Invited Column: What is Psychoanalytic Activism?

The Psychology and Politics of Privilege

by Lynne Layton, Ph.D.

When I think about both political and psychoanalytic activism, one thing that comes to mind is the difficult but important work of becoming conscious of the ways in which we are situated in relation to privilege and lack of privilege. For me, this challenging task complicates the very question of what constitutes a political act. For example, one of the most pressing problems facing us today in the United States is increasing economic inequality. Despite the Democrats’ recent attempt to rectify this inequality by raising taxes on the wealthy—an attempt that, weak as it was, failed—my sense is that for years both political liberals and political conservatives have in fact colluded in sustaining the kind of recent anti-immigrant legislation passed in Arizona, seeing in it a clear example of conservative “us versus them” racism. But as a colleague recently pointed out, it is not the privileged who live in the neighborhoods or work in the jobs that are most affected by illegal immigration. My colleague made me question whether asking those directly affected to be more tolerant is in some ways tantamount to asking them to solve the problems of neoliberal capitalism that the privileged won’t address (e.g., the desire for cheap labor). What I am trying to say is that I think it is often quite difficult for those of us who are economically privileged to recognize our implication in the struggles of those who bear the brunt of the contradictions of contemporary capitalism. But without such awareness our political acts may in fact only exacerbate the social divisions we currently find in the United States.

What does this have to do with psychoanalytic activism? The therapist is always in a position of privilege vis-à-vis the patient, and that positioning brings politics into the clinic in many different ways. In her excellent inaugural column on the subject, Diane Ehrensaft challenged the myth that therapists who are activists...

Not naming this is itself a political act, one that protects privilege.

Many of the political problems now facing us demonstrate clearly how social and economic inequality can be inextricably intertwined. Thus, when economic inequality goes unnamed, even calls for social equality that look progressive can subtly contribute to the “us versus them” politics that mark our era. For example, many of us who live in middle or upper middle class communities have adamantly opposed the kind of recent anti-immigrant legislation passed in Arizona, seeing in it a clear example of conservative “us versus them” racism. But as a colleague recently pointed out, it is not the privileged who live in the neighborhoods or work in the jobs that are most affected by illegal immigration. My colleague made me question whether asking those directly affected to be more tolerant is in some ways tantamount to asking them to solve the problems of neoliberal capitalism that the privileged won’t address (e.g., the desire for cheap labor). What I am trying to say is that I think it is often quite difficult for those of us who are economically privileged to recognize our implication in the struggles of those who bear the brunt of the contradictions of contemporary capitalism. But without such awareness our political acts may in fact only exacerbate the social divisions we currently find in the United States.

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In January 2010, as I began my two year term as President of Section IX, I asked our members which issues related to our section’s mission were most pressing for them. Topics included: both domestic and international human rights; concerns for women and immigrants; torture with a particular focus on psychological torture; the military, military families and returning vets; continued engagement and support for the Gaza Community Mental Health Program; access to optimal treatment choices for mental health clients; multicultural perspectives; integration into Section IX and division leadership; and coalition building.

Some of these issues have been addressed by members within the section, others are being addressed by Section IX members outside of the purview of the group. For example, a vibrant listserv discussion considered prejudice against women, control of women’s bodies and the struggle for human rights. Members Jane Kenner, Marilyn Metzl, Susan Gutwill, Jane Hassinger, Marilyn Charles and Leanh Nguyen developed an exceptional roundtable panel entitled “Claims of Women’s Bodies and the Struggle for Human Rights” that was presented in October, 2010 at the Association for the Psychoanalysis of Culture and Society (APCS) conference at Rutgers University. Three of those papers appear on pages 4 and 5 in this issue of the Psychoanalytic Activist.

Health Professionals Against Torture, www.hpatcoalition.org, of which Section IX and Division 39 are coalition partners, is working on a number of activities that will be reported in future issues. Past president, Frank Summers is collaborating with others to develop legislation making the participation of Illinois licensed health professionals in torture illegal. Similar efforts are being led by Steven Reisner in New York. Ernesto Mujica has been working in collaboration with the Executive Board of the Division of Psychoanalysis in New York, to develop a “Psychologists’ Oath”. Jessica Benjamin, Virginia Goldner, Jane Hassinger, Steven Reisner and Charles Strozier are participating in a multi-disciplinary conference in NYC, May 13-15, 2011, entitled: “Bystanders No More: Psychotherapeutic Dialogues for the Politically Silenced.” www.trisp.org.

Jessica Benjamin, Nancy Hollander, Stephen Portuges, Jess Ghannam, are among Section IX members who are continuing collaborative efforts to improve human rights in Gaza. Skye Haberman has been addressing declining community mental health services in NYC. Donna Bassin continues her dedication to the concerns of military veterans. For the past three years Ghislaine Boulanger has been working with mental health professionals in New Orleans addressing the impact of Hurricane Katrina on their personal and professional lives. This project and a brief film documenting the work in New Orleans will be presented at the Division 39 meetings in April 2011.

