone can have a thought.*

The underlying thinking within the APPG definition is that Islam (and so being Muslim) is a simple discrete thing that fits in a predetermined hegemony—a wider predetermined Northern Hemispheric 'scheme of things'. This oversimplification makes both Islam and the people who believe in it inevitably invisible, because Muslims experience Islamophobia—Islamophobia is just racism, and 'we know about racism'. With this, a complex set of different prejudicial discriminatory processes are bundled into 'racism' without the slightest examination. This makes many of these prejudicial factors that facilitate mental ill health invisible and so unresolvable, as well as identifying the problem squarely with those who are then experiencing mental health problems.

Concerns about definitions are important, even when we consider racism. This is a term that perhaps can become blurred. Too many times I have heard of people of colour told that they are being racist by people who are not of colour. Maybe this is just a general ambiguity of overuse and inaccurate use of the term. However, consider the fact that Jewish people have been harassed and hounded out of the UK Labour Party (Al Jazeera English, 2022). The charge against these individuals was that they were antisemitic (antisemitism being racism). Or consider the racism laundering of the alleged playing down of institutional racism in the final *Commission on Race and Ethnic Disparities Report*, where some of the people of colour who wrote the original report were unable to see the final version before publication. Or the way that, following the Windrush Scandal, all bar one Home Secretary have been people of colour, enabling policies concerned with sending asylum seekers of colour to Rwanda or putting them on barges. These Home Secretaries have said 'sick Asian paedophiles are finally facing justice' or have not condemned British fans booing the England team when the team was taking an antiracist stance (Abbey, 2023, para. 11). The emerging pattern appears to be of institutional power in the hands of those who have 'othered' minorities by racism, finding new sophisticated ways to do the same again. What do such incidents mean in terms of our understanding of racism (and particularly the treatment of Muslim refugees) if Islamophobia is racism?

Muslim people in the UK are often both people of colour and Muslim. Seeing their negative experience of Islamophobia, as well as the experience of Islamophobia of white

Muslims as racism, appears to have resulted in a lack of policy in the NHS addressing Islamophobia or focussing on Muslim mental health needs in any other way than ethnically. Yet 94% of Muslims identify most strongly with their faith (Ipsos MORI, 2018) not their ethnicity. Faith or religion is a greater factor in their identity, despite the external identifiers of Asian, British Asian, African, etc., used in health policy and provision to design, provide, and assess the impact of mental health services.

If we consider the mental wellbeing of the Muslim population in the UK, this is a population that has lived in the context of a war on terror (and with this increase in Islamophobic violence) for a whole generation. Research from the USA shows how 9/11 is linked to a deterioration in Muslim mental health (Amer & Hovey, 2012). Records of mental health by faith have only been kept by the NHS since the beginning of IAPT (Improving Access to Psychological Therapies, the UK national strategy for addressing common mental health problems) in October 2008, seven years into the 'war on terror'. Yet, in this context, Muslims by faith group have the worst mental health outcomes in the NHS. The *Advancing Mental Health Equalities Strategy* (NHS England, 2020) does not propose a strategy for addressing Muslim mental health inequalities, referring to Muslim mental health in the last line of the last page saying: 'People of the Muslim faith experience poorer recovery rates in IAPT services than any other faith group' (NHS England, 2020, p. 20). In identifying a mental health inequality and not addressing it the strategy renders the 650,000 Muslims, who by NHS estimates will get a common mental health problem this year, to a second-class service, a service in which they are not 'seen'.

Additionally, the second definition links the discriminatory activity to the assumption of an idea—'a belief in Islam', identifying both those discriminated against and *their belief system as problematic*. This is something which through a time of a war on terror related to Islamic fundamentalism, a pandemic which disproportionately impacted minority communities, and a cost-of-living crisis excessively impacting the most marginalised in society (often including Muslims), people of Muslim faith hold fast the faith in the face of Islamophobia and racism. This is why each of these concepts must be seen for what they are and their impact on clients, remembering that both Islamophobia and racism are oppressive power relationships wedded to historical normative understandings of the world projected by a powerful interest group that create psychological damage.

The first definition addresses only Muslimness or perceived Muslimness, ignoring the challenge of Islamophobia to more than the people, but to their beliefs—their core narratives. Therapists and counsellors work with the intrapersonal. In counselling, *what people believe matters*, particularly core beliefs. Many Muslims experience racism, sexism, and Islamophobia. These oppressions are adaptive, and perhaps current political trends are creating increased pressure on individuals to maintain their integrity, their self-concept, and with that a strong valuing sense of who they are. Such processes require the words to do so.

Subsuming Islamophobia into any other oppression robs people of the necessary tools to understand clearly what is fighting against them.

Removing the idea of the belief in Islam from discussion of the oppression of Muslims places Muslims under a tacit attack upon their central strength, their spirituality, and reducing the heart of being Muslim to something that loses the metaphysical. I believe this has been done before with the African Caribbean community in the UK. Being born in the '60s, I recall the strong religious beliefs and practices I knew of those who came here. A generation that clearly contributed to society beyond their share, establishing a supplementary school network, and which showed no particular propensity to crime. However, a 'God-fearing' generation was demonised as well as racially assaulted and harassed by the public and discriminated against by the statutory sector, particularly the police. The systemic reduction of the significance of Black spirituality was not seen for what it was, as the linkage between faith and the Black struggle so clear in 60s USA was not well recognised and cherished in the UK. The denial of a people's spirituality is a psychological assault intended to weaken their integrity.

Some people who argue that Islamophobia is racism do so arguing about the increase in hate crime and the need for people and police to understand Islamophobia to protect the community. In the year 2021–2022 there were 155,841 hate crimes recorded by police in England and Wales (Home Office, 2022). Most were defined (including those against Jews and Muslims) as 'racial'. Comparing this with the 650,000 estimate above of mental health problems in the Muslim community may seem like comparing apples with pears. However, recent research from the USA shows that although in Muslim-majority countries rates of suicide attempts are lower among Muslims relative to other communities, in the USA the rate is more than twice that of respondents from all other faith traditions, including atheists and agnostics (Awaad et al., 2021). However, religious affiliation and spirituality are protective factors concerning suicidal behaviour (Lawrence et al., 2016) and mental health (Cornah, 2006). This raises questions in relation to what is happening to Muslims and their mental health. Is the beneficial relationship with their faith changing in the USA and possibly the UK, both societies which have similar policy responses to Muslims? There are Muslims in India (who may have relatives in our therapy rooms) who are experiencing public floggings and the destruction of their homes as summary punishments for alleged minor crimes (Human Rights Watch, 2022). There is no ethnic difference between Hindus and Muslims in India; there is a difference of belief. Such assaults on the spirituality and core beliefs of a transglobal community are psychological attacks to create a *diminished* Adapted Child (transactional analysis) state that then recreates itself—internalised oppression.

Claiming our definitional clarity also allows us the space to be open to the existence in the lived realities of some of our Black clients of colourism and racism within the Islamic context of living as a racial minority within a wider Muslim community. For example, it enables the recognition that racial prejudice has existed in the Muslim community from the

beginning (Briggs, 2022). Also, even though the first migration of Muslims was from Arabia to Ethiopia in Africa, there is a long history of Islamophobia in Black communities, which again can create psychological difficulties in a 'multicultural society'.

MUSLIMS AS MULTIFACETED

Having considered Islamophobia and racism as external oppressive forces at play in relation to Muslim mental health in the UK, let us now consider UK Muslims in this context. If we step back for a moment to consider either the 23% of humanity or 6.5% of the population in the UK, we should be able to see this super diverse group of people as one thing and many things. The thing these people share is their relationship with the divine and perhaps with what they experience of themselves and their worlds. However, both those selves and those worlds are diverse; domestically, 3.9 million different intersectional selves living before their creator each at the centre of their specific reality. A recent piece of research from 2020 by the Muslim Census, *A Study Into Anti-Blackness Amongst Young Muslims Within the UK*, found:

- 98% of people believe that racism exists within the UK Muslim community.
- 97% of people say that the UK Muslim community is not doing enough to tackle the issue of racism.
- 82% of people have witnessed anti-Black racism from their own family and friends.
- 73% of people have never heard directly from a Black Muslim about the issues they face (Muslim Census, 2020).

The existence of research indicates an attempt within the Muslim community to consider critically the racism within its community in the UK. This stands beside the discussions in the USA regarding racism in the Muslim community. However, currently the author is not aware of any similar research here exploring Islamophobia within communities of colour. Such research, should it exist, would be of even greater significance in the context of the 9/11 war on terror and the related rhetoric that pervades our society.

Though it is easy to think that the Muslim community in the UK ethnically originates from the Indian subcontinent, research indicates that this proportion is falling, with 32.4% recently identified as not from these ethnic groups (Ipsos MORI, 2018). There are interracial Muslims and interracial Muslim families of more than one generation. Where all these family members are people of colour, complex experiences of racism exist, projected on the individuals concerned from beyond and from within the community.

Historically there was an understanding of diversity that was simplistically linked to the idea of hierarchies of oppression. Currently, we have a much more nuanced understanding reliant on our understanding of intersectionality. Yet this, perhaps though an improvement,

is limited if we are unable to conceive of it tangibly. By this I mean the complex multidimensional web of intersectionality, where perhaps many of the traditional factors of diversity we discuss are not monopolar but dimensional. So, for example, if I consider myself in terms of class: born of working-class parents, first within the family to gain a university education and so initially upwardly socially mobile—but without networks of previous university-educated family or a clear professional context formed by established patterns amongst my peers, etc.

This could go on, and that is without the complexity of the interrelationships, say, between class and race. However, it is in these subtleties and their intersection that we frame ourselves and our clients frame themselves—whilst choosing what to say and what not to mention in the therapeutic space, as clients 'test' how safe it is to bring their full selves.

The framing of Islam is in the hearts and minds of each Muslim who lives with their understanding of it. Too often, perhaps through orientalism, Islam is defined as a religion. Islam is the *Deen* (Arabic word) which can be understood as the life transaction. Islam is the complete enactment of life, an interaction based on one's indebtedness to the source of one's existence, the whole that holds everything. How this is understood is in part conveyed through sacred core sources such as the *Quran*, the Hadith (sayings and quotes of the Prophet Mohammad, peace be upon him), and the transcriptions of his Sunnah (his way of life).

However, this is also:

- In part, through the choices, individuals make about how they see themselves adhering to these teachings.
- In part through what they know of them.
- In part through what they have been taught which may or may not be Islamic but related to ways people have lived over generations 'in relation to Islam' (culturally related).
- Additionally, of course, in part how one's own feelings, memories, and subconscious mind interact with what 'we know' to bring to our attention or not. That which we say, think, do, believe, etc., in living Islamically.

The sum of all of this may perhaps be 'Muslimness'; with the external perceptions of this, and beliefs wild or not, about this being 'perceived Muslimness'.

I am suggesting that Muslimness is fluid; we might not all agree on it but at least it has the coherence of being something we define in and of ourselves with all its strengths and weaknesses. It does not fit in one 'box' but is a process for each of us that is evolving. Perceived Muslimness as an external categorisation, is different and more static in its defining. Whether it originates from colonialism or orientalism, in part it lives in the

imaginations of those who, by their Islamophobia 'other' Muslims, creating the psychological assaults Muslims deal with in addition to racism and the assaults they create themselves.

Our Muslimness comes from a different way of seeing the world, and how it relates to the self and the divine, as we work out in real time what living in Islam is. This is not to suggest that Muslims are unclear. Many have great clarity in their faith—in their Islam and in their identity as Muslims. It is to suggest that for those who seek counselling or therapy, there may be an exploration of what these fundamental things mean in the specifics of their lived experience in a fluid world. That exploration may be directly related to, or irrespective of, what brought them to counselling, and in each case the client's understanding of their reality must be appreciated and worked with to enable their growth. For many, faith and spirituality hold all things; for some, there is clarity in this, and for others, though this is true it may feel difficult to convey or understand clearly. As therapists and counsellors, we are required to have the sensitivity to work with our clients as they explore their reality including this.

WHAT OF MUSLIMS AND THE THERAPEUTIC SPACE?

So, considering the above, what does this mean in relation to how Muslims engage with therapy? Particularly when we consider the legal requirement on therapists of the Counter-Terrorism and Securities Act 2015 (UK), where, if there are concerns regarding terrorism, there is a requirement to refer clients to PREVENT (a process created in the context of the war on Islamic fundamentalist terrorism, a law they deemed unnecessary during the deadlier history of conflict with the IRA [Irish Republican Army]). This question is more salient considering the evidence of health professionals referring people to PREVENT for going to Mecca on Pilgrimage or watching Arabic TV (Heath-Kelly & Strausz, 2019). Both the absence of policing of mental health in the time of the Troubles, and the identification of threat posed by someone watching TV not in English, French, or Spanish indicate a different perspective on Muslim mental health in which Muslims need to be 'Good Muslims' in therapeutic spaces.

It is possible to understand at least a wariness of Muslim clients in relation to therapy. Counselling and therapy might only be safe for Good Muslims and even then, who is defining good? There is a need for therapists to build rapport and trust to enable clients to feel safe in the therapeutic space. This is not to say that the 2015 Act should not be applied, but applied appropriately, rationally, and not through ignorant assumption. The preceding arguments indicate the need for therapists to do the work to enable therapeutic safety for Muslim clients. It is my hope that self-aware counsellors and therapists of colour are able to draw on our understandings of intersectionality, systemic oppression, and prejudice to build

safe therapeutic spaces where Muslims can simply be who they are in themselves, without needing to be 'good'.

There is a wealth of research which indicates how the interaction between client and therapist can be shaped by the expectations of each concerning the openness of the therapeutic space to the client's faith or spiritual reality. This research includes:

- Rose et al. (2001) found clients believe religious issues are generally appropriate in the counselling session and display a preference for discussing spiritual and religious concerns.
- Kelly (1995) found 81% of respondents wanted counsellors to integrate beliefs and values into therapy.
- Morrison et al. (2009) found where clients had spiritual or religious discussions in counselling, most clients reported that they were responsible for initiating these conversations.
- Richards and Bergin (1997) found that because of the lack of addressing religion and spirituality by counsellors, clients were less willing and less likely to find it appropriate to discuss religion and spirituality in counselling sessions.

Podstepska (2021), in her qualitative evaluation of Islamic counselling, found clients said of their Islam:

> For most Muslims, their faith is a huge part of who they are a huge part of their identity and how they frame everything that they do in this life. (Participant 4)
>
> That's my identity like that is who I am, you know, Islam is part of me. (Participant 7)
>
> I know that I would have felt incredibly judged by mainstream services. It was always like, I love my religion. But I know, especially in this country, especially in in the last 20-odd years, Islam has got a lot of bad publicity, a lot of is associated with violence and sort of patriarchy and, you know, like, horrible, horrible treatment of women… I didn't want to be responsible for strengthening that, that association with Islam, to be honest, I felt like I felt very protective of it. (Participant 4) (p. 15)

Following on from the last quote, the same research found that some Muslim clients self-censured in secular therapeutic spaces:

> That a lot of the issues that I have in my life are very much related to Islamic, you know, concepts of Islamic way of life… that one time that I did do counselling with a non-Muslim, for CBT [cognitive behavioural therapy], I actually stopped… I just wasn't finding that was benefiting me… I found that I was having to explain more when I was talking about Islamic things…
>
> I just felt that number one, it was harder for me to express myself and what was going on. Number two, I just felt that it was just always in my head that she's just never gonna get it. (Participant 3) (p. 16)

Yet, she also found that it was possible for Muslims to effectively engage with counselling when working with non-Muslim counsellors:

> Like, if I were to sit with a non-Muslim counsellor, I could talk about the Quran, I can talk about Allah, I can talk about Salah, I can talk about anything I want to talk about, because it's my space. (Participant 2) (p. 19)

This indicates that when there is effective rapport when counsellors have done the work to understand and accept the person before them in their lived complexity, that a safe therapeutic space Muslims can use effectively is possible. This is possible in the midst of all of the concerns identified above. In such a space the real therapeutic work with the human being that is the client can happen.

The evidence from research on Islamic counselling both in this study and others is that there is a need for Muslims to find a therapeutic space in which they can confidently engage with all aspects of their psychospiritual reality, engaging with their lived truth without judgement or shame and that not only is this desired but therapeutically effective (Maynard, 2022, 2023). The above quotes from research on Islamic counselling indicate the significance of Islam, the spirituality in Muslimness for clients who have used Islamic counselling, and the lengths to which clients in need may go to protect their faith and their core beliefs over their mental wellbeing if they perceive the therapeutic space to be unsafe. For these clients, Islam cannot be invisible in therapeutic work. As professionals, we know counselling and psychotherapy work and that this, to a great extent, is due to the therapeutic relationship—what takes place between the counsellor and the client that enables the client to bring their reality to the reflective therapeutic space. Perhaps this responsibility of building safe therapeutic spaces for Muslim clients falls unfairly on counsellors and therapists of colour because of what we already know about being other. However, irrespective of this, there is work that we must do to enable our clients to use the therapeutic space as they may need to—work that we must do to understand the fullness of the client in front of us and what is sacred to them. For some, this may mean widening our understanding of the therapeutic frame to enable it to be a space safe for the psychospiritual.

CONCLUSION

There have been two objectives in this article. The first is to alert the readership to the complexities of Islamophobia and racism as experienced by Muslims and so the decisions they may make regarding trusting therapeutic spaces. The second, based on their experience of intersectionality, is to argue for counsellors and therapists of colour to actively develop rapport and trust with Muslim clients so that they as diverse, whole individuals can be who they are in therapeutic spaces.

Many minority communities in the UK live lives in part defined by the politics of neo-colonialism and with this they may be made invisible or made into a threat. In this article it has been argued that Islamophobia is a psychospiritual assault on a belief system and cannot simply be racism. Muslims' core belief, and with that an aspect of who they are, is currently being made invisible by definitions and experiences of Islamophobia and lost in unscrutinised conceptions of racism. That is, despite their shared protective characteristic—their shared faith of Islam, Muslims are made invisible in terms of mental health strategy, and so are made out as threats through the misapplication of PREVENT.

Together, these factors increase the need for counselling and therapy spaces to be made open to Muslims in all their multidimensionality in order to support their mental wellbeing—something the author believes counsellors and therapists of colour will grasp. However, this requires work on the part of counsellors and therapists to see the richness of each different Muslim client in their spiritual, psychological, social, and geopolitical truth, and to see how this truth forms their inner world. Each Muslim client invites us as counsellors and therapists to do the work to meet them in their reality, and in that process to grow in ourselves.

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PEER-REVIEWED ARTICLE

What's 'wrong' with my names? An exploration of Eurocentrism, microaggression, and social justice actions in counselling and psychotherapy

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ABSTRACT

Using the story and experiences of microaggression relating to the names of a trainee counselling psychologist from a racially minoritised background, this article attempts to illustrate how easy it can be for therapists to practice in ways that produce additional and intense distress in the form of microaggressions enacted by therapists unconsciously. To understand this, the author reflects upon and challenges three assumptions commonly held by counselling and psychotherapy professionals, namely, that: (1) therapists are aware of the impact of Eurocentrism; (2) therapists behave and work in a non-discriminatory manner; and (3) therapists embrace the values of social justice. The article ends with some proposals for how to incorporate simple social justice and anti-oppressive actions into practice, and a reminder to always examine and acknowledge one's privilege, power, and limitations inside and outside the therapy room.

KEYWORDS: Eurocentrism; microaggression; race; class; social justice

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INTRODUCTION

It is not uncommon that I get questions about my names. After all, my names are rather unusual in the UK. Sometimes the questions arise from a genuine interest about the story behind my names. Sometimes there are judgements attached to the questions. It is also not uncommon that my names are misspelt, mispronounced, commented upon, and joked about. In fact, these encounters are so common that I face 'problems' with my names almost every day. In this article, I explain how my experiences relate to counselling and psychotherapy, and illustrate how easily social justice can slip through our fingers to leave lasting negative impacts on the very people we want to support in the first place.

What's 'wrong' with my names?

My full name, in English, is Yoyo King Yin Chan. People always call me 'King' only because most database systems cannot record a first name with two words, which sometimes also leads people to assume that I am a man. The name Yoyo is not printed on my identity documents, and as a result, I have had quotation marks added to this part of my name, to address it as a nickname rather than part of my full name. I have had people spelling Yoyo as Yo-Yo or Yo Yo, as if they were the only correct English spellings. Not to mention that my family name now always comes last. Very often, I get comments such as 'Yoyo is such a fun name!' or 'Yoyo, as in the toy?' I believe that these comments were made as compliments or icebreakers, but why do I always end up feeling uncomfortable after such comments?

I encounter these comments and issues with my names almost daily, but the most profound experiences I've had were when such questions and mistakes were made by psychologists and psychotherapists. However, why does it matter who made the mistakes?

My positionality

Being trained as a social worker in Hong Kong, I have always had great interest in social issues and am committed to promoting social justice regardless of my professional role. When I migrated to the UK, I was predominantly looking for training that would help in developing my counselling skills while attending to social justice, hence choosing the particular counselling psychology doctoral programme that I am now undertaking. I have been ignorant at times in my assumption that every counselling and psychotherapy professional considers social justice as important as I do.

Upon reflection, I realised that I held three strong assumptions about the knowledge, competence, and attitude of counselling and psychotherapy professionals, which contributed to the unexpected experience of shock and emotional distress when my daily encounters with

marginalisation were replayed by these professionals. Through writing this critical reflexive account, I explore my lived experiences to help interrogate practices about counselling and psychotherapy professionals through the lenses of decolonisation, intersectionality, and social justice.

MY FIRST ASSUMPTION: THERAPISTS ARE AWARE OF THE IMPACT OF EUROCENTRISM

I was born in the late 1980s, a time when Hong Kong was still under British rule. My grandmother named me 陳育賢 before I was born. 陳 (Chan) is my family name and comes first, and the given name 育賢 (Yuk Yin) means nurturing wisdom. However, after I was born, it was decided that a name with more strength was needed for my character. I was renamed to 敬賢 (King Yin), meaning respect and virtuous. English and Chinese are official languages in Hong Kong, and with English coming before Chinese on most legal documents, the phonetic transcription of my name, along with my Chinese name, are printed on my birth certificate. At home, the character 'Yuk' in my original name has turned into my pet name, Yoyo.

At kindergarten, my parents were asked to provide a Western name on the registration form, so that my English-speaking teachers could read my name more easily. My parents were stunned to find out that the phonetic transcription was not enough, and with their very limited knowledge of English, they thought it was okay to use my nickname Yoyo as a Western name. To them, Yoyo is an English word after all! Since then, I have always used my full Chinese name in formal occasions, and my nickname or Western name in most other occasions.

In Hong Kong, it is a common practice for parents or individuals to 'choose' a Western name for their children or themselves for school or work (Eickmann, 2020), which is why we often adopt a Western name later in life; thus, the name is sometimes not printed on our official documents. While some names may be chosen from a more traditional pool to make it simpler for non-Chinese speakers to read their names, such as John and Mary, other names are chosen based on proximity to the pronunciation of their Chinese name (e.g., Carmen for Ka Man), or the meaning of the word, such as Harmony and Freedom (Eickmann, 2020). Whether the names look common or not, much thought has been put into the process of choosing this additional Western name; a name created for the convenience of English speakers in Hong Kong.

Eurocentric perspective on names and beyond

Since childhood, I have had teachers in Hong Kong telling me that my chosen Western name is a silly one, as no one in the West would name themselves that. This Eurocentric way of looking at names, such as how a name should be spelt and what is considered a norm or deviant, does not only happen in Western countries, but continues across the globe. To consider the practice of adopting a Western name solely as a historical product of the colonial times would be an understatement of the impact of coloniality. As suggested by Maldonado-Torres (2007), coloniality extends beyond the political and economic impact of colonialism, as the deep-rooted power of the ruling countries has been extended to the culture, knowledge, prospect, and self-image and identity of the colonised people, even long after colonialism is over.

It is not a new discovery that psychological knowledge is Eurocentric, with many theories and research evidence coming from the Western, Educated, Industrialised, Rich, and Democratic (WEIRD) population (Bhatia & Priya, 2021; Henrich et al., 2010). In recent years, various psychology, counselling, and psychotherapy associations have issued statements regarding their reflection on the Eurocentricity of their position and practice. For example, the American Psychological Association (APA, 2021) issued an apology for its role in promoting and perpetuating oppression of people of racially minoritised backgrounds by centring and protecting Whiteness. In the UK, the British Psychological Society (BPS, 2020) published a position paper to address the racial and social inequalities experienced by the racially minoritised groups during COVID-19, in which the BPS acknowledged the Eurocentricity in clinical psychology research and teaching. Similarly, the British Association for Counselling and Psychotherapy (BACP, 2022) published a policy paper to address the racial inequalities in mental health support, and called for mental health services and therapies to be culturally sensitive and appropriate.

In a BPS webinar on 'Decolonising the curriculum', Dr Patrick Hylton suggested that decolonisation is about reflexively questioning ourselves about the sources of the knowledge we have, and the implications of looking at the world in a certain way (BPS, n.d.). Just as Dr. Udeni Salmon said in the aforementioned webinar, in order for people from racially minoritised backgrounds to have their rights, the privileged group has to provide space, and sometimes this means giving up some of the things that they benefitted from their racialised privilege, and changing the way they think, work, or teach. Yet, through the experience of being questioned about my name, and reflecting upon the intentions or thoughts behind those questions, I am beginning to question the awareness of white normality in therapists, and the measures or continuing training in place to help therapists to challenge or reflect on their biases.

MY SECOND ASSUMPTION: THERAPISTS BEHAVE AND WORK IN A NON-DISCRIMINATORY MANNER

I notice that my first assumption is also related to my beliefs that therapists should be able to work with clients across different ethnic and racialised backgrounds, and they should be aware of the different forms of discrimination. It is a common and basic ethical requirement for therapists to work non-discriminatorily (BACP, 2018; BPS, 2021; Health & Care Professions Council [HCPC], 2015, 2016). However, the recent report by NHS Race & Health Observatory (2022) has shown that people from racially minoritised backgrounds are still being treated unfairly in mental health services. The report has suggested some perceived barriers and inadequacies in mental health services for people from racially minoritised groups, including the lack of interpreters, treatment choices, and consideration of religion and spirituality. There was also a sense of distrust of mental health providers, and fear of discrimination.

