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IFPE 2022 President's Address:

Psychoanalytic Thinking and Having an Impact in a Divided World

Laurence Green, PsyD, LCSW

I want to start by telling you about a research experiment (Egyed K., Kiraly, O., Gergely C., 2013). There are two toys in front of a toddler. There is an interesting blue one and an interesting red one. An experimenter walks in and says, "Hello," and really spends time trying to connect with the toddler. He tries to attune to the toddler's experience. If the toddler seems fussy, the experimenter says, "Oh, you look worried." If the toddler smiles, the experimenter smiles back and says, "You seem happy." Once the experimenter feels like he and the toddler are connected, then the experimenter says, "Wow, look at those toys. This blue one is wonderful; I really like it! This red one, I don't like it at all — yuck!" The experimenter says goodbye and walks out. Then a second experimenter walks in and says, "Hello. Can you show me a nice toy?" And the toddler points to the blue one, indicating the child learned which one is the nice toy.

They do the experiment again with a different toddler. The adult comes in and does not focus on the toddler but instead focuses on the toys, saying, "I really like this blue toy; it is really wonderful! This red one is awful — yuck!" The first experimenter says goodbye and leaves. The second experimenter comes in and says, "Can you show me a nice toy?" The toddler looks at the toys and is not sure; most of the time, he or she does not indicate they have a preference. OK, so it appears the first child learned what a nice toy is and the second did not.

This experiment suggests that what took place is that the experimenter connected with the toddler, and the toddler felt seen by the adult: understood, thought about, etc., or what some of might call “mentalized.” This led the toddler to become invested in the experimenter’s perspective. It is through the experience of feeling seen or mentalized that led the toddler to develop trust in the adult. And as a result of the experimenter connecting with the toddler, a learning highway is opened. This has been referred to as epistemic trust. Social psychologists Gergely and Csibra have theorized that what allows the recipient, in this case a child, to learn requires relaxing our innate, natural epistemic vigilance: the instinct to be cautious about others as a way to protect ourselves.

Humans have evolved to both teach and learn new and relevant cultural information, and this information is successfully passed on when there is the development of what is called epistemic trust. Epistemic means knowledge, so trust in knowledge. Gergely and Csibra call this the *theory of natural pedagogy* (Csibra & Gergely, 2009). They say it allows knowledge to be passed on quickly, and this ultimately enables humans a short cut to new knowledge rather than having to reinvent the wheel each successive generation through trial and error learning.

This is what I want to talk about today. On what basis do we learn to trust the information coming from others is valuable and worthy of believing? And if we understand this, can it then help us in thinking about how to approach others with divergent points of view, whether this be in psychoanalysis or even politics?

Over the past few years, I have been focused on this concept of epistemic trust in a way that I had not done before. I find myself noticing this in a lot of situations. For example, I was watching a story on the news magazine show *CBS Sunday Morning* about developing healthy school lunches. The segment was about top chefs coming into a school district to develop healthier school lunches. They wanted to offer more nutritious meals than chicken nuggets and French fries with ketchup qualifying as the vegetable. But the challenge was, could they make something nutritious, within the school budget, and something the kids would be interested in eating? In this piece, they had several chefs make food for the kids. Items like hummus and celery sticks. They showed one chef talking to the kids and taking an interest in them, then introducing the food. And gosh darn, when the kids tried his food, they said things like, “Huh, pretty good. I like it.” Whereas, with the chefs who were not focused on the kids, the kids looked at the food suspiciously, and when they tried it, they said they were either indifferent or outright didn’t like it. And I thought, “Wow, there it is! There is epistemic trust in action!”

Relatedly, I think I can look at myself and see that the reason I gravitated toward analysis — and developed a preference for a certain school of analysis — is because I felt seen and understood by my analyst. I then gravitated toward psychoanalytic theories that I felt matched that experience. As a result, I felt strongly that the way my analyst was doing therapy with me was the right way to do therapy. For example, my first analyst really focused on negative transference. He would focus on how the things I struggled with were coming up in our

relationship, and that I needed to be able to confront him with my feelings, the feelings he felt I needed to keep out of my awareness when I was growing up. Therefore, when I would read psychoanalytic articles that had this theme, I would think, “Now this is a good article.” When I would read articles or listen to presentations that had no reference to negative transference being vital in the analysis, I would think, “Wow, they are missing it.” I think this is parallel to the experiment I started with. My analyst connected with me around the blue toy, so I learned the blue toy is the good toy.

Here is another example. I had one teacher who said the main point of the Dora Case was in the postscript when Freud (1905) realizes he failed to recognize the transference, and that he can now use that realization as a tool for imparting understanding to the patient. And I thought, “Fantastic, here is the origin of the work that has helped me and that is essential for psychoanalytic therapy.” But then I had another teacher who felt the most important point to take away from the Dora case was that Freud had failed to empathize with Dora. And I remember thinking, “Oh my, he is missing the most important takeaway about the Dora case.” In this situation, my experience of my own analysis predisposed me to thinking the first teacher was right and the second teacher was wrong. Maybe if my analyst focused mainly on understanding misunderstandings, and his main effort was about attuning to differences, I might have felt the second teacher was right and the first was wrong.

I think this is how we develop our psychoanalytic preferences. We observe this all the time in psychoanalytic discourse. We watch our friends and colleagues go, “Ooh, that is good,” or

“Yuck, I don’t like it.” I know I have done this. It’s the adult version of preferring the blue toy over the red toy.

We mostly talk like it’s the intellectual argument that determines whether we agree or not. We want to talk about the superior cogency of the theory we believe in. But maybe that is not why we actually believe in it. Rather, I am suggesting it is because we feel understood, or it reminds us of the kind of understanding we have received. I think we see this in politics as well.

This can be looked at as an explanation for why people don’t seem to change their minds as a result of being confronted with facts. We see people denying that the South seceded from the Union to protect slavery, or we see people who support Trump in his denial of the results of the 2020 presidential election. I am suggesting that there are powerful emotional bonds and experiences that are involved in the positions we hold.

I sit at home watching someone like Lawrence O’Donnell on MSNBC and think, “So clear, so grounded, so obvious, case closed.” Yet as we all now know, case not closed! Instead, we are deeply divided and naively expect rational arguments to change minds. At least, I am guilty of that.

I have read psychoanalytic papers explaining why people might follow a despotic leader, unconscious factors that may contribute to tyranny, etc. (Silverberg, 2020). Where I would like

to add to the dialogue is to consider what we might do in such a divided world where we seem to change very few minds.

I will begin with a couple anecdotes. Several years ago, I was asked to present an article I had written. And at this event, they asked someone from a different psychoanalytic school to be my discussant. I was a little worried about listening to what he was going to say about my work, expecting him to disagree and shoot holes in my ideas. But here is what happened instead: He spent the first 10 minutes of his presentation reviewing what I was trying to say and the points I made. I felt quite understood in that first 10 minutes, so then when he said that he had a different way of thinking about certain aspects of my paper, I was open to listening to him and learning from him. I was open to it because, in being understood, I now trusted him, and this opened a pathway to learn from him.

Most of us have been to a psychoanalytic event that devolved into an argument. This happens because the participants do not end up feeling understood by one another. And in the effort to convince someone of our own perspective and be understood, no new learning actually takes place. By learning, I mean something that alters your perspective, something that leads you to see the matter differently. I think no learning takes place because it replicates the second part of the original experiment I talked about. It's the experimenter explaining why the blue toy is better than the red toy rather than mentalizing the other to enhance trust.

In the past few years, I have been doing a lot of family therapy as an outgrowth of my training in a mentalization-based treatment perspective. As a consequence of my shift in technique, I find family therapy a fun challenge. I want to give you an example of a clinical situation that will help you understand how we might proceed in the broader and deeply divided world.

I was doing family therapy for a college-age student and his parents. The parents said they hoped they could open up communication with their son, who did not speak to them, with the exceptions of discussing the logistics of his living situation and school, and asking for money.