In this issue of the Activist, Stephen Hartman reviews First Do No Harm: The Paradoxical Encounters of Psychoanalysis, War Making and Resistance, edited by members Adrienne Harris and Stephen Botticelli. As you will see from the list of authors on page 9, many members of Section IX have contributed chapters. Other recently published or upcoming books of particular interest to Section IX members include Uprooted Minds: Surviving the Politics of Terror in the Americas by Nancy Hollander and Elizabeth Goren, Beyond the Reach of Ladders.

Many of our members have commitments beyond work and family leaving them little time to participate in listserv discussions and projects. One way to share thoughts and generate community is through participation in the Division 39 Spring Meeting, April 13-17 in New York City. This year, Frank Summers and Rachael Pelz will be joined by guest panelist, Robert Lifton on our sponsored panel, “Why We Matter: The Experiencing Subject, Psychoanalysis, and the Clinging to Hope,” on Saturday, April 16 from 1-2:50. Our reception is on Saturday, April 16 from 6-8pm. This is one of the few ways we can actually enjoy each other’s company in person.

We have an active and inspiring board. We also hope to engage new members in assuming leadership roles in our section. Interested members are invited to sit in on our next board meeting in New York on Saturday, April 16 from 4-6pm.  

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The Psychology and Politics of Privilege
continued from page 1

indoctrinate their patients. I’m well acquainted with that myth and well acquainted, too, with the corresponding and perhaps even more dangerous myth that it is possible for therapists NOT to bring their politics into the consulting room. Not bringing politics into the consulting room is itself a mode of bringing politics into the consulting room—a mode that can conceal and protect privilege. Keeping politics out, for example, colludes with the broader societal individualist myth that the individual and the social are separable spheres—it can thus be considered a political act, one that further legitimizes the separation.

When I think about my own practice(s), I find that, although I am a psychoanalytic activist in writing and thinking, I often don’t allow the leftist “me” to enter directly into the consulting room. This is possibly because I fear being branded with the criticism Diane cites: the fear of “influence.” Yet some of my most memorable clinical sessions, sessions that broke new ground, were ones in which politics were explicitly discussed. In each of those cases it was clear that barriers—mine and the patient’s—had to be overcome before such a conversation could flow beyond an opening or closing remark. For example, “Can you believe Scott

continued on page 6
With lingering sadness and humility, the 18 authors in _First Do No Harm_ tell stories that describe how, after bearing witness to war, either as combatant or psychoanalyst, as Françoise Davoine writes, there is no going home again. It takes years to comprehend what happened, perhaps generations. This exemplary collection of essays, edited with grit and grace by Adrienne Harris and Steven Botticelli, chronicles this dilemma.

For soldiers, for their families, for prisoners of war, for the psychoanalysts who are leading the struggle to bring honor to the American Psychological Association, going home after facing war has many enduring effects that teach us about the overwhelming complexity of roles that we (as citizens and psychoanalysts) occupy at any moment. Does one return home outraged or crushed, emboldened or indifferent? Can one pick up where one left off? Or does one soldier on? And how?

I’m not going to take on the Herculean task of representing the wealth of experiences shared in this book nor of the gems found in each chapter. Most of the authors are readers of this newsletter, and I can’t do justice to each of their inquiries (See the Table of Contents on page 9). What I hope to capture here is the personal nature of the authors’ and editors’ contributions and the transformative role that writing played in the gift that they have given to psychoanalysis. To my mind, _First Do No Harm_ sets the standard both as exemplar of analytic social responsibility and as a primer on psychoanalytic writing.

Home: the word doesn’t appear in the index, and yet the concept of _home_ is central to just about every essay. If “who are you?” is the question that we and our patients ask as treatment progresses (Gaudillière, p. 25), “am I at home here?” is a question that begins on day one. Suddenly deracinated by the threshold I have traversed, I ask: Is this home safe? Is it honorable? Is it indeed mine? Am I at home in my nation, in my professional organization, in my class? In _First Do No Harm_, these questions are elicted through writing in a way that captures the essence of resistance to war-making. Lynne Layton reflects, “committed as I am to social justice, I have never been able to revel in open rebellion, and I still can’t” (p. 359) Yet, Lynne’s voice in print is a force to reckon with. Perhaps the betrayals of home have always given psychoanalysis its subject. In this collection of outstanding memoirs, historical inquiries, and theoretical initiatives, writing one’s way home gives psychoanalytic text its political heft.

In 1978, at seventeen, I returned to landlocked suburbia after an exchange student year in Johannesburg, South Africa. Initially, when I was placed in a family and school there, (having set my sights on learning Arabic or Swedish), I felt as if I had been drafted: sent as a teen ambassador to the Apartheid state that I had, already as a high school student, begun to protest. I went anyway, much as I imagine many young men my age went to Viet Nam, later Afghanistan and Iraq: ambivalent about my assignment, but glad just to escape home.

Of course, I was not a soldier sent to combat, and I would never conflate the two experiences. I’d seen racism at home in Cleveland. But, at the peak of Apartheid’s cruelty, witnessing oppression daily, and anticipating the inevitable raid by the security police on our home (an occasional station on an underground railroad), I saw war. Sue Grand captures the eros of it; it was horrific and exciting in equal measure. When I returned to Ohio, my high school friends and I spoke a different language. I never found my way among them again. I spent the night of my high school graduation watching the revelry with a mix of disbelief and envy, and I decided to go to college in Canada.