Racial microaggression

As therapists, with various training, ethical codes, and standards of practice in place, it can be easy for us to assume that we are competent or sensitive enough to practice without racial bias. However, findings from studies such as Owen et al. (2014) have shown that it is not uncommon for clients from racially minoritised backgrounds to experience racial microaggressions within therapy. Unlike the traditional forms of overt racism and racist behaviours, Sue et al. (2007) defined racial microaggressions as 'brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group' (p. 273). Microaggressions can be exhibited in three forms: (1) microassault, which is explicit and usually conscious verbal or non-verbal attacks that hurt an individual intentionally; (2) microinsult, which is rude and insensitive verbal or behavioural remarks, often made unconsciously or unintentionally, that insult an individual's racial background and identity; and (3) microinvalidation, which is verbal and behavioural comments that dismiss the lived experiences and feelings of people of racially minoritised backgrounds (Sue et al., 2007). It is also important to remember that microaggressions may be exhibited beyond interpersonal interactions, such as displayed through the decor of the therapy room (Sue et al., 2007). I consider my experiences relating to my name, the seemingly 'unharmful, careless, unintentional, unconscious' comments and alteration, as examples of racial microaggression. While the person making the comments may not necessarily agree that they have been a microaggressor, it is a constant reminder for me that 'I am the Other' and 'I do not understand English', to an extent that I frequently consider if I should change my names in order to fully integrate into this country. When the hint of being a foreigner was dropped by the people that I look up to, and in this case, psychologists and psychotherapists, the pain was strikingly intense. While these incidences occurred outside the therapy room, I wonder if therapists can

simply switch into preventing any biased thoughts and behaviours from entering the therapy room.

Of course, I grew up knowing that a yo-yo is a toy and is not a typical word for a name. However, this word was used as a name by my family long before it became my 'Western name'. This name carries memories and affection; it is part of my identity; it is as important as my Chinese name. In Hong Kong, many people are called Yoyo too, including celebrities, and each with their own story to tell. However, as I moved to the UK, I became a minority, and so did my name.

Attached to my names are the expectations of my family, my roots, and rich meanings. The action of 'correcting' my Western name or the phonetic transcription of my Chinese name in any way dismisses everything that is associated to the names. For some, such action can impact one's self-concept and identity (Kohli & Solórzano, 2012). As suggested by Cousins (2019), the motives for a person to be asking questions or comments that exhibit microaggression vary, ranging from having a genuine interest, exhibiting threat responses to someone who is different to oneself, to unconsciously banking another piece of information that conforms with one's stereotypical knowledge. It is important to note that even when a comment is presented positively, such as a compliment on how unusual or interesting the name is, it can be perceived as othering and exoticising by the recipient. When facing such othering questions and comments unpreparedly, one's emotions and wellbeing are subject to fluctuation (Cousins, 2019). Let's imagine having to face these situations on a daily basis or having them re-enacted within a therapeutic setting.

Other common racial microaggressions in therapy room include taking a colourblind stance and dismissing the experience of the client from minoritised groups; pathologising one's distress on the basis of its differences from the dominant culture; or avoiding the discussion of issues relating to race altogether (Hook et al., 2016; Sue et al., 2007). Racial microaggressions exerted by the therapist are detrimental as clients are forced to experience the oppression they face in society again, but this time such experience is coming from the person who is supposed to be helping and trustworthy. It can be damaging to the therapeutic alliance, especially when the experience is left undiscussed (Owen et al., 2014).

Social class-based microaggression

There is another dimension to my experience: my social class identity. My 'funny' and 'rare' Western name is a reminder of my family's class background, particularly during the colonial times. Just like many parents from a grass-roots level, my parents tried their very best to get me into a prestigious school with English as the medium of instruction, hoping that my success would bring the entire family and our future generation better living standards. The request for a Western name itself failed to consider the challenges that people with less education or

resources face. It was also beyond my parents' imagination that the use of such an unconventional name would bring me years of embarrassment and ambivalence.

Different indicators have been used in research to define social class, including socio-economic status, economic background, income, education, occupation, and more; yet social class is also about power, prestige, and control, where those in a higher social class position have greater control over resources than those in a lower position (Liu et al., 2004). Liu (2010) further conceptualises social class as a worldview or lens that we carry when we perceive our surroundings, to filter information and categorise ourselves into the group that we belong to based on an economic hierarchy. It is further suggested that each economic group has its own culture, and it is possible to move upward or downwards on this hierarchy. However, the further one moves away from their original class group, the more dissonance and inexperience one gets.

Liu and Arguello (2006) argued that social class does not exist only as a subjective experience, as the reality of lower income and education levels that those in lower classes face brings actual consequences of poorer health and treatment. Along with social class comes an interdependent construct called 'classism', which is class-based discrimination that is inflicted on others or self, across the lifespan (Liu, 2010). Like racial microaggression, a class-based microaggression may be unconscious and subtle, yet painful and impactful (Liu, 2010). Liu (2010) described the hurtful experiences of classism in childhood or teenage years as 'classism traumas', where an individual may internalise their experiences. Such experiences may impact the way the individual sees themselves, or they may do everything possible to distance themselves from the social class that caused the trauma. This serves as a reminder that a client who appears affluent in the present moment does not necessary mean that they have always been in the same social class and is free from classism traumas (Liu, 2010).

Social class in counselling

Social class disparities between therapist and client can present in various ways. Counselling and psychotherapy are often seen as a middle-class occupation, considering some of the materialist indicators associated with this profession, including income and level of education required to qualify (Ballinger, 2017). The use of language, such as the codes used by a specific cultural group, or the range of vocabulary available for one to express their emotions, is different between social class groups (Kearney & Proctor, 2018). In addition, the therapist in the therapy room holds greater power right from the beginning, having better knowledge of the operation of counselling and their surroundings (Balmforth, 2009). When all these disparities and power imbalance add up, even the tiniest mistake or bias the therapist makes or presents may lead the client to feeling not heard, yet not feeling comfortable enough to challenge the therapist (Kearney & Proctor, 2018).

Intersectionality

Acts of discrimination are not one-dimensional, and addressing the oppression on one axis or the other would neglect the total experience that is caused by the intersection of the different identities that one possesses (Rutherford & Davidson, 2019). My daily encounters are not just a result of race, nor are they simply a historical product of systemic class-based microaggressions. My names, along with the experiences I have to this date are products of inequalities relating to both my race and social class identities, not to mention my position as an immigrant, a trainee, and a woman too. As described by Hill & Bilge (2016),

> Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and in human experiences… When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. (p. 11)

Unlike the traditional belief held in the UK that people from working class backgrounds are generally white men working in manual jobs, people who are identified as members of the working class nowadays are much more diverse, and may even be more accurately represented by low-income racially minoritised women (Shaheen & O'Hagan, 2017). According to the annual report by the Social Metrics Commission (2020), the poverty rate among racially minoritised families is 46% compared to 19% in White British households, and racially minoritised households are also two to three times more likely to remain in persistent poverty when compared with White British households. If we compartmentalise different social inequalities, we risk considering and treating each facet of identity and inequality as distinct and mutually exclusive (Case, 2016). We also risk setting up services based on a single-facet understanding (Tribe & Bell, 2018), and creating more barriers for the service users when they do not fit neatly into this narrowly-defined mould.

Of course, the use of intersectional lens is not for examining oppression exclusively, but it can also be used to examine the privileges that we hold as therapists (Chan et al., 2018), as well as the intersectionality of privilege and oppression held by clients, and how they play out within the therapeutic relationship (Khan, 2023). This is a reminder for me that simply having experiences of oppression does not prevent one from being oppressive to others, and it does not mean that one is free from privileges. To consider that my experience of oppression 'speaks for' oppression and discrimination of other identities, I risk engaging in yet another form of microaggression, and dismissing the uniqueness of the individuals and their lived experience.

MY FINAL ASSUMPTION: THERAPISTS EMBRACE THE VALUES OF SOCIAL JUSTICE

There are clear rationales for therapists to commit to social justice work. Social justice is intertwined with the values and ethical duties of the profession, whether it is respecting the unique experiences of individuals (BACP, 2018; Cooper, 2009); respecting the rights and dignity of all the people we work with; or being aware and responsible for the power we hold as therapists (BACP, 2018; BPS, 2021; UK Council for Psychotherapy [UKCP], 2019). Furthermore, it is a professional standard and good practice for therapists to challenge discrimination (BACP, 2018; HCPC, 2016). Winter (2019) provided a clear definition of social justice in the context of counselling and psychotherapy:

> Social justice is about acknowledging the importance of equality (both in terms of the division of or access to resources and in terms of our relationships: Winter, 2018), and working towards increasing equality, minimising power imbalances and challenging discrimination or oppression in our professional roles. (p. 179–180)

Being a culturally competent therapist?

The greater awareness and acknowledgement of racial inequalities in mental health services led to a demand for more appropriate training (BPS, 2020). For instance, to address the racial disparities experienced by both racially minoritised clients and therapists, the UK Council for Psychotherapy (UKCP) is advocating for more support from the government in providing consistent and enhanced training on cultural competence for all mental health practitioners (UKCP, 2020).

However, it is important to be mindful in the planning stage to not fall into the trap of considering culture and racialised experiences as yet another list of tasks or competencies to acquire and tick off. As suggested by Beagan (2018), the widely adopted cultural competence approach to working with diversity and inclusivity in health and social care risks focusing only on specific social or cultural characteristics and ignoring the intersectional identities and circumstances of the service users. In addition, such an approach places those with cultural backgrounds different from ourselves in the 'Other' position; suggests that there is finite knowledge and a certain level of competence that professionals can attain; and neglects the socio-political and historical contexts that create the differences between cultural groups in the first place (Beagan, 2018).

Another Hongkonger with another name and identities may have completely different experiences, not to mention the vast possibilities for us to meet someone with cultural and historic backgrounds that we have no prior knowledge of. Experiences like mine should be taken as reminder of how risky it can be for professionals to ever believe that they are

competent 'enough', rather than being treated as an acquired piece of knowledge about a specific ethnic or cultural group.

Social justice and anti-oppressive practices

If we accept that our knowledge is limited; that it is almost impossible for us to know everything about another person to avoid making any mistakes; and that counselling and psychotherapy cannot happen in isolation from the socio-political environment surrounding both the practitioner and client (Winter, 2019), then our way of looking at social justice and anti-oppressive practices must go beyond the acquisition of knowledge and skills. Winter (2019) suggests four starting points for therapists to incorporate and express social justice values in their practice: (1) to self-reflect on one's power and privilege; (2) to consider the socio-political factors in therapeutic formulations; (3) to collaborate with clients in an equal and valuing manner; and (4) to engage with the community to take greater actions when individual therapy is not enough to help.

The enormous amount of power and privilege that comes with the title of any counselling and psychotherapy profession means that we have the responsibility to know how to balance, or sometimes to let go of, such power. Brown (2019) described how anti-oppressive practice in counselling and psychotherapy is about recognising structural advantage and power imbalance, recognising that one's view does not represent the others, and committing to challenge one's privilege and self-reflection. However, most importantly, anti-oppressive practice is fluid and is not limited to a particular issue. With this in mind, the recognition of one's privilege should not be a destination, but rather a beginning of a continuous reflexive process, and actions need to follow.

I am not trying to induce guilt in therapists here, nor am I calling for radical actions to remove all the barriers and inadequacies in mental health services all at once. It is understandable that therapists may find it challenging and intimidating to incorporate social justice actions into their actual practice, with concerns such as being a nuisance or facing resistance within the systems (Tribe & Bell, 2018). In fact, an overwhelming agenda or overcommitment can lead to social justice burnout, which is negative both for the therapists and the social justice movement (Eaton & Warner, 2021). Rather, this article is my attempt to convince therapists that practicing with a social justice and anti-oppressive perspective can begin with small but consistent actions. For example, Khan (2023) offered a range of approachable and practical ways to recognise both the therapist's and the client's intersectional privilege–oppression identities and balance the power within the therapeutic relationship, such as recognising the language being used within therapy, and watching for and addressing the signs of power imbalance exerted by either party. Additionally, if it is still too challenging to decide where to start, maybe we can start by humbly and respectfully

asking the people we meet how they would like to be addressed, and how to pronounce their names if in doubt; and making an effort to learn the story and history behind their names.

CONCLUSION

As I approach the end of this article, I wonder if I have been oversensitive about the misspelling, the unmalicious alteration, and the well-meant comments about my names, and only then do I realise that my internalised microinvalidation has crept in once again. Through examining the assumptions that I hold against the counselling and psychotherapy profession, and reflecting on the negative impact I have endured for all the 'problems' relating to my names, I hope that I have offered grounds for therapists to consider whether to live by their social justice and anti-oppressive values, and if so, how to incorporate them into their practice. I also hope my readers in the profession might recognise the need to look at the world and people through the useful lenses of intersectionality and decolonisation, and do so with more than just the clients in front of them behind closed therapy doors. Most importantly, I hope that as therapists we remember that if we continue to believe that we are competent enough, yet constantly get off on the wrong foot by allowing our prejudice and power to roam freely, we will never be able to provide the support or services that people from minoritised backgrounds would trust.

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PEER-REVIEWED ARTICLE

(Un)Safe spaces: A thematic analysis of global majority trainees' experience of a safe space group in clinical psychology training

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ABSTRACT

Clinical psychology is traditionally a profession that is dominated by White, socioeconomically middle-class women. It took worldwide protests, campaigns, and initiatives following the murder of George Floyd to convince the field of psychology to finally acknowledge and admit its historic and present role in the reproduction of institutional racism. As part of this, Health Education England developed an anti-racism action plan for all doctoral clinical psychology training organisations to prioritise addressing and redressing inequality, inequity, and oppression within the field. As one initiative, a Safe Space for global majority trainee clinical psychologists was developed on a clinical psychology training programme to provide these trainees a 'safe' community of support in an unsafe profession. Using thematic analysis, this study explores how global majority trainees experience the Safe Space as a feature of their clinical psychology training. Findings demonstrate the difficult, racialised experiences of these trainees, but also the importance of having groups like the Safe Space to create a sense of belonging and to provide material support and practices that enable them to navigate and challenge an oppressive training environment. It raises some questions for clinical psychology training programmes in how they are currently supporting marginalised groups, and the steps being taken to dismantle Whiteness.

KEYWORDS: clinical psychology; racism; safe spaces; trainees; whiteness

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A note on language

We use the term global majority as a replacement for terms such as BAME (Black, Asian, and minority ethnic), BME (Black and minority ethnic), or people of colour. We recognise and acknowledge that there appears to be a lack of consensus of preferred terms, even amongst different global majority communities. However, we believe this is the least oppressive term due to the way it decentres Whiteness, moves away from deficit narratives, and encourages those previously considered the minority to recognise themselves as part of the majority of the world's population. We also refer to global majority people as 'racially and culturally minoritised' to pay particular attention to the sociopolitical processes involved in their minoritisation and othering. Our use of 'Whiteness' in this article functions as an ideology rather than solely a reference to skin colour—untied to specific bodies (e.g., just White people), and we frame Whiteness as an ideological power that comes with certain privileges that are denied to the socially constructed 'Other'. In other words, Whiteness functions to exclude a person or group for the purpose of 'racial' domination. We capitalise Whiteness to bring to the fore its significance and visibility, recognising its socially constructed character and associated power.

INTRODUCTION

The clinical psychology profession has a longstanding history of racist policies and practices and has historically been linked to eugenics and the essentialising of race, culture, and ethnicity (Fernando, 2017). As a consequence, psychologists and trainees from global majority backgrounds, who remain consistently underrepresented in the profession (Tong et al., 2019), are still attending predominantly White institutions where they experience discrimination and various forms of oppression (Woods et al., 2021). In recognition that there is still a significant problem regarding racism, Whiteness, power, and privilege in the profession, Health Education England (HEE) developed an action plan with several education, training, workforce, and structural initiatives to address and redress these inequities and evidenced forms of marginalisation in clinical psychology in the UK. It reflects the beginning of a potentially national effort to 'decolonise' clinical psychology and commit to anti-racist practice (Patel & Keval, 2018). Borrowing Nirmal Puwar's (2004) expression, trainees experience being treated as 'space invaders' in this professional world. Whilst work is being done to dismantle oppressive structures and practice within clinical psychology, there is a necessity to pay greater attention to how we are creating a sense of safety and belonging amongst trainees who regularly experience exclusion, isolation, and invalidation of their experiences.

Historical significance of safe spaces

The concept of 'safe spaces' has a complicated history but first appeared in the contexts of civil rights (Ali, 2017) and queer liberation movements (Hanhardt, 2013). They named physical spaces where liked-minded people could meet and share their experiences in a safe environment. The term then became increasingly popular in academic theory, evident in many queer, womanist, and critical race studies (Ali, 2017), as well as in student support services and classroom spaces aimed at creating institutional accountability, and preventing discrimination and harassment (Yost & Gilmore, 2011). In education and schooling contexts, the concept of safe spaces defines environments where *all* students can engage in honest but difficult conversations surrounding social justice issues, including explicitly addressing microaggressions, racist language, and other situations that might cause oppression (Arao & Clemens, 2013). Such spaces often need to be facilitated by a teacher or educational leader to enforce discussion guidelines and rules (Arao & Clemens, 2013). The safe space that is the object of this study has similarities with the earlier activist uses of the term in that it designates a space where a group of people who face similar oppressions can be together. These spaces include all the elements previously identified, but specifically offer *marginalised groups* a place, or network of people, where they can feel protected from harm, violations, and hatred, with their identity being respected and valued (Arao & Clemens, 2013). Arao and Clemens (2013) have previously questioned the degree to which safety can be an appropriate or reasonable expectation for any authentic engagement with issues of power, privilege, and identity. However, safety can be created by an environment where, despite difficult dialogue and learning, people feel comfortable to express themselves and feel confident their views and experiences will not be silenced or minimised (Grieve, 2016; Schapiro, 2016).

This service evaluation project

Training programmes' willingness to provide global majority trainees with holistic support for their experiences may be a critical factor in ensuring their success, because it can foster their trust in the organisation's ability to resolve their issues and acknowledge their experiences and values (Museus & Neville, 2012). As part of our commitment to provide trainees with support and a sense of comfortability and belonging (Cunningham, 2015), a university's clinical psychology doctorate training programme (DClinPsy) set up a Safe Space group for trainees from global majority backgrounds. This group is currently facilitated by the course's equality, diversity, and inclusion (ED&I) lead, and is a physical space where the trainees can voluntarily come together for an hour once a month. The space is currently used to build community with those with a shared identity of being from a global majority background in clinical psychology training, reflect on academic/teaching, clinical, and personal experiences, and receive support. The aim of this service evaluation is to explore the experiences of trainees involved in this group, in the hope to identify helpful aspects of the Safe Space, and

potential suggestions for change in the hope this can become a permanent, formal source of support for global majority trainee clinical psychologists.

METHOD

Sample and data collection

Seven trainees that are part of the Safe Space volunteered to participate in an in-person focus group. All participants were required to read an information sheet and sign a consent form prior to participation. The focus group took place during the usual time of the Safe Space to minimise disruption to the teaching day of the participants. The ED&I lead was not involved in the facilitation of the focus group to allow participants to be open about their experiences without holding back or for fear of offending. This qualitative focus group research design was intended to allow for an in-depth illustration of global majority trainees' beliefs and experiences of the Safe Space within their clinical psychology training, with a particular focus on experiences of safety. Focus groups have the advantage of adding context and depth to a phenomenon, as well as observing the collective interaction of participants (Solorzano et al., 2000).

Sample size was not an important consideration for this project as the aim was to explore the specific experiences of the very few global majority trainees in the Safe Space. However, the small sample size meant careful consideration was taken in ensuring the confidentiality and anonymity of the participants. Participants were given pseudonyms, and personally identifiable information and features were removed from transcription and extracts. Whilst aiming for the focus group to be an informal discussion, the session was structured around a series of open-ended questions to the group to prompt discussion about their experiences. Using principles of critical realist inquiry, the focus group made predominant use of *Why* and *How* questions (Wynn & Williams, 2012). The session was both audio and video recorded for transcription purposes and lasted for 40 minutes.

Data analysis

The focus group data was transcribed verbatim by one researcher before it was analysed using a process of inductive reflexive thematic analysis (Braun & Clarke, 2019). This method was chosen due to its flexibility and the way it fully embraces the subjective skills the researcher brings to the process (Braun & Clarke, 2021). Whilst simultaneously acknowledging the researcher's role in actively constructing themes (Taylor & Ussher, 2001), the analysis was inductive in the sense that it was grounded in the data rather than using a pre-existing coding framework or theory as a lens through which the data were analysed and

interpreted (Braun & Clarke, 2021). This analysis was conducted from a critical realist perspective, assuming the existence of an objective reality, whilst simultaneously acknowledging that representations of this reality are historically, socially, culturally, and politically situated (Ussher, 1999).

Using Braun and Clarke's (2006) six-step process (familiarisation, initial coding, searching for themes, reviewing themes, defining themes, and final summary), the focus was on broad thematic patterning across the transcript data. The transcript was initially read by the first author and then was re-read for familiarisation. Interesting features and ideas were then coded with a focus (though not exclusive) on the experience and meaning of 'safety'. These codes were then reviewed and sorted into meaningful themes. All data relating to each theme were collected together and were put into an initial thematic map. Alongside an additional process of re-reading the transcript, themes and subthemes were mapped, revised, and refined by both authors (as well as feedback from the trainees) to ensure a good fit with the raw data. As global majority researchers who might identify with some of the participant's (racialised) experiences or feelings, and in keeping with a critical realist approach, engaging in reflexivity was vital for allowing for a more accurate representation of the participants' reality whilst also acknowledging the researcher's subjectivity (Braun & Clarke, 2019).

RESULTS AND DISCUSSION

Theme 1: The struggle of not being White in clinical psychology training

Subtheme: Experiencing exclusion in environments dominated by Whiteness

The salience of the trainees' racial and cultural identity in environments dominated by Whiteness was cited as one of the main contributing factors to experiences of isolation within clinical psychology training. For most members of the Safe Space, their identity represented a 'difference' that impacted upon a sense of belonging in their clinical teams and cohort:

> Clinical psychology is widely White, um, so for many of us who've been in AP [assistant psychologist] posts previously and now on placement, everyone's White. So, for years, you've had to almost hide a massive part of your identity… like yeah everyone knows you're brown, but as an AP, you try to fit in with everyone else and try to look like everyone else and how all the psychologists behave. So, it's harder to… sort of be yourself. (Sabine)

> If you're a person of colour, if you're like different in anyway, you have certain challenges on a systematic like level. (Lina)

The above extract from Sabine highlights the very visible nature of her racial identity within the context of clinical psychology, something that was reiterated across all participants. This visible difference appears to be accompanied by a perceived expectation to behave 'like

everyone else', conforming to this more 'desirable' image in order to make meaningful connections with colleagues and avoid rejection. This assimilation into the 'traditional' psychologist means she must sacrifice one of the most important aspects of her identity, leaving her to navigate training with a fragmented sense of self. This is similar to the ideas demonstrated by Rajan and Shaw (2008), where there was a significant personal battle of conforming to normative behaviours and practices whilst feeling like they have alienated themselves from their cultural roots or communities. The discourse of the unacceptability of Blackness or cultural 'difference' is heavily rooted in clinical psychology's history of oppression of global majority people (Patel & Keval, 2018). Lina describes these issues as being on a 'systematic level', extending these challenges to people who are 'different in anyway'. It highlights the many nuanced, intersectional forms of exclusion global majority trainees might experience (Crenshaw, 1991) due to the way clinical psychology continues to maintain the idea of a White identity as hierarchically more superior (Patel, 2004).

> I guess… the course [administrators] themselves are getting used to more and more people from different backgrounds... But I think often it, it doesn't always make its way into sort of teaching or lectures… and culture and diversity are touched on for like five or ten minutes and not always talked about, I guess, how it will go into like your placement. Like actually how you'll experience placement as a person of colour. (Justina)

> A lot of the teaching is about health inequalities and how they're just, you know, we're disadvantaged… but actually, they rarely focus on the strengths of having maybe a psychologist who's a person of colour, or you know, what you can actually bring because doing the research, we bring a lot, a lot, and I just wish it could [be] recognised. (Melissa)

Justina states how exclusion is also evident in the curriculum, describing how culture and diversity represent almost tokenistic aspects of the curriculum, without a thoughtful appreciation of race, culture, and ethnicity and how these may influence their training experiences. The lack of personal relevance in teaching to their lived experiences can be frustrating (Fakile, 2021). As identified by Melissa above, when traditionally marginalised groups are acknowledged, it is often under a negative lens, identifying the psychological and health disadvantages and inequities these groups face. Rarely are the strengths and benefits of being or having a clinical psychologist from a global majority background recognised. The pervasiveness of this cultural-deficit discourse (Ong, 2021; Valencia & Solorzano, 1997) is likely to perpetuate stereotypes, impact on trainees' sense of confidence and self-belief in training, and could even lead to internalised racism (Alleyne, 2004).

Subtheme: Being unable to speak out

> It's not really safe to like have these conversations, you know, the places… because everyone knows each other and yeah, reputation… people stay in the same posts for years. (Lina)

> There's also some issues with power that we have because we're trainees in placement with that kind of vulnerability. (Lina)

> It does feel risky, and I completely acknowledge that and it's really difficult, especially if it's a challenge or conflict. But I really found… that this group's kind of improved that and sharing my sort of self-awareness in supervision on placements. (Melissa)

Being unable to speak out about issues of race, culture, and Whiteness was a sentiment reiterated across all members of the focus group. The extracts above particularly pinpoint how occupying the position as a person of the global majority and a trainee means it is often considered 'impossible' to raise instances of discrimination or conflict. Acknowledging the privilege, superiority, and power of the dominant group, in this case a White, qualified supervisor or colleague, often results in this group feeling uncomfortable and guilty in a way that further prevents these issues from being explored (Nolte, 2007). It appears that the members of the Safe Space group recognise that speaking up about difficult experiences will disrupt the 'status quo', forcing staff to confront issues of racism and Whiteness, the very issues they work so hard to avoid. The tight network of colleagues who 'stay in the same posts for years' hints at the almost impenetrable nature of Whiteness within clinical psychology teams. Raising issues of race and racism in these environments might then have personal and professional costs, such as being accused of 'playing the race card', rather than demonstrating their desire as professionals to commit to anti-racist practice (Addai et al., 2019).