In the first session, the son shared that he did not speak to his parents because he did not find their responses to him helpful, and that this had been true for many years. His father then asked for examples. The son talked about the time when he was younger and got really frustrated about having lost a soccer match, and how that frustration came out in his complaints about the referee. His dad then gave him a talk about the importance of being a good sport rather than a bad loser. In response to this, instead of the dad responding to my prompting questions to try and help him understand his son (and help the son feel understood), the dad defended himself and explained why he does not feel like what he did was wrong. I eventually said to the dad, "If your goal is to have your son become more open with you and you want to have a relationship where he talks to you, you might want to consider listening and understanding him from his perspective, especially considering you are receiving this rare opportunity where he is talking to you." Well, this did not work at all! The son appreciated what I said, but to use a sports metaphor, that was not going to move the chains. My comment got

nothing but more explanation from dad as to why he was correct, and furthermore, I could see he felt picked on. So, instead, I started to empathize with his experience, how misunderstood he felt, and how unfair it felt to him because he was only trying to be a good dad who could teach his son an important life lesson. It was then that the father was able to become vulnerable and talk about how much it hurts to hear that his son is so unhappy with him. It is through this process that he started to make a space for the son's feelings and the impact that his words had on his son.

I have come to think of this situation as parallel to what Robin DiAngelo calls "white fragility." White fragility, from my perspective, is the narcissistic vulnerability liberals feel when told that their behavior or thoughts carry racist sentiment. And it's about how white people become defensive when this is brought to their attention. What I am talking about in my previous example could be called parent fragility. The father defends himself and can't listen to how the son has felt impacted by the father's words.

Yet I have a disagreement with Robin DiAngelo (DiAngelo, 2022). When I listen to her, I hear her saying something parallel to what I originally said to this father. "If you want to have a better relationship with the Black folk, you might want to stop defending and listen." In essence, she is saying, "Stop doing that, white folks. It's awful." And this is where I part with DiAngelo. I don't think this is the best way to go about helping people to change. Just like in the family therapy, my suggestion that the dad get with the program of understanding his son did not work. Now, some folks love DiAngelo and feel she really gets it, yet the people DiAngelo is supposedly

trying to reach are fragile white folks. She says that when she has been met with resistance and defensiveness, she confronts people with how defensive and resistant they are being by not accepting what she is saying (DiAngelo, 2022). We know that from a psychoanalytic perspective, telling patients that they are resisting is not helpful. Instead, we have to become curious as to why they are resisting, providing a sense of safety to explore themselves further.

In an aside, this is where white affinity groups (white people meeting with white people) can play an important role in racial justice work. This way, we avoid asking the aggrieved party to take care of the person they feel mistreated by. Otherwise, it's kind of like asking the person who got run over to first understand the driver's pain. In the same way, I did not ask the son in that moment to understand his father's pain. Rather, I did.

So, let's go back to my main point. To trust information from another person and learn from them, you have to have felt that this person gets you, that you feel mentalized by them, and that your concerns and needs are held in mind.

I do want to bring up something that happens on occasion. One of these occasions was documented in the book and the movie, "Best of Enemies." This is the true story of the head Klansman of Durham, North Carolina, having a change of heart and casting the deciding vote on a special council to integrate the local high school. What is documented is that this Klansman, who originally joins the Klan to feel a sense of belonging and purpose as a poor white man, develops a relationship with a Black woman who is the head community organizer in Durham.

Now she very much disagrees with him and publicly argues with him. But what happens is that in the course of working on this council together, they come to understand that they have similar concerns about their kids, about putting food on the table, etc. They come to see each other's humanity. And that leads him to make the socially and financially perilous choice to cast the decisive vote to integrate the high school and leave the Klan. For some, it may feel wrong to make room in their heart for a Klansman. Yet what I am trying to share with you is the mechanism that leads us to have an impact on another, the mechanism by which minds are changed.

At this point, some of you might be thinking about Steve Bannon or Ted Cruz. In no way do I expect that this approach will have an impact on all people and, in particular, I do not think it will work with people who are sociopathic or have a type of malignant narcissism where people only have value in how they can be used. Many TV hosts and politicians are experts at exploiting the worries of viewers and constituents to gain influence and power. These public figures are not looking for understanding; they are looking for power.

For this approach to work, it requires someone who has a longing to feel understood by another person. The person has to allow you to have some authentic contact with their vulnerability. The characteristic that I think can be used to assess this possibility is genuine worry. If someone can identify that they are genuinely worried about something, whatever that worry is (whether it's about having their guns taken away, that they will be replaced, that their kid will become trans, or that they'll be made to feel bad for being white), I think there is

potential. This potential is imbedded in the wish to have their fear understood. And if it does get understood, a pathway for learning can open up.

I think when I am watching CNN or MSNBC, or reading The Atlantic, I am not only soothed because I feel understood and am having my own perspective elaborated, I am living in a fantasy that facts and logic will win the day. I think to step out of my fantasy is much harder and more emotionally draining. It's difficult to empathize with those that have such radically differing views. And even when we can do that, it is oftentimes a slow slog that might not even be successful.

I think the greatest obstacle to doing this kind of work, at least for me, is that I get triggered and lose my ability to compassionately hold another person's perspective in mind when it sounds so crazy or cruel. What we need to do in these situations is lean on each other for help, so we can return to being able to understand each other and why we see the world so differently.

I am sharing this with you today because I was trying to think about possible ways to address an alternative to a civil war. Because, at times, I find myself going there and I know I am not alone in that sentiment. What gives me some hope about my perspective is that we don't need to change everyone's mind. Imagine the impact we could have if we could just change 5% of the electorate. Or even if we could just move a few more people toward having a more civil dialogue, one where we recognize our common humanity, the effort would be worth it. And

finally, I think that the scheduling committee had the idea to begin the conference with my presentation because IFPE seems to have an ethic where we try to understand one another, and that my paper is a good reminder of this perspective as we embark on our three-day community experience together.

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What Do We Owe? Reflections on Supremacy, Debt and Desire

Ramie Bou-Saab, LCSW

Introduction

Despite an initial idealized transference, my work with Sam, a dark-skinned Latina woman, brought about enactments of racial and maternal oppression. As we transitioned from a community-based setting to private practice, uncertainties around who owes what to whom emerged and destabilized our positive, albeit nascent, therapeutic rapport.

An unanticipated and growing balance for our sessions forced us to confront an intense, disavowed rage rooted in fears of vulnerability and dependency. In the process of investigating the determinant meaning behind this debt, Sam began to confront feelings of grief and hopelessness as her idealization of me faltered. This rupture consequently shed light on the underlying dynamic of economic oppression in our relationship, illustrated in part by a powerful dream, a haunting echo of both her relationship to her mother and to white supremacy.

Through my reflections here, I detail how my unconscious desire to embody the character of a white male savior not only fed into the unrealistic fantasy of the perfect caring parent Sam and I both hoped I would be, but also contributed to a supremacist othering of her as an “emotionally weaker” woman of color in need of “guidance.” Despite my Arab identity and attempts to diminish the privilege of my whiteness and maleness, my positionality was inevitably exposed through my latent feelings of grandiose superiority and consequent interventions.

My involvement in familial and racialized enactments proved destructive but ultimately transformative. In assuming the role of “superior” debtor, like many others in Sam’s history, I reflected on her self-absorbed and perpetually burdened mother. Through elucidating

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transferential feelings of hate, guilt and an anxious clinging to the familiar, I illustrate how assuming this role transformed me into this more familiar and unconsciously desired object of attachment. I conclude by describing how, in allowing myself to consider and own my role in the enactments, and navigating the ruptures with Sam around her shame and grief of this familiar repetition, we began the process of discovering new ways of feeling and relating.

Sam's History

Sam is a 31 year-old, dark-skinned Latina woman who lives with her boyfriend in a Chicago apartment. She works as an administrative assistant in animal health care in a wealthy, predominately white neighborhood of Chicago. Born and raised by her mother and father in Chicagoland, Sam described being the “narcissistic object” and “mirror” of her mother, who worked as an office administrator most of her life. She described her mother as always talking about herself and complaining about how everyone else, including her dad, are “stupid and lazy.”

Sam described feeling resentment with her mother because of her constant criticism of Sam while simultaneously feeling extremely dependent on her. She remembers her mother incessantly commenting on how Sam could never do anything right when it came to completing tasks, criticisms that served to confirm that she “needed” her mother. Interestingly enough, Sam angrily illustrated to me how she was regularly fed expired and fatty food in her childhood, leading to a lifelong issue with obesity. Sam also described that her mother would itemize expenses of what it cost to pay for Sam's various necessities (braces, gas to get to work, clothes, etc.) and relayed it back to Sam as a debt Sam had to pay off.

One Christmas, Sam described receiving a “gift” from her mother: an envelope with the shredded list of debt she owed to her mom. Despite having her debt excused, her feeling of being

a burden seeped into her teenage years, when her mother stated that she was not going to pay for Sam to go to college because she claimed Sam would just “party.” Sam remembers feeling jealous of and “less than” her white classmates because of their ability to go to school with financial support from their parents. Nevertheless, Sam attempted college on her own, trying to pay her way while working full time, but she found the emotional toll of this too great, so she dropped out. Needless to say, Sam recanted this experience with tremendous bitterness.