The struggle to describe the complex positions that one occupies on going home from war, as Davoine notes, forces a writer to imagine alternate ways of telling stories in the hope that the reader will truly hear the trauma, and that the writer will capture him or her without inflicting his trauma upon the reader for personal gain (a condition that Donald Moss describes with great empathy). As psychologists and psychoanalysts, this should seem an obvious element of working in the countertransference but, as the history of wartime complicity between the military and members of our profession shows, it is not.

What leads some of us who are committed to human development to assist in torture and others to expose it? How does one witness terror and then return to friends, to a country, or to a profession that stands aloof to war? If, when, and how does one disclose the personal transformation that led to political activism? From Wikipedia, I recently learned that Sheldon Wolin (1965), intellectual mentor to the Berkeley student revolt in the sixties, had been a bomber pilot during World War Two. This detail was never discussed with or among his students when I was his dissertation advisee and teaching assistant in political theory. What makes this particularly striking for me is that Wolin articulated one of the most profound historical accounts of the theorist as witness: yet, at least in the work that I am aware of, his critique of wartime complicity does not include what we analysts call countertransference reverie. The kind of soul-searching that we analysts do—and share—is striking by comparison. The authors in _First Do No Harm_ demonstrate the painful and heroic parallel process that is endured when solider and analyst face the enemy within our own ranks. As Harris and Botticelli write, “one cures with contaminated tools” (2010, p. xxi). The care of the self becomes one’s text, as Harris (2009) elaborates elsewhere. Yet, particularly when one is caught in _media res_, post-9/11, post-war trauma, bearing outrage and shame, acting _against one’s own home_, it is not always possible to assimilate this paradox. It is simpler to assail injustice than to occupy power’s multiple roles.

Harris and Botticelli built this complexity of roles into the book’s structure. _First Do No Harm_ is divided into four parts: psychoanalysis and antwar work; psychology’s militarism; war and militarism deconstructed; and resistance. This conceptual framework, much like a psychoanalytic frame, allows a more private set of dialogues to flourish within and among texts at the level of authorial voice. It invites a kind of textured layering of dialogic speech within any one author’s voice that, after M.M. Bakhtin (1985), is the discursive operation that grants what we psychoanalysts call _thirdness_ to narrative. It is a commitment to viewing an utterance as an action.

On close reading, each chapter in _First Do_ continued on page 8
I believe the current attack on abortion—an assault on women’s right to control their own bodies and maternity—tempts a scapegoat women, their sexuality and children. This assault is part of the “culture wars,” a right wing ideological movement intentionally meant to distract us from our anger at today’s devastating economic, social and political realities. As Jane Mayer reports, the billionaire Koch brothers secretly donate millions to movements, including the Tea Party, which call themselves “pro-life,” but are in truth dedicated to shaming women, threatening their human rights, and cutting the social welfare programs that support the reproduction of life.

Ideological disinformation makes us project our fears and rage—appropriate responses to the systemic violence done to us—onto social scapegoats, such as women and girls whose “sexual immorality” and pregnancies lead them to “murder babies”; illegal immigrants: “lazy” Black people parasitic upon welfare; and “greedy” public workers. Anti-choice rhetoric contributed to watering down the health care bill last year by dividing Americans, most of whom are either uninsured or oppressed by the huge expense of private health care, from uniting behind the bill. Limiting abortion rights is still central to the new Congress, with, on the one hand, its punitive rhetoric about pregnant women’s “sex crimes,” even in cases of rape and incest, and its cynical legislative efforts to withdraw funding for women and their dependent children, on the other hand. Poor women, especially those of color, face cruel domination of their bodies and pregnancies in hospitals, prisons, and the public health systems. But only when “the fetus” is in “the womb” is the right wing concerned about “their” welfare. The woman’s and baby’s lives are not the real issue.

I do not advocate abortion as a birth-control policy and recognize that the decision to have an abortion is often very painful for a woman; nevertheless, when birth control has failed and an abortion is often very painful for a woman; nevertheless, when birth control has failed and an abortion is often very painful for a woman; nevertheless, when birth control has failed and a woman is not prepared to nurture a child, I strongly support her right to choose. The current ideological assault on that right affects all women, those on the political right, as well as liberal women concerned about women’s issues. Moreover, in the face of war and domestic disregard for life and human rights, perhaps it is because people are being deprived of social power to protect life, that they embrace the “right-to-life” discourse, insofar as it purports to stand for life.

How can historically contextualized, feminist psychoanalysis, account for why people let themselves be swayed by the assault on reproductive choice? Feminist thinkers begin with the understanding that the development of capitalism “engendered” a split in society between production (the world of men and paid labor) and reproduction (the world of women and unpaid labor), along with the necessary ideological assumptions to justify this split. According to this ideology, because women’s bodies “naturally” reproduce, so too, women want, naturally and without reservation, to nurture their offspring. However, according to feminist psychoanalysts and social theorists from the 1960’s through 1990’s, human dependency on women, in a culture characterized by the denigration of and lack of social support for the work of reproduction, leads to a profound, narcissistic injury to men and women alike. Primitive defenses cause us to want to deny our dependency by projecting it onto others whose vulnerability we then despise, e.g. women, the poor, the needy, the racial “other.” In our world, rather than being truly respected, mothers are idealized as the “Madonna.” But when mother needs or requires something of others, she inevitably falls from grace, sometimes even being degraded from Madonna to Demanding Whore. Moreover, as Dinnerstein: (1963) argues, we envy the mother’s capacity to give, which is beyond our own control and inevitably imperfect; and so our own envy makes us want to destroy that “bad breast.” Feminist analysts of a more object relational school, such as Eichenbaum and Orbach, and Chodorow, suggest that mothers are unconsciously taught, both ideologically by the socio-symbolic environment and by their own parents and families, to inculcate the patriarchal/capitalist division of labor between men and women in the next generation. Thus, even as they provide nurture, women also pass along a gendered psychology in which they and their daughters are treated as objects rather than being “recognized” (Benjamin) as full subjects. Moreover, like Eve, women carry the taint, rather continued on page 5