> I think having someone who's, you know, from a White background, for example, like you said, you'd have to really explain it and then like justifying your experience and sometimes that can be really exhausting. (Phoebe)

> It's just… being able to be open about my experiences rather than, trying to filter what I'm saying because I might offend someone I guess. (Sabine)

> This space is also really needed because most of like clinical supervisors [are] also White. So, we don't have those conversations… We don't have any other venues. (Lina)

There appears to be certain internal and structural factors that prevent trainees from speaking about issues of racism, Whiteness, and privilege. The power dynamic in supervision seems to influence Lina's feeling of safety, meaning there is an absence of dialogue on racial and cultural identity issues. Sabine discusses the overwhelming challenge of making issues relating to her identity more overt, rather than having to constantly monitor her own behaviour and make adaptations in order to save face (Shah, 2010). There have been many instances where global majority trainees have shared cultural perspectives or difficult experiences and were politely invalidated or silenced (Prajapati et al., 2019). Even reports of racism are often actively dismissed (Kinouani, 2014). Lina's phrase 'we don't have any other venues' illustrates the collective struggle in finding people and spaces who are willing to listen and support them in initiating change. It ultimately highlights why the Safe Space is vital to ensure trainees have somewhere that allows this happen.

Theme 2: Finding connection and building a community of support

> I think sometimes we just have to say like one word, like, and everyone gets it. (Phoebe)

> You have like this empathy from the get-go because you have a shared experience, isn't it? So, you know… that people cannot just understand it but can relate to it as well. (Lina)

> I think that kind of no judgement because they kind of get it… here you can kind of just be open. (Naomi)

A prominent theme across all participants was using the Safe Space to find connection and build a community within clinical psychology training. All trainees emphasised the implicit understanding and immediate identification of each other's feelings and experiences within the Safe Space. Trainees felt as if the shared nature of their experiences didn't even have to be voiced; the empathy from others in the group was immediate and unspoken. In contrast to the previous theme, where Sabine discussed having to present herself in a particular way, the extract by Naomi demonstrates the Safe Space as somewhere where the trainees can be themselves, without an underlying fear that they will be subjected to judgement. Cunningham (2015) previously identified institutionally designed safe spaces to essentially be a 'home away from home' (p. 65), generating a sense of comfortability by connecting with people who understand what you're going through. Despite this, it evokes a sense of sadness and anger in that these experiences of racism and oppression in relation to their identity are not isolated events. Whilst it seems to be empowering to know others can relate to you, it is simultaneously disheartening to realise the frequency, severity, and pervasiveness of these experiences of discrimination within clinical psychology training.

> Sometimes we're the only person of colour in our teams so we live in isolation sometimes and really knowing like, that, like what happens to me, it's a thing, like, other people have that. (Lina)

> Coming to the group was like an eye opener that these things do happen a lot. (Justina)

> [The facilitator's] also a person of colour so she's mad at… what happens to us so that's really nice. (Lina)

As identified by Lina, being one of very few global majority trainees in a cohort and clinical team means it is often hard to identify trustworthy peers with whom they can connect with to make sense of their (racialised) experiences. Knowing that they are not alone in their experiences appears to be a particularly powerful realisation (Solorzano & Yosso, 2000), bringing a sense of relief and connection that trainees are unable to find in other aspects of their training. Lina suggests that the facilitator being from a global majority background means they are better able understand trainees by virtue of a shared 'racially minoritised' status. There appeared to be an expectation that many White supervisors or colleagues cannot adequately comprehend what it is like to be a person of the global majority in the

profession. When a marginalised identity is shared, trainees are less likely to worry about searching for signs of being misunderstood or judged (Arao & Clemens, 2013). However, it is important to note that having a shared racial or cultural status does not guarantee safety due to the many historical and current examples of Black and other racially minoritised people reinforcing racism (Asare, 2020). What seems to be important to the trainees is having a community of like-minded others who all have the shared motivation of wanting to support one another.

> I had one real difficult placement experience. And I did talk to my tutor about it, and we kind of went through those processes, but I never saw it through this lens… but had this group been available, then I wonder if I could have got a bit more support… like peer support um… to help me with that experience I think. (Melissa)

> Yeah, I like that there's no expectations. Like this is literally just like our space to share things. So, if we just want to rant, like people have cried, like. I was not expecting a solution, I was expecting to be heard in places where we haven't. (Lina)

> I think, for me, it's… wanting to learn about others' experiences and knowing that I can share something in confidence and having um… that support as well. (Phoebe)

> I think it gives you a voice that's often overlooked within teaching. (Justina)

Valuing having a space where their emotions can be validated and supported was a theme reiterated across all focus group participants. Becoming 'conscious' of their own marginalised position within the clinical psychology profession is likely to have strong emotional implications. As explained by Melissa, the formal, integrated systems of support provided by the training programme are not sufficient in giving trainees the optimal level of support, whether that be on placement or during teaching. Whilst some supervisors and course staff make space for meaningful dialogue around race, racism, and culture, it seems many others avoid these discussions. This is likely to come with feelings of frustration and feeling let down and neglected, as well as impacting the efficacy of the trainee's clinical work (Shah, 2010). Since they perceive the teaching environment to be unsafe for them to discuss these issues, the Safe Space has given them a 'voice that's often overlooked in teaching'. As stated by Phoebe, the Safe Space is a supportive environment due to the way trainees not only get advice for their own issues, but also listen and learn from others. This reciprocal dynamic seems to increase trainees' confidence in sharing personal experiences. Lina's use of the word 'our' in describing the safe space is particularly powerful, illustrating how positive and productive interactions and conversations with like-minded people can heavily impact belonging (Cunningham, 2015). Trainees clearly identify this space as their own community in a context where they have often felt like space invaders (Puwar, 2004).

Theme 3: Navigating a systemically oppressive system: Unlearning protective strategies

A shared theme amongst all participants was using the Safe Space as somewhere to unlearn the behaviour and strategies that they have spent years enacting to protect themselves from further racism and oppression.

> You're kind of taught to just like push things under the carpet and you're so used to doing that. (Naomi)

> It doesn't feel like a burden. Like oh my God, you're being that person or you're making it into a big deal… Like you're not just exaggerating. (Naomi)

> And that gets us away from them being dismissive, because that's how we normally survive in this world… so having [the facilitator] and everyone mad for you as well, it gives us permission to also be mad about things. (Lina)

As shown in the extracts by Naomi above, she consistently pushed 'things under the carpet' out of fear of 'feeling like a burden' or feeling like she is exaggerating her difficult experiences. Like the discussions in *Critical Race Theory* (Crenshaw et al., 1995) and drawing on the work of Fanon's phenomenon of internalising the inferior image of oneself (Fanon, 1967), such behaviours could be signs of internalised oppression. Having the perception that experiences of discrimination or racism are not serious enough to address can be ideas that are 'buried deeply and unconsciously' (Ellis, 2015, p. 16). However, what the extracts demonstrate clearly is that these protective strategies appear to be the only option that will guarantee trainees' physical and psychological safety in predominantly White institutions. As Lina states, using these strategies reflects an attempt at survival in a profession where their background, identity, and values are not respected. This relates to Love's (2019) explanation of how this 'is a life of exhaustion, a life of doubt… Survival is existing and being educated in an antidark world, which is not living or learning at all' (p. 39). It is encouraging that the Safe Space allows a constructive form of collective anger about the way current and past structures and practices continue to make their experiences of clinical psychology training inequitable when compared to their White peers. Acknowledging these are survival strategies is a vital part of gradually unlearning or at least having an understanding of these protective behaviours.

> You can talk about stuff that you probably wouldn't otherwise and put to the back of your mind or tell your friends, um… and then sort of like just let it go because there's no other space to bring it… and it's a matter I reflected with [the facilitator] is that I was that person who would ignore and just pretend things don't happen, even with myself. (Justina)

> How can I do something similar to make sure that I can help other people but also just open my eyes and make myself a bit more aware to the fact that things happen and how I respond to it is more of a protective factor, really. And to able to get that out a little bit as well. (Justina)

The Safe Space appears to be a place where trainees can engage in conversations and seek guidance from both their peers and the facilitator to understand and unlearn these protective strategies. As shown by Justina, it is somewhere where trainees can speak about things they

would usually dismiss or ignore because 'there's no other space to bring it'. Part of this process appears to be reflecting on their own behaviour, acknowledging the reasons why they do (and do not) do certain things. It is no surprise then, that it takes a lot of time and reflective practice to be able to 'get that out'. Justina's phrase 'How can I do something similar to make sure that I can help other people' highlights how her own unlearning of protective strategies might benefit her peers, colleagues, and clients who might have similar experiences of racism and identity-related oppression in their everyday lives. The benefit of the Safe Space is that it gives trainees the opportunity to listen to how other people have navigated their experiences so they can apply it to their own.

> It's the boundaries, the structure thing, which I think, elicits safety… if there are things that come up, I feel really confident that [the facilitator] can take it to the course in a way, that's really compassionate, but also addresses the issue directly. Yeah, rather than like an airy fairy 'oh this was talked about'. (Melissa)

> So, like [the facilitator] set the bar for the level of consistency that she provides in terms of, not only facilitating the sessions but also just making sure that she follows through on things. So that's containing in itself. (Ayesha)

> It's almost like actually it's okay to bring something to talk about it and if you want change, then you're supported in kind of thinking about how to navigate it and get that change or if you just want to rant or a vent and a cry then that's okay as well… having that that space to do that. (Naomi)

Part of navigating a systemically oppressive system is using the Safe Space to get support in challenging discrimination. Ayesha discusses how the facilitator creates an environment of safety in that trainees can feel confident that this level of practical support will remain consistent throughout the year. Being in an environment where difficult and often painful memories and experiences are often brought to the surface, trainees value having a facilitator who is prepared to consistently honour these emotions and move towards effective action. It was expressed that having a facilitator who was a psychologist and connected to the formal aspects of the course, but who could also 'step in and out' when necessary, was important in enabling trainees to make complaints, challenge ideas in teaching, and speak out about issues that directly affect them. Trainees felt like their complaints would not only be validated, but actively and compassionately addressed and taken further. Here, safety can be conceptualised to include the material support given to trainees outside the confines of this monthly space. Melissa discussed how the Safe Space has increased her confidence not only generally, but in relation to challenging and speaking out about things that happen to her on placement. As Naomi discusses, the flexibility of the Safe Space also seems to be important in managing their experiences in that its functions can change depending on the needs of its members. What seems to be important is having a space to unload the weight of oppression without having to play down the experiences that have a real impact on their emotional and physical wellbeing (Addai et al., 2019).

SUMMARY AND RECOMMENDATIONS/LIMITATIONS

The findings from this study demonstrate the multiple different aspects of 'safety' evident in the context of the Safe Space group. Not only is the group safe in itself, due to the way it acts as a temporary escape from Whiteness and provides connection amongst global majority trainees, but it is also safe in the way the facilitator is able to provide material support in a context where racially and culturally minoritised trainees have a relative lack of power, thus making it difficult for them to raise issues significant to their experiences in clinical psychology training. Based on the findings, we recommend that the Safe Space continues as a permanent feature of the university's DClinPsy programme, offering a community of support to global majority trainees who require it. We acknowledge that some global majority trainees may decide not to participate in the Safe Space for various reasons, including to protect themselves from further othering or prioritising competing demands (Addai et al., 2019). We recommend the group be facilitated by a qualified clinical psychologist from a global majority background, with the necessary training and experience in anti-racism, Whiteness, and social identity due to the complexity of the topics that may arise within the group and the ability to follow up issues on the course. This will prevent the Safe Space from becoming a tokenistic 'diversity' initiative on course programmes. Where this is not possible, a suitable appointed facilitator should be trained and empowered to address the issues raised with the wider course team. Finally, we recommend programme teams to continue to work on the systemic issues identified by the trainees in this study that continue to negatively affect their experiences in training. This includes work on decolonising teaching content, appropriately dealing with complaints, addressing relations of power, and inviting speakers for trainees' personal and professional development. We passionately encourage readers to consider the development of such spaces within clinical psychology and the wider field, to afford trainees and students the sense of belonging and safety that will enable the fulfilment of their cultural and professional values.

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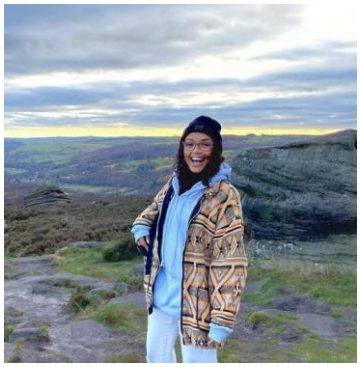

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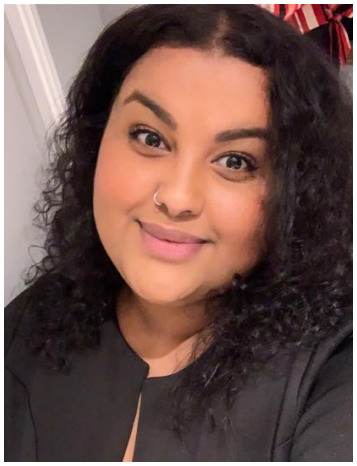

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PEER-REVIEWED ARTICLE

Empowering a feminist clinic: Challenging gender system oppressions in modern female subjectivities

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ABSTRACT

In the context of psychoanalytic practice, the relevance of challenging gender oppressions in modern subjectivities relies on engaging in meaningful dialogues with feminism. Drawing from our academic background in teaching psychoanalysis, gender studies, and feminism, as well as our experience as private practice analysts, this article presents ideas and reflections on an ongoing project—a feminist clinic in Michoacán, Mexico. The clinic's goal is to uncover and challenge gender system oppressions that affect modern female subjectivities, with a particular focus on how gender-based violence shapes these experiences. The article is divided into three sections. The first section provides a historical account of the feminist clinic project, highlighting its social and political context. The second section explores the tensions and fluctuations between psychoanalytic theory and feminist activism, considering the contemporary struggles faced by women impacted by gender-based violence. It investigates how psychoanalysis and feminism can complement each other to create effective intervention strategies against women's oppression. The third section analyses the potential of the feminist clinic project as a tool for both academic pedagogy and psychoanalytic clinical training, offering a new path to feminist activism called 'subjective activism'.

KEYWORDS: feminism; clinic; gender-based violence; psychoanalysis; Michoacán

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INTRODUCTION

Back in the 1970s and 1980s there was a significant theoretical exploration about the connection between psychoanalysis and feminism. However, in the present day, where countless women in Latin America suffer from violence due to machismo, it's time for practical action. That's where the idea of a feminist clinic in Michoacán, Mexico comes in—a form of subjective activism that can take place in counselling rooms and/or classrooms.

Let's go step by step.

While dialogues between psychoanalysis and feminism as theoretical frameworks have a long history in Global North countries like the UK, dating back to the 1970s with influential works such as Juliet Mitchell's *Psychoanalysis and Feminism* (1974) and others by Irigaray (1974/1985), Cixous and Clement (1975/1986), Gallop (1982), Burman (1994), Jacobs (2007), and Benjamin (1998) in the USA, or Brennan (1992) in Australia, the situation is markedly different in countries like Mexico, where such dialogues are still in their early stages.

One primary reason for this disparity is that each discipline remains in the Mexican academic context as subordinate knowledge, as discussed in Raúl Rodríguez Freire's (2005) thought-provoking essay: 'From disciplinary and subordinate knowledge toward the rise of lesser knowledge'. The term 'subordinate knowledge' refers to the intractable knowledge that emerges within a dominant system, 'which the dominant discourse cannot fully appropriate' (p. 60; our translation). While being in a subordinate position offers political advantages due to its resistant–oppressive dialectic nature (Foucault, 2020) and transformative potential, it also makes this position unseen and constantly at risk of fading away, rendering it fragile.

Moreover, it is important to consider that disciplines, often referred to as 'serious speech acts' (Dreyfus & Rabinow, 1982/1983), attain their privileged status in society based on their position within a network of other discourses. In the context of Mexican academia, both feminism and psychoanalysis find themselves as underprivileged serious speech acts. They have been overshadowed and marginalised by more privileged discourses. For instance, gender studies takes precedence over feminism, as noted by Mexican feminist Ana María Tepichín Valle (2018), while experimental psychology enjoys a more favoured position over psychoanalysis, as documented by Argentinian psychoanalyst Bertha Blum Grynberg (2012).

Besides sharing the status of subordinate knowledge, psychoanalysis and feminism face additional challenges rooted in their differing epistemological, theoretical, and political stances. These differences have hindered meaningful dialogues between the two disciplines in academic spaces, leading to their separate treatment as seemingly unrelated realms.

On one hand, orthodox psychoanalysts, who consider themselves experts in the exploration of the unconscious, often believe that their practice should remain detached from political influences and objectives. They view themselves as 'neutral' practitioners of

psychoanalysis, leading them to potentially disregard any external contributions that may have political implications, such as those stemming from feminism. This inclination to embrace the world solely through their psychoanalytic lens, as Fiorini (1977) highlights, can make them oblivious to other valuable perspectives on the unconscious.

On the other hand, feminist criticism of psychoanalysis emerged in the 1970s and onwards, particularly concerning female sexuality, sexual difference, and the representation of women and femininity in Freudian and Lacanian theories. Women analysts, such as Luce Irigaray (1974/1985) in France, Nancy Chodorow (1978) in the USA, and Ana María Fernandez (1993), Silvia Tubert (1988), and Emilce Dio Bleichmar (1998) in Argentina have contributed to challenging Freud and Lacan's positions on women. These debates and critical discussions significantly impacted Latin-American women psychoanalysts, who began publishing their own writings from the 1980s onwards (Uribe de los Ríos, 2005).

However, according to Jane Flax (1990/1995), both psychoanalysis and feminism share more common ground than they may be willing to acknowledge. For instance, they both have a dual relationship with enlightened thinking:

> As products of modernity, they strive to take the premises of enlightenment to their logical conclusions, but in doing so, they reveal its limitations and flaws. They question the lofty ideals of modernity, such as equality, universality, and rationality, and the unfulfilled promises of progress and happiness'. (Flax, 1990/1995, p. 8; our translation)

Additionally, both theories fall within the realm of critical thinking, and their investigations and theoretical developments focus significantly on exploring the differences between the sexes.

In recent times, it has become abundantly clear that despite their challenges and controversies (Martínez & Bolla, 2020), the connections between psychoanalysis and feminism serve as fruitful and powerful critical tools to address the modern issues faced by women, particularly in the context of gender-based violence, which remains rampant in Mexico and demands significant attention. Thus, it is concerning and even symptomatic that these disciplines are not regularly taught in tandem within Mexican academia.

However, some steps were taken at Michoacana University of San Nicolas de Hidalgo (Michoacán, Mexico), referred to as UMSNH henceforth, to challenge the divisive treatment of psychoanalysis and feminism in academia, which seemed to follow the political strategy of 'divide and rule'. In 2012, a new academic postgraduate program was established titled 'Master's Degree in Psychoanalytic Studies' and it introduced a compulsory subject named 'Psychoanalysis and Gender Studies' (one of the authors of this article has been heading this subject since then). It's worth noting that the use of the term 'gender' instead of 'feminist' in the title resulted from prolonged and historically rooted debates. These debates exposed tensions between the political and scientific aspects inherent in both terms. According to Joan Scott (1996), using 'gender studies' allows for better alignment with 'social sciences scientific

terminology' (p. 6), 'granting it academic legitimacy but potentially diminishing its political strength' (Tepichín Valle, 2018, p. 97). The book *Del Sexo al Género: Los Equívocos de un Concepto* [From Sex to Gender: The Ambiguities of a Concept], edited by Silvia Tubert (2003), offers an in-depth exploration of such debates.

In each of the five generations that have studied the Master's degree in psychoanalytic studies to date, there has been at least one research project that embraces within its theoretical framework the psychoanalysis–feminism dialogue and which one of the authors of this article has had the opportunity to supervise. Titles of such investigations are: 'The corporeal gaze in the "She-devil". A clinical case study from psychoanalysis and radical feminism', 'Sexuality, body and territory. Femininity political dimensions', 'The symbolic representation of the womb, towards the subjective reconstruction of femininity', 'Notes for the construction of a psychoanalytic clinic of the difference', and 'The subjectification of mourning in women who have lost an unborn child'.

The latter aims to demonstrate that a new realm of thought and research in Michoacán, Mexico, is currently under examination, with dialogues between psychoanalysis and feminism playing a crucial role. This marks the significant starting point for the narrative of the feminist clinic.

THE SURROUNDING REALITY OF THE FEMINIST CLINIC

Gender-based violence against women in Michoacán. Some contextual data

Michoacán is grappling with a distressing level of violence against women. According to reliable journalistic sources (Flores, 2023), tragically, a woman or girl is killed every 33 hours, and feminicide rates have alarmingly increased by 70% in 2022. According to the Prosecutor's Office for Investigation and Prosecution of intentional homicide against women and feminicide, during 2021 there were 26 feminicides, while in 2022 there were 44 cases (Flores, 2023).

The National Survey on the Dynamics of Relationships in Households (2021) reveals that approximately 64.9% of women surveyed in Michoacán have experienced some form of violence at some point in their lives. Psychological violence is the most prevalent at 49.5%, closely followed by sexual violence at 39.9%. Within these incidents, domestic relationships are the most vulnerable, accounting for 42.6% of cases, with community spaces contributing to 34.7% of occurrences.

Furthermore, the National Data and Information Bank on Cases of Violence against Women (BANAVIM, 2023), a comprehensive database aggregating data from various instances dealing with gender-based violence, reports that as of June 2023, Michoacán has registered a

staggering 65,744 cases, with male aggressors involved in 39,235 of these cases. Once again, psychological violence emerges as the most prevalent form of aggression, primarily perpetuated within family settings.

Gathering data at the local or municipal level is a complex task, but the Municipal Women's Institute for Substantive Equality carried out in 2020 a diagnosis of gendered violence, in which 589 women between 26 and 65 years of age were surveyed. When asked if in the last year any of them had ever experienced discrimination or violence, 40.7% answered yes, indicating that psychological violence was the most experienced, with 38% having experienced it at some time (IMUJERIS, 2021).

When comparing all the data mentioned earlier, it becomes evident that psychological violence remains the most prevalent form of violence, not only in Michoacán but also at the municipal level in Morelia. This finding underscores the urgency to develop intervention strategies targeting this specific area, which will be discussed further in the next section.

Feminist activism within universities

One of two other significant phenomena which are intertwined with the context of the feminist clinic project is the rise of feminist activism within universities. In response to the distressing prevalence of sexual violence, particularly harassment against women and marginalised individuals, and the inadequate or non-existent institutional responses, women students decided to take matters into their own hands. This trend was not limited to Michoacán, as it reflects a broader effect seen across Latin-American universities. At UMSNH, more than 10 feminist collectives, such as 'Intruders Network: An Interuniversity Feminist Network against Sexual Violence', 'Matryoshkas', 'Green Tide Michoacán', 'Shameless', and 'Butterflies Revolution', along with other individual students, initiated a movement known as 'The Clothesline'. They hung clotheslines within the university premises (in halls, courtyards, and main entrances), displaying the names of individuals involved in sexual harassment and sometimes accompanied by accounts of the incidents. This protest mechanism gained popularity around 2019, coinciding with a significant surge of feminist mobilisations in various Mexican universities. It's important to mention that this mechanism originated in the field of art and was conceptualised by Mexican feminist artist Mónica Mayer. The concept was first presented in 1978 at the Museum of Modern Art in Mexico City during the exhibition 'Salon 77–78: New Tendencies', merging art with politics (Mayer, 2015).

The Clothesline's political power brought about tangible transformations, diverging in two significant directions. Firstly, there were institutional changes concerning the official responses to students' complaints. At UMSNH, a new area called the General Coordination for Gender Equality, Inclusion, and Peace Culture was established in June 2023. Additionally, the Office for the Defence of University Human Rights was introduced, with female

psychologists providing assistance from a gender perspective. These changes were mirrored at the National Autonomous University of Mexico, which operates a campus in Morelia, Michoacán.

The second direction refers to the Clothesline itself, serving as a powerful tool to strengthen feminist alliances among students. It has enabled feminism to evolve from being confined to a small group (ghetto) to becoming an integral part of everyday conversations. Discussions about feminism are now pervasive, and sexual harassment complaints—whether formal or informal—have become unstoppable. These developments represent substantial strides forward in addressing gender-based violence and fostering a more inclusive and supportive environment.

Demand for psychoanalytic treatment

The second relevant phenomena infusing the feminist clinic project is the growing demand for psychoanalytic treatment. The need for such treatment has increased considerably, reflecting a societal call for addressing mental health concerns and emotional wellbeing. As the demand rises, it emphasises the importance of establishing intervention strategies and spaces, such as the feminist clinic, to respond effectively to women's contemporary malaise in the face of gender-based violence, a prevalent issue in Michoacán. While no formal research has been conducted on this matter yet, there are noticeable indicators based on personal communications. Fellow analysts have expressed their experiences regarding the intensity, rhythm, and frequency of their practice, with some mentioning that they currently have a high number of patients on their analysands list. Within the feminist network to which we (the authors) belong, it has become commonplace to discuss how clinical work is increasingly viewed as a sustainable way to earn a living, whether as a full-time or part-time occupation.

It is important to note that, despite the recent establishment of the feminist clinic as a collective project, one of the authors has been actively engaged in feminist listening in Morelia, Michoacán for over 15 years, while the other author has contributed for six years. It has been a space where, up until now, the consistent and precise quantification of women being heard has not taken place. This is because we do not function as a free governmental service, where the sole focus often lies in presenting numbers for reporting purposes or acquiring accolades, as if addressing violence were a commodity for sale.

In the listening space we provide, the goal is not to accumulate more patients for increased income, nor is it solely centred on quantifying the number of women seeking to be heard. Such an approach would overlook the individual history and context of the person seeking care. The commitment to conducting this work within a private listening space transcends mere politics and the quantification of women. It constitutes an exercise that enables the

politicisation of our listening process and delves into the shared history of the analysands involved. However, it is important to highlight that the absence of a numerical count for women seeking this attention thus far does not negate our awareness of the growing demand for this line of work. The limitations in available time slots in our schedules underscore the necessity for further training and collaboration with other colleagues to meet this increasing demand.

Furthermore, we can glean insight from the average number of analysands that each member of the feminist clinic project (15 members in total) attends to on a weekly basis. It appears that analysts within the project typically see between five to 10 analysands per week. These indications collectively hint at the rising demand for psychoanalytic treatment and the recognition of clinical work as a viable professional avenue.

We believe that feminist activism in universities and the increasing demand for psychoanalytical treatment are indirectly and intricately connected. However, how do they relate to each other?

Feminist mobilisations have played a crucial role in bringing attention to the issue of violence against women, especially within romantic relationships, highlighting that such violence is neither normal nor natural and can be brought to an end. These movements have sparked a conscious awareness among young women, empowering them to challenge their experiences in violent relationships (as indicated by statistics that reveal a prevalence of psychological violence). They are now willing to question whether different, freer forms of intimate and sexual relationships, particularly with men, are attainable. This newfound courage to challenge and question is being expressed both collectively on the streets, particularly during the impactful feminist marches on March 8, 2020 (before the COVID-19 pandemic) and that of 2023, and individually within psychoanalytic consulting rooms. A shift away from domination and an acknowledgment of alterity (Benjamin, 1988) mark the new starting point and horizon for these women.