Sam’s gripes with other family members are somewhat less potent. She described her father as aloof, working long hours as a contractor and then coming home to play video games in the basement. Her parents, she said, would often argue about who was going to take care of Sam, take her to appointments and support her in extracurriculars. Not surprisingly, Sam felt even more like a burden as well as envious of her older brother, who was adopted into the family after the death of his mother, Sam’s aunt, when Sam was 5. She believed her parents provided him with favorable treatment because of her father’s preference for a son, and also because of how males are often exalted in her family’s culture.

One specific resentment, as she described it, was being forced to clean the house regularly while her brother went out with friends. Moreover, Sam described her own expression of resistance and resentment over the misgivings she felt toward her parents as being quickly met with explosive anger and shaming of Sam as being ungrateful and too needy. These swirls of experience were extremely chaotic for Sam. The quickly shifting emotions and expectations of her parents were incredibly unpredictable and erratic displays for her, but they also formed the shape of her object of attachment.

Upon writing this, I have realized I possess a dearth of knowledge on Sam’s experience as a dark-skinned Latina woman in a white supremacist society. Part of this, as I will elaborate

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further, has been my reluctance to explore the dynamics of white supremacy in our relationship. Sam has described facing discrimination from managers when applying for promotions at past jobs, as well as facing racial micro-aggressions from coworkers and customers alike. She shared that customers would attribute perceived “incompetence” to her skin color. Sam described these experiences as reinforcing feelings of powerlessness in the face of this indignation, and feeling inferior and jealous in comparison to her white colleagues.

Our Early Work

Sam was my first patient (and I her first therapist) at a community mental health clinic, where I became employed upon graduating. As a white-passing, Arab-American man in my mid-20s, I came from an upper middle-class family in a Chicago suburb. Sam, 30-something, grew up in a lower middle-class Latino family in a Chicago suburb. I identified with our overlapping immigrant and geographic identities. This over-identification was not only misplaced due its clear oversight of important differences, but it also fueled my own paternalistic desire to save Sam by assuming I knew more about her experiences than I actually did.

Sam stated that she came to work on her depression and anxiety, but I soon discovered our initially positive therapeutic rapport masked an unspoken ambivalence about treatment, in addition to overwhelming but well-disguised episodes of explosive rage and unbearable, dissociative shame. She began to gradually open up about her chronic use of alcohol and weed to numb anxiety and feelings of self-loathing.

Consequently, uncontrollable emotional storms affected her ability to take care of herself, her bills and her apartment, to maintain stable relationships, and to hold down consistent employment. These issues only exacerbated the self-loathing and feelings of helplessness. In my

unwittingly defensive response to learning more about her emotional chaos, I positioned myself as “Mr. Wonderful,” feeling a pull to be unconditionally positive but also disavowing my own vulnerability as a therapist in order to feel above her emotional instability and disguise the fact that I did not know everything that was happening with her. Here I was trying to play into the desired, idealized, heroic object of attachment. When our work was disrupted by the pandemic, forcing us to move online, my underlying fear that she would starve without me spiked. Quite literally, many times she would go days without feeding herself as I pleaded with her to eat. In reaction to her own restricting, she would gorge on fast food. This bulimic-like pattern around depriving herself or binging with unhealthy food would continue through the pandemic, particularly as she was forced back into closer quarters with her family.

Much of our work during this time focused on containment of her feelings of rage toward her family and fostering a healthy desire to separate despite my ignorance around her problematic financial situation. In order to contain her, I suggested we increase our meetings to twice per week, and she readily agreed. This invariably deepened our relationship, and it excited me from both a psychoanalytic sense that “more is better,” and because I felt like a hero, being able to rescue her. Upon reflecting, I feel that much of what motivated me was my unconscious desire to embody the character of a white male savior. This fed the transference-countertransference dynamic of me being frequently available to answer questions and talk for 15 minutes here or there, as well as both of us feeling like I was someone who “has all the answers” as she constantly asked me “what to do.” I fed her as much as I could in an anxious effort to contain her and feel like a powerful expert. In hindsight, this also contributed to the enactments of both othering her as an “emotionally weaker” woman of color in need of “guidance,” and as an overburdened caretaker she was feeling overly dependent on.

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As the pandemic waned, we transitioned back to in-person sessions and to a private group practice. I was remiss in not attending to her growing balance as my being paneled on her insurance through the group practice was unexpectedly delayed. Until our sessions were back-billed after this long delay, I was unaware of how much money she owed me and how incapable she was of paying. She had previously struggled to pay off the debt from the community clinic, but this was something I knew less about, and probably did not want to know much about at the time because I didn't want to feel burdened by it.

Once our private practice sessions were finally back-billed by insurance, I finally learned how much debt she had amassed during our time together at the clinic, how oblivious she kept herself to her financial responsibilities (including how much she owed for therapy), and how unwilling a large part of her was to pay off this new debt. In a parallel process, all of these issues overwhelmed me, too. To cope, I minimized and avoided, colluding with her defenses toward the reality of her debt. I wanted to trust that she was “good for it” and initially asked her to pay what she could, when she could, again trying to be “Mr. Wonderful.”

I rationalized that I was keeping in line with practice at the past agency. However, upon deeper reflection with supervisors and in my own therapy, I realized this would not be sustainable as her debt with me was reaching thousands of dollars. To make matters worse, her income from full-time employment was relatively low and she also was avoiding other financial debts. In an effort to continue seeing her while paying toward her balance at a rate we both felt comfortable with, she received a discount through a hardship policy at my group practice, and we agreed to a bimonthly sum so she could pay off the balance in one year.

This agreement also came with some sacrifice. In order to afford the payment plan while still working together, we needed to drop down to one session per week. She would owe me less,

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and I would see her less and significantly cauterize my growing resentment for feeling burdened. Despite my attempts to cauterize the debt — calling her insurance company multiple times to clarify any possible reductions in her sadly high co-pay amounts, collaborating on a hardship policy with administrators, and drafting several different payment plans — issues around white supremacy and the uncanny specter of her desired attachment budded between us nonetheless. Amazingly, these issues were presented in a powerful dream of Sam’s around the time of our debt discussions.

The Dream

Sam came in late to our session a week or two after my winter vacation, saying she had trouble waking because she was “dreaming hard.” A week before the dream and immediately following my vacation, she asked me for an additional session while she was living at an extended-stay motel after a nasty fight with her boyfriend. I was unable to accommodate her and in our next session she briefly mentioned feeling bitterly abandoned. When I inquired more about these feelings, she stated she did not “trust me” to share more about her anger toward me, fearing some kind of retaliation.

In the dream, she stated she was in a room that was painted very similarly to the walls of my office, but the tables and chairs looked like that of her nephew’s recent birthday party. He was 2 years old and she often worried about what life would be like for him growing up in her childhood home with Sam’s parents. She was sitting with her parents and her uncle. In waking life, she felt abandoned by her uncle when she sought a place to stay after the heated argument with her boyfriend. The conversation with her family in the dream quickly escalated as Sam yelled at them and “put them in their place” for emotionally abandoning her. Her mother

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responded by crying and telling Sam that she was “being so mean and hurtful,” and that it was “killing” her. Sam associated this comment to all the times during her childhood when her expression of anger toward her mother was countered by guilt-inducing comments detailing how “wrong” and burdensome Sam was for this expression. Through this first segment of the dream, Sam described feeling relief in unleashing frustration toward them.

In the second segment of the dream, Sam walked into a pet store, a place she was previously employed and was passed over for manager because, she believes, of her race. In the dream, she walked further into the store and noticed a small, black-haired monkey that was in a snake tank. She compared the monkey’s size to my water bottle that I keep next to me in sessions. The monkey was wet and struggling in a tank full of encircling snakes. Sam stated that she tried warning the employees in the store of the monkey’s impending fate, but she was met with indifference. She noticed at this point in the dream that she was scared and frustrated.

Upon describing the dream to me, Sam felt a familiar discomfort at recognizing her own rage toward her family and me (represented by the white walls) for feeling abandoned, as well as an intense fear about the fate of the dark-haired monkey. To me, her dream underscored important themes of feeling persecuted and devalued for her racial identity (represented by the dark-haired monkey), and her conflicting desires for feeling dependent on her mother and me versus embodying her rage toward us. This dream captured how these core conflicts have contributed to her ambivalence about our relationship. She worried about how an expression of her rage toward me would make her vulnerable to my white retaliation and a loss of dependency, but she also wished to be heard and understood. I will next elaborate more on these issues and how they apply to our work.