In a seminar that I have taught for the last many years on Feminist Practices, Lisa Harris, an OB/GYN and the Medical Director at our local Planned Parenthood who was just finishing her PhD in American Culture, raised an interesting dilemma: Abortion providers work in highly stressful circumstances. Their lives are disrupted and threatened daily, based on the very service they deliver. They face stigma attached to abortion, the pain in the lives of the girls and women for whom they care, and the often disturbing physicality of abortion.

Yet compared to other medical professionals, they are a group about which we know virtually nothing. Almost no research has been done on the experiences of abortion providers. Very few narratives exist, with the exception of one recent remarkable memoir by Susan Wicklund (2007). For one thing, abortion providers fear that if they reflect openly on their experiences, they risk being perceived as disloyal to the feminist movement and pro-choice politics. Talking about abortion is ‘dangertalk’—carrying the potential for igniting conflict with the feminist political movement with which many identify, risking rupture with family and friends, and increasing attacks from the pro-life movement.

Lisa’s dilemma was this: feminists ask and expect abortion providers to carry these burdens and this knowledge in silence, and she worried about the resulting psychological suffering of her colleagues and staff. I worried about my own complicity with this silence, sensing this silence as symptomatic of a disastrous rupturing in our society and in our collective capacities for holding the hurt, rage, sorrow, and anxiety associated with fighting for women’s human rights without resorting to paranoid polarization and splitting.

Case in point: Emily Bazelon, author of “The New Abortion Providers” (NY Times Sunday Magazine, July 10, 2010) was begged not to mention names or to identify the major funder for abortion training programs. Providers’ silence can be
In this brief paper, I hope to convey my experience last year of creating a committee of dedicated women. I am very grateful to the Section IX listserv for being there—for serving as a conduit so a lone individual like me can make contact with others. Although I had previously been quite outspoken about situations that struck me as unjust, I had acted on my own. In 2009, after raising two children and devoting years to becoming a psychologist and psychoanalyst, I was ready to engage with all the pressing matters in the outside world when I joined Section IX.

In becoming a participant, I felt like I was diving into, making an exhilarating but frightening arc into a world of strong opinions. I felt both the safety of being reduced to the disembodied linearity of the internet and the fear of crashing into silence and a sense of defeat if my heartfelt words went out there and there was no response (Teitelbaum, 2010). Initially, I threw my energy into opposing Division 39’s active support for Melba Vasquez’s candidacy for APA president. But I was really born as an activist on January 1, 2010, when I wrote an email to the listserv stating my distress/anger/disillusionment at the attitude toward abortion I detected during the Senate debates on Obama’s proposed health care reform. The word “abortion” seemed like some sort of hot potato tossed back and forth among senators, yet disconnected from human beings—i.e. women—and their struggles and concerns. I could not stomach—or should I say I could too easily imagine!—how expendable and forsaken thousands of women in need of abortion were being made to feel.

In calling attention to reproductive rights, I was wary about venturing outside the bounds of the psychologists-and-torture theme that had riveted Section IX. But I got wonderful responses; I heard from women who resonated strongly with others’ words.  I became interested in corporations’ “ownership” of individual human genes and the resulting prohibitive cost of treatment for women with certain types of breast cancer. Marilyn M, President of Section III (Women), wanted to share her outrage at the “clean” (as opposed to brutal) oppression of women in the US and discussed an article about the objectification and sexual exploitation of teenage girls by high school boys. Leanh questioned whether she, a human rights advocate, belonged in a round table on the control of women’s bodies and decided, yes, she would address the importance of taking the reproductive rights outside the category of “women’s issues” and broadening it into part of the struggle for human rights worldwide.

As for me, I asked my “eternal questions”: Why are women hated? How can we address the psychological reality that the twofold power of vaginas, as source of life and of sexual pleasure, generates primitive fear and hatred in both men and women, especially in regard to mothers? For a sense of what faces anyone who wants to change the way women are treated, I refer you to a passage by Lacan, quoted in Chassegut-Smigel’s final book (2005, p. 72), which was greeted with astonishment when I read it aloud. I am proud to announce that our round table was deemed a great success, and in closing I ask all my readers to share their thoughts about the course to be taken next.