TENSIONS AND FLUCTUATIONS BETWEEN PSYCHOANALYTIC THEORY AND FEMINIST ACTIVISM: INTRODUCTION TO SUBJECTIVE ACTIVISM

When we hear the term ‘feminist activism’ the image that often comes to mind is a group of women marching in the streets, holding banners, and passionately voicing their demands. These demonstrations may include actions such as painting walls, breaking windows, or blocking access to certain areas. In response to such scenes, conservative elements of society may criticise these acts as vandalism or even accuse activists of violating human rights or making unreasonable demands.

For feminism as a form of activism, mobilisations and street protests have been fundamental tools. Throughout history, women have engaged in collective social actions to advocate for the recognition of their rights and the prioritisation of their wellbeing within the State and culture. These efforts have been challenging, but they have yielded significant results, especially at the societal level. These struggles have contributed to women being acknowledged as civil subjects and have granted them access to voting rights, education, healthcare, employment, and security, though the full guarantee of these rights remains an ongoing battle.

Considerable progress has been made in advancing human rights, particularly in the incorporation of a gender perspective into social policies and academic programs within universities. There has been a push for institutionalised compensatory measures and the promotion of positive discrimination to prioritise the wellbeing of women in all aspects and environments. These actions have proven to be valuable and effective.

However, it is becoming apparent that solely taking to the streets and occupying public spaces may not be sufficient to dismantle patriarchy and its violent gender-based oppressions. Protesting against patriarchy and sexism requires a dual approach: at the macro level, challenging social gender inequalities by taking to the streets and engaging in public demonstrations, while at the micro level, depatriarchalising the unconscious through personal introspection within the confidential setting of psychoanalytic consulting rooms. Argentinian psychoanalyst Patricia Gherovici (2017) emphasises the importance of delving into personal histories to address the unconscious impact of patriarchal norms (depatriarchalise the unconscious).

Now, let’s examine some examples from the public sphere to demonstrate how, from a feminist perspective, the State functions more as an administrator of gender-based violence, inequalities, and male domination rather than an effective agent for mitigating and eradicating them. This reinforces the argument for the necessity of integrating psychoanalysis clinically and academically with feminist theory when addressing the experiences of modern women subject to violence.

When a man faces punishment from the justice system or the university’s Office for the Defence of University Human Rights for being identified as an aggressor, such actions do not necessarily indicate that he has ceased reproducing violence. Conversely, when a woman decides to report an incident of violence to a justice officer or to the gender units within universities, she often experiences re-victimisation from those receiving the reports. They may inquire about her appearance, the timing, or her activities during the incident, even if they have received training on gender perspective or have knowledge of protocols and care guidelines for victims. This treatment does not necessarily mean that her case is being handled in full accordance with the law.

A social support program aimed at women, or providing scholarships for single mothers where they receive financial assistance per child, could inadvertently encourage them to return to traditional roles in the private sphere and lead to an increase in childbirth. This can be attributed to their economic reliance on such support, reinforcing the mother/housewife role. Similarly, providing credit for entrepreneurial ventures to women or young female students with the intention of 'empowering' them can sometimes expose them to economic violence from their partners or family members, who may take away, control, or limit their access to money.

In line with sexual education social policies, the prevention of teenage or unwanted pregnancies is a major concern for the Mexican government. According to journalistic source the *Informant* (Llamada, 2023), Mexico holds the dubious distinction of ranking first among OECD (Organization for Economic Cooperation and Development) member countries with the highest rate of teenage pregnancy in the world. The typical institutional response to address this issue involves organising sexual health fairs in middle and high schools, where contraceptive methods are freely provided to young people. However, this approach fails to address the root of the problem, as it overlooks the individuals (often male) responsible for committing abuses or rapes, leaving the oppressive structure intact. Furthermore, there seems to be a prevalent belief behind the sexual health fairs strategy that these pregnancies are solely a result of a lack of education and irresponsibility on the part of women, further perpetuating harmful stereotypes.

All these examples illustrate how patriarchy influences power structures across all social domains. It employs sex as the biological basis for gender, resulting in the construction of a societal framework where women are positioned as domesticated beings, shaped through social interactions with men, who hold dominant roles (Rubin, 1975).

Additionally, these examples highlight that the internal impact of patriarchy, which encompasses the psychic reality and human subjectivity, is not directly and precisely addressed by governmental or university public policies, or even by legal measures. Instead, what truly affects female subjectivities, as discussed in previous sections, is feminism and its application in the field of psychoanalytic practice, whether in an academic or clinical context. The transformation of female subjectivities occurs through the lens of feminism and is experienced within the realm of psychoanalytic listening and engagement.

The effects of gender-based violence that we observe in the bodies and subjectivities of women, which we describe based on our experiences in the clinical space, often include feelings of fear, anguish, changes in eating and sleeping habits, low energy levels, nervousness, profound sadness, self-absorption, and a sense of helplessness. Other common responses include indecision, anger, frustration, suicidal thoughts or tendencies, feelings of paranoia or persecution, insomnia, impulsivity, low self-esteem, distrust of both themselves and institutions, social isolation, guilt, and difficulties in making decisions or planning for the

future. It is essential to highlight that some patients seek psychoanalytic help after previously receiving psychiatric treatment where their distress was medicalised.

All of the symptoms described above are consistent with Inmaculada Romero's (2011) account in 'Unveiling gender-based violence'. She highlights the various ways in which women can be adversely affected after constant exposure to violent situations. Based on her experiences, it is common to observe a decline in the critical awareness of the experienced trauma, leading to a numbing effect. Additionally, she notes a deterioration of self-esteem, feelings of confusion and hopelessness, fear, episodes of amnesia, dissociation, depersonalisation, paralysis, emotional distance from others, disturbances in both internal and external relationships, and a sense of despair. Remarkably, some women even find themselves concerned for the wellbeing of their aggressors and may develop a series of justifications for their actions.

We dare to say that these symptoms are often just the beginning, as gender-based violence can also wreak havoc in women's immediate surroundings, including their workplace or educational environments, if they have any. The effects of violence may disrupt their routines and hinder their ability to thrive in those spaces. Absenteeism, a lack of focus on activities, or even abandoning them altogether are among the significant disruptions women may experience in their lives.

Discussing the experiences shared in the listening space, and interconnecting them with the broader social and political context, whether within an academic setting or clinical training, is crucial. It allows us to shed light on the realm in which female patients navigate and confront their challenges. This information becomes essential in evaluating how well clinical practices align with the theories that underpin them, as well as with the techniques, paradigms, and principles they adhere to.

It is crucial to emphasise that the experience of those who engage in listening, particularly within the realms of feminism and psychoanalysis, is a form of knowledge that holds valuable insights about women's experiences. Engaging in dialogues about this knowledge and women's lived experiences opens up possibilities for constructing new ideas, reevaluating how we relate to others, and analysing the complex intersection of power and womanhood. It offers an opportunity to develop theories that align with women's desires, address the societal issues that impact them, challenge the structures of oppressive systems they face, and combat the violence they endure. This approach aims to move away from psychological or pathologising perspectives and, most importantly, rejects the establishment of fixed ideas about sexual difference and the harmful consequences that come with it.

It is important to note that the psychoanalytic description of the unconscious, including the topographical, structural, and dynamic hypotheses, as well as the genetic model and phases of psychosexual development, such as the castration complex, Oedipus complex, phallic stage, and pre-oedipal relationship with the mother, among others, can be understood

through the lens of experiences encountered in listening and clinical work in particular contexts and temporalities.

Not discussing what occurs in clinical spaces with women-feminists, whether from the perspective of the listening ear or the voice that speaks or sings, could be seen as a form of repression to uphold concepts that are considered normative within psychoanalytic theory. These concepts might also be seen as a point of intersection between psychoanalysis and feminism. It is crucial to reevaluate whether these concepts remain relevant for practice and the current context. Women, as citizens, are actively demanding that psychoanalytic theory and the academic institutions that support it take their voices and experiences into account. This demand presents an opportunity to transform subjectivity and contribute to the development of a feminist clinic. Therefore, it is vital to listen to and acknowledge the words and experiences of women, honouring the female territory, and not repressing them by omitting or excluding them from the theoretical framework.

Let's consider the feminist movement and its various branches or feminisms and compare them with psychoanalysis, which was established at the end of the 19th century and the beginning of the 20th. Historically, psychoanalysis did not provide space for femininity, often relegating it to the realm of darkness, strangeness, or otherness. This was due to the way psychoanalysis defined the psychic consequences of sexual difference and categorised each sex as normal or abnormal based on these definitions.

Psychoanalytic theory has historically been rooted in a normalising, heterosexual, and patriarchal view of sexual difference, influenced by prevailing social norms. This perspective could still influence how the field addresses subjectivity and the demands of female citizenship today. However, recognising the need for change, a female exchange group can play a vital role. In this group, women can come together to reflect, share their experiences, and propose intervention strategies that align with the political stance of feminism. The power of listening, whether in individual or collective spaces like classrooms or consulting rooms, can lead to alliances and subtle yet impactful structural and social transformations, even if they may not be immediately apparent to patriarchal and hegemonic perspectives.

In conclusion, psychoanalysis and feminism have become and can be a dynamic duo that extend beyond academia and delve into praxis, where subjective activism takes place.

THE FEMINIST CLINIC PROJECT IN ACTION: MOVING TOWARDS SUBJECTIVE ACTIVISM

By subjective activism we are referring to a tool that delicately and cautiously enables the penetration of social structures and defence mechanisms ingrained in subjectivity. Through the joint application of this tool in spaces of both individual and collective listening, we have

successfully articulated in language the patriarchal influences and violence embedded in the symbolisation of anatomical differences between the sexes—effectively engaging in subjective activism. This entails moving beyond the violence often identified by the physical marks it leaves on the body or the firsthand accounts that allude to it. Conducting a clinic from a feminist perspective addresses areas where the State and public policy fall short. This is because they overlook (or dismiss) the intricate connection between the articulation of sexual difference and the oppression of the phallocentric system. Subjective activism enables us to recognise the impact of symbolic violence, as subjectivity itself is gendered, even if it may not appear so initially. It is crucial to assert the unconscious, just as society asserts itself.

At the end of the 19th century, psychoanalytic theory had limited understanding of female sexuality and femininity, often portraying them as dark and ominous. Sexual differences were viewed through a narrow lens, reflecting a normative, heterosexual, and patriarchal perspective. This outlook was unsurprising given the social and cultural norms of that era. However, our current time stands in stark contrast as the epoch of feminism.

As discussed in previous sections, feminism has become an integral part of daily conversations, a social bond, and a prominent topic in social networks. Moreover, it has given rise to a new subjective female position. Consequently, if we, as analysts, are to embrace Lacan's (1953/1988) assertion that 'He who cannot unite to his horizon the subjectivity of his epoch had better renounce. For how could he make his being the axis of so many lives if he knew nothing of the dialectic that launches him with those lives in a symbolic movement' (p. 309; our translation), then psychoanalytic practice cannot exist in isolation from feminism.

While pondering these ideas, a clear need emerged: to establish a female exchange group where women can come together to reflect, share their experiences, and develop intervention strategies that align with the political ideals of feminism. This led to the creation of the feminist clinic, which officially came into being on May 24, 2022, just over a year ago, initially through WhatsApp.

One of the authors of this article is responsible for the idea. She included in the group students and supervisees, whether or not they had prior academic contact, as long as they showed interest in feminist psychoanalysis. The main argument for forming the group was as follows: 'I took the liberty of starting this group with the intention of providing a meeting place for colleagues and friends who share an interest in integrating feminist elements into clinical psychoanalytic practice. You are all practicing clinicians, and it appears from our various conversations that we are keen on exploring new ways of providing clinical care that better addresses the significant need for women's voices to be heard. Let's create a school of thought and devise a specific method—wouldn't that be wonderful? This is just the beginning, and it's crucial for all of you to get to know each other because, as I'm sure we all agree, the path to women's liberation can only be forged collectively.'

The response to this idea was immediate and enthusiastic as participants accepted the challenge and joined the WhatsApp group. The feminist clinic materialises through three simultaneous positions: that of being a woman, being an analyst, and being an analysand.

The group currently consists of 15 women aged between 25 and 60. Eighty percent of them reside in the city of Morelia, and, most importantly, all participants identify as feminists. Meetings are scheduled per semester, initially established as virtual sessions every 15 days. However, a guiding principle for these meetings is flexibility and willingness. Participants are not obligated to attend every session, nor is their participation contingent on consistent attendance. It is crucial for those who are part of it that the space adapts to their needs. As mentioned earlier, reproducing capitalist and colonialist oppressive dynamics or quantifying sessions is not of interest. The significance of the meeting lies in what is woven from the possibilities of each participant, as each contributes uniquely since despite sharing mutual concerns, ideological beliefs, and professional interests, there is an implicit understanding that each woman involved in this project is unique. They come from different ages, backgrounds, and sexual identities, and they vary in their levels of experience and exposure to psychoanalysis and feminism. This diversity has enriched the journey, which openly revolves around women and femininity.

Of course, with such diversity, tensions are inevitable, as eloquently addressed by lesbian black feminist Audre Lorde (1984). Nevertheless, this collective has provided a space for women analysts to come together, introspect, and reflect on themselves and others. They discuss their own self-ideals and those of other women, as well as how societal expectations model their responses to the great Other.

In the feminist clinic, participants have engaged in three primary areas of work: (1) sharing case reports and offering supervision; (2) reading materials from feminist psychoanalytic authors; and (3) developing a feminist psychoanalytic epistemology and methodology. Through these activities, they have become more self-assured in expressing their doubts and insecurities and reflecting on their personal histories and the stories they hear from others. This process has helped them realise that their experiences and desires are not dictated by established norms or external narratives.

We have started developing a proposal that centres around collective care for life and its support through interconnected networks. This effort has led us to raise several important questions, stemming from the needs of analysts themselves. Some of these questions include: How can I enhance my clinical practice? How do we form supportive groups without relying on authority figures? What language do women use to describe their experiences and discomforts? How do self-care and feminist networks intersect? What is taught in psychological and psychoanalytic training, and are there safe spaces for women? Who typically establishes clinics first, men or women? How are female teachers or analysts utilised, and for what purpose—to distress or to support women? How is knowledge attributed

differently to men and women, and whose knowledge is given more significance? The list of questions will continue to expand, along with our pursuit of answers to them.

In particular, we want to emphasise the genuine interest in understanding how to address gender-based violence, although it's important to acknowledge that the term 'gender' often replaces what should more accurately be termed as 'macho violence'. Let's go back to the main idea. There are questions surrounding this phenomenon: Why are we now considering how it impacts women's lives and if this can influence them as analysts? How can they help others who are dealing with their own violence, power struggles, and feminist struggles?

We've brought up the importance of considering women's narratives and emotions, challenging the notion that violence does not exist in non-feminist clinical settings or even within feminist circles.

Another crucial point that has emerged is the significance of the listener's political position. This goes beyond the analyst's personal desires but involves their broader political stance in the world. This position enables them to listen to women with a deeper understanding, as the feminist analyst's listening is also an act of advocacy and resistance.

The subjective activism pursued in the feminist clinic might not be as apparent as the activism seen on the streets, but it holds equal power, importance, and necessity. It could be the key to addressing some of the unresolved issues that women and feminism face. We must start acknowledging it, making it visible, and giving it the recognition it deserves.

FINAL THOUGHTS

The statistics on gender-based violence in Michoacán, Mexico, are alarming. Many women are exposed to or have experienced various forms of violence, with psychological and sexual violence being the most prevalent. Faced with this alarming situation, the government and the institutions responsible have provided inadequate responses or even worse, pretend they care when what the only real thing they are doing is administrating pain. They focus on addressing issues under rigid and limited protocols that prescribe a specific number of sessions, which is insufficient to encompass the magnitude of the subjective process involved in reworking lived trauma. Moreover, the patriarchal root of the problem remains untouched.

On the other hand, the Master's degree in psychoanalytic studies at UMSNH has nurtured professionals, researchers, and clinicians. Some of them, identifying as feminists, have expanded the horizons of their practice to conceptualise a form of clinical intervention that can support women and men in the destitution of their patriarchal unconscious. This approach aims to provide a space for listening to the patriarchal wound.

The feminist clinic aims to bring together women analysts, patients, and those who identify as feminists to discuss three main areas: (1) sharing cases and providing support; (2) studying works by feminist psychoanalysts; and (3) developing a psychoanalytic approach that incorporates feminist elements. The goal is to provide psychoanalytic treatment that helps women affected by macho violence and gender oppression by working towards dismantling patriarchal influences and even decolonising the way we think.

The reason behind this initiative is that traditional educational and legal institutions have failed to address the issue of violence against women effectively. The State's efforts are lacking, and programs that attempt to empower women through financial support or similar means often fall short in creating genuine transformation.

A feminist clinic, led by feminist analysts, is decisive because it fills a social void and addresses an urgent human need, particularly in oppressive contexts such as Michoacán. It is committed to developing subjective activism as an effective tool to really challenge the oppressive forces that have forged human existence. The ultimate aim is for more women to be living vibrant lives, driven by their desires, focused on understanding their contradictions, increasing their knowledge and their freedom, and embracing the mysteries of love, rather than being dominated by the anxieties stemming from male power and domination.

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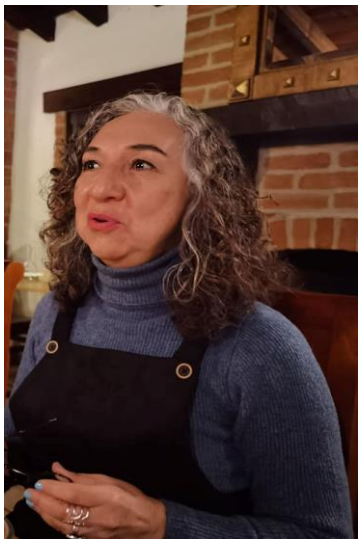

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PEER-REVIEWED ARTICLE

A foreclosed clinic, 'Tiresian' clinic, and violence against trans people: Some reflections from psychoanalysis on clinical work with trans people in México

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ABSTRACT

This article ponders on reflections from clinical work undertaken with trans individuals in contexts of acute violence and social exclusion, conditions that permeate the vast expanse of Mexican territory. It addresses the importance of a model of clinical work required to support transgender people suffering from social violence, by examining two contrasting clinical positions based on some Lacanian frameworks: a 'foreclosed' clinic, and its counterpart, a 'Tiresian' clinic. This article explores the implications of the therapeutic setting as a safe space amid the violence suffered by trans individuals, as well as the importance of recognising the consequences of the encounter between identity and life or death decisions in environments of extreme violence.

KEYWORDS: transgender; foreclosure; context; language; violence

ON BEING TRANS IN MÉXICO AND THE ROLE OF THE CLINICIAN

Violence against trans people is of global concern. In the ongoing wave of violence, México heads the list of being the second country in the world with the highest number of registered murders of trans people (Organización Letra eSe, 2019), with over 87 homicides against trans people in 2022 (Statista Research Department, 2022). As part of the official documentation consulted by the Mexican government, the Inter-American Commission on Human Rights issued a report titled 'Violence against LGBTI People in the Americas' (Comisión

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Interamericana de Derechos Humanos, 2015). One alarming statistic stands out: the life expectancy of transgender individuals in the country is 35 years.

México varies in its levels of development; not all of the country finds itself in the same condition of protection and safety for trans people to thrive. As a matter of fact, only 12 states in México have criminal offences that include penalties for the attacks on trans people. Therefore, we can conclude that we are facing a vital problem which should be addressed, and one of the ways it can be approached is through the psychotherapeutic space that is provided in a clinical setting, which will also be a useful way to discuss the clinical work undertaken with trans individuals.

Coming from the idea that clinical work is always context related, it is undeniable that psychotherapeutic demands vary radically from person to person, not only regarding the singularity of the person speaking, but also from the economic, political, and sociocultural place that the person occupies and from which they speak and is spoken to. Likewise, the clinician's listening is conditioned by cultural and shared meanings, representations, and narratives, which can turn dangerous when unconscious and replicable (Freud, 1910/2012e).

Therefore, it is necessary to bring into question the quality of what reaches these particular clinical spaces and if it accounts for a great deal of well-adjusted demands to social, economic, and cultural contexts. This scrutiny is essential in light of the tangible challenges encountered by trans individuals on a daily basis, living in a country where their authenticity is intricately linked to a precarious balance between life and death. As a clinician it is crucial to be aware of this reality.

Despite taking measures aimed at providing safe spaces for trans individuals, they continue to encounter circumstances of social exclusion in the majority of contexts and situations (National Resource Center on Domestic Violence, 2015). The matter of life or death seems to play a major role in the singularities of trans people, even in those who are placed in non-violent and risk-free zones. In her work *Transgender Psychoanalysis*, Patricia Gherovici (2022a) gives an account of her clinical experience with trans people in the United States, and addresses the crucial, pivotal matter that is sex and identity reassignment for those that come to seek help. The author not only talks about the violence that trans people suffer, but rather she addresses a very singular problem regarded as fundamental and a matter of primary desire: to live as trans or to commit suicide.

Besides the economic and sociocultural constraints, trans people in México don't attend the psychotherapy spaces provided too often, perhaps partially due to the inability of many clinicians to truly listen to the disparities that being trans pose to themselves, which makes the psychotherapeutic space seem and feel like an unsafe place to these individuals.

There are, within the psychoanalytic framework, plentiful works on the importance of reformulating or reshaping the theory to take an ethical position; however, even in the light

of the emergency or reemergence of the trans topic, only few discuss the role of the foreclosed clinicians and their fault in excluding trans individuals and their particular context.

From my theoretical framework (psychoanalysis), the emergence of the trans discourse stands out prominently at a theoretical echelon within the domain of psychoanalysis (as well as in various other theoretical–clinical paradigms). This ascent provides a fertile terrain for debates, discussions, and forums, particularly in highlighting the contemporary pertinence of the subject matter. Noteworthy is the fact that its roots can be discerned in the early works of Freud (1908/2012b), who referenced Magnus Hirschfeld and his endeavours in sex reassignment surgeries, or in Lacan's (1955–1956/2013a) role as an analyst attending to trans individuals.

The trans discourse is regarded as new although it is not. It is almost as if it had emerged at some point but detoured to its silencing, its exclusion. Perhaps what we could categorise as new is its emergence in different social contexts, where it was not evident before (or perhaps in contexts that didn't exist before), and therefore, now we have no choice but to see it. This has led to the creation of new language or the reappropriation of signifiers that return, almost like the ominous return of the familiar that was once banished (Freud, 1919/2012d). First and foremost, it is an attempt to be able to state or to articulate something that had not been articulated before; either it occurs at the level of signifiers and enters the symbolic circuit, or is rejected (Lacan, 1955–1956/2013a). In other words, we either produce symbolic forms and spaces to accommodate what the trans population articulates as a clinical demand, or we reject them in a foreclusive manner.

A primary apprehension in engaging with patients lies in the temptation to seek refuge behind the inadequacy of theory or theoretical language in light of the resurfacing of the trans discourse. Rather than introspecting on whether we are fostering safe spaces conducive to dialogue and addressing challenges related to trans experiences, we might inadvertently assume a defensive stance. It is imperative to assess whether we contribute to inclusivity or, conversely, play a role in perpetuating exclusion within this discourse. The pervasive dominance of theoretical discourse surrounding the trans experience, encompassing aspects of gender and identity, has left scant room for conversations about the socially marginalised and mistreated trans individual—a discourse demanding a distinct narrative.

It does not seem arbitrary to me that we increasingly see a number of clinical psychologists advertise themselves as non-pathologising, inclusive, and contextualised clinicians, and it raises the question: why does it seem necessary to advertise ourselves as contextualised therapists? Isn't the principle of clinical work precisely not to have preconceptions of the person when we ask them to share everything they have in mind? If we are not genuine while working with patients, how can we assert ourselves as safe spaces for trans individuals (groups of people that are harmed and at a constant risk of death)? One of the problems that I want to highlight here is the lack of contextualisation in the clinic and the failure to place the

clinical demands of trans individuals in a country dominated by hostility, violence, and we could even say hatred, towards this population.

A THEORETICAL DETOUR: THE LACANIAN PROPOSAL OF AN IMAGINARY/SYMBOLIC/REAL BODY

Let's first address the theoretical aspect concerning the trans topic, which I believe has been the main focus serving as a screen or shield, to argue that there are not enough coordinates to guide clinical work, as if the problem were a lack of theory. Nevertheless, psychoanalysis has found an important reference on this subject in Lacan's (1974–1975) theory, and so the foundations for addressing the understanding of the trans topic have been laid for decades. Much has been written about the position of Lacanian analysis that would allow access to the understanding of a subjectivity which is not fixed in the biological body, and about the construction of theory and clinical work that does not conform to a normative binary system. In general terms, the proposal revolves around Lacan's (1972–1973/2013c) formulae of sexuation. These formulas make a distinction between phallic jouissance and 'Other jouissance' that is not entirely phallic. A jouissance located outside the anatomical body allows us to understand that sexual difference would no longer be situated at the level of anatomy, but of discursivity. Language would then serve as the reference for differentiation (sexual and any other kind) beyond the image. In other words, there is a transition from the natural body to the discursive body.

However, what I would like to highlight here is not so much the clinical work undertaken with trans people in terms of sexuality—enough has been written about that—but the importance of this topic leading us to question the consequences of the analyst's position and listening. That is, to position oneself in terms of language, as a renouncement to that exclusion, which I think is also relevant and useful in other clinical practices and perspectives.

As for the construction of the image, which underpins subjectivity from its structure, the involvement of the biological body is undeniable (Lacan, 1949/2009a). However, the initial assumption of the image in every subject is not based on a sexed body but on the body as a unity, a whole. That is to say, what the specular image of unity projects of the other, is what causes the unity in my own image. It is more a matter of owning one's body: 'I have a body' rather than 'I have a woman's/man's body'. Initially, there wouldn't be an image reflected in the mirror endowed with sex or gender, as it would be a non-sexed image. This imaginary body (Lacan, 1949/2009a) is therefore also an imaginary and real support, and must subsequently be assumed symbolically, that is, sexually. Language will be incorporated later on; at the moment, when we are spoken to by others and along with the image of the body it will enunciate 'you're a boy/girl'.