Discussion Part 1 - Maternal Enactment

This dream illustrated the emergence of a maternal enactment as we began to navigate her debt. Shortly after the dream, I noticed that I began to empathize more with her mother. I felt burdened and resentful for having to take care of someone with so much financial “need.” As we discussed the meaning of this debt, Sam also began to discuss guilty feelings around “not being good enough,” which she associated to the guilt she experienced with her mother and her childhood debt. As I was compared to her mother, I felt that I was not only destroyed as a good object, but my role was transformed into a more familiar and, I believe, deeply desired object of attachment.

For Sam, the emotional storms of this uncanny situation resembled, as Bollas puts it, “the deeply disturbed emotional wake” of her early attachment life (1996). The way Sam lived her life in relation to debt, I believe, helped her to unconsciously reenact this early dynamic through her indebtedness to me. She approached this issue with such emotional turbulence, including hatred of both herself and me, and fear of losing her dependence with me in a way that mirrored her relationship with her mother. Swallowing her rage for me as I forced her to repay the debt while cutting our time in half, she denied and displaced these feelings, fearing they would cause abandonment or retaliation.

For example, Sam explained to me that she felt dependent on our now one hour per week as the “only place” she felt “truly heard.” She expressed loathing her own apprehension to let go of her agreeableness and allow herself to feel her anger toward me. In our sessions, she directed it away from our relationship and toward her family, her partner and many others who she felt had abandoned her or asked “too much” of her. Sam’s suppression of her anger manifested as GI

distress, bloody diarrhea and physical inertia, such as coming late to our sessions because of “oversleeping.” Her recurring payments elicited the familiar feeling of shame that “I am not enough,” and shaped her perception of me as the “heightened” and “superior” therapist, leaving her feeling “less than.”

She consequently found her object of desire (this familiar, maternal connection) in these feelings of chaotic emotional attachment to me. Much like the dynamic with her mother, she hated me for doing things that conjured this feeling of “not enough,” yet she believed she needed me to feel understood and cared for. This is represented in the dream, where she felt that unleashing her indignation on others might cause her to feel helpless and terrified in the face of retaliation and abandonment, represented by the dark monkey in the snake pit and her useless attempts to find someone available and understanding.

Particularly, Sam felt an inability to escape her debt with me, and she constantly expressed hopelessness in attempting to find a solution. Although she spoke with a financial counseling agency that I linked her to, which helped strategize with her on how to alleviate some of this burden, she felt she was trading an alleviation of debt for a feeling of inescapable, indentured servitude as they suggested she work more hours. In this reluctance to take responsibility for her role in the indebtedness, I felt again like the resentful mother.

When I interpreted this dynamic, it forced us to finally confront her deep self-hate, shame and guilt at feeling burdensome. She spoke of her own desire to rid herself of hate and shame by depositing that hate into me through “communications by impact” (Casement, 2001). More specifically, amassing debt and subsequent avoidance filled me with loathing, and it also kept her close to this unconsciously desired early dynamic with her mother. She stated that she anticipated an explosive retaliation and/or rejection by me in regard to this debt, so she could

locate the shaming rage outside of herself, thus using this amassing of debt to also communicate to me her level of self-loathing in a way that might bring about this chaotic object of desire. [20 minutes]

Not long after this confrontation did this unconscious desire slowly emerge into Sam's consciousness. In one session, she expressed her frustration toward me about charging her the agreed-upon amount on the scheduled date because she did not have enough money in her bank account. She claimed that I was "taking food" out of her mouth by enforcing the collection. I felt defensive and indignant, while Sam felt I was "demanding too much" from her, feeling unable to say no and to express *her* indignation. I initially reacted empathically and reexplained our agreement. Later on, while reflecting on this moment between us, Sam admitted that she set herself up for failure by intentionally avoiding asking enough questions to clearly understand the details of our payment contract.

She associated that "not asking enough questions" in efforts to avoid responsibility extended to other aspects of her life, including insurance and other financial issues. Moreover, Sam detailed that her role in conjuring the misunderstanding around this debt was a way to feel closer to me in a familiar way. She reflected and disclosed that the emotional turmoil caused by the enactment was subtly gratifying in its familiarity. She explained to me that "it's what I'm used to, and it fits my view that people don't listen and just want to take advantage of me, like with my mom."

She used her avoidance and its consequences as an attempt to conjure a retaliatory "guilt trip" that was common with her mother. Because I did not collude with Sam's attempts to provoke an angry, guilt-inducing response from me, this allowed us to more deeply examine her rigid transferences toward others, as well as how they relate to her own feelings toward herself.

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Here, she did not feed into her desire to deposit the rage into me or someone else, but instead attempted to understand the pain behind it: her traumatic grief in living for decades with a perpetually overwhelmed mother who was limited in her financial and emotional resources. Through conversations like this that allowed us to better examine her desire, we began to kindle Sam's sense of agency.

Discussion Part 2 - Racialized Enactment

The occurrence of this debt and the cluster of feelings surrounding it also forced us to confront the enactment of a white supremacy dynamic. I began to notice that throughout our work, I unconsciously felt like the white "expert" and "contained" male therapist. This grandiosity fueled my own latent desire to feel superior, in part because of my positionality, as well as my belief that I owed it to others whom I deemed "emotionally weaker" (like Sam) to "show them the way." I realized I had been avoiding the feeling of shame for this grandiose view, as well as avoidance of guilt about how our differences in race and gender might influence our relationship.

When we talked about her rage at feeling stifled in fully expressing her hatred of my privilege, I regularly responded by defensively making transference interpretations. Although I mentioned some of these productive conversations about her anger above, other conversations were more difficult to make sense of at first. In these conversations, she retreated from what I thought were invitations. She responded, "I was thinking you were going to make it about you and that frustrates me that you did. It's not about you."

By constantly interpreting her feelings about white domination outside of our relationship as "really feelings about me," I was, in her eyes, prematurely and narcissistically asserting my

viewpoint. My comments left Sam feeling angry and incompetent in knowing her own experience. These feelings of incompetence and uncertainty are quite common in her interactions with white people. This dynamic also is an aspect that Stephen Anen detailed about narcissistic states of white privilege. Mine was an egocentric attempt to use my perspective as a “white expert” to define experiences of “others” (2020). Constantly attempting to dominate the narrative for me to intellectualize my guilty feelings through interpretations, and to assert my expertise to feel “superior,” contributed to placing myself in the “superior” white male role and Sam in the “inferior” woman of color role.

The white supremacist enactment also showed up in Sam’s fear of my retaliation to her expression of anger, as well as my misattribution of what was behind this fear. Throughout a lot of our work together, I conceptualized Sam’s issues as narrowly relating to internal “borderline” features. I did not deeply consider the systemic dynamics at play. Through ignoring the effects of white supremacy, I foreclosed my ability to understand the depths of her suffering in feeling paralyzed to express anger. During the times I would correctly interpret that she had angry feelings toward me, particularly in regard to payment conversations, she would tell me that she was angry but she also was afraid. “It’s really hard to believe that you’re not going to yell at me or kick me out of therapy for expressing my anger at you.”

In these moments, I wondered about what was a more familial transference issue and what was more systemic or political. Was this fear related to her parents’ retaliations and guilt trips? Or was it fear that I, a white man, could use my position of supremacy to take away her therapy or verbally abuse her without consequence? For Sam, the danger in expression extends beyond maternal transference and echoes a phenomena many women of color face when it feels too dangerous to express anger for fear of violent retaliation (Tummala-Narra, 2021). We

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wondered aloud together if my supremacy and capacity for retaliation was represented by the snakes in the dream, and if Sam identified with the trapped, dark-colored monkey.

As we continued our reflection, we both came to realize that my whiteness and maleness greatly inhibited Sam's ability to safely and authentically express herself with me. I believe that failing to look at the significance around this dimension also played into seeking supervision on this case with older, white therapists. The white identity I shared with these supervisors contributed to a mutual avoidance around considering the dynamics of race in this case. Anen (2020) discussed this phenomena as a way that narcissistic states of white supremacy work to systematically conceal the conscious awareness of its existence, like in our field. With Sam's case, the idea that she would be scared to express her anger because of race was never considered, unfortunately contributing to this issue of supremacy.