The mother’s desire is not something that can be tolerated just like that, that you are indifferent to. It always causes damage. A huge crocodile between whose jaws you are— that is the mother! You never know what may suddenly come over her and make her shut her trap. That is the mother’s desire. So then, I tried to explain that there was something reassuring. I am telling you simple things. I am improvising, I have to say. There is a cylinder (rouleau), a stone one of course, which is there, potentially, at the level of her trap, and it acts as a restraint, a wedge. It is what is called the Phallus. The cylinder protects you, if all of a sudden, it snaps shut. (Lacan, 2002, Seminar VIII, p. 14)

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“Get Your Laws Off Our Bodies,” continued from page 4

than the pleasure, of sexuality, and with it, shame and disgust. These theories help to explain why and how it is that women, their sexualities and their bodies all become targets of projection which then are easily scapegoated. Denial, disavowal and even dissociation are defenses employed throughout this process.

In practice this leads anti-abortion activists to attack vulnerable women, by (a) threatening women who seek abortions; (b) requiring their doctors to shame them by insisting that they—even the very young—look at their fetuses; and (c) demanding that young women notify their parents and obtain parental consent, even when the preg... continued on page 6
nancy is a result of incest or rape. “Some pro-lifeers systematically support and organize violence: bombing, murder, arson, harassing phone calls, stalking, kidnapping and even assault. Their so-called “crisis centers” knowingly give misinformation to pregnant women, such as that abortion and birth control lead to breast cancer and sterility. These policies are not “pro-life.”

At present we increasingly fail to be a society that recognizes or supports women’s work or that honors Winnicott’s idea that “there is no child without the mother.” Instead, we are a society whose ideology, political economy and gendered psychology all combine to teach us to despise women, rather than to grieve the truth, that dependency is a necessary human condition, and therefore, achieve the capacity for the depressive position. Only then can we honestly believe that life is sacred. They describe rituals of reverence for the fetuses. Providers’ responses are frequently far more nuanced and morally complex than the rhetoric would have it. They struggle daily with basic human responses to intimidation, disgust, the suffering of others, violence, neglect and abuse of women and children, and the moral quandary that arises with inflicting pain on another and the stopping of a beating heart. They struggle to retain a sense of moral agency and leadership. And they fear for the lives of their patients and their own.

Perhaps not surprisingly, the silence that providers keep in their lives extends to their workplaces. Many of these stories were narrated for the first time, even though the experiences occurred in the teams. Silence is not as selective as we might imagine; compartmentalized experience is to a large degree dissociated and dispersed among members of the group. They didn’t talk with one another either. We witnessed how participants held different parts of stories that only become coherent when discussed out-loud in the group. Although members reported feeling better, more hopeful, and engaged as a consequence of the group experience, perhaps the most remarkable development occurred in and to the groups themselves. The groups became sites of healing—where traumatic memory is metabolized, affects are managed, and knowledge is generated. Participants pointed to greater connection, a sense of family and esprit de corps, as well as re-engagement with abortion politics on the local and national levels. (These effects appeared to be robust after a year and a half.)

I had an abortion, just two months after the 1973 Roe v. Wade decision. My daughter was born 11 years later, when I was prepared to be a parent. My college years were defined by three passions—rhythm and blues, fighting for the end of the war in Vietnam, and campaigning for safe and accessible abortion on demand. In 1973, when Lisa (the OB/GYN) was just 12 years old, most of us were elated. Carol Joffe, author of Dispatches from the Abortion Wars, observed then, the majority of Americans regarded abortion as a positive, moral advance in our society. Now women are succumbing to “obligatory guilt” and shame, and providers struggle to validate and de-stigmatize their clients’ choices.

My esteemed colleague at the University of Michigan, the historian Carroll Smith-Rosenberg has noted: “At times the issue of abortion lies quiescent… but at other times, forces within a society catapult (it) …to a position of political and moral centrality, transforming the acts of the bedroom and the doctor’s office to the most public arena. At such times decisions surrounding abortion become the central drama of culture, a play dealing with basic fissures in the social structure, one that raises fundamental issues concerning the distribution of power and the nature of the social order.”

Abortion providers work inside those fissures.

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DANGERTALK:
Voices of Abortion Providers
continued from page 4

understood as a habitual, adaptive response to overt and subtle threat, as well as to the daily experience of performing one version of society’s dirty work. Abortion workers are not seen and not heard.

Out of her worry about her staff and the traumatic effects of their work and its burden of silence, Lisa asked me to facilitate a group workshop. I agreed, and we embarked on the “Providers’ Share” Project. We have now completed two threesection groups in the Midwest and Mid-Atlantic, one modified project in Ghana, and are rolling out three more in large metropolitan areas on the east and west coasts and one in the south.

Our pilot project produced remarkable narratives from providers who spoke about their experiences with abortion for the first time. They spoke of their fears—of violence, of rejection by family members and in social relationships, of the potential harm to their children via actual attacks or shunning, of medical marginalization and devaluation. They spoke about their resentments—that they are overwhelmed by their work and other’s constructions of their work. They lamented the state of the movement—one from which they feel disconnected, both because the demands of their work make politics impossible and because they don’t find their experience reflected in the dominant discourse. They...
The Psychoanalytic Reporter:

Editors’ note: In the Fall 2010 issue of The Psychoanalytic Activist, Annabella Bushra, Maria Lechich and Susan Mailer wrote about their experiences working with survivors after the earthquakes in Haiti and Chile. An account by Elsa First and Michèle Bartnett about similar work arrived too late for that issue, but it was in time for us to mark the first anniversary of both those events. Meanwhile, Susan Mailer and her colleague Ana Lia Stutman recently returned to Conception and give us an update.