Therefore, the body, for the human being, is an assumed body and it is not reduced to its natural experience or anatomical form. From this perspective, we find ourselves placed in a different position of listening to the other; a singular, discursive other who has assumed or is in the process of assuming the image of the body, and thereby an identity. We would undoubtedly be listening to different ways of inhabiting the real body that cease to be merely an image to give way to language. The transexual individual, for instance, reassigns their biological sex, which accounts for an entire symbolic movement preceding the real transformation, and the imaginary re-assumption comes afterward. This is why for Gherovici (2022a) it is a matter of life or death and not just a gender issue, because it traverses the body in its imaginary, symbolic, and real dimensions. It traverses the totality of the subject. Therefore, what we ultimately hear in the clinic is not nature but the signifier; in other words, we listen to difference (Lacan, 1958/2009b). This is to conduct a human clinic, and not a 'natural' or biological one.

In this regard, identifications as an imaginary component and as substance of the self (Freud, 1923/2013) are not fixed but mobile, as it can be seen clearly in trans individuals. Consequently, talking about subjective positions leads to giving up pathologising the trans subject (furthermore, encompassing myriad subjects that are categorised as psychopathological). Regarding this, Gherovici (2022b) emphasises that it is not necessary to be a specialist in the trans topic to work with trans patients. In any case, the specialists are the individuals who come into the psychotherapeutic space and assume knowledge within us, the therapists. Thus, we function as an 'echo upon their knowledge', not our own. We, in essence, lack knowing, even when equipped with a theory that elucidates the foundations of clinical work. The foundations, nonetheless, do not constitute the entirety.

A FORECLOSED CLINIC VS. A TIRESIAN CLINIC. WHAT ARE WE NOT LISTENING TO?

What kind of clinical work are we taking on when listening to the discourse of transgender people living in violent contexts? The example of Rob might shed some light on what appears to be a common mistake. Rob is a young transgender woman, who sought therapy and decided to contact me. Upon arriving, Rob says to me, 'I come here because I believe that you can truly listen to me'. Undoubtedly, the inquiry regarding why I possess this capability is inherently linked to the broader question of why others might not.

After navigating through psychotherapists of diverse approaches, including psychoanalysis, Rob described how they all exhibited a willingness to listen, yet comprehension remained elusive. Some demonstrated a resistance to 'unlearn' (particularly evident in the challenges therapists faced in using neutral pronouns). 'I realised that I couldn't freely share everything I desired because it didn't seem like they genuinely listened'. It

appears unequivocally evident that trans individuals continue to feel unheard within psychotherapeutic spaces. This compels us to overtly declare our inclusivity, acknowledging that not all clinical settings are inherently so. In other words, there are (and not infrequently) clinical psychologists who exclude the trans subject and their issues.

Certainly not only have psychotherapists failed to truly listen. As the only trans individual in the city where she resides, admittance to recreational spaces created for women has been denied to Rob. An instance of such exclusion is recounted, describing the experience of pain and shame she faced in a lady's only bar, where entry was denied despite being accompanied by friends. Reflecting on this ordeal, she expresses:

> In addition to how dreadful that was, it was even more dreadful to have to narrate it, and it was still more dreadful the fact that the psychologist felt more outraged because they wouldn't recognise me as a woman than when I told her they kicked me out of the place as if I was a burglar. That actually was what hurt me the most!

Friendships and a significant portion of her family have been lost, severing all ties. She articulates unequivocally that she is unheard everywhere, lacking any semblance of a safe space. 'People say things to me on the street, and I fear that something might happen to me. Sometimes I think I have to leave the city, but why should I leave?' Rob believed that she might find a safe space in the psychotherapeutic setting, only to discover that her words either 'bounce back' or are 'replaced by others'.

There seems to be an inattentiveness to certain aspects of the trans experience and the difficulties they face. I believe that a challenge in the clinical realm may lie in our behaviour resembling that of foreclosure when addressing trans issues. What is it that seems unable to be heard, and why? Referring to the term 'foreclosure', Lacan (1955–1956/2013a) mentions, 'we can only introduce things into the circuit by respecting the machine's own rhythm; otherwise, they fall into the void, they cannot enter' (p. 24). Playing with this term allows us to recognise a precarious position for clinical work. It is almost as if focusing on certain aspects of the trans experience and theorising about them, instead of aiding our work, is excluding what doesn't fit into that framework. The significant issue could be that we are hearing only what our symbolic circuit 'akin to theories' permits us to hear. This seems particularly crucial to emphasise when I hear theoretical debates about trans individuals, sometimes exclusively centred around body, gender, and identity. However, in the contextualised clinical setting here in México, the foremost theme seems to be another, one that is related to survival and security at the most fundamental level possible.

Being unable to listen is, of course, different from being unwilling to listen (or being unable due to unwillingness). Being unable to is not a form of denial (*Verneinung*, in German), as denial implies the acknowledgment of something in its negation. Denial provides a space for signifiers, as their existence is recognised even when rejected in some manner, akin to Freud's (1925/2012c) interpretation of the classic 'don't you dare think I'm talking about my mother'.

Whereas denial is an attempt at repression, foreclosure (*Verwerfung*, in German) is the absolute rejection of something symbolic because it doesn't fit in. In other words, the non-inscription of a particular signifier in the existence of the subject of language. To foreclose is to 'know nothing about the matter', 'not even in the sense of the repressed' (Lacan, 1955–1956/2013a, p. 25).

Might the therapists, then, somehow foreclose the discourse of the other? It occurs to me that, on occasion, this might be one of the challenges in the clinical setting when faced with what is deemed 'new', which, as we've mentioned, may not necessarily be so. This goes to the extent that access to the other's discourse is denied, and consequently, its subjective value is also denied. Rob chose the path of not saying everything she wanted to say because it couldn't be truly heard, meaning it would be rejected in the same manner as in other spaces. Rejecting the signifiers of the other is one of the most violent ways to act in the clinical setting. Considering that, as discussed earlier, there are theoretical foundations guiding us in listening to supposedly new information, and in the face of what has no place in theory, we must create one, following the Freudian discovery where clinical findings precede the incorporation of language to express them (Freud, 1915/2012f).

Though Lacan alludes to the exclusion of elements unable to enter the symbolic circuit as falling into the void, it is crucial to note that this does not signify the rejected is nowhere: 'Moreover, everything rejected from the symbolic order, in the sense of *Verwerfung*, reappears in the real' (Lacan, 1955–1956/2013a, p. 34). Thus, to the extent that clinical work risks foreclosing the discourse of trans individuals, the resurgence of the real manifests beyond its confines. The most authentic manifestation materialises in the form of deaths, suicides, murders, and the daily violence inflicted upon them in our country.

Furthermore, there exists a 'not all' within the trans experience. In essence, we must start by acknowledging that the challenges faced by trans individuals vary across regions. The proposition, then, would be to adopt a position that we might name the 'Tiresian' clinic.

From Ovidio's (2011) narrative, we witness the story of Tiresias, the sole character in mythology to have been both a man and a woman. Transformed from man to woman, and vice versa, as punishment for separating two copulating snakes with his staff, Tiresias can settle the dispute over which of the two sexes derives more pleasure from sexual intercourse. Endowed with knowledge of the future and the mysteries of sexuality between two antagonistic sexes, Lacan (1962–1963/2013b) positions the figure of Tiresias as a role model for psychoanalysts. Tiresias embodies a position of knowledge about sexuality beyond the limits of the phallus and its biological references. There is no signifier of being a man or a woman. A clinic in the vein of Tiresias would be a trans clinic. In essence, it transcends the biological labels, positioning itself on the side of encompassing all and listening to everything.

Listening is an opening to a new conceivable meaning, an acknowledgment of the novel or the unfamiliar without evasion. Therefore, the ability to listen without exerting violent

exclusion of the language of the trans individual doesn't necessarily require expertise in trans theory. Instead, it requires enabling the admission of the 'other' language, which authentically opposes foreclosure, no matter what. This comes with the risk of confronting our own impossibilities, encountering other realities that don't enter the consulting room unless the consulting room extends beyond itself and begins to provide those safe spaces for free expression.

Freud (1912/2012a) bestowed upon us the magnificent tool of free-floating attention, which means listening to everything and nothing simultaneously. Applying ethical principles to desire involves allowing new signifiers to emerge as unknown and making room for surprise, an authentic posture of openness to the other. 'Success is ensured when one proceeds as if at random, letting oneself be surprised by the turns, approaching them each time with naivety and without preconceptions' (Freud, 1912/2012a, p. 114; my translation). Thus, the fundamental principle of clinical work must always be to listen to the difference, not the sameness; it's to understand this not only as a sexual, identity, or gender difference but also as differences in their context and their psychic consequences. I refer to working with patients in general, irrespective of our theoretical position within it, and urging a deeper commitment to a Tiresian-style clinic. Perhaps, in doing so, it will soon be unnecessary to proclaim ourselves as non-pathologising and contextualised clinicians and to genuinely be inclusive clinical psychologists for any individual, with their subjective desires, anxieties, and fears.

PROVIDING A SAFE SPACE: A MATTER OF LIFE OR DEATH

As psychologists, we run the risk of, unknowingly, exercising a form of violence against trans individuals (in a country where being trans constitutes a risk of death), by not shaping our clinical listening in the Tiresian model, but rather on the side of foreclosure. This may happen as we focus more on theoretical debates that only address a specific type of demand from trans individuals, one that unfolds in spaces where life is not at stake.

Rob's example represents a demand for clinical listening in private consultations on the trans phenomenon in a high socioeconomic context. Even in that context, Rob positions herself as at constant risk, seeking spaces she can consider safe to speak, to be heard, to unfold her fears and anxieties, and ultimately, to make life bearable in alignment with her desires. If we add the socioeconomic vulnerability to the very real risk of death, we encounter even more alarming narratives.

Mirna and Valeria, two friends and transgender women, had to flee their hometowns in Honduras because their lives were in danger. A field investigation I was conducting on violence against migrant women in México led me to meet them during their second attempt to cross the border into the United States. Eventually, I attended to them in an improvised

clinical space, irregularly, in the only feasible way given the obvious complications in their lives. Being trans, for them, meant that their desires and demands were on the side of survival itself; that is, the risk of living as trans individuals. Living as trans women could mean death; just as living could mean renouncing being trans and therefore dying in another way. Unlike Rob, their sufferings do not predominantly revolve around the inability to be heard but rather around life itself.

Valeria recalled:

> We departed together to shield ourselves. In our place of origin, we suffered sexual abuse, endured forced haircuts, and had our clothing forcibly taken away because we were perceived as men. They threatened to kill us.
>
> Once, in a shelter, they made us sleep with the men and denied us access to the women's quarters. The men behaved maliciously, touching us throughout the night. If you resist, it only gets worse, so we no longer take any action.
>
> Honestly, I now prefer presenting myself as a man. Given everything I've been through, it's easier to navigate life as a man. I'm profoundly depressed; I used to have long, beautiful hair, but now, it's all about surviving, even if it means living as a man.

Mirna recalled:

> We find ourselves in a state of poverty and lack of education, unable to afford the continuation of hormone therapy. The gradual loss of my breasts and other physical changes saddens me, not so much because of how I look, but because I don't know what will happen to me or where I will end up. I've had to resort to prostitution to survive, with men who like transvestites. My clothes are women's, even though I no longer resemble one.
>
> I would like to see a psychologist, a doctor, a dentist, and everyone else. I would like to see a psychologist because I am sad all the time, I cry a lot, I miss my home, I am afraid, hungry, and I have no one to talk to. I can only talk to my close friend because we are going through the same thing. People treat us badly here.

Both narratives are clear in their priority in what constitutes the foundation of their desires and demands: to live. If being trans in México is condition enough to be at constant risk, the transgender migrant population are in such a vulnerable and dangerous situation, as Mirna and Valeria narrate, that life or death decisions have to be made through their journeys. Facing such terrifying experiences in order to achieve their objectives and maintain hope, their position is also clear: to choose life over their identities. The matter of identities is secondary to the matter of life, and that is what happens in such violent contexts. As Rob recalled from her last therapist, it was not that important to be acknowledged as a woman, but it is to be attacked. Being transgender most definitely does not involve the same type of dangers, experiences, and narratives; they want to be heard and properly attended to. It is then important, if not necessary and essential, to recognise how gender, identity, and violence (from both singular and social sides) cross paths in specific contexts such as México.

CONCLUSION

I hope that our theoretical entanglements in being able to 'listen' to 'the new' do not deviate us further from real needs and lives at stake. I experienced this deviation myself while writing this text, trying to account for why I believe there is a proposal to incorporate different trans discourses into our symbolic machinery so that we can genuinely listen to them.

Discussions about theoretical elements with real implications in the lives of trans individuals, such as corporeality, sexuality, and identities, are indeed crucial. However, much more needs to be heard in spaces of extreme violence, and not explicitly pointing it out can continue leading us into the realm of excluding the speaking subject, who wants to be heard, demands safe spaces, and seeks how to live or survive in a country that pushes in the opposite direction.

It is essential to always have in mind that in violent contexts, such as the northern Mexican border, that clinical settings are not reduced for transgender people to a matter of identity, or even a matter of singularity, but also, to the fact that living as transgender represents a real threat to their lives, a major challenge in assuming a trans identity socially. The challenge for us as clinicians also rests in a constant exercising of truly listening beyond our narrow theoretical frames, of listening beyond prevailing American or Eurocentric discussions about trans issues, which might rest on radically different environments, and as a consequence, the call is for addressing all that discourse also situated in between the limits of life and death—the call is for listening beyond a 'foreclosed' clinic model.

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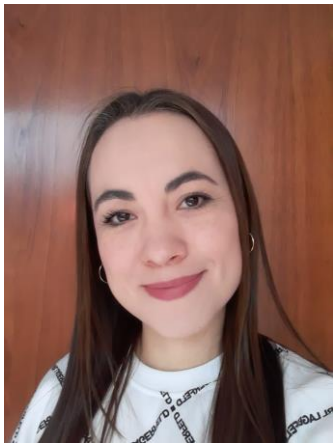

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PEER-REVIEWED ARTICLE

Can Lacan's conception of the subject cast light on addiction?

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ABSTRACT

The present article attempts to demonstrate that Jacques Lacan's notion of the human subject provides the conceptual resources to come to a better understanding of addiction—a particularly intractable phenomenon, judging by the number of theoretical approaches to it. The structure of the subject in terms of the three 'orders' of the 'real', the 'imaginary', and the 'symbolic', according to Lacan, is briefly discussed as a necessary backdrop to the discussion that follows. It is argued that, because the ego is for Lacan an imaginary construct, one would look in vain to it for 'ego stability' to overcome addiction, and that it is to the '*je*' ('I') of the symbolic that one should turn instead. The function of *desire*, and its relation to *excess*, are noted, before exploring the latter concept in relation to *jouissance* in two contexts. The first relates to *jouissance*, trauma, the 'real', prohibition, and transgression, and the second to *jouissance*, repetition, masochism, and the death instinct. These articulations of *jouissance* are subsequently employed to arrive at formulating possible therapeutic interventions, which are then, in turn, related to the role of the 'talking cure' in the symbolic register. To conclude, the question of power relations in political terms, and the implications of living in a capitalist society are briefly indicated.

KEYWORDS: addiction; Lacan; *jouissance*; repetition; masochism

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INTRODUCTION: LACAN'S SUBJECT

With his conception of the 'tripartite' subject, the French psychoanalytical thinker, Jacques Lacan, may cast some light on the 'problem' of *addiction*, which has given rise to a number of theories, all of which attempt to make this ostensibly intractable phenomenon transparent, but none of which succeed in doing so conclusively. This is pointed out by James Hutton, after examining no fewer than 15 such theories (Hutton, 2023), in the place of which he eventually elaborates preferentially on a Deleuzian theory (which cannot be pursued at length here, but which is thoroughly explained and promoted by Hutton as a preferred theory for dealing with addiction). Although one of the theories of addiction he pays attention to in general terms is the 'psychoanalytic model', I believe that specific attention to Lacan's theory of the subject may add something valuable to what Hutton writes on psychoanalysis. He writes:

> The psychoanalytic model states that addiction is not really a problem in itself, but rather is a reaction to past trauma, usually in childhood. Drugs are seen as ways to cope with the negative ongoing effects of the trauma, by either numbing some of the stronger negative feelings, or getting so high that troubles are forgotten, if only for a moment. All the negative effects of addiction are seen as either unfortunate physical side effects, or societal impositions on someone trying to self-medicate. For supporting evidence, this model points to the high incidence of emotional and physical trauma observed in people seeking treatment for addiction... In this model, the problem is seen not in the person or their behaviour, but rather in the addicts' past trauma, which has not been resolved and contextualised into the present day and appropriate present behaviour. Current addictive substance behaviour is seen as indicative of an ongoing attempt to protect the self from past traumatic memories resurfacing. Here, addiction is in the trauma. (Hutton, 2023, pp. 30-31)

To be sure, Hutton is correct in stating, in the last sentence, above, that 'addiction is in the trauma' (here), but this could be unpacked in more detail in terms of Lacan's psychoanalytical thinking, teasing out the implications of addiction instantiating a traumatic event, among other things. One has to begin by considering Lacan's theory of the subject, which enables one to understand the latter as a being which is paradoxically stretched between an ego-pole or *imaginary* register, a linguistic pole or *symbolic* register, and a 'real' pole or register of the supra-symbolic '*real*' (not to be confused with *reality*, which is the amalgam of the first two registers).

This means that it is erroneous, for Lacan, to think of the subject—including the addicted subject—as somehow being able to attain ego-stability once and for all by 'overcoming' a pathologising event, such as addiction, in the name of identifying with something that supposedly escapes the ravages of change or becoming and may therefore be appropriated as a stable bulwark against recurring effects of past trauma. Identifying with something or someone occurs at the level of the *imaginary* register (of the *ego* or self), such as when one first identifies with one's misleadingly unitary mirror image at an early age (Lacan, 1977c), or later, with a person like one's father or mother, or brother, or sports hero, for instance.

Whether one identifies with a person, or with an idea as embodied in an image of, say, a film star, the function of such identification is to impart relative stability to one's sense of self or *moi* (me)—keeping in mind that such 'stability' is never final or unassailable by uncertainties such as unconscious anxieties.

The reason for this is simply that, for Lacan, the ego is primarily a fiction (imaginary), albeit a necessary one—none of us can do without it. Because one's ego, located at the level of the imaginary, is subject to doubt or uncertainty ('Why can't I do anything right?'), counselling an addict to 'believe in him- or herself' in the name of someone, or some idea, is therefore doomed to failure, because no identification is immune from doubt. However, at the level of the *symbolic* register of language—that of the *je* ('I')—the subject is able to surpass the strictures of the imaginary register, where the 'ego' is located, and engage with self-descriptions which liberate one from the ego, when this has become a straitjacket of sorts. The therapeutic value of such symbolic re-invention should not be overlooked, particularly in the case of a person who feels paralysed by their self-image as 'addict'.

Then there is the enigmatic register of the 'real', which surpasses language or the symbolic, and which Joan Copjec (2002) describes as the register that manifests itself where we reach the 'internal limit' of language—when all our efforts to say something intelligible about a phenomenon or experience come up against a wall of inscrutability. Although the 'real' cannot be accessed directly in language, given that it escapes every effort to draw it into the symbolic sphere, endlessly generating more attempts to grasp it linguistically, it could play an important role in therapeutic interventions regarding addiction, as argued below, given that in Seminar 11, Lacan (1981) regards trauma—in the context of repetition—as a kind of privileged event for a 'missed encounter' with the real.

ADDICTION FROM LACANIAN PERSPECTIVES

What is addiction? One obvious way to think of it is that it is a condition or mindset where someone is unable to refrain from doing something because it has become compulsive, such as smoking cigarettes, drinking alcoholic beverages, sniffing cocaine, shooting up heroin, gambling, being unable to refrain from indulging in sex, or simply compulsively eating chocolate. It is the phrase, 'unable to refrain from' that captures what addiction amounts to.

So how does Lacan's model of the subject assist one in understanding and addressing this 'unable to'? Think of it this way: recall that the subject as (*imaginary*) ego differs from the subject of the *symbolic* as speaking being, and from the subject as '*real*', which escapes symbolisation. Additionally, recall Copjec's insight, that the 'real' shows itself (as withdrawing) where we reach the internal limit of language. Now, when an addict stagnates at the point of irresistibly repeating the actions manifesting their addiction, they are simply mechanically (re-)asserting the 'same' subject-identity of 'being-addicted' at the level of the

imaginary, but through *repetition* also, as argued below with regard to Lacan's Seminar 17, broaching the symbolic (with significant implications for therapy). They are unable to release themselves from this compulsively repeated act of identification—identifying with the unconscious image of themselves as someone 'high on marijuana', or 'powerful on cocaine', or 'imperturbably at peace on heroin', on the one hand, but through *repeating*, simultaneously moving on the edge of the symbolic. This is further explicated below.

Furthermore, it would take a deliberate activation of the *je* ('I') of the symbolic register to break free from this compulsion, in so far as the 'I' or *je* marks the position from where one is able to launch a novel self-description, such as 'I don't want heroin (any longer)'. If one feels incapable of acting according to this self-description, one can remind oneself that, where the subject is concerned, the inscrutable 'real' marks the 'place' of something—an unknown capacity of sorts—from where the ability to act according to the 'I don't want this (any longer)' may arise; that is, where the subject is able to surpass what may seem like a self-imposed counter-commandment: 'Thou shalt repeat', as a challenge to the Law: 'Thou shalt not' (addressed further below). Crucially, however, unless one is animated by one's singular (unique) *desire*, it will probably not happen. What does Lacan have to say about *desire*?

Desire is different from *need*. One may need a cigarette, or a whiskey, or something to eat, as opposed to desiring it. When a child says to her mother, 'I am hungry, Mummy', the linguistic expression of *need* hides, even as it *shows*, the child's need for her mother's love. One might say the child *demands* something (food) that she needs, and according to Lacan the *gap* between the need and its expression in language (the symbolic) as demand is what constitutes *desire* (Lacan, 1977a; Lee, 1990). Similarly, when a person seeks therapy for addiction, in whatever way this need for therapy is articulated in the form of a demand, there is a chasm between the need and the demand, and this chasm is indicative of the addict's unique, but unconscious desire that marks her or him as a subject animated by a *singular universal*. The paradox of the 'singular universal', well-known in psychoanalysis since Freud (who called it the *Wunsch*, or wish), implies that every subject's desire is unique or *singular*, unrepeatable, but that every person (that is, all people), *universally*, is constituted by this desire.

Hence, the therapist's task, far from *telling* the addict prescriptively what to do, is to 'point' them in the direction of their desire, as suggested by Lacan's remark, which gives his 'question the force of a Last Judgment: Have you acted in conformity with the desire that is in you?' (Lacan, 1997, p. 314). As may already be apparent from what was written above, this desire, which is located somewhere between a need and its expression as demand ('Cure me!'), suggests that, like the 'real' (or perhaps because it is located in the 'real'), it surpasses symbolisation or language. The moment one attempts to articulate your desire in language, it manifests itself as demand, expressive of need.

Psychoanalytic therapy as the 'talking cure' occurs at the level of the symbolic, however, so how does one gain access to something located at the level of the 'real'? If one takes note of the effects that the 'real' has at the symbolic level, for instance in the case of trauma, which comprises a symbolically *dislocating*, *disruptive* encounter with uncontrollable and unpredictable events, it is apparent that traumatic experiences may elicit something significant in relation to the world of language, or symbolically mediated experience ('What have I done for it to happen to me?'). This could happen by being confronted with one's own (or a loved one's) possible death in the case of a car accident, or an assault, for example.

The 'logic' of desire (in the Lacanian sense) in relation to the 'real' here may be articulated as follows. One seldom, if ever, experiences human life as having 'meaning' by itself. It usually requires something which surpasses life; that is, it is not self-justifying, but requires a moment of surplus or *excess* for its vindication. The event of suffering through addiction is no exception; it may be experienced as meaningless, or, for that matter, as infusing the addict's life fleetingly with meaning (that is, providing the required moment of excess in relation to the addict's life) for as long as the effects of the pathogenic substance or activity lasts, only to make way for a renewed sense of absurdity when the effects have worn off.

On the one hand this 'excess' refers to the 'real' as the nonsensical, brute, symbolically inscrutable facticity of the experientially 'given'. On the other it indexes one's *desire* as that which 'is not' insofar as it is precisely what emerges in the gap between need (for therapy) and linguistically expressed demand ('Cure me!'). If the subject is able to 'take up' her or his desire (something that is not necessarily the case) in the face of the symbolically dislocating, traumatic event—such as coming face-to-face with the self-destructive effects of addiction—the possibility of a 'new' (or 'renewed') personal narrative may present itself—one that deviates from the path of addiction, but cannot avoid acknowledging it in retrospect, albeit with the assistance of the therapist, to the extent that it may be subject to repression, or what Lacan (1977b) calls the 'censored chapter' of the subject's story.

'Excess' is also part of 'excessive enjoyment', or *jouissance*, as a perceptive critic has reminded me, and it is particularly relevant to the question of addiction, in so far as *jouissance*—excessive enjoyment—takes the addicted subject beyond need and demand, considering the repetition of her or his symptoms in the guise of, for example, the recurrent use of drugs or gambling. One has here an exemplary case of what Lacan (1997), in his 7th Seminar refers to as 'the paradox of *jouissance*', or 'the *jouissance* of transgression' (pp. 192–197). Why paradoxical, and transgressive? Because *jouissance* is a function of prohibition, as encapsulated in the (moral) Law ('Thou shalt not'); the very givenness of the prohibition evokes the desire to transgress it. Hence, the more the addicted subject experiences her or his addiction as being subject to (societal) prohibition—which is bound to be the case—the more the desire to transgress this prohibition is reinforced. As Lacan (1997) phrases it:

> We are familiar with the *jouissance* of transgression, then. But what does it consist of? Does it go without saying that to trample sacred laws under foot, laws that may be directly challenged

> by the subject's conscience, itself excites some form of *jouissance*?... Doesn't the law that is defied here play the role of a means, of a path cleared that leads straight to the risk? (p. 195)

This is one way to approach addiction in relation to *jouissance*—as understood by Lacan in Seminar 7—which means that, given the role of transgression *vis-á-vis* prohibition in terms of the Law, which one encounters in the symbolic order, Lacan situates *jouissance* in the register of the (traumatic) real. However, there is more, with a difference. When Lacan elaborates on *jouissance* in relation to repetition in Seminar 17 he diametrically changes position, by locating it within the symbolic instead (Verhaeghe, 2006). He writes:

> What necessitates repetition is *jouissance*, a term specifically referred to. It is because there is a search for *jouissance* as repetition that the following is produced, which is in play at this stage of the Freudian breakthrough—what interests us qua repetition, and which is registered with a dialectic of *jouissance*, is properly speaking what goes against life. It is at the level of repetition that Freud sees himself constrained, in some way, by virtue of the very structure of discourse, to spell out the death instinct. (Lacan, 2007, p. 45)

In what follows this passage, specifically Lacan's discussion of Freud's *Beyond the Pleasure Principle*—keeping in mind the role of *repetition* in the latter text, both regarding the reliving of traumatic wartime experiences by ex-soldiers and in the *fort/da* game played by the little boy in his mother's absence—it is striking that he links this, not merely with a 'return of *jouissance*', but with a *loss* identified by Freud, or what Lacan terms a 'reduction in *jouissance*' (Lacan, 2007, p. 46). Apart from the fact that this goes beyond the logic of desire, transgression and the real as it functions in Seminar 7, it is significant for the theme of the present article that Lacan (2007) elaborates as follows:

> This is where the function of the lost object originates in Freudian discourse. And there is really no need to remind you that it is explicitly around masochism, conceived only in the dimension of the search for this ruinous *jouissance*, that Freud's entire text revolves. (p. 46)

The reference to masochism and the 'lost object' obviously pertains to *Beyond the Pleasure Principle* of 1920, given that it was the so-called 'war neuroses' (Freud, 1974, p. 3718) and the *fort/da* game that gave Freud second thoughts about the primacy of the pleasure principle. In both cases subjects engaged in 'activity' which, instead of obeying the law of the pleasure principle, namely, to maintain (only) the minimum of psychic tension or unpleasure, exacerbated such unpleasure instead through repetition.