I looked at Sam's issues as almost entirely internal and maternal in other aspects of our work as well, which contributed to the enactment. I felt a hyperfocus in sessions on her work schedule and wondered if she was working hard enough to pay off the debt. I wonder now if I was putting too much emphasis on her debt as more self-inflicted, instead of considering the nuance of how white supremacy can contribute to underemployment and debt repayment roadblocks, such as being passed over for a promotion due to race, systemic barriers to education and predatory financial practices (Fors, 2018).

Despite now appreciating the complexity, at the time I did not fully consider the implications of the systemic or political factors due to my guilt-ridden complicity in white supremacy, which reinforced the enactment. Moreover, this disavowal of feelings of how race was affecting the issue of debt left Sam feeling that her experiences with race outside our relationship were unheard by me. She explained to me how she felt burdened and indentured to

work harder despite stagnant wage policies at her white-owned corporation, as well as in dealing with white gentrification and general cost-of-living increases in Chicago.

Sam expounded on this indentured feeling of work and debt as inescapable and hopeless, and often felt that these injustices were left unheard, reminding me again of the caged monkey of her dream and her attempts to alert the store employees of its peril. Fortunately, through further reflection on my mistuned, defensive and aloof positionality, we have been better able to wonder together how white supremacy, including mine, has affected Sam's problems with living. Through this process of ownership and reflection, we have come to understand these experiences as understandably engendering intense resentment and loneliness that echoed of her past but also extended to capture the broader white, patriarchal domination and economic inequity. (27 minutes)

Conclusion

Through becoming more aware of how supremacy has influenced my interventions with Sam, I have managed to reflect on how it has affected her while more skillfully avoiding the same problematic experiences since. By asking questions about this racialized enactment, when we both have felt it, we have deepened the intimacy of our relationship. Without this emotional vulnerability, I would have been unable to begin working through my defensiveness and the supremacist feelings that perpetuated the racial enactment.

Moreover, seriously examining my defenses freed up Sam to disclose more about her feelings around race in our relationship, as well as the issue of debt between us, including the grief and hopelessness around the painful consequences she endures because of white supremacy. Reflecting more deeply on my white supremacy and how it has influenced our

relationship thus far has helped us begin to talk more freely about the effects of race both inside and outside of our relationship. In our discussions, Sam has shared more with me about the hopelessness she feels with regard to her positionality, as well as the grief of the supremacist reality that influences her life and our relationship. More work is still needed on my part, however, to continue to dismantle my supremacist defenses and bolster Sam's sense of safety in our relationship, as well as to inquire more intentionally about Sam's history with white supremacy and how it has influenced her sense of self and problems with living.

Furthermore, our ability to confront the debt in our relationship and its legacy in her life caused Sam to reflect and disclose awareness around her own involvement in dynamics that perpetuate her affective storms. For Sam, the debt kept her in a hostile dependency, feeding the emotional hurricanes while keeping her largely inert in an unconsciously desirable familiarity, thereby obliterating important affective experiences. In our exploration of this desire, Sam has been able to slowly grieve the unfulfilled wish of a more emotionally attuned and available mother while taking responsibility for paying down the debt.

Through mapping together her fear of straying from familiar patterns of living, Sam increasingly discovers the dignity found in sticking up for herself. Although she still fears my abandonment, she is now able to talk more about it as opposed to enacting it. Our willingness to be vulnerable in our work together will continue to propel us forward, and it will allow us to relate to one another and the outside world with more curiosity and authenticity.

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No apologies. Unfinished business and the pact to forget.
Ruth Lijtmaer, Ph.D.

This presentation considered the theme of the movie, “The Silence of Others” (2019). The documentary film reveals the epic struggle of victims of Spain’s 40-year dictatorship under General Francisco Franco, who was in power from 1939 until his death in 1975. The population continues to seek justice to this day. Filmed over six years, the documentary follows the survivors as they organize the groundbreaking fight against a state-imposed amnesia of crimes against humanity.

This movie shows how massive group trauma is transmitted intergenerationally (consciously) and transgenerationally (unconsciously through psychological mechanisms such as identification with the traumatized aspects of the person’s psyche). We see how massive trauma involves experiencing unbearably painful emotions, such as helplessness, intense fear, terror, humiliation, overwhelming loss and rage over the fact that the voices of each victim’s family are silenced — preventing them from more fully mourning the dead. From the beginning, they could not fully mourn the dead because there was no physical body to process the loss. It was an unfinished business for them that the silence perpetuates.

“As we understand more deeply both the intergenerational transmissions and the demands of mourning, we can easily appreciate the presence of the dead among the living, the survival of melancholic presences long after loss” (Harris, 2007, in Salberg, 2019, p. 664). Palpable in the film was the profound and often nonverbal, unconscious or preconscious intersubjective processes through which powerful and often dangerous silences and secrets were transmitted across the generations.

“El Pacto del Olvido” (The Pact to Forget) was a political decision in Spain, fostered by parties on the left and on the right, to repress the abuses of the past and move past the Civil War. The decision gave amnesty to people who committed the crimes against humanity and no judgments toward them were made because, supposedly, too much time had elapsed for punishment. Even after years of lawsuits against the perpetrators, nothing has happened. The pact to forget, perpetuated by the government, tried to silence the population in order to repress memories of the horrors that were perpetrated, supposedly for the sake of national harmony. This repression created more emotional damage to the victims of the Franco regime. Society as a whole, or as represented by the government, supported the victimization and people were, and still are, unable to openly and fully mourn. There was no closure for the victims’ families.

This is an example of widespread social trauma. Social trauma can be conceived of as the result of an intentional, malignant act, committed or designed by persons, organizations or states in order to cause damage to the individual, thereby producing a state of fear and helplessness while destroying social links. It is implemented within a context of suppression and oppression, often with a background of state-organized terror and political violence aimed at specific groups (Laub & Auerhahn, 1989). In this kind of

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trauma, society (as a whole or as represented by the government) actually supports and perpetuates the victimization. When a person deliberately inflicts pain upon another, the resulting symptomatology in the victim, as well as coping strategies and outcomes, is inextricably linked to the interpersonal and moral aspects of the traumatic violation. When the victimization is supported by the social structure, the interpersonal violation becomes generalized to the larger social context, impinging on the victim's basic self-other representation (Laub & Auerhahn, 1989; Lijtmaer, 2013).

The Franco government, as in other dictatorships, blatantly and openly abused human rights. However, there is another type of accomplice to such abuse. Rothberg (2019, p. 12) calls this sort of accomplice the "implicated subject," someone who occupies a position aligned with power and privilege, who has indirectly benefited from systemic racism, colonialism and historical injustices without themselves being a direct agent of harm. But nevertheless, they are participants in and beneficiaries of a system that is a direct agent of injury, one that generates dispersed and unequal experiences of trauma. The bystander is a key component to sustain the coercive actions of the authority (Lijtmaer, 2022).

State-sponsored human rights violations terrify and silence the population, causing this bystander phenomenon to appear. Elliot (2001, in Beritzhoff, 2021) said that, "Few topics can be as disquieting as the strategies we use to shield ourselves from administered atrocities, torture, political massacres, and genocides. From the shadow cast by Auschwitz to terrors in Bosnia, Rwanda, Chechnya, Kosovo, China, South America, and now Ukraine, the apparent indifference of the Western public to mass suffering is shocking, disturbing, and haunting" (p. 38). Now, fortunately, many countries are involved in helping Ukraine. However, most citizens of the world are paralyzed by a global "evasion" (Levinas, 1947/1978) in which large populations are incapable of seeing and responding to violence committed by governments, a collective dissociation and the type of dissociation that Donnel Stern (2010) refers to "as an active defensive refusal to formulate experience" (p. 646, Beritzhoff, p. 82); the kind that blinds eyes to dehumanizing atrocities and neglect. Indifference may only be apparent and may only be one way to account for lack of action. Fear of reprisals and losing one's privileges may be among the other reasons.

"The Silence of Others" is a movie that documents an example of the failures in the social system that produce trauma. This failure is reflected in:

- 1) The social system failing the individual to contain, care for and protect them, as in the case of the lack of assistance toward the victims of poverty, disease, economic crisis, violence, war or natural catastrophe;
- 2) A blatant attack on the part of the ruling authorities perpetrated upon minorities ("Mexicans are rapists," for example) or even upon the bulk of the population, as in the case of social repression, war, racism, genocide or persecution;

3) A perversion of the social system, which fails to uphold current social values and laws, while in actuality breaking them, as in the case of corruption and deceit on the part of the authorities (lies of a past president of the United States and clearly in the case of Franco's regime) (De Tubert, 2006). The familiar defenses of disavowal, dissociation and denial are employed at an individual and collective level to deal with these societal failures, to name the truth, to acknowledge the violence that is being perpetuated against each other, and to take responsibility for social and political discourse.