Constitución Revisited

by Ana Lia Stutman, Licensed Child Psychologist

(translated by Susan Mailer, M.A., Psychoanalyst)

In November we took our second trip to Constitucion having received a new proposal from the headmaster of the school. Originally we had thought we would continue our consultations with the children we had seen in June, but instead we were asked to interview high school students who were doing poorly academically and showing signs of post traumatic stress. We agreed to go, concerned about the pressures these adolescents were experiencing, especially in light of their upcoming University Entrance exams. Luckily, we were able also to schedule a meeting with the children of our first visit, as well as their parents. The school principal informed us that the parents had become more involved in school activities, working with teachers to help their children cope with the after-effects of the earthquake. Those children with serious emotional problems were being treated on a weekly basis in a nearby city.

This visit involved working with 18 adolescents whose ages ranged from 15 to 18, in a series of four sessions – two group meetings and two individual sessions. We first listened to them in open interviews without making direct references to the earthquake. They seemed to be more distant, at least consciously, from the events that had shaken the society in February. Time had helped them return to their psychosocial adolescent concerns, and it was interesting to observe how in the midst of a barely reconstructed city they were preoccupied with usual adolescent themes such as fear of the upcoming SAT, and anger at their parents and school authorities. After the initial interview we were able, in group sessions, to work with the stories these kids had to tell.

We defined three main groups of kids:

a) Those who had maladjusted families, with a missing father and over-worked mother, suffered from lack of acknowledgment from their parents, especially from the missing one.

b) Those who came from families that had been struck by secondary effects of the earthquake, such as unemployment, lack of housing, loss of personal property and home, were forced to live in cramped conditions with relatives, often separated from several members of their families. Overcrowded conditions and the interfamily conflicts that erupted produced a lack of attention to the youngster’s needs, many of whom became the supporting pillars of their families.

c) Those with previous character pathologies were left without protection and in precarious emotional states, which led to more symptoms such as impulsivity, anger, and serious acting out.

Our experiences with the children whom we first saw in June and the adolescents with whom we came into contact in November differed in interesting ways. The young children were able to express their fears of relived trauma through play and drawings. Their defenses and environmental supports were condensed and expressed through play even though we usually didn’t have much access to verbal accounts. They used magical resources while playing and were usually more protected by the adult community.

Our contact with the adolescents showed a different picture. They spoke of hunger and shame at having to ask for food, fight for the government aid, and at having to accept used clothes. Many of them had to take on a supporting role in their family putting aside their own needs. In general they were left to deal with their fears in silence and it was only through their acting out in school that adults and teachers were able to come to their support.

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Earthquake Relief in Brooklyn

by Elsa First M.A. and Michèle Bartnett, Ph.D.

Ten days after the earthquake struck Haiti in January 2010 we met with a group of Haitian employees at a Brooklyn hospital at the request of the hospital director. By mutual agreement we held four meetings, each session lasting an hour and three quarters. We met first on January 22, then at two to four week intervals, ending after Easter. Our group averaged 16 attendees (14 women and two men). Some dropped in when they could while others attended regularly as their shifts and responsibilities allowed. They represented a heterogeneous selection of hospital workers -- practical nurses, nurses in critical care, cardiology, respiratory medicine, and geriatrics; hospital orderlies, security staff; and social workers. Most of them knew only a few others in the group, yet they showed remarkable solidarity, warmth and helpfulness to each other from the start.

Perhaps the most positive effect of these groups was to communicate the concern that the hospital administration felt for the plight of the Haitian emigrants on their staff. The fact that we were prepared to travel from Manhattan to run the meetings also showed our respect and concern for the group.

At the first meeting, the group consisted of members who had been in touch with relatives and others who still did not know the fate of relatives in Haiti. For those who had managed to be in phone contact with their families, some had lost their homes while others had learned of the death of one to multiple family members. One by one, they shared their own shock and disbelief, their identification with the sufferers, anguish at not being able to offer immediate help by being in Haiti, and distress over their own helplessness.

One member, Marcelle, became a focus of intense concern because she appeared nearly catatonic with shock at having recently learned
The Psychology and Politics of Privilege 
continued from page 6

jar with from his years of being scapegoated as a gay boy in homophobic schools. He told me that it was the first time in analysis that he had experienced not being the pathologized other. For this patient, the frame of analysis itself, in which he talks about his problems and I don’t talk about mine, sustained his feeling of inferiority in relation to my privilege. In this case, talking politics not only brought more of our selves into the room, but also challenged the norm of healthy analyst/sick patient that in fact was contributing to a repetition for this patient. Breaking with two norms of the field by allowing myself to be in a place where the patient and I could engage with each other as “equals” led to analysis of the different ways in which each of us were implicated in creating and sustaining a particular kind of frame—and this analysis critically changed the treatment.