What is the relevance of all this for the present question of addiction? It seems that both Lacan's earlier notion of *jouissance* as transgression of the Law, bound up with the desire to transgress, itself generated by the Law, *and* his later conception of *jouissance* as 'necessitating' repetition, are highly relevant for understanding addiction. In short: on the *first* hypothesis—that of transgression—addiction is bathed in the light of a desire to transgress the Law—as embodied in societal 'laws' and mores (values) which prohibit addiction (particularly concerning narcotics). On the *second* hypothesis, however, addiction

embodies the masochistic repetition of an action that produces precisely what Lacan (above) calls 'ruinous *jouissance*' in the sense of an alloy of unbearable, but inescapable pleasure and pain.

THERAPY

Considering that, arguably, psychotherapists usually take their vocation as having to provide a 'cure' of sorts to their clients—I believe that 'cure' (or therapy) should here be understood as something which, at best, enables their patients to carry on living their lives in a society ineluctably governed by conventions of various kinds, even if (to employ a vernacular phrase that means succeeding, bit-by-bit, to extricate yourself from some restraining agent, or force) this simply amounts to 'muddling through'. Hence the earlier reference to a 'new narrative'; whatever course the (ex-)addict takes beyond what Lacan (in Seminar 11) calls the 'missed encounter' with the 'real' (which is what trauma amounts to), they have to construct their new story by negotiating these conventions, which are linguistically articulated, in the symbolic register.

More often than not, however, this means that the person who resolutely decides to act 'in conformity with' their desire, discovers that, to be able to live within a society structured by (mostly implicit) conventions, they have to 'give up' that desire—as in the case recounted by Slavoj Žižek (1993; see also Olivier, 2005), where one of Freud's patients (traumatically) gives up her desire for the sake of not disrupting her family ties irrevocably, and lives with the disappointment of having done so for the rest of her life. The phrase 'family ties' is significant here: such 'ties' denote relationships within which her life was embedded, and which hardly anyone, including addicts, can escape. The addict, too, may find that she or he has to 'give up their desire' as far as the addiction, which is experienced as embodying this desire, goes, and as far as embracing social relations is concerned. The point is that, in a more fundamental sense, their desire does not coincide with the temporary 'relief' provided by the object of addiction; this is what the subject as addict has to discover.

Addiction amounts to something traumatic, as already intimated above, with reference to Hutton's valuable research, and to Lacan's 7th Seminar; if this were not the case, addicts would not seek therapy. We know from the latter Seminar that *jouissance* accompanies transgression of the Law (the symbolic), and hence that it implicates the unsymbolisable real. In Seminar 7 (Lacan, 1997), Lacan inscribes the tragedy of Antigone—culminating in her suicide after being sentenced to death by Creon for disobeying his edict, that no one should bury her brother Polynices for rebelling against him—in this logic. It seems to me, therefore, that it is not advisable for Lacanian psychotherapy to lead the addicted analysand in this direction, lest it fatally exacerbate the desire to transgress convention to beyond the limits of life, and unless—as remarked earlier—the addicted subject could direct her or his

transgression against their self-imposed 'law' of addiction ('Thou shalt repeat'), in this way reversing the earlier transgression of the Law ('Thou shalt not').

The latter possibility is compatible with Lacan's reasoning in Seminar 7 (as well as in Seminar 11, referred to earlier in relation to trauma and the 'missed encounter' with the real): when an addict confronts the trauma of addiction, which—in so far as it is traumatic—is rooted in the unsymbolisable 'real', this 'tear' in the fabric of the symbolic has to be stitched together with novel linguistic utterances (the psychoanalytic 'talking cure'). These unavoidably assume the guise of a (re)new(ed) personal narrative, which may be constituted in relation to the unconscious or 'censored chapter' (Lacan, 1977b) of the addict's narrative, with the help of the therapist, as well as of people comprising the chain of relationships within which she or he finds themselves (inter-)relationally, both in the addict's past and in their present.

The second option, which rests on the reading of Seminar 17, above, appears to be more auspicious, as the humanly inescapable act of repetition—which, as expression of the death drive (instinct) governs *all* human behaviour (Freud, 1974), and not only pathological instances of it—offers itself as something on which therapeutic behaviour could be grafted, and eventually replace, the (itself addictogenic) repetition of acts embodying addiction (whether it is substance abuse or gambling). We know from Freud that repetition—as expression of the death drive (instinct)—manifests itself in the guise of tending to 'return to a previous position'. In his words:

> *It* seems*, then, that an instinct is an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces…* (Freud, 1974, p. 3738)

This tendency permeates everyday living, where one tends to 'return' to one's 'comfort zone' whenever something unsettling has occurred. Hence, taking one's cue from Seminar 17, the addict could learn to overlay the repetition of acts of addiction—which, given their masochistic charge—with repetition in the sense of returning to a 'comfort zone' that has the effect of exorcising, or at least pacifying, the demon of addiction. The question, for the therapist no less than for the addict, is whether exchanging the object of addiction for a reassuring, comparatively safe 'comfort zone', would be worthwhile. In fact, it is entirely possible for the addict to experience the effect of the addiction—such as when one is 'shooting up', or gambling—as itself comprising his or her 'comfort zone', in which case the difficult question of therapeutic motivation in the context of the value of symbolically mediated social relations announces itself.

This is important to realise because, claims to the contrary by the medical approach to addiction notwithstanding (Hutton, 2023), to isolate an addict as a 'case' to be medically or pharmaceutically treated at the level of the brain only, is to miss the point of the traumatically experienced event it instantiates. It is at the level of particularly the (socially shared) symbolic,

that is, language—which is never 'private'—that the subject is inscribed in the chain or network of language, and hence social relations, and all therapeutic interventions therefore have an impact on the manner in which he or she is situated in this network. Simultaneously, one has to keep in mind that the symbolic—which, once the subject has entered it, overlaps with the imaginary register (where identification originarily occurs)—constitutes the register where the subject (with the help of the psychoanalytic therapist, who mediates the analysand's discourse with the unconscious, or discourse of the Other) is able to engage in a revision or rewriting of their personal narrative, which is therefore ineluctably inscribed in a symbolically mediated social context.

This is relevant as far as the link between psychoanalytical addiction therapy and political empowerment is concerned, because the addicted, and therefore heteronomous, subject arguably lacks the relative (because never complete or absolute) 'autonomy' required for meaningful political interaction. This means interaction which pertains to the subject's participation in a sphere where the symbolic (in the guise of linguistic utterances) positions her or him on a spectrum of power relations, from extreme negative asymmetricality (that is, subjugation) through relative equality to extreme 'positive' asymmetricality (that is domination). Political alliances would depend on where the subject is located on the spectrum in question. Given the reciprocity of language (implicating a plurality of interacting subjects), it would be rare for the previously addicted subject to be situated at either of the extreme ends of this spectrum, at least within a democratic political context.

This has to be seen in the light of the fact that, living in capitalist society, democracy is not, as it were, neutral as far as power relations are concerned. Here, everyone is subject to what Lacan (2007) in Seminar 17, refers to as the 'master's discourse' of the capitalist, where 'surplus value is surplus *jouissance*' (p. 108), and where the latter functions as a 'barrier', in the sense that, in the discourse of the capitalist, 'it is prohibited, prohibited fundamentally' (p. 108). One is only allowed, Lacan points out, to take '*jouissance* by morsels'. This term is clearly a metaphor for what was alluded to earlier regarding the *fort/da* game of the little boy (Freud, 1974), where the objects the boy masochistically threw out of sight resonate with 'morsels'—that is, 'lost objects'—which, therefore, index the masochism inherent in capitalist society. *Jouissance* is not allowed because a 'fully satisfied' consumer is inadmissible. Hence, what was written, above, about power relations has to be seen in this light; everyone in capitalist society—not only the (rehabilitated) addict, is relatively disempowered by the prohibition concerning 'extreme enjoyment' (*jouissance*). Needless to emphasise, this manifests itself at the level of both the imaginary and the symbolic. In this society, the only route to self-empowerment is via the articulation of the discourse of the hysteric with that of the analyst (Lacan, 2007; Olivier, 2009)—something that cannot be pursued at length here.

CONCLUSION

In sum, given Lacan's understanding of the subject as a complex entity, precariously 'stretched' among three different, but overlapping, registers—the 'real', the imaginary, and the symbolic–the implications of addiction appear to be clear. If the experience of something traumatic (for example, addiction) perforates the symbolic and the imaginary at the level of linguistic self-understanding and the integrity of the (imaginary) self or ego, this *disruption* of self-understanding, which is rooted in the 'real' can, firstly be approached therapeutically by repairing the gash in the symbolic through novel symbolic utterances in the shape of a 'new' personal narrative.

Secondly, however, the route of the link between repetition, masochism, and *jouissance* could be followed, with a view to grafting the repetition of different, non-masochistic actions on those manifesting addiction, and articulating these with social relations at the level of the symbolic in the guise of a (renewed) personal story. This would be further enabling for the subject's participation in meaningful political interaction (given the restorative effect of successful therapy regarding the subject's relative 'autonomy'), with the *caveat*, that the character of capitalist society should be kept firmly in mind. Importantly, this narrative can only be constructed cooperatively between the psychoanalyst and the (addict as) subject, in so far as the latter does not have direct access to the unconscious as a repository of traumatic experiences (Lacan, 1977b; Olivier, 2005).

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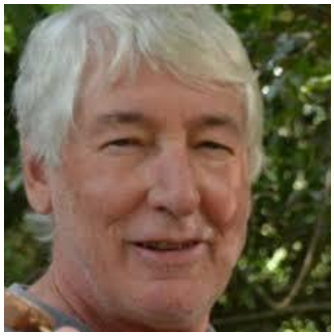

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PEER-REVIEWED ARTICLE

Leadership style and foreign policy: The role of Vladimir Putin's dual-framing style in the 2022 invasion of Ukraine

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ABSTRACT

This article aims to demonstrate the potential of measuring decision-making in foreign policy from a distance by examining the leadership traits of political figures. The methodology employed is the leadership trait analysis proposed by Margaret Hermann and implemented through ProfilerPlus software to analyse Vladimir Putin's decision to invade in Ukraine in 2022. In this study, Putin's leadership is systematically analysed using one of the most comprehensive methods of assessing leadership styles, namely, leadership trait analysis. The study compares the results of Putin's conceptual complexity score, derived from his responses to direct questions during various interviews with both domestic and international media, with a reference group of 214 world leaders identified by Hermann. The findings suggest that Putin's leadership exhibits lower cognitive complexity. This reduced conceptual complexity appears to have influenced his foreign policy behaviour during the Ukrainian crisis. The study demonstrates that Putin's foreign policy choices in 2022 were significantly influenced by this individual trait, which is associated with his constricted black-and-white worldview. Consequently, the study emphasises the significance of Putin's personal characteristics in shaping foreign policy and provides a systematic assessment of how measuring from a distance can elucidate the behaviour of high-level political leaders.

KEYWORDS: Russian foreign policy; leadership trait analysis; Ukrainian crisis 2022; political psychology; Putin

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INTRODUCTION

Political psychology, as a research tradition, provides a means to explore whether the personalities and styles of leaders matter in foreign policy. Psychological analyses often operate at the individual level by asking how a leader's psychological characteristics affect state action (Schafer, 2000). Despite numerous studies of Putin, there is a lack of research on how he, as an individual, plays a significant role in critical cases. Therefore, it is worthwhile to evaluate Putin's behaviour in response to situational demands during the Ukrainian crisis in 2022 and to delve into individual trait research.

'At-a-distance' approaches and broader political-psychological theories are two well-established approaches to research that can be used to explain why individuals in politics act the way they do. Determining a leader's traits can be achieved through direct interviews using 'at-a-distance' techniques and by examining existing literature that provides guidance on interpreting traits and constructing a leadership style profile.

Furthermore, the literature on personality and psychological theories offers a wealth of data on various influences on a leader's style. This article primarily aligns with the former approach but also draws connections to psychological theories. This perspective is supported by cognitive explanations, which posit that a leader's words reflect their personality (Dille & Young, 2000).

Political figures frequently utilise language strategically to accomplish various objectives, whether it's rallying public support, presenting a diplomatic stance, or shaping perceptions. This deliberate use of language complicates the task of distinguishing statements that genuinely reflect a leader's personality. To navigate this complexity, a nuanced approach is essential. Cognitive cues, such as the unconscious selection of words, possess the potential to offer insights into the depths of a leader's motives and perceptions. Additionally, examining the consistency of messaging across diverse contexts and aligning rhetoric with observed behaviours over time remains crucial. Through this process patterns emerge, enabling a better understanding of which statements authentically mirror a leader's true personality and which ones are strategically devised to serve specific aims. This multifaceted analysis aids in unravelling the intricacies of a leader's communication strategy and underlying motivations.

The decision unit dealing with a particular foreign policy problem is likely to be a predominant leader if the regime has one individual in its leadership who is vested with the authority—by a constitution, law, or general practice—to commit or withhold the resources of the government with regard to the making of foreign policy (Hermann et al., 2001). Foreign policy analysis requires an understanding of the key individuals in politics who serve as key decision-makers; the long-term thinking of these individuals is shaped within a broader framework that constitutes part of the country's strategic culture (Alibabalu, 2020). The significance of individuals in politics is evident, as they generate a substantial amount of written and spoken material that often becomes part of permanent records. This material

can, in principle, be subjected to content analysis to uncover cognitive characteristics (Lee & Peterson, 1997), just as it can be utilised to uncover affective, motivational, attitudinal, and other personological traits.

In international relations, psychological content analysis, as a method in political psychology, primarily focuses on the psychology of leaders, especially in governments such as those of Russia, China, and Iran, whose decisions affect the political process and results (Alibabalu, 2023). Its main objective is to anticipate and mitigate potential or existing conflicts, as well as to analyse individual characteristics in politics. This enables the prediction of politicians' behaviour and the provision of specific recommendations regarding their traits. Modern political psychology employs various methods to study individuals in politics, elucidating their 'psycho-political' characteristics and behaviour. The ultimate goal is to predict the decisions that individuals in politics may make, and determine their leadership style, perception, thought patterns, approaches to problems, and unique decision-making systems. Content analysis extensively employs advancements in linguistics, mathematics, and statistics.

Given that political leaders are individuals with psychological characteristics, this work addresses three key questions for analysis. First, it aims to demonstrate how researchers in the field of foreign policy can effectively utilise content analysis of leaders to study their decision-making processes using remote measurements and software development programs. Second, this article provides a detailed explanation of the methodology employed to study leadership at a distance, employing software programs that enable the construction of a comprehensive leadership style profile through this innovative approach. Third, the study applies this method to a prominent and widely discussed leader, Vladimir Putin, in order to examine his leadership style and decision to invade Ukraine in 2022. By analysing Putin's behaviour and traits, the research aims to gain insights into his decision-making process and shed light on the underlying factors that influenced his actions during the Ukrainian crisis.

In summary, this article contributes to the existing literature on foreign policy analysis by introducing a novel approach to studying leadership and decision-making in the context of international affairs. It emphasises the potential benefits of utilising leaders' content analysis and remote measurements in foreign policy research, while also providing a practical application of this approach through a case study of Putin.

AT-A-DISTANCE MEASUREMENT AND LEADERSHIP TRAIT ANALYSIS

The focus of at-a-distance approaches is primarily on the verbal output of political leaders, operating under the assumption that analysing this output through content-analytic schemes derived from underlying psychological concepts can provide insights into the beliefs, motives, and personalities of key figures (Dyson, 2006; Schafer, 2000; Winter, 2003). A conceptual

framework that incorporates the leader's cognition, motivation, interpersonal skills, communication style, and other personality characteristics, along with the influence of situational stimuli, has the potential to facilitate a more comprehensive analysis for understanding critical cases.

Content analysis involves the translation of verbal information, such as spoken text, into a more objective and non-verbal form by analysing and coding the psychological characteristics of an individual. It is a rigorous scientific method that requires systematic and reliable processing of specific words and documents, followed by quantitative analysis of the collected data. Content analysis finds extensive application in various scientific fields, and this article specifically focuses on its use in the study of foreign policy.

In the 1970, Margaret Hermann developed an at-a-distance approach using leadership trait analysis (LTA) to examine the influence of individual traits on foreign policy patterns. She established a method for analysing the psychological traits of individuals and their impact on foreign policy outcomes. Hermann's research encompassed various politicians, including US presidents, British prime ministers, sub-Saharan African leaders, Iranian leaders, Soviet Politburo members, and heads of international organisations such as the European Union and the United Nations (Cuhadar et al., 2017).

The current method for studying leadership styles follows a specific set of steps and guidelines. It primarily involves collecting data, particularly the spoken words of the leader, and categorising those data based on the elements desired for observation. The ProfilerPlus program, available at https://profilerplus.org/, does not have an option for processing data in Russian, which is why all materials were collected in English. Although Hermann (1999/2002) suggests using the native language of the leader being studied, the distortion in results obtained from translated material is minimal. To accurately define a leadership style, the dataset should consist of at least 5,000 words.

Hermann (1999/2002) recommends utilising question–answer material as data to minimise the possibility of relying on prepared material, which may be written by staff and not leaders themselves. However, in-depth interviews are also recommended as they not only provide insight into leaders' characteristics but also focus on specific traits obtained. Direct interviews with politicians can offer a broader picture of motives and instil greater confidence in understanding the political personality through the derived traits.

Personality is understood as comprising different (and independent) elements; hence, it follows that the fullest assessments of individual and collective personality, and the most accurate predictions from personality to political behaviour, will be made by using combinations of variables—preferably variables drawn from different personality elements (Winter, 2003). The framework for leadership style consists of seven distinct traits: the need for power, belief in the ability to control events, self-confidence, in-group bias, distrust of others, task focus, and complexity. These traits provide a comprehensive understanding of a

leader's psychological characteristics and their potential impact on decision-making in foreign policy.

The approach entails assessing a leader's leadership style through the development of a leadership profile comprising seven key traits. This article particularly focuses on one trait, namely, low conceptual complexity, which consistently appears in Putin's leadership profile. This specific trait significantly influenced his decision-making process leading to the invasion of Ukraine in 2022. It notably shapes how Putin perceives and responds to threats, impacting the trajectory of hostilities, his rhetorical strategies, and the subsequent aftermath of the conflict.

To construct the leadership profile, several steps are followed. First, the period of interest is determined, specifying the timeframe in which the leader's actions and decisions are analysed. Second, data are collected from the official site of the Russian government, Kremlin.ru, utilising question–answer material. This data collection procedure ensures that the spoken words of the leader are captured for analysis. Third, the collected data are inputted into the ProfilerPlus software program, which utilises LTA methodology. The software automatically calculates the scores for each trait and categorises the results accordingly. Finally, based on the calculated scores, the leadership profile is constructed, providing a comprehensive overview of the leader's psychological traits.

To establish a reference point for analysis, the author utilises a reference group. The reference group consists of results from various leader profiles compiled by different scholars. The purpose of the reference group is to serve as a statistical benchmark based on previous research on leadership style. In this study, the reference group proposed by Hermann, which includes the results from 214 world leaders, is used. The selection of the reference group is focused on detecting deviations or similarities in the examined leader's traits, without specific emphasis on the nationality of the leaders within the group. This approach ensures that accurate results are obtained when analysing the foreign policy of a specific national leader.

The constructed table compares the results of the examined leader with those of the reference group on the seven different leadership style traits. By highlighting the differences between the examined leader and the reference group, the table provides valuable insights into the leader's unique psychological characteristics and leadership style. In this article, particular attention is given to the conceptual complexity trait, as Hermann (1999/2002) identifies it as significant in analysing foreign policy decisions.

Furthermore, the obtained results are applied by incorporating empirical evidence from existing literature and referencing the leadership style proposed by Hermann. Hermann's LTA methodology, published in 1980, offers detailed explanations of the seven traits and their expected influence on political behaviour. By drawing on this theoretical framework, the obtained trait scores can be interpreted in the context of leadership behaviour and decision-making.

In subsequent sections of the article, the focus is on Vladimir Putin, utilising the obtained conceptual complexity score to explain his decision to invade Ukraine in 2022. The conceptual complexity trait is considered crucial in understanding foreign policy decisions, and the analysis aims to explore how Putin's dichotomous foreign policy vision shaped the Ukrainian crisis. This case study provides a practical application of the research methodology and contributes to a deeper understanding of leadership and decision-making in international affairs.

CONSTRUCTING VLADIMIR PUTIN'S LEADERSHIP PROFILE

Vladimir Putin, one of the most significant political figures in modern-day Russia, holds a central position in this article, focusing on his unwavering perception of the global environment. Over the past two decades, Putin has wielded power as both prime minister and president. This article seeks to demonstrate the potential of personality as a causally significant factor in explaining foreign policy, particularly in certain situations. It argues that employing multi-method approaches, which combine the objectivity of quantitative content analysis with the contextual richness of qualitative approaches, is particularly suitable when examining the challenging topic of individual explanation in politics and the significance of the human factor in analysing critical episodes (Dyson, 2006).

In understanding the significance of unit-level explanation and how leadership influences Russian foreign policy within the framework of relatively constant structural determinants, the leadership trait analysis technique holds great promise. Given the crisis in Ukraine, there is an increased urgency to examine leadership in the context of Russian foreign policy. The structural nature of Russia's internal system, shaped by its Soviet past, ultimately determines its foreign policy, which is significantly influenced by Putin's personality. The personological underpinnings of his political style is revealed by his verbal expressions, which have been measured using the ProfilerPlus automated system.

The analysis in this study is based on various interviews with Putin, including spontaneous question-and-answer sessions from sources such as CNN (Cable News Network), the TASS media group, and the Valdai 18th interview (see Appendix for a full listing). The majority of the data are derived from the English version of the official Russian site, Kremlin.ru. Although the ProfilerPlus program developed by Young does not support Russian language analysis, Hermann (1999/2002) has determined that translated materials are acceptable for analysis. The potential distortion resulting from the use of translated material in the leadership analysis of non-English speaking leaders is not deemed significant, as observed by Hermann.

Nevertheless, several recent studies, such as Hallin (2023), affirm the impact of the unique grammar in the Russian language, highlighting potential discrepancies between translated texts and the nuances captured through analysis conducted in Russian—particularly in how

English-based LTA looks to achieve semantic equivalence with Russian—and concludes that 'an accurate understanding of Russian leaders' personalities requires Russian language specific LTA profiling' (p. 223).

Two major types of statements are readily available for most political leaders in the latter part of the 20th century: speeches and interviews with the media (Hermann, 2005). The profile of Putin's cognitive style is derived from 80,000 words he used prior to Russia's invasion of Ukraine on February 24, 2022, which is significantly more than the 5,000 words required for a thorough analysis according to Hermann's methodology. The use of spontaneous material, rather than prepared speeches, mitigates the risk of the analysis reflecting the personality of Putin's staff rather than his own. As mentioned earlier, direct answers in interviews with the media represent a more spontaneous type of material.

The significance of spontaneous interviews lies in the fact that political figures must respond quickly without assistance during question-and-answer sessions (Hermann, 1999/2002). In order to measure Putin's personality, a substantial number of direct answers from press conference responses and interviews were gathered and analysed from February 21, 2020 to November 23, 2021.

Hermann (1980) developed and refined a relatively simple measure of conceptual complexity based on the frequency count of words spoken by the political figure under examination. Her technique incorporates cognitive terminology that applies words to capture subtle, random unconscious processes. Thus, words such as 'trend', 'possibly', 'perhaps', and 'sometimes' are classified as having a high level of complexity. Conversely, words like 'always', 'never', and 'absolutely' are considered indicators of minimal complexity. The percentage of high-complexity coding choices in relation to the total number of coding opportunities determines the total complexity score for a text sample. Hermann notes that conventionally the initial calculation of traits was performed manually, but thanks to Young and the ProfilerPlus developers, the automatic system can now be utilised, minimising the influence of human factors.

By comparing Putin's results with the average scores of the reference group leaders before the Russian intervention in Ukraine, researchers can ascertain whether Putin's low conceptual complexity is a cognitive trait. A lower conceptual complexity score suggests a binary worldview, characterised by a tendency to categorise the political world into starkly drawn, often dichotomous, categories such as 'us and them', 'good and bad', and 'friend and enemy'. Conversely, individuals with a higher complexity score tend to perceive the world in more nuanced shades of grey (see Dyson, 2006; Hermann, 1980; Preston, 2001; Tetlock, 1985).

Putin's low conceptual complexity may specifically indicate the validity of the claims that his decision to intervene in Ukraine in 2022 was influenced by his dualistic cognitive style, ultimately leading to military action. Therefore, this study aims to provide a comprehensive,

systematic, and unbiased analysis of the psychological traits that shape Putin's leadership style.

Table 1 reports Putin's complexity scores from 2020 to 2022, leading up to Russia's invasion of Ukraine. Compared with the average world leader, Putin consistently and noticeably performs lower on cognitive complexity.

Table 1. ***Vladimir Putin's Conceptual Complexity Compared with a Reference Group of Leaders***

Trait	Reference group of 214	Vladimir Putin (2020–2022)
Conceptual complexity	0.65	0.579
		Low

Note: low < 0.61; high > 0.69.