When there is a lack of an empathic response, faith in the possibility of communication dies. Accordingly, I propose that another essential feature of the trauma suffered by a survivor of discrimination, abuse and repression is the victim's feeling of helplessness to affect the environment interpersonally — a feeling that blocks a sense of mutuality and justice (Lijtmaer, 2012; 2013; 2022). Therefore, the link between self and other has been effaced by the failure of empathy (Laub & Auerhahn, 1989). The traumatized person, in order to “survive” and live on among the riches of life around him or her, has to take flight into a certain kind of deadness. What gets killed off is imagination, empathy, curiosity, desire and kindness. The traumatic state operates like a black hole in the person's mind, because in the absence of representations of need-satisfying interactions, there is no basis for symbolic, goal-directed behavior and connections. These experiences of the lack of trust in society can be described using Gerson's (2009) concept of the “dead third.”

The dead third is conceptualized as the loss of the “live third” upon which the individual had previously relied, and in relation to which had developed a sense of personal continuity and meaning. In this regard, the third (whether a person, a relationship or an institution) serves the elemental function of solidifying an individual's sense of person, place and purpose. External traumas call forth for our need to be contained and make meaning of all “thirds” in which we live. When such needs are ignored, we face the internal traumas of living with the absence of that which made life comprehensible and more bearable.

Under such circumstances, the living thirds in which the person was nested now, horrifyingly, become a nest of dead thirds from which he or she cannot escape. So, when the third is dead, psychic numbness is the balm against unbearable affects. *The individual experiences the presence of an absence.* There also is the overwhelming experience that there is an absence of concern about one's plights, not only on the part of the perpetrators but also in the silent others' witnessing, be they individuals or nations, that allows violence and repression to proceed. Living with a “dead third” is a testimonial of the failures of the other, and of the world, to repair the damage done to the experience of goodness. If what is lost is faith in an empathic world, what is found in its place is the reality of an indifferent “dead” world.

Silence for catastrophic events is traumatic. Time, space and history collide to create symptoms (not all necessarily pathological and, at times, they are adaptive dissociation), whether or not the person experienced it themselves or due to a legacy passed down

through generations. Hidden experiences suffered by our ancestors are present in the consulting room as Faimberg (1988/2013) mentions in “telescoping generations.”

In traumatized subjects, expectations of reparation, recognition and social validation of the damage suffered are frustrated by society’s silence and by the lack of justice. This leads to deeper feelings of impotence, helplessness and marginalization from society. Sometimes it can be a sound, a smell or a sight that reminds the victim of the trauma suffered. The consequences of trauma persist even after wars, dictatorial regimes or political repression have ended (Lijtmaer, 2018).

State-supported torture and other human rights violations have, in some horrible ways, become the touchstone for what some consider “unforgivable,” raising the question of what can and cannot be forgiven. Demands for restitution, and complete forgiveness, are two different strategies. No betrayal, however venal, should be allowed to shadow all the days of one’s future. We may be able to forgive, but we cannot forget. The ethics of memory is the claim that we have obligations to remember on ethical grounds. Therefore, I believe that not forgetting encompasses witnessing as a social process. It is the combination of suffering and evil as a feature of moral witnessing. Another component of witnessing is personal risk.

We as psychoanalysts can become moral witnesses of these atrocities. An eyewitness who is personally safe and sheltered is not a moral witness. The risk may be the result of belonging to the category of people toward whom the evil deed was directed, or it may be inherent in the effort to document and report. In the clinical setting, ethical non-neutrality should include the imperative to bear witness to the details of our patients’ stories, to the traumas acknowledged and unacknowledged by them, attesting to the wrongdoings as well as their suffering (Ullman, 2011). As Stern (1997, in Grand, 2008) suggested, “To be a psychoanalyst is inevitably to take a political and moral stand” (p. 686).

I feel it is fitting to end this paper with a quote by Eduardo Galeano (1940-2015, Uruguayan). I translated it from its original Spanish. It says:

“There is no way to mute history. Even if people try to burn, break and lie, the history of humanity refuses to be silent.”

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**Intrusive Thoughts, Magical Thinking and Fragmentation:
A Psychoanalytic Reconsideration**

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“One trembles to think of that mysterious thing in the soul, which seems to acknowledge no human jurisdiction, but in spite of the individual’s own innocent self, will still dream horrid dreams, and utter unmentionable thoughts” (Hermann Melville in Baer, 2001, p. 5).

Abstract

This paper examines the subjective lived experiences of people who suffer from intrusive thoughts, repugnant images and horrific temptations, sometimes referred to as “taboo obsessions” (Canavan, 2020, p. 8) that characterize what is termed obsessive-compulsive disorder in the Diagnostic and Statistical Manual (DSM-V-TR; APA, 2022). While much of the related literature highlights the cognitive-behavioral elements of the disorder, this paper underscores early developmental experiences of misattunement and resultant fragmentation states, which are theorized to underlie the intrusive thoughts. It also is postulated that cultural factors, particularly associated with religious beliefs, are either ignored or presumed to be associated with obsessive pathology. The etiological models, tracing Freudian Object Relations and cognitive-behavioral conceptualizations, are examined, noting the need to integrate thwarted mirroring and idealizing needs, notions that are associated with Psychoanalytic Self Psychology. A key contention is that Exposure and Response Prevention (ERP) treats the symptoms of intrusive thinking but often pathologizes certain aspects of the experience, like the use of magical thinking. An element of intrusive thinking that is often deemphasized, magical thinking can illuminate the need to idealize others instead of being regarded as a cognitive distortion that needs to be restructured. A brief clinical example will illustrate how to create reparative relational experiences and the heretofore walled-off affective experiences while bringing in crucial developmental events to transform the intrusive thinking and subjective distress.

Key words: unwanted intrusive thoughts, magical thinking, reparative emotional experience

Introduction

This paper considers what are termed “taboo obsessions” (Canavan, 2020, p. 8), when our minds are consumed by unwanted thoughts and repugnant or violent images. Edgar Allen Poe called the thoughts the imp of the perverse, adding that there is an unconquerable force that impels us to think what we should not think (Poe, 1984). As Baer (2001) notes, these thoughts generally fall into four categories: thoughts of pedophilia, aggression, sexuality and blasphemous religious thoughts. While cognitive-behavioral therapy, particularly exposure and response prevention (ERP) is the treatment of choice for OCD, this paper considers a view that addresses early developmental experiences and fragmentation states that are theorized to underlie the symptoms of the disorder. These early experiences often thwart the development of self-cohesion, leading the individual to ruminate and experience horrific temptations. The aim of this paper is to put forth a model of OCD that expands current thinking about the exclusive use of cognitive-behavioral models and offers ways to optimize therapy outcomes by incorporating developmental and affective factors. Particular attention will be focused on the aspect of magical thinking and the ways that it may be used to bolster the individual’s diminished sense of self.

Definition and Diagnosis of OCD and Taboo Intrusive Thoughts

Obsessive-Compulsive Disorder (OCD) is characterized by recurrent thoughts and/or compulsions that are severe enough to be time-consuming, or that cause marked distress or significant impairment (APA, 2022). For purposes of this paper, the focus will be on a form of OCD that involves thoughts — intrusive, horrific thoughts and images of causing danger or harm to others or oneself. The thoughts are experienced as originating from within one’s own mind

rather than outside of one's mind, which is characteristic of psychotic disorders like schizophrenia (Hyman & Pedrick, 2010). The term for this type of OCD was pure obsessional OCD, until it was recognized that some people may not perform overt compulsions, like counting or checking, but instead many have subtle (covert) mental rituals that serve to neutralize or counteract the discomfort of the unwanted, intrusive thoughts (Lam & Steketee, 1993).

The taboo intrusive thoughts are typically experienced as repugnant and unacceptable (ego-dystonic) by the person experiencing them, and they substantially interfere with the person's preferred thinking and behavior. In making a differential diagnosis, the distinction between intrusive thoughts and GAD (generalized anxiety disorder) is that worries in GAD usually involve catastrophic thoughts about low-probability events that have a basis in real-life events, whereas the content of obsessions is usually uncharacteristic of the individual's typical tendencies and may represent the antithesis of his or her ethics or morals (i.e., a devoutly religious person having thoughts of blasphemy).