Alongside the fear of influence is also a fear, I think, of being “extreme.” In a book on sexual regulation and the limits of religious tolerance, Jakobsen and Pellegrini (2003) describe a dominant social subject position that they call the “tolerant middle.” They show how pleas for tolerance and moderation often conceal commitments to a particular value hierarchy and a conviction that normalcy lies on the side of the tolerant (as in the earlier mentioned immigration example). The “tolerant middle” values self-control and devalues strong displays of emotion, particularly within the political field; for the “tolerant middle,” political demonstrations, pro- and anti-abortion, for example, are labeled “extreme” and then dismissed as illegitimate forms of political action. I thought of this when contemplating what to write here because I think the mental health field shares some of the norms of the tolerant middle, particularly the norm of moderating/modulating emotion. But in instances in which people are suffering from various kinds of social and economic inequalities, perhaps what is required of us is less tolerance and more affirmation of our patients’ understandable rage and “extreme” reactions.

Our angry patients know all too well that they have to function within the norms of the tolerant middle to get any recognition for their complaints at all; they simply can’t do it. An African American patient of mine feels she has to take Paxil to keep her anger in check, an anger that so often has made her lose jobs and become even more invisible than she already feels she is. When working with her, the tension I feel between what is just and what is possible given social realities is sometimes hard to bear. Will our work help her moderate her emotions so she can be heard? This may well be the best thing for her, but something about that solution makes me feel uneasy and complicit. I have been wondering whether and in what cases legitimizing the value of moderating emotion is a political act, one that, again, might protect the privileged and mark the non-privileged as “other.”

As the above suggests, politics enter the consulting room in many ways besides direct political discussions. Diane spoke of some of those ways, for example, supporting those patients who are despised for their difference -- again, refusing to be neutral about the prejudice to which our patients have been subject. Another way, one that I have been engaged in writing and thinking about for awhile, involves how our own unconscious racism, sexism, classism, etc. show up in the clinic and how important it can be to bring those moments into the process and subject them to analysis. Many academics and analysts have drawn on psychoanalysis to understand cultural phenomena. But it is perhaps only in the wake of contemporary theory’s engagement with countertransference enactments and with the impact of the analyst’s subjectivity that analysts have begun to take a closer look at how we unconsciously “perform” particular cultural values like the ones addressed above, and how we sustain particular cultural hierarchies in the clinic. I have been interested in exploring what I call normative unconscious processes, that is, unconscious patient-therapist collisions that legitimize some of the very norms that have caused us and our patients pain in the first place (class wounds, the wounds of sexism, race wounds). The clinical literature that has taken up such issues in the past twenty years (much of which has been written by members of Section IX) shows how important it is to be alert to the ways we unconsciously enact cultural norms in the clinic such as those that legitimize separating the psychic from the social or that involve the splitting and subsequent gendering, racial, classing, and sexing of human capacities like dependence and independence. Here, too, the focus is on being aware of how we and our patients are differently but mutually implicated in the same cultural mess.

In conclusion, psychoanalytic activism, like political activism, is probably most effective and authentic when we are able to acknowledge and work with the multiple ways we are placed and have placed ourselves in relation to privilege and lack of privilege. For what we do and have done with those positionings are, in important ways, political acts that deeply mark both our identity commitments and our conscious and unconscious engagements with others.

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Writing Home: On First Do No Harm 
continued from page 3

No Harm examines torture both as monologic form and as dialogic narrative through a play of discursive tropes. There is a remarkable play of third-person and first-person voices in each essay, rendering the uneasy conflict with a professional selfobject analytic text. Each author deploys a self-circumspect collision of narrative styles (a kind of writing that Bahktin called heteroglossia) to bring the reader to the front – and home again. Home being found in a position of resistance.

Witness the editorial voice, the contextualizer, the facilitator, and the op-editor. As authors move among voices, we read histories of ideas that circle among histories of political advocacy. The case write up is activated as a form of professional theatre. Sometimes the words speak for themselves, telling it like it is, doing and being the violence that was done. Other times, the case write up bears the irony and tension of the author’s expertise. The same occurs when autobiographical narrative is used to reveal the self as instrument of both interrogation and resistance. The perverse pleasure of writing well about something awful captures what Eyal Rozmarin deftly names living in the plural. Historical examples reverberate in contemporary scripts where matters of being at home in one’s
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First Do No Harm: The Paradoxical Encounters of Psychoanalysis, Warmaking, and Resistance
Edited by Adrienne Harris and Steven Botticelli
Routledge, Relational Perspective Book Series

Table of Contents
Part I: Psychoanalysis and Antiwar Work: Healing
1. Where Is the “Post” in Posttraumatic Stress Disorder? First Impressions Working With Iraq and Afghanistan Soldiers
   Tom McGoldrick
2. Men Learn from History that Men Learn Nothing from History
   Jean-Max Gaudillière
3. The Psychoanalytic Politics of Catastrophe
   Ghislaine Boulanger
   Nina Thomas

Part II: The Paradox: Psychology’s Militarism
5. Psychologists Defying Torture: The Challenge and the Path Ahead

References:
* All citations are to chapters in Harris and Botticelli (2010) unless otherwise noted.

convictions become political enigmas. Documentary approaches reveal the subtleties of listing crimes and undermining them as craft. As in the still unsolved case that Errol Morris documented in The Thin Blue Line, the facts of complicity with torture that are presented throughout First Do No Harm take on the moral authority of narratives that can no longer be presented as factual. To write about bold truths with clarity in this ambivalent way requires the kind of razor sharp ear with which Neil Altman pens his one-person play (p. 146): “Hold your horses! Listen to your tone of voice.”