Table 2: ***Conceptual Complexity***

Trait	Description	Coding
Conceptual complexity	Capability of discerning different dimensions of the environment when describing actors, places, ideas, and situations.	Percentage of words related to high complexity (i.e., 'approximately', 'possibility', 'trend') vs. low complexity (i.e., 'absolutely', 'certainly', 'irreversible') (Dyson, 2006, p. 292).

DISCUSSION

The results of content analysis reveal that Putin's actions align with a leadership style characterised by lower conceptual complexity. This empirical evidence regarding Putin is examined and analysed in this section of the report, taking into account his speeches and timeline factors.

Putin's dual-framing style

Conceptual complexity, extensively explored in psychology and leadership research, refers to an individual's cognitive capacity to encompass, discern, and accommodate multiple dimensions within an idea, concept, or situation. Psychologists and leadership scholars have studied this concept to understand how individuals process and handle complex information,

especially in decision-making scenarios, where nuanced understanding is pivotal. Hermann delves into how conceptual complexity influences an individual's approach to problem-solving, decision-making, and overall leadership style, shedding light on its significance in various cognitive processes and behaviours. She defines conceptual complexity as the degree of differentiation that an individual shows in describing or discussing other people, places, policies, ideas, or things (Hermann, 1999/2002).

Previous research has demonstrated that leaders with high levels of conceptual complexity are more effective in complex and uncertain environments (Preston, 2001; Tetlock, 1985). They display greater openness to multiple perspectives, possess a higher tolerance for ambiguity, and exhibit better adaptability to changing circumstances.

On the contrary, leaders with low levels of conceptual complexity tend to view the world in simplistic and dichotomous terms, which can result in inflexible responses to complex issues. People with low conceptual complexity tend to view situations in dichotomous, universal, and generally rigid terms. Hermann also identified low conceptual complexity as a trait that influences a leader's inclination towards an aggressive foreign policy (Dille & Young, 2000; Hermann, 1980, 1983). As a cognitive style, it is negatively related to the 'intolerance of ambiguity' (black-and-white thinking) component of authoritarianism. Among leaders, high nationalism and distrust and low conceptual complexity are associated with an aggressive, autocratic, and often simplistic political style (Winter et al., 1991).

Dyson (2006) argues that leaders with a simplistic mindset often rely on preconceived categories and frameworks to interpret and respond to events, leading to rigid thinking and an inability to adjust to evolving situations. Low complexity correlates with higher risk propensities by the state, less reliance on diplomacy, and quicker commitments of state resources to a conflict (Schafer, 2000).

Furthermore, researchers in the field of Russian policy have highlighted the notion of Putin's low conceptual complexity and his reliance on a close circle of advisors. Fiona Hill, a Russia expert and former National Security Council official, has specifically mentioned Putin's tendency to trust a 'very small group of people', which can limit the range of perspectives and result in narrow decision-making (Hill & Gaddy, 2015).

The composition of Putin's inner circle is comprised of individuals with whom he has had longstanding relationships from his previous governmental work. His policies have concentrated power in the executive at the expense of the legislative and judicial branches of the federal government and the once-powerful regional bosses (Bremmer & Charap, 2007). Putin's elites are less likely to hold a postgraduate degree, are somewhat more provincial, even more overwhelmingly male, more likely to come from the business world, and more likely to come from St Petersburg (Kryshtanovskaya & White, 2005). These include Dmitry Medvedev, Igor Sechin, Nikolai Patrushev, Viktor Ivanov, Sergei Bogdanchikov, and Sergei

Stepashin. This arrangement has led to the characterisation of Russian politics as being influenced by a core group of Putin's inner circle.

Putin's inclination to surround himself with familiar faces and his reliance on a close-knit group of advisors reflects his low conceptual complexity. This approach to domestic politics can have contradictory effects. On one hand, it may contribute to a sense of trust and loyalty within the inner circle; on the other, it can limit exposure to alternative information sources and diverse viewpoints, reinforcing a binary and divisive worldview. Individuals with low conceptual complexity, like Putin, often perceive the world in simplistic and dichotomous terms, lacking tolerance for ambiguity and doubt. This tendency to divide the world into 'us' and 'them' can result in decision-making based on binary thinking, disregarding nuance and complexity.

Putin's low conceptual complexity and his inclination towards binary thinking are further supported by the post-Soviet perception and the Cold War mindset that shaped the views of the Soviet people. The historical context of the Cold War, with its absolute conceptualisation of Russia versus the West, has influenced Putin's psychological attitudes and foreign policy decisions. Many studies have drawn connections between Putin's actions and his desire to restore a USSR-style empire, highlighting his Soviet past and ambitions (Brzezinski, 2014; Coughlin, 2008; Götz, 2017; Harding, 2008).

An important moment that exemplifies Putin's dichotomous thinking is his 2007 Munich speech. Experts widely recognise this speech as a declaration of Russia's intent to revise its position in the international system and shift from a defensive to an offensive foreign policy approach. During the Munich conference, Putin's tendency to divide the world into categories of 'them' and 'us' with strong moralistic undertones was evident, revealing his inclination to frame issues in terms of two opposing alternatives.

This dichotomous thinking and moralistic worldview can limit Putin's perspectives, leading to narrow decision-making. By perceiving the world in binary terms, Putin may overlook nuances and complexities, disregarding alternative viewpoints and strategies that could contribute to more balanced and effective policies. This dual-framed mindset, rooted in the Cold War era, continues to shape Putin's approach to international relations and his aspirations for Russia's role on the global stage. As Putin stated in his Munich speech:

> One state and, of course, first and foremost the United States, has overstepped its national borders in every way. This is visible in the economic, political, cultural, and educational policies it imposes on other nations…
>
> And of course, this is extremely dangerous. It results in the fact that no one feels safe. I want to emphasize this—no one feels safe! Because no one can feel that international law is like a stone wall that will protect them. Of course, such a policy stimulates an arms race. (Putin, 2007, paras. 20, 22)

In his speech, Putin's announcement of an active foreign policy reflected his low conceptual complexity, according to several experts. The speech revealed Putin's internal perception of world processes in a black-and-white manner, where one actor is seen as the subject and the other automatically becomes the object. This kind of thinking resembles a return to Cold War mentality and is consistent with Putin's low complexity score and his ethnocentric psychological attitudes.

During the Munich speech, Putin emphasised the notion of international morality, where one actor dominates international relations. This highlights his inclination towards a simplistic view of power dynamics. Additionally, Putin made clear distinctions between Russia and the West, construing those who do not support Russian dominance in post-Soviet territories as a direct threat from the West and NATO (North Atlantic Treaty Organization) against Russia.

Putin's style in foreign affairs closely aligns with expectations based on his lower complexity score. He tends to divide foreign policy, as well as domestic colleagues and advisors, into absolute categories of 'friend' and 'enemy', within the broader context of a struggle between Russia and the West. Coming to power in 2000, Putin enhanced a form of anti-American propaganda, which was already strong by the end of Yeltsin's rule that described the United States as rather hostile toward the Russian Federation and complicit in the failure of the country's economic reforms. Anti-Americanism became an important part of Putin's official ideology (Shlapentokh, 2009). In his foreign policy speeches, he can exhibit a critical and aggressive demeanour, portraying himself as a strongman who is haunted by almost paranoid illusions of weakness and external danger (Dyson, 2006).

Research on the effect of complexity on decision-making processes suggests that individuals with low complexity tend to have a more decisive style and engage in a restricted information search compared with those possessing higher complexity (Preston, 2001). Putin's low conceptual complexity aligns with this tendency, as he exhibits a dichotomous information processing style characterised by a constrained search for information and a reliance on conceptual categorisations. This results in a decisive decision orientation with limited internal domestic debate and a relatively low degree of reconsideration of fundamental policies.

Overall, Putin's low conceptual complexity shapes his approach to foreign policy, characterised by black-and-white thinking, a limited information search, and a decisive decision-making style. These factors contribute to his perception of the world in simplistic terms and his tendency to maintain a firm and unwavering stance on key issues.

Putin's Ukraine decision

Putin's low complexity score is reflected in his decision to invade Ukraine, which can be attributed to his dual-framed leadership style of information processing. As a result, Putin is

more likely to categorise the policy environment in absolute terms, heavily rely on stereotypes and analogies, adopt an overtly ideological approach to policy and problem framing, and uncritically adopt existing views of other countries (Yang, 2010).

These tendencies towards dichotomous thinking provide compelling evidence of the Ukrainian conflict, which arguably has been the most significant development in Russian foreign policy since 2014. Putin's dichotomous thinking and his unwillingness to consider any compromise or partial settlement further indicate his black-and-white perspective on the moral issues at play. In a speech on February 21, 2022, Putin emphasised the historical, cultural, and spiritual connection between Russia and Ukraine, presenting it as an inalienable part of Russia's identity. He stated, 'Ukraine is not just a neighbouring country for us. It is an inalienable part of our history, culture, and spiritual space' (Putin, 2022, para. 5).

With these words, Putin highlighted the deep-rooted attachment he perceives between Russia and Ukraine, reinforcing his belief in a unified historical and cultural heritage. This rhetoric reflects his absolute view of the situation, where Ukraine is seen as an integral part of Russia rather than an independent entity. By framing the conflict in terms of historical and cultural unity, Putin portrays Russia's actions as a defence of its own identity and values. The Russian government views the situation in Ukraine through a lens of repeated Western betrayal, creeping NATO encroachment, and disrespect for its security concerns (Wolff, 2015). This further emphasises Putin's inclination to view the world through a binary lens, where Russia is the protector of Ukraine as a bulwark against Western expansion. When he ordered the Ukrainian invasion in 2022, Putin justified his decision with a brutally absolute vision of Ukraine's future, stating the need to clean Ukraine of Nazism (Putin, 2022). He quickly framed the situation in stark terms, portraying the Ukrainian government as nationalistic and presenting Russia as liberators. This swift and decisive action, without leaving room for a diplomatic solution, aligns with the decision-making style of leaders with low conceptual complexity. Such leaders are expected to handle information without considering its appropriateness within the existing policy environment, showing insensitivity to the context. Once a decision is made, it becomes resistant to modification or reconsideration.

Putin's reaction to system stimuli—in this case, the invasion of Ukraine—is consistent with the expectations for leaders with low conceptual complexity scores. They are typically less inclined to engage in consistent, detailed decision-making aimed at minimising risks. Putin's limited access to information and reluctance to revise his beliefs contribute to his rigid decision-making process. Major policy setbacks, dramatic stimuli, or jolts from the international environment can trigger his reactions (Cottam et al., 2004; Yang, 2010).

Putin's low conceptual complexity is evident in his approach to the Ukrainian conflict. His binary thinking, ideological framing, and reluctance to consider compromise illustrate his leadership style and decision-making processes. These characteristics, influenced by his low complexity score, shape his responses to international events and contribute to the dynamics

of Russian foreign policy. Putin's definitive worldview and intolerance of ambiguity decisively shaped the Russian approach to the Ukrainian invasion in 2022. This absolute view of the morality involved led Putin to further behaviour indicative of lower-complexity leaders: a resistance to consider any compromise or partial settlement.

First, Putin's framing of the Ukrainian conflict in terms of right and wrong, using binary categorisations of 'good and evil', aligns with the characteristics often associated with leaders of lower complexity (Dyson, 2006). This can be observed in his characterisation of Volodymyr Zelensky's regime as comprising 'neo-nationalists' and 'direct NATO agents', portraying them as part of a fascist regime (Putin, 2022). Putin's tendency to view the situation in such simplified terms demonstrates his low conceptual complexity.

Furthermore, Putin's justification for military action in Ukraine reflects his low complexity score, as leaders with low conceptual complexity tend to perceive military interventions as battles between 'good and evil'. Putin framed the situation as a fight against Nazism and a defence of Russian identity, presenting the invasion as a humanitarian mission (Putin, 2022). He emphasised the alleged Russian-speaking ethnic cleansing and racial policies of the Ukrainian government, employing surface-level analogical comparisons. After months of exaggerated public narratives about a neo-fascist and radical right-wing threat to Russian interests and 'ethnic kin' in Ukraine, it is implausible to believe that Putin can simply back down (Barkanov, 2014). This absolute political behaviour aligns with the characteristic tendency of leaders with lower complexity to rely on simplistic and binary categorisations.

Putin's decision-making style consistently prioritises fundamental principles over specific details, indicating his limited information search and resistance to considering information that contradicts his existing beliefs. This can be observed in his speech to the nation about the necessity of military operations in Ukraine and his article on the historical unity of Russia and Ukraine (Putin, 2022). These speeches reflect the decision-making style of leaders with lower complexity, who rely on broad principles and are reluctant to reconsider their beliefs.

Putin's framing of the Ukrainian conflict in terms of right and wrong, his use of binary categorisations, and his justification for military action based on broad principles rather than specific details are all consistent with the behaviour expected from leaders with low conceptual complexity. These characteristics shape his decision-making processes and influence his approach to international events, such as the invasion of Ukraine. Putin's mention of the support of far-right nationalists and neo-Nazis in Ukraine by leading NATO countries in his speech further demonstrates his moralistic style and use of historical references (Putin, 2022).

While the idea of a 'historical mission' alone may not fully explain foreign policy decisions, it aligns with the style of information processing exhibited by leaders with low complexity. Putin's decision-making style and behaviour during the invasion of Ukraine exemplify how leaders with low conceptual complexity tend to divide the world into simplistic categories

such as ‘us and them’, ‘good and bad’, and maintaining a categorical course of action without deviating from their fundamental principles and political assumptions.

Putin’s growing obsession with Ukraine has developed over many years (Liik, 2022). For Russia’s leaders, what happens in Ukraine has little to do with their imperial ambitions being thwarted; it is about dealing with what they regard as a direct threat to Russia’s future (Mearsheimer, 2022). His approach to the Ukrainian conflict reflects his literal interpretations, where he portrays Russia as the defender of its identity and values against what he perceives as the threat of Ukrainian nationalism. This perspective is evident in his speeches and statements, where he emphasises the alleged ethnic cleansing and racial policies of the Ukrainian government. His rhetoric during this time captures his belief that military intervention is a battle between ‘good and evil’, with Russia representing the forces of good.

This uncompromising stance, rooted in his low conceptual complexity, led to a rigid decision-making process and limited consideration of alternative perspectives. Putin’s black-and-white thinking and categorical approach to the Ukrainian conflict meant that he was less inclined to explore diplomatic solutions or engage in nuanced discussions about the complexities of the situation. Instead, he adhered to his preconceived notions and fundamental principles, viewing the conflict through a narrow lens that reinforced his binary worldview.

By failing to fully consider alternative perspectives or engage in comprehensive analysis, Putin’s decision-making process became constrained and inflexible. This limited his ability to adapt to changing circumstances or explore potential diplomatic resolutions that could have mitigated the escalation of the conflict. His adherence to a rigid framework based on simplistic categorisations prevented him from fully grasping the intricacies of the situation and finding a more nuanced and peaceful approach.

Furthermore, Putin’s unwillingness to consider alternative perspectives also contributed to a lack of internal domestic debate and limited input from advisors who may have offered different viewpoints. This echo chamber effect further reinforced his dual-framed view and hindered the exploration of more comprehensive and inclusive decision-making processes.

As a result of his low conceptual complexity and the limitations it imposed on his decision-making, Putin pursued a course of action that disregarded the complexities of the situation and the potential for diplomatic solutions. The invasion of Ukraine underscored Putin’s constrained worldview, framing the conflict as a dichotomy between good and evil, and framing it as a standoff between the West and Russia. This limited conceptual complexity shaped his preference for an assertive foreign policy stance rather than seeking softer resolutions to the conflict. This uncompromising approach had extensive ramifications, exacerbating tensions not only between Russia and Ukraine but also within the broader international community. Consequently, it escalated hostilities in the region, amplifying the repercussions for both the immediate conflict and global international relations.

CONCLUSION

This study argues that the leadership trait analysis (LTA) methodology has the potential to provide a detailed and comprehensive understanding of foreign policy decision-making by analysing the stable personality traits of leaders. The methodology focuses on determining key leadership traits as a basis for understanding and predicting the political behaviour of specific leaders. This article aimed to demonstrate how political personality can be studied through remote measurement, utilising leadership trait analysis assisted by ProfilerPlus software.

First, the empirical data obtained through both quantitative content analysis and qualitative analysis of Vladimir Putin in this study demonstrates its effectiveness in understanding personological determinants in the foreign-policy behaviour of high-level leaders. The multimethod research approach has proven to be effective in explaining the importance of leadership influence in the process and outcomes of foreign policy decision-making. By complementing one method with another, more accurate results can be obtained. This highlights the potential for future empirical studies that link leadership characteristics to the formulation and execution of foreign policy, utilising the LTA framework as a methodological advancement in political psychology—specifically, high-level decision-making.

Second, this article emphasises a broader point that goes beyond discussions of Putin as a leader and his decision to invade Ukraine in 2022. The goal of the multi-methodological framework is to demonstrate the utility of considering a leader's conceptual complexity when seeking to understand political behaviour.

The methodology employed in narrowing down Putin's leadership profile effectively explains that a different individual, faced with the same circumstances as Putin, could have made different choices regarding the invasion of Ukraine in 2022. This research illustrates that remote personality-in-politics research focusing on high-level decision-makers in politics has the potential to explain critical cases. The key finding is that personal traits can drive political decisions. It is important to note that a study of Putin's traits cannot explain all aspects of Russian foreign policy, and not all circumstances are susceptible to the influence of individuals in politics. However, the significance of such studies on individuals in politics resides in their ability to construct an understanding of critical events, such as the invasion of Ukraine in 2022, in a context-specific and empirical manner, offering an alternative perspective on events and outcomes.

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APPENDIX

List of Interviews

1.	February 20, 2020	TASS News Agency
2.	February 21, 2020	TASS News Agency
3.	February 25, 2020	TASS News Agency
4.	March 4, 2020	TASS News Agency
5.	March 8, 2020	TASS News Agency
6.	March 9, 2020	TASS News Agency
7.	March 17, 2020	TASS News Agency
8.	August 27, 2020	Rossya TV channel
9.	October 7, 2020	Rossya TV channel
10.	June 14, 2021	NBC
11.	July 13, 2021	Interview in Kremlin
12.	October 14, 2021	CNBC
13.	November 13, 2021	Rossya TV channel
14.	October 22, 2021	Valdai 18th
15.	November 23, 2021	Annual press conference

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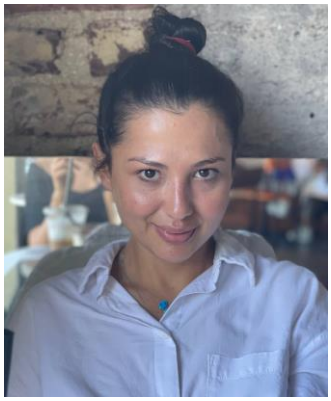

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NOTE FROM THE FRONT LINE

Palestine: A genocide.

Or when psychoanalysis forgot that every symptom is political

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ABSTRACT

Based on its material conditions—objective and subjective—the current mode of social production promotes a particular kind of existence that perceives itself as a helpless thing, thrown towards a dark destiny from which there is no way out. As Jameson (2009) stated, it is easier to imagine the end of everything than the end of capitalism. In this sense, the Palestinian genocide can't help but be thought of as an acute symptom of global capitalism and the fight to the death for leadership of the new geopolitical map and the world civilisational process. Therefore, all our 'psy' practices must be thought of in the light of a series of theoretical and ethical-political frameworks that *make compossible* (Badiou, 2002) a matrix of critical insight that, at the same time that interrupts the automatisms of the social, allows us to think about psychopolitical discontents as complex forms of psychic and subjective suffering that precede and exceed the bourgeois ideological sphere of the familial and the private individual.

KEYWORDS: politics; social; symptoms; capitalism

THE UBIQUITY OF THE CRISIS

For some time now, we've been living with the feeling of being dead, of inhabiting a time and a place where crisis and finitude are our only real conditions of being and of appearing. This turns our existence into apathetic, fearful, panicky, stressed, anxious, ignorant, selfish,

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individualistic, racist, hateful, and lonely excrescences. In short, it makes us broken and defeated in the face of the future.

In the same way that yesterday we recognised COVID-19 as a symptom of the global capitalist regime, we also do so with the genocide of the Palestinian people carried out by the State of Israel, since October 7, 2023. Due to the magnitude of the destruction and the speed of its scale, today it can be said that this massacre of civilians (more than 14,500, of which almost 80% are children and women) is the most important political event of the 21st century. However, the campaign of media blocking, censorship, persecution, and ideological cancellation carried out by the apartheid regime of Israeli far-right Zionism, plus the war, financial and political support of Yankee imperialism, and the complicit silence of the main powers of the European Union (Germany, France, England), have turned this new catastrophe of the human species into an empty consumable spectacle through Instagram and Facebook.

However, multiple voices of support and solidarity towards the Palestinian people have been raised around the world, demonstrating the non-absolute nature of the Western imperialist regime. Which shows us that despite Jameson's (2009) assertion about our impossibility to imagine the end of capitalism, the death drive of capital does not transmute everything alive into dead things or waste. The martyrs of Palestine will not be forgotten or buried under the rubble produced by bombs and hyperbaric rockets and piled up by Caterpillar IDF D9 bulldozers, nicknamed ‘Teddy Bear’ (*Doobi*, in Hebrew).

This time it is not about the cold war between communism and capitalism, nor about the anti-terrorist war against Islamic fundamentalist factions; even when we recognise the existence of groups like Hamas. The problem, this time, is the reconfiguration of the global geopolitical map and the dispute over the hegemonic direction of the civilisational cultural process, in the face of the advance of China (and the BRICS, an acronym that represents the group of so-called emerging powers: Brazil, Russia, India, China, and South Africa). This new dispute between deflated North American imperialism and its old allies from the last century and the new powers has its first bloody chapter in the Gaza Strip, a strategic place from which to control the entire Middle East and where one of the most important deposits of oil and gas in the world is located (in the Levant Basin or Levantine Sea, within the Mediterranean), valued by the UNCTAD (United Nations Conference on Trade and Development) at $450 billion in a 2019 report (UNCTAD, 2019).

It is clear then that the problem is the crisis of hegemony of the old empire and the acute economic and financial crises that this provokes within the capitalist mode of production itself. To such an extent that even right-wing intellectuals recognise that in contemporary societies, democracies are nothing more than an empty word, which covers up the concrete power of the financial economic model, whose liberal scheme requires the doctrine that there are only individual consumers. As Badiou (2002) states, under the logic of capital, democracy and liberalism are united to such a point that the economic and political dimensions of the

human being behave as indistinct spheres. This fusion is what Pavón-Cuéllar calls 'the degrading capitalist modernity' (Pavón-Cuéllar, 2021, p. 15), within which man and his relationships with sameness and otherness become pure waste.

BEYOND THE DISCOMFORT, WHAT CAN WE DO WITH OUR THEORETICAL, POLITICAL, AND CLINICAL PRACTICES?

Despite the generalised feeling of failure, defeat, brokenness, and the end of the world that organises our subjectivity, we owe ourselves a patient exercise of raising awareness of our psychopolitical discomforts. Of course, it is not about doing it from a nostalgic or melancholic position that vindicates the old conscientious and sensitive paradigm of the modern, centred, and reflective subject, heir to the most naive and romantic illustration. Nor is it about waiting for the return of some god to show us the way. What it is about is courageously assuming a heretical and profaning position, which detotalises the widespread encryption of the crisis in which we feel sunk.

The militant (re)formulation of our practices in an emancipatory sense must be aligned and oriented to produce a generic, revolutionary subjectivity, which is capable of critically addressing not only its symptoms but also the great fundamental problems that concern the alienating functioning of the complex totality of capitalism: class struggle, gender, race, religion, hegemony, representation, political mediation, the State and its cultural ideological apparatuses, natural resources, rights (those of our species and other species, such as animals), etc. Additionally, to not become stuck in a matrix of a liberal, individualist, bourgeois, familialist, meritocratic, pathologising, blaming, biologicist, and psychologist nature.

All psychoanalytic practice is political. By politics I understand a counter-hegemonic praxis, unbinding and delocalising of certain forms of the contemporary social bond; that is, a praxis that interrupts the automatisms of repetition of our world and our existences. Politics, then, should not be equated with the political: 'the political', on the contrary, is that which refers to the continuity of what is, to the machinic and headless management of a certain form of social bond. Politics, unlike the political, makes a hole (or exception) in the complex totality of the social.

Thinking about a politicisation of the unconscious requires us to invent, in the face of the law of capital and the signifier, in the face of the logic of value, the letter, the fetish, and the brilliance, different ways of organisation of the social bond, at a distance from that which overdetermines us as living beings. The politicisation of the unconscious, for its part, requires thinking of the unconscious not as a particular type or class of an own, private, interior, substantial object, but as a social-historical sedimented result (of long, medium, and short duration) of the stratified discourse of the Other. Additionally, by Other we must understand

the name and place of a series of concepts that have objectively and subjectively organised our concrete ways of living, of thinking, of saying, of feeling, of dying. Some of the great concepts that historically embody the Other are God, Reason, State, and the Unconscious (Lewkowicz, 2004).

Therefore, politicising the unconscious requires understanding the historical situation against the background of the complex, contradictory social totality, stratified at different levels and historical durations in which our small and large emancipatory struggles, all our forms of social abstraction, all the dark games of knowledge-power that organise and prioritise our everyday life, unfold. Everyday life in which, among many other things, the indices and degrees of the normal/pathological binomial are established.

The future of our ethical-political struggles against neoliberal and neo-fascist capitalism, against generalised ecocide, against patriarchy, against new forms of colonialism, and against all forms of psychopolitical discontents depends on it. To defend the cause of Palestine is to understand this as a political historical subject, to defend the future of our species and all living species that inhabit this planet.

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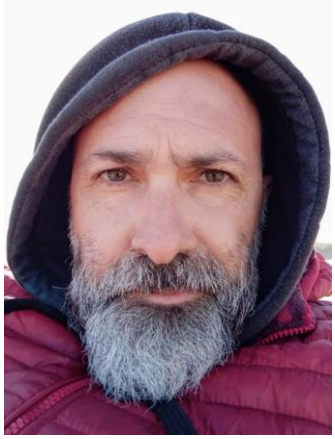

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NOTE FROM THE FRONT LINE

The reverie of resistance

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ABSTRACT

In this short piece, we discuss the importance of reverie, a psychoanalytic concept, but also, a central logic in *sumud*. Using direct testimony from Palestinians in Gaza and freed political prisoners, we conceptualize how reverie affirms Palestinian life, willfulness, and resistance against the backdrop of settler colonial violence and, currently, active genocide.