Repugnant or taboo obsessions often give rise to compulsive rituals of thinking a "good" thought or a "safe" thought, engaging in ritualized religious prayer and, most frequently, performing some form of checking. Checking can take many forms, including the following:

- Checking that harm has not occurred or will not occur (i.e., scouring the newspaper for reports of hit-and-run accidents, or checking that knives are put away)
- Reassurance seeking, which is a form of checking by proxy (Purdon, 2004).

Historical Context

Sigmund Freud put forth a psychoanalytic account of obsessive-compulsive disorder which he termed obsessive neurosis (Gabbard, 2005). He proposed that obsessions were an outcome of repressed sexual, aggressive and blasphemous impulses. Freud's formulation was based on his analysis of the Rat Man (Freud, 1905/1955), whose central conflict for Freud centered on obedience and defiance. Freud believed that the Rat Man, fixated at the anal stage of psychosexual development, repressed his love/hate for his father as his oedipal rival.

OCD was first recognized in the modern psychiatric nomenclature in 1980, with the classification as an anxiety disorder in DSM-III (APA, 1980). Its classification as an anxiety disorder remained until publication of the DSM-5 (APA, 2013), in which it was moved to the OCRD (obsessive compulsive and related disorders) category based on research demonstrating etiologic dissimilarities between OCD and the anxiety disorders.

In 1966, Victor Meyer began using behavioral therapy to treat hospitalized patients with severe contamination fears (Hyman and Pedrick, 2010). He and his colleagues combined intensive exposure to feared objects, like bathroom doorknobs and faucets, with strict restrictions on washing and using the showers. Since then, exposure and response prevention has been considered the gold standard for the treatment of obsessions and compulsions, with numerous efforts made to demonstrate its efficacy with RCTs (randomized controlled studies).

Etiology

The etiology is complex, characterized in part by deficits in cortico-striato-thalamo-cortical (CSTC) circuitry. The caudate nucleus, part of the basal ganglia, controls the filtering of thoughts. In people with OCD, the caudate nucleus is not as effective at filtering, so the individual becomes overwhelmed with intrusive thoughts and urges (Hyman & Pedrick, 2010).

Generally, from a psychodynamic perspective, obsessive-compulsive symptom formation results from unconscious conflicts, usually between drive and conscience, desire and repulsion, appetite and prohibition, or initiative or guilt. Many psychoanalytic formulations were put forth, but we will only focus on a few selected theories. Fromm stressed how obsessive-compulsive preoccupation with orderliness, obstinacy and cleanliness represented mastery of a potentially intrusive world setting out to control patients' lives (Silverstein, 2007). Gabbard, viewing OCD from an object-relations framework, underscored the significance of extreme perfectionism as an attempt to live up to the expectations of a demanding parental environment (Gabbard, 2005).

From a Cognitive Behavioral perspective, obsessive-compulsive symptom formation results as unacceptable ideas and feelings that are much closer to the individual's conscious awareness rather than unconscious primitive drives like the psychodynamic perspective states (McFall & Wollersheim, 1979). Cognitive Behavioral formation argues that these unacceptable ideas and feelings are experienced as threatening because of the individual's active cognitive evaluation or assessment of them, which then is influenced by maladaptive beliefs that occur at the preconscious level (McFall & Wollersheim, 1979). There is a greater emphasis upon cognitive mediators in obsessive-compulsive disorders through the cognitive behavioral lens (McFall & Wollersheim, 1974). Specifically, the individual misappraises the thought as significant and threatening. The misappraisal evokes a threat response and leads the individual to attempt to resist the taboo thought while attempting to prevent the harmful events associated with the intrusion (Abramowitz, Deacon & Whiteside, 2019).

The Subjective Experience: Magical Thinking and Fragmentation

Fortunately, for most people, fleeting “bad thoughts” are nothing but a fleeting annoyance. Some of us may notice thinking about shouting out an obscenity in public or ramming into another car that cuts us off in traffic, but the thoughts are quickly dismissed and we move forward. But for the individual who suffers from “taboo obsessions,” the thoughts are considered “thought crimes” (Lingiardi & McWilliams, 2017, p. 173) that plague them in the form of obsessive images and thoughts, propelling them to expiate guilt through mental and behavioral rituals that represent undoing and reaction formation. As Baer notes, the thoughts will “torment you with thoughts of whatever it is you consider to be the most inappropriate or awful thing you could do” (Baer, 2001, p. 9). Freud’s “Rat Man,” the 29-year-old lawyer, Ernst Lanzer, revealed the morbid idea that his parents knew his thoughts and that his wish to see a woman naked would cause his father to die (Magid, 1993). He also was distressed by the impulse to cut his own throat. He felt compelled to do all sorts of things to prevent his father’s death from happening. Rituals and superstitions were designed to ward off the impending evil. He believed that his inner world was shocking and, if exposed, would lead to the destruction of others (Freud, 1909).

Compulsive behaviors are often thought to be a remnant of magical thinking of early childhood, when actions and impulses were incompletely differentiated (referred to as “thought-action fusion” in cognitive-behavioral nomenclature). Magical thinking or magical ideation can include beliefs such as thought transmission, astrology, spirit influences, good luck charms and superstitions (“knock on wood” or “step on a crack, break your mother’s back”). A lengthier consideration of magical thinking will be discussed in a subsequent section of this paper, underscoring the importance of shifting away from a pejorative and solely pathological view of magical thinking.

The self-psychological literature also underscores the importance of the experience of fragmentation, or the lessened coherency of the self: Fragmentation results from the sense of disorganization and panic associated with the frightening or repugnant thoughts and images. Fragmentation is experienced when ruptures occur in important relationships in which the individual is embedded, and they are often revisited when ruptures occur in the therapeutic relationship. These fragmentation experiences also will be discussed further in the section about a self-psychological view of intrusive thoughts.

Magical Thinking Reconsidered: The Essential Inclusion of Multicultural and Developmental Factors

Magic has been used to characterize thinking that is thought to be illogical and irrational. It is a characteristic of young children, like in the theorizing of Jean Piaget and pre-industrialized cultures (Piaget, 1929). It was noted, however, that magical thinking, imagination and pretense appear to emerge in late infancy and early childhood, and they “provide a mutually supportive environment enabling each to flourish in its own right” (Rosengren & French, 2020, p. 43). Their definition entails an alternate form of causality, one that is not part of the accepted scientific explanations and one that is not used to describe everyday phenomena in the world. Research, as cited in Rosengren & French (2013), demonstrates that magical thinking remains present in the minds of both children and adults. Additionally, Subbotsky believes that magical thinking can open up a realm of what is possible and by doing so can stimulate creativity.

Religion also is sometimes associated with magical thinking in that belief in the existence of God, angels and miracles contains magical elements. Psychologists may consider religion as a form of magical thinking, suggesting that to uphold religious beliefs is illogical, irrational and

nonscientific. Boyer & Lienard (2007), for example, theorize that spiritual rituals are not rationally based and function as an attempt to provide attenuation for anxiety-based cognitive intrusions (Hagen, 2007). However, Williams, et. al. (2020) remind us that it is not uncommon for persons suffering from OCD to seek the support of spiritual and religious leaders. If the therapist holds the opinion that religion is causing or worsening the OCD, they may work to suppress the individual's beliefs to facilitate treatment. Doing so, however, often undermines trust and empathy, leading to conflict or early termination. They go on to recommend that the therapist work respectfully within the confines of the client's culture and religion, which will facilitate the treatment process (Williams, et. al, 2020). Clinicians can recognize that clients' religions do not cause OCD and accept the clients' legitimate practices. Religious practices can be integrated into the treatment, when possible, if the OCD does not interfere with carrying our religious life and differentiate OCD-driven behavior that is religious in nature from normative religious practices. The importance of respecting and acknowledging indigenous, cultural and traditional practices needs to be underscored as we approach the client's beliefs with a sense of being humble.

Cognitive Behavioral Treatment of Taboo Intrusive Thoughts

According to much of the research on the efficacy of treatment, the most effective and largely used cognitive behavioral treatment approach to intrusive thoughts is exposure with responsive prevention, or ERP (Abramowitz, Deacon & Whiteside, 2019; Barlow, 2011). Using ERP involves an exposure to a client's feared stimuli and then essentially "waiting" for the anxiety to decrease through familiarization (McKay et al., 2014). ERP has been the gold standard for intrusive thinking, OCD thinking and pathology. ERP treatment alters dysfunctional thoughts

with a restructuring of the person's internal discourse using the behavioral experiments that test the silliness of theories in everyday life (Achachi et al., 2017).