We can choose to hear the contradictions, the paradoxes, the underlying defenses—or, not. We can reveal our own struggles, motives, agendas, contradictions—or, not. To this end, I want to note that every chapter in the book pits complicity and resistance in a dialectical tension without casting them in what Jessica Benjamin calls a doer and done-to complementarity. This is achieved by an unstates ruse that sounds something like: I could have written about it this way, but I wrote about it another way. It helped me find my way. And I feel that I must share it with you. The end result is a heroic text that brings the reader to the battlefield and home again so that we may understand the role of soldier as well as those of historian, activist, and psychoanalyst.

Writing Home: On First Do No Harm continued from page 8


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Stephen Soldz
6. From Resistance to Resistance: A Narrative of Psychoanalytic Activism
   Steven Reisner
7. Torture and the American Psychological Association: A One-Person Play
   Neil Altman
8. Violence and American Foreign Policy: A Psychoanalytic Approach
   Frank Summers

Part III: War and Militarism Deconstructed
9. Psychoanalysis, Vulnerability, and War
   Eli Zaretsky
10. Casus Belli
    François Davoine
11. Combat Speaks: Grief and Tragic Memory
    Sue Grand
12. War Stories
    Donald Moss
13. Notes on Mind Control: The Malevolent Use of Emotion as a Dark Mirror of the Therapeutic Process
    Ruth Stein
    Nancy Caro Hollander

Part IV: Resistance
15. Living in the Plural
    Eyal Rozmarin
16. The Politics of Identification: Resistance to the Israeli Occupation of Palestine
    Steven Botticelli
17. Dread is Just Memory in the Future Tense
    Adrienne Harris
18. Resistance to Resistance
    Lynne Layton

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Earthquake Relief in Brooklyn
continued from page 7

of the loss of her brother and seven nieces and nephews. About an hour into the group, she slowly began to speak and said that her medical doctor had told her it was better not to talk about the earthquake so as to forget what happened. Members of the group soundly voiced their disagreement with her doctor’s advice, encouraged her to speak, and were able to provide her with the support she needed. Members who had not been able to contact family in Haiti were grappling with the dilemma of ambiguous grief.

In each meeting, the discussion revolved around reports about the current state of survivors. The themes presented evocative metaphors for the group’s own states of mind and the struggle to process shock and grief. At the same time, some members were trying to understand why this had happened to them. Was God punishing them for something they had done? Each time questions such as these emerged, the group was quick to offer support and reassure members that the tragedy had nothing to do with them. Perhaps as a defense against the guilt they were feeling for not being able to do more, feelings of resentment and anger emerged. These feelings were projected onto the inadequate rescue efforts and longstanding government corruption.

When such scapegoating and suspicion did appear, it could also be dismissed and replaced with heartfelt expressions of cultural loyalty, solidarity, gratitude for help given, and a return to the recent experiences of the group members, which allowed them some agency in listening to and supporting each other.

Over several meetings the group helped one another reconcile to the fact that the best they could do was to remain in the United States earning “good money,” which they wired to relatives in Haiti when it was possible for family members to receive it. During the final session, the emergent theme was concern about loved ones not wanting to leave their destroyed homes. Stories were told of relatives in Haiti who were camping out in the ruins of their collapsed houses, several in Port au Prince. These survivors had the opportunity to move back to their “country,” as people called the village they came from, or to other relatives’ villages. When their relations in New York City urged them to go where they could get shelter and care, they refused to leave. Instead, they insisted that they wanted to stay in their places, where they belonged, even if their homes were demolished. They would wait for it to be rebuilt, although there was no sign of when rebuilding would begin or reach them. They were afraid that if they left their plots of land others would come and take them away for there was no longer a way to prove their ownership. No one had papers any more. These “stubborn” ones in Haiti were insisting on their right to camp out on the sites of their grief, keeping their identities linked with what happened along with the evidence of their losses. The group saw the “stubborn” ones as exasperating, but defended them understanding the deep protest and just expression of resistance and steadfastness in their “ignorant” behavior.

By the last session, some had plans in place to visit Haiti soon and they spoke of trying to prepare themselves to face the devastation and of fears for their own safety. Others could not visit because there was, as yet, no place to stay. Despite all our preparation, the group claimed to be surprised that this was our last session. We reviewed where they had been and the changes they had made. Marcelle proudly announced how grateful she was to friends who encouraged her to come to the group and how much it had made a difference for her. Others let themselves share very poignant personal material again. They shared tales of who survived and who didn’t along with images of narrow escapes by several children but also of children left behind. Now the group was suffused with their present grief, and we felt they were doing what we had come to facilitate, the group was containing its members’ pain. They reported that in Haiti now, in the absence of needed shelter and mental health providers, people were comforting each other much like they were doing together. A last word was offered by a social worker attending for the first time. She said that when rebuilding was started there would be many more dead discovered in the ruins. “As bodies are found there will be fresh grieving, so the grieving is not over. There will be more to come.” She had, we thought, intuited what the group needed to hear, permission to move on at their own pace.