KEYWORDS: Palestine; settler colonialism; resistance; reverie; Wilfred Bion; Christopher Bollas; psychoanalysis

'The world should know about these children who were murdered by Israel because they are not numbers, but names, stories and dreams killed by the Israeli occupation in Gaza' (Alsaafin & Amer, 2023, para. 7). Contemplating the unfathomable world in which her children are forced to live, Sara al-Khalidi was horrified by and initially rejected the idea of writing the names of her four children on their limbs. Yet, in escaping from Gaza City to Khan Younis, she, wrote their names, as did other Palestinian parents such as Muhammad Abu Odeh, who said, 'Writing my children's names on their bodies is the solution so that [they are not just numbers but] the world will know them' (para. 24).

The writing of names on the living bodies of Palestinian children in Gaza compels us to think of the discussions within psychoanalysis about how our personalities, internal worlds and personal and social relationships are built through passing messages, information, and knowledge (true or imagined) between generations; how feelings of safety, security, or anxiety are passed between parents and children. We deploy these psychoanalytic terms, like

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paranoia, not to pathologize but to describe, for example, that 'paranoia' is also reality-based, especially under fascism, structural oppression, and an increase in global surveillance. The parents writing of these children's name remind us how 'good' objects are or are not forged, internalized, or introjected, and how these sociogenic objects may be part of a larger fabric of communities.

To be more concrete, the writing of names on living Palestinian children elevates their bodies under settler colonialism and, currently, genocidal war, *as a site of re-producing social meaning*. The bodies of children, here, in addition to being 'political capital', as Nadera Shalhoub-Kevorkian (2019) reminds us, then, also are etched with the signs of life. Their bodies, under the crush of settler colonialism, come to hold proof of life, not just as once was, but also, as signifiers of an ongoing-ness in refusal to testify to who and what did the murdering. Gazan children's bodies therefore do the work of testifying to their own life where death and *liberation* are *imminent* potentials.

One would be mistaken to consider the genocidal Israeli campaign in Gaza as an exception rather than a grotesque and horrific extension of the Zionist settler colonial regime writ large; a regime and ideology that has intended to eliminate the indigenous inhabitants of Palestine from their lands since before 1948. While we remember Patrick Wolfe's (1999) settler colonialism adage, he specifically says that 'invasion is a structure not an event' (p. 2). Elsewhere, with David Lloyd, Wolfe (2016) offers a psychoanalytic extension of this analysis, noting that,

> settler colonial violence is at once law-making, and therefore constitutive of a certain kind of sovereignty, and a 'free and ruthless' use of force… The corollary to this perpetual reconstitution of law-making violence, which does not allow the 'forgetting' of the law's origins in appropriation, is the persistence of a *psychic 'state of siege'*: the representation of the world as a surround populated by uncivil peoples who pose what, in the language of neoconservatism as of Zionism, is understood as an 'existential threat' to civil subjects. With the impeccable logic of the paranoid, the 'free and ruthless force' inflicted on those evicted 'beyond the line' is projected onto its objects. (Lloyd & Wolfe, 2016, p. 114)

We can on the one hand think of the psychic state of siege of which Wolfe and Lloyd speak, as concretized—and in Gaza, epidermalized, in the writing of the children's names on their bodies. On the other hand, however, we can also understand, as Abu Odeh reminds us, that this is an act that refuses to accept being 'evicted beyond the line', the line beyond which you cease to be human and merely a number. While the 'free and ruthless' force is therefore very real, the imagined eviction not just out of place, but out of mind, out of memory, and out of existence is willfully refused.

In our book, *Psychoanalysis Under Occupation: Practicing Resistance in Palestine* (Routledge, 2022), we discuss a series of cases of suicide in Gaza, the West Bank, and occupied Jerusalem. The life and death of Basil al-Araj, revolutionary intellectual, who, hunted as a fugitive for months by the Israeli Occupation army, was murdered in cold blood after he ran

out of ammunition. Muhannad Younis, a promising writer in Gaza with an abusive father, committed suicide after he was prohibited from leaving Gaza by the Israeli Occupation regime to pursue his studies in Jerusalem where he had won a scholarship. More recently, only then days before October 7, 2023, Muhammad al-Najjar, another young, acclaimed poet, completed suicide, debilitated by the depression from the loss of his father as a child (Yaghi, 2023). In our book, coupling Basil's and Muhannad's lives, writings, and deaths, allows us to also place suicide alongside state-murder, and the willfulness of living and dying next to a critical interrogation of victimization, trauma, and agentic defiance (Sheehi & Sheehi, 2022).

Adjacent to the stories of Muhannad and Basil, the recounting of parents tagging their children as archives of the living stories and dreams of their children and their people redirects us from a shift in Gaza's conditions from the previous consideration of slow death in Gaza (as Jasbir Puar writes) to the incendiary necro-scape of the current siege and invasion; from the previous assumption settler-colonial omnipresence and carceral logic to a denuded fragility of colonial control, exposed on October 7. Within this cleavage, we are pressed to think about the relationship between Palestinian life and settler state-sponsored death, and how anticolonial strategies of *sumud*, and philosophies of 'livability' are passed *between and within Palestinian generations* to bind and buttress them against the eliminatory logics and goals of settler colonialism.

THE SOCIOGENY OF REVERIE

In psychoanalysis, we might think of those parents, friends, and even the Resistance as engaging in *reverie*, for children and for each other, subjected to the sheer unmetabolizable nature of violence around them. This reverie, Wilfred Bion (1962/1984) teaches us, opens a psychic space to hold and 'contain' the overwhelming nature of reality, where the parent interpolates that reality back to the child in ways that allow them not to be overpowered or psychologically debilitated.

If good objects are both socially and inter-psychically formed and passed from one to another, we may also consider the sociogeny of a sense of reverie internalized by the Palestinians in the form of those hold their pain. Nadera Shalhoub Kevorkian show us how Palestinians 'speaking life' to death, in practices of *sumud* and revolutionary love in communities, in prisons, in schools, and even in solidarity in the streets. Within these acts, we can identity acts of 'holding and containment', of fear and dread, a reverie that is baked into the complex social practices of *sumud*. We may witness the anguish of parents, who initially refuse to register the potential death of their children on their limbs, morph into a holding and containment of what Christopher Bollas (2000) would call the 'unthought known'—in this case the unthought known of the violent uncertainty for the child.

REVERIE AS SECURING FUTURES

There has been considerable work on the practice of *sumud* of Palestinian political prisoners (see, for example, Abdo-Zubi, 2014; Ajour, 2021; Nashif, 2008; Norman, 2021), the psychological, physical, and material support and care of one another within the prison, the practice of remembering family on the outside, the attempts to remain grounded in the knowledge of their relationship to the land and one another, even under torture. In thinking of this social fabric from which Palestinian reverie emerges, we can map out a non-deterministic network of interpersonal, social, cultural, and psychological sources of reverie. These sources may build onto, replicate, or even supplement or surpass psychoanalysis' heteronormative obsession with the Oedipal parent—or the racist notions that somehow Palestinians, Arabs, and Muslims cannot but collapse into the most regressed and unidimensional versions of their deprived interiority (see L. Sheehi, 2019).

Whether from prisons or schools or family homes, the Resistance itself—its long tradition especially since 1967—provides a psychic source of reverie, of holding and containment of pain in struggle, a place where 'good objects' are held as organizing and affirming objects of Palestinian selfhood (see S. Sheehi, in press).

Hanan "Im 'Inad" al-Barghouthi was released on November 24, 2023, after three months of illegal detention without charges or trial—a practice that is common for the settler state now known as Israel. She is the sister of Nael, the longest serving female Palestinian political prisoner (43 years), sister of political prisoner Omar Barghouti (serving 30 years), and the mother of four sons, all of whom remain in jail under administrative detention, with no charges or trial. Upon her release, Im 'Inad describes the debasing conditions and degrading treatment of female prisoners by their settler colonial Apartheid jailers, especially since October 7, 2023:

> We were living in isolated confinement, shut off from the world. Sometimes a woman prisoner would come in and give us news. Sometimes we could get news from a small transistor radio. Every night they'd come in, take the radio. They'd beat us. They'd spray us with gas, because we were proud, and strong. We were deprived of food and drink. But our food was the people of Gaza. Our drink was the people of Gaza. We were deprived of air, but the air of Gaza reached us, with joy, dignity, and with absolute pride in the Resistance. From the smallest child, we embrace all of them [the Resistance and People of Gaza] with complete greetings, God reward them with goodness…If it were not for the people of Gaza, we would not have seen freedom. Even in the last minute before our release, they locked us in a horrible cell that was moldy, we were inside, eating bitterness. They were sadists. They insulted us and humiliated us, but our pride is high and our dignity is elevated, thanks to the Resistance. (TRT, 2023)

Settler colonial ideology with its 'psychic state of siege' prohibits settlers from imagining better worlds, and attempts, through psychic intrusion, and physical punishment to prohibit indigenous imaginations. The reverie of Palestinian elders, of prisoners like Hanan, and of parents like al-Khalidi and Abu Odeh, as well as that of the Resistance, refuses the siege and

facilitates life-sustaining imagination. In more concrete terms, as we heard from Hanan, the Resistance did not only free these illegally detained women and children from settler colonial Apartheid jails, but also, their news, whether from women prisoners or a small transistor radio, held and contained them under Israeli torture and abuse.

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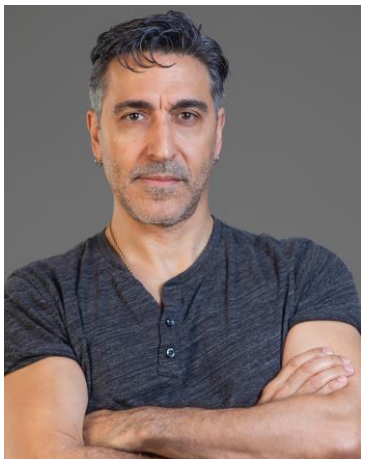

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NOTE FROM THE FRONT LINE

Revolutionary psychoanalysts with Palestine

Ian Parker* Red Clinic, https://redclinic.org/

ABSTRACT

This piece was prepared for a Red Clinic online meeting 'Palestine Solidarity: Speak Out/Talk Back' which took place in October 2023. The Red Clinic is a collective of communist mental health workers. This piece addresses psychoanalytic questions of the internationalist space we inhabit, the place of contradiction in our conception of the world, and the importance of time in our understanding of historical events.

KEYWORDS: Palestine; Gaza; solidarity

How do we revolutionary psychoanalysts respond to this crisis? There are a number of ways that we can think psychoanalytically about what is happening now in the ongoing genocidal attacks by the Israeli state against the Palestinians; and, remember, this is not only taking place against the Palestinians of Gaza, but also in the West Bank.

A first aspect that we focus on is to do with the space we inhabit as revolutionaries and psychoanalysts. Psychoanalysis is profoundly internationalist. It refuses to attach itself to particular nation states. That is something very clear in Freud's response to Zionist calls to support the nationalist project. Yes, he was subject to antisemitism, and, yes, he valued his heritage and identity as a Jew, but he rejected attempts by colleagues who had emigrated to Palestine to construct Jewish nation-state institutions in the name of psychoanalysis. Furthermore, the main funder of Freud's psychoanalytic publishing house in Europe, Max Eitingon also moved to Palestine and funded psychoanalysis there, and, a little noticed fact, Max Eitingon also gave significant funding to the Palestine communist party.

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A second aspect concerns contradiction. We have a small group supporting the Red Clinic here in Manchester, UK; a group of comrades from different parts of the world who have been active now in the Palestine solidarity protests. They are clear that not all Palestinians support Hamas, and not all Jews support Israel. Not all of us locals among them support the British state, by the way, and we aim to dismantle it. The point is that there is no such thing as a homogeneous identity—we are all divided subjects—and a culturally or ethnically homogeneous state is anathema to us. Our task is to oppose and to replace nation-state structures here at home and act in solidarity with our comrades inside the Israeli state who are opposing that state.

The third aspect concerns time. A potent ideological motif now is 'condemnation', what one colleague in the Red Clinic has termed the 'condemnation discourse' that freezes us and locks us into a permanent present. This has been voiced in recent commentaries in the mass media that explicitly refuse to step back from what happened in the Hamas attacks and insist that we stay, as they put it, 'in the moment', to dwell on the event to do justice to it. Psychoanalytic approaches to trauma are very different, analysing instead the conditions that bring about such violence. We analyse how this past projects itself into the future, and as revolutionaries we do not merely predict, but act. In the words of Marek Edelman, leader and survivor of the 1943 Warsaw Ghetto uprising, it is a case of 'always being with the oppressed, and never the oppressors'.

Now in 2023, after an event we could not predict and we are told to condemn, to condemn and do nothing more, we are in the midst of a slow drawn-out process of mass-murder by a racist apartheid state, mass-murder that we can prevent.

The Israeli state defines itself now in its nation-state law as a state of the Jewish people, nationalist, homogeneous, and set on condemnation and revenge. Additionally, it is dead set on continuing a process that commenced with the Nakba, wiping out the Palestinian people, driving them out of Gaza as the next step in this vicious process. To be silent about this is to be complicit in repression and oppression. Standing with the Palestinian people now must go beyond sympathy for them as victims, and build solidarity with them as active agents, with all of their contradictions, forging their own liberation.

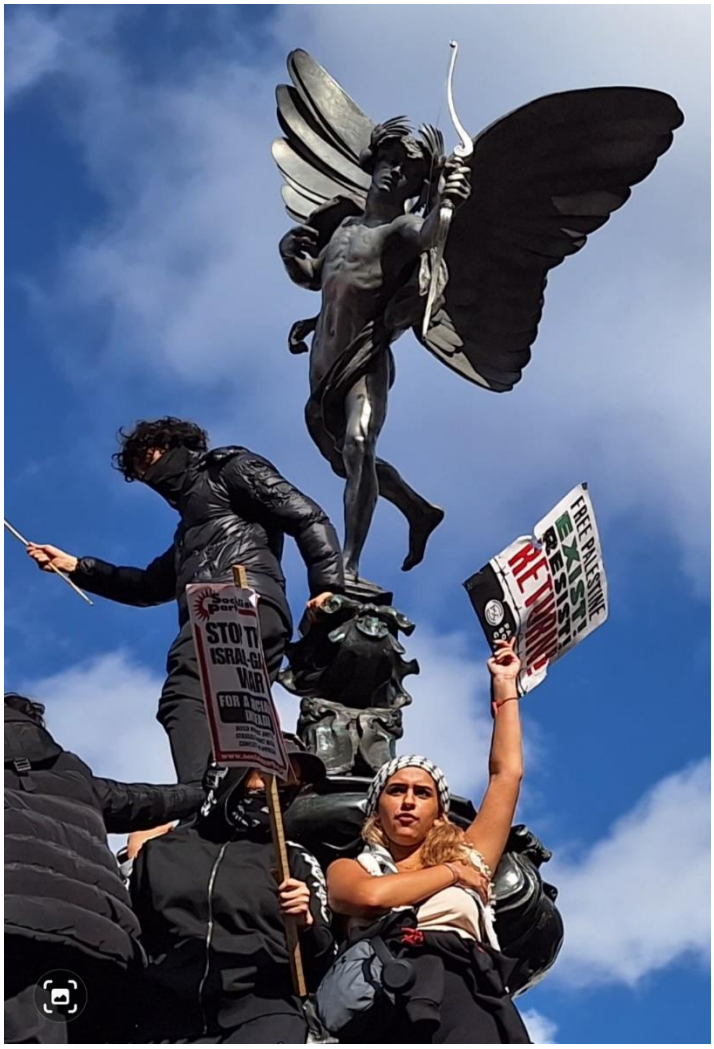
So, the Red Clinic stands in solidarity with the Palestinians against Israeli state terror.

STATEMENT

This statement was drawn up by members of the Red Clinic in preparation for our next public online meeting (date to be arranged), at which we would like members of different psychoanalytic organisations around the world to speak about the institutional obstacles and responses to the task of standing in solidarity with Gaza. Would you please sign, and be

part of the process of putting together a speaker list for the meeting. Please be in contact with us about this, as individuals or as psychoanalytic organisations willing to sign, at redclinicenquiries@gmail.com

Figure 1. London demonstration, 14 October 2023 (photo by author).



Psychoanalysis in solidarity with Gaza

We are members of psychoanalytic organisations in solidarity with our colleagues in Gaza, standing with Palestine against the genocide currently being waged by the Israeli state. This current onslaught, which has already resulted to date in the death of more than 10,000 people in Gaza, and many murders by settlers of Palestinians in the West Bank, is being conducted with the support of regimes in the global north that care nothing for human life. The Israeli state and those who deliberately abet it care nothing for those they portray as sub-human, and whom they tolerate, at best, as powerless victims.

We are also aware of instances of clinical practitioners inside the Israeli state siding with that state and causing obstructions in the contracted supervision of Arab psychotherapists, with consequent effects on already traumatised Arab patients. This is unconscionable complicity in oppression, a betrayal of the ethics of psychoanalytic practice. This context, as many international organisations and local Israeli organisations have declared for many years, is apartheid. Still worse are the proclamations of psychoanalysts inside and outside Israel that instrumentalise the 7 October attacks in order to support the ongoing invasion of Gaza.

Critical support does not preclude unconditional support for a people dispossessed of their land for 75 years (nor condemnation of the Hamas attacks). Ambivalence about organisations and slogans engaging in resistance does not warrant hypocritical 'neutrality' over the rights of the Palestinian people. Our task is to resist the ideological and state offensive carried out against the Palestinians. We call on our colleagues to dissociate themselves from the war on Gaza, and to state unequivocally that they will speak and act for Palestine. This is no time to be silent. Yes to resistance.

AUTHOR BIOGRAPHY

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NOTE FROM THE FRONT LINE

Emancipation and its discontents

Sophie Mendelsohn*  Independent researcher; founding member of the Collectif de Pantin

ABSTRACT

Based on two 'anecdotes', I seek to highlight the limits of emancipation in contemporary Jewishness from two different angles, and how psychoanalysis takes this into account: on the one hand, in relation to the identification required of diaspora Jews with the State of Israel, and on the other, in relation to the assimilation that has been imposed on many diaspora Jews.

KEYWORDS: emancipation; assimilation; Jewish self-hatred

Let me recall an 'anecdote' from a still recent past: on May 6, 2001, in Vienna, at the invitation of the local Freudian Society, Edward Saïd, the famous theoretician of orientalism, was to be giving a lecture entitled 'Freud and the extra-European world'. At the request of a number of members of this society, the invitation was cancelled two months in advance, in protest against Saïd's gesture, captured by a camera, throwing a stone at an Israeli post on the Lebanese border in July 2000, shortly before the start of the second intifada. The photo was published in *The New York Times*, and Saïd himself declared that he was having a stone-throwing contest with his son, and that it was a 'symbolic gesture of joy' to mark the end of Israel's 22-year occupation of Lebanon. Faced with the local scandal that this affair caused, the director of the Vienna Freudian Society at the time said he was 'sorry' about the situation, strangely disassociating himself from the decision that he had taken, before adding, in typical denial: 'it is not fair to believe that Mr. Saïd was refused because he is Palestinian', since everyone knew he was Palestinian at the time of his invitation. However, was it really known when he got invited? Isn't it rather at the moment when he is refused,

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and by this very act of refusal, that we are actually led to know that he actually is a Palestinian? Wasn't it then, and only then, that a few Jewish psychoanalysts in Vienna found themselves in a position to recognise, in spite of themselves, and then in a defensive mode, that it's not possible to be Palestinian, without being Palestinian—meaning that striving to think through the colonial condition that governs Palestinian existences, as Saïd never ceased to do, can only lead to acts aimed at breaking out of this condition, towards a political liberation.

However, it could also be that it was the subject of Saïd's lecture that was problematic, and that it was in fact a way, less immediately visible, to censor in advance what Saïd was about to say. It turns out that he was indeed following Freud's recommendation that his patients should learn to live without comforting fictions, for it is in the annihilation of such debilitating and dangerous chimeras that our only hope lies. What the story of Saïd's refusal in Vienna makes clear is that psychoanalysts themselves are not immune to the temptation to produce these kinds of comforting fictions: the blind defence of Israel as both the State of the Jews and 'the only democracy in the Middle East' is a version of what a comforting fiction can be which has found its full and deadly potency today. In this lecture, which finally took place in London at the Freud Museum a year later, Saïd argued that Freud's relationship with Judaism was eminently conflictual, from the psychoanalyst's final text, *Moses and Monotheism*, published after his death. Drawing on Freud's thesis, which he himself had been tempted to reject, that the founder of Judaism, Moses, was not Jewish but Egyptian, Saïd emphasised that Israeli legislation contradicted, repressed, and even annihilated the potential for openness inherent in Jewish identity, which stems from the divisions and fractures that constitute it. This led Jacqueline Rose, a British feminist literary theorist, who was discussing Saïd's lecture in London that day, to say that 'Israel represses Freud'... (Saïd, 2003, p. 66).

As it happens, Jacqueline Rose herself is Jewish, and she had the opportunity to testify to her own conflicted relationship with the State of Israel, for which she was sometime later branded a 'self-hating Jew', an accusation she fought against in an article in the English newspaper *The Guardian* (Rose, 2007). I refer all the more readily to her rather simple account of her way of coping with Israel, as it seems to me I could have written it myself:

> There was something strange about going to a country that was not my own, in the sense that I had no actual relationship with it—either personally or in my family's past—a country to which, as a result, I was not returning, but where to say so is already, in the eyes of the country itself, a reason for reproach. Not to return as a Jewish woman to Israel, not to feel a sense of belonging, not to recognise the very fact and existence of Israel as, in itself, a historical return, is to break every time the symbolic parameters of the nation.... It is a nation that desires its potential citizens in exile, the Jews of the Diaspora, to return to their homeland, with as much fervor as it banishes the former occupiers of this land and deprives them of their dream of one day possessing a State. (Rose, 1996, p. 2).

It is precisely on this point that Rose mobilises psychoanalysis, to help us, she says, 'understand the symptom of the State, why there is something within the very process founding the State as reality that threatens and overtakes it' (Rose, 1996, p. 2). In so doing, she echoes an indication given by Saïd in his first book, *Beginnings*, in which Freud already had his place, and which in a way links the psychoanalytical episteme to the knot of insoluble conflictuality that Jewish identity carries in his eyes, and on which its inherent potential for openness precisely rests. In the section of this book devoted to *The Interpretation of Dreams*, he situates psychoanalysis as a 'type of knowledge so devastating that it is unbearable to behold' (Saïd, 1975, p. 170). However, no comforting fiction can protect us from it, though. Additionally, if psychoanalysis, through its type of knowledge, can indeed give access to what in the very process that founds the State exceeds and threatens it, then it becomes possible to enter into the implications of Rose's lapidary formula, 'Israel represses Freud'. I would even go so far as to add, paradoxically, that as a Jewish state, Israel is probably the State for which Freud's repression is most imperative.

By imposing the agenda of an exclusive sovereignty based on the need for security, and by giving it the ethno-national form of a State paradoxically referred to the European model at the very moment when it was entering an endless crisis, Zionism structured itself on the repression of the colonial question. Ideologically, this repression is underpinned by an abstract universalism that allows us to ignore the social and racial system of domination that organises the political situation thus constituted. At the individual level, the precarious equilibrium constituted by such a status quo gives rise to a multi-layered denial that it's up to us to question. Octave Mannoni, a French psychoanalyst who confronted the colonial situation at first in an ambiguous way, and later had the courage to critique his own position, gives an early indication of what is involved in the decolonisation of oneself, which begins by rejecting the framework of thought imposed by universalism (see Boni and Mendelsohn, 2021; and www.collectifdepantin.org).

This involved a psychoanalytic return to the 'Jewish question'. He writes:

> At the beginning of my analytic practice I remember being tempted to tell a Jewish patient, who was having difficulties with his own Jewishness, that there really were no Jews, that it was just a word, a label that had been stuck on their backs—an indefensible interpretation, because even if the Jewish race has no scientific (or 'objective') existence, the problem raised for each Jew by his relations with non-Jews cannot be resolved, far from it, by this kind of denial. (Mannoni, 1966, p. 296)

Nor can be the problem every Jew faces on account of their relationship with Jewishness, particularly if it has been prevented by assimilation, considered as a result of the praised politics of emancipation. Refusing to give in to the temptation which would have consisted of declaring that being Jewish doesn't change anything, so as not to have to take it into account in his listening, he nevertheless notes that he could very well have given in to this if his patient had encouraged him to do so by solving the problem before it even arose—

'many Jews try this solution [the universalist solution] themselves, striving to assimilate with non-Jews and often succeed, provided that they pay a price for this negation in the form of anxiety and disorders of all kinds' (Mannoni, 1966, p. 296).

This observation is an invitation to psychoanalysts to take an interest in the subjective price paid for using this universalist solution against oneself. In order to appreciate the disorders thus created, we need to be prepared to understand that it is precisely the imperative of emancipation that requires a black person, Jew, or Muslim to assimilate in order to speak about the disorders it causes. Because if we do not speak about the disorders we are affected by, then what is the point of ending up on a psychoanalyst's couch? The extent of what is at stake can no doubt be gauged by considering the alternative that emerges: either psychoanalysis is reserved for those who do not risk undermining the universalist solution, to the exclusion of all others, and it itself becomes a de facto segregating practice; or psychoanalysis must actually be able to accommodate the anxieties and disorders of all kinds faced by all those who are likely to turn to it, and then it has no choice but to stop believing in the universalist solution itself, or at least to stop using it as a ploy to actively ignore the blind spots it has created—and Edward Saïd got a chance to know about it in a brutal way.

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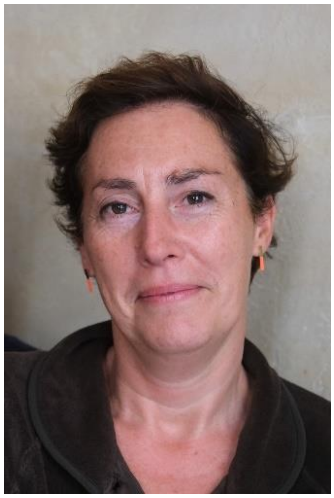

Sophie Mendelsohn practices psychoanalysis in Paris, France. She is a founding member of the Collectif de Pantin, which addresses questions about the clinical issues of France's colonial and post-colonial heritage, mobilising the theoretical tools of psychoanalysis in a political perspective. She is the author of articles and books on that topic, including the coordination of the recent *Psychanalyse du reste du monde. Géohistoire d'une subversion* [Psychoanalysis and the rest. Geohistory of a subversion] (La Découverte, 2023).