More specifically, the client learns to confront their taboo thoughts and external or other internal triggers (i.e., situations, objects or bodily sensations). The aim of ERP is to expose the client to the feared thoughts so they can learn new information that disconfirms the threat-based beliefs and appraisals, thereby enabling the person's ability to consider the thoughts as mere "mental noise" (Abramowitz, Whiteside, Deacon & Whiteside, 2019). The client also learns that the uncertainty associated with the thoughts is manageable. Exposure practice entails the client and therapist developing a hierarchy of presenting symptoms or fears, from least fear-producing to most fear-producing. Then the client is guided through exposure via their hierarchy until the greatest fear is voluntarily tolerated at a comfortable, safe pace (Abramowitz, Deacon & Whiteside, 2019; McKay et al., 2014). An essential implication is that exposure therapy aims for the client to learn to function in everyday life with intrusive thoughts.

A Self Psychological/Intersubjectivity Formulation of Taboo Intrusive Thoughts

Consistent with Kohut's formulations of most forms of psychopathology, Kohut (1971/1977) viewed obsessive-compulsive disturbances as disorders of the self, and its cohesiveness as the central issues to be understood and treated. He asserted that obsessions and compulsions are symptoms representing disintegration products.

Kohut considered it misguided to attribute crucial importance to aggression and sexuality in drive theory as an explanation of the irresistible urges of obsessive-compulsive behavior. The hypercathexis of thinking does not represent defensive undoing as much as it is meant to rid oneself of a sense of defectiveness. Undoing, for Kohut, also covers up this sense of

defectiveness by “filling it with frantic, forever repeating activity” (M. Tolpin & Kohut, 1980, p. 439). Kohut (1971/1977) differentiated between patients with a relatively cohesive sense of self, for whom anxiety signals conflict, and other patients with damaged self-cohesion, for whom anxiety represents a threat of fragmentation. Therefore, disintegration anxiety reflects self-object failure, leading to the anticipation of the breakup of the self. Sufficiently restored self-object functions via mirroring, idealization and twinship create the basis for repairing the fragmentation that threatens self-cohesion.

For Kohut, in relation to obsessive-compulsive disturbance, it was vital to understand the centrality of preserving self-cohesion in terms of the functions that orderliness, excessive preoccupation with detail and rigid tenacity serve. The patient’s use of magical thinking also may function to revitalize an injured self by providing an illusory sense of power and control.

In the chapter entitled *The Two Analyses of Dr. L: A Self Psychological Perspective on Freud’s Treatment of the Rat Man*, Kiersky and Fossage (Magid, 1993) argue that Ernst’s core conflict was a concretization of his view that his inner world, if exposed, would be shocking and destructive to others. His disclosures do not shock or harm Freud, which, in and of itself, constitutes a therapeutic experience. Ernst’s father beat him in a brutal fashion as a child until he was filled with a sense of rage and humiliation, leading Kiersky and Fossage to conclude that, transferentially, Ernst fears his own rage and Freud’s retaliation. His obsessions and compulsions were seen as “an attempt to repair damage to the subjective sense of self and to the relationships in which he was embedded” (Magid, 1993, p. 128). When ruptures threatened the treatment, Freud was able to recover the connection through some act of concern, affection or generosity; it was these efforts, it is contended, that lead Ernst to establish a more cohesive sense of self.

Case Example: Transforming Dark, Tormenting Thoughts

This section presents an example of a client with disturbing obsessions and compulsions that were time-consuming and ineffective in the long run. The discussion will explore the integration of self-psychological principles to an ERP protocol for the treatment of taboo obsessions. A multiculturally sensitive, self-psychologically informed treatment will be emphasized, highlighting the benefits of exploring the relational and developmental issues. The “client” in this example represents an amalgam of client cases and is being used for illustrative purposes only.

Presenting Symptoms

Mark is a 22-year-old man who lives with his parents, both retired professionals, following the completion of his college degree program. Mark presented with disturbing, intrusive thoughts that started while he was away at college but worsened during the months prior to his entry into treatment. His intrusive thoughts and images included images of kissing everyone, regardless of gender and age, that he encountered walking down the street; thoughts of having sex with his male friends, despite his identification as heterosexual; distressing images of throwing himself on the train tracks at the station and driving into oncoming traffic; and fears that his mother would die unless he repeated magical numbers — and for Mark, the magical number was seven. He would count to seven and would do this seven times for 27 minutes. He also repeatedly prayed to rid himself of the “bad thoughts.” Mark was aware that his mother seemed to be genetically predisposed to have anxiety, but he wasn’t sure about his father. His

father was diagnosed with coronary artery disease around the time that he presented for treatment, leading Mark to “feel bad” for painting an unfavorable picture of his father to the therapist.

From therapy, he hoped for his symptoms to attenuate, and he hoped to learn coping strategies for his anxiety. Additionally, Mark wondered if his negative relationship with his father might be at the core of his symptoms, but he wasn’t sure he should blame his father in that way without “things getting worse.”

Relevant History

Related to his history, Mark, an only child, revealed that he grew up fearing his father due to his father’s “extraordinarily high standards” and tendency to punish Mark when he was disappointed or disapproving of Mark’s actions. His parents were staunch Catholics, which meant that his family attended church every Sunday and adhered to all the sacraments. His paternal grandfather immigrated to the United States from Ireland, and Mark recalls dreading visits with him. He knows, based on accounts from his father, that his grandfather used to beat his father, but he is unsure about the severity or duration of the abuse. His paternal grandmother passed away from breast cancer when he was a baby. As previously mentioned, Mark’s father was diagnosed with coronary artery disease around the time that he presented for treatment, leading Mark to “feel bad” for painting an unfavorable picture of his father for the therapist.

Mark described a much more loving and nurturing relationship with his mother, an elementary school teacher who retired only a year prior to his entry into therapy. When he was a young child, he noted that he would run to her when his father raised his voice and threatened to hit him, though he did not recall being physically struck by his father. In addressing his

relationship with his mother during his adolescence, Mark recalled a particularly disturbing incident that involved screaming at his mother when he arrived home after consuming alcohol at a party. He was alone with her in the house when he expressed to her how angry he was that she failed to take more active efforts to protect him from his father's wrath. Tears filled his eyes as he remembered how frightened she looked when the incident occurred. The next day, he said, he avoided her "because I was so filled with guilt, I could not face her." His mother distanced herself from him for several days following the event, compounding his sense of enormous guilt "and feeling like a real shit."

Session Content

Mark agreed to take the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), an assessment tool which identified that he primarily suffered from taboo sexual and violent unwanted thoughts. Repeating the magical number seven, along with repetitive praying, were identified as the compulsions that neutralized his anxiety. He read about Exposure and Response Prevention (ERP) strategies online, expressing fear about being exposed to the dreaded and shameful thoughts. The first few weeks of therapy entailed working on solidifying the therapeutic alliance, along with employing ERP strategies. Mark filled out a cognitive distortion list that pinpointed his tendencies to mainly employ all-or-nothing thinking, thought-action fusion and catastrophizing. Written narratives and motivational scripts, which described confronting progressively more disturbing images of driving into oncoming traffic, were utilized along with recorded audio describing anxiety-provoking scenes of kissing everybody on the street, falling onto the train tracks and driving into oncoming traffic. Another exposure task involved watching a movie or YouTube clips involving someone getting hit by a train until his tolerance to the feelings of fear increased. He also viewed clips of people driving into oncoming traffic.

The response-prevention aspect of the therapy proved to be the most challenging part of the process for Mark because it entailed his attempts to refrain from repeating the magic number seven and praying. Mark explained that he decided to leave the Catholic church, much to the dismay of his parents, and instead join a Bible-based Evangelical church. According to the Bible, he stated, seven is the basis of God's word, and it symbolizes completion and perfection. It is directly tied to creation in that God created the heavens and earth in six days, and He rested on the seventh day. Much anxiety was experienced, he expressed, when he tried to alter the number of times that he tried to repeat another number, following the therapist's suggestion (the therapist suggested trying to repeat the number five). "Unless I follow the Bible teachings to the letter, he uttered, I am a bad person." The number seven also "magically" protects his parents from dying, he added.

Psychoeducation about obsessive thoughts and intrusive thinking also was a component of the treatment. An example included addressing the cognition that "unless I follow the Bible teachings to the letter, I am a bad person." Earlier in this paper, it was pointed out that it is essential to distinguish between religious beliefs and the inflexible cognitions that characterize OCD. In fact, Abramowitz (2018), in *Getting Over OCD: A 10-step Workbook for Taking Back Your Life*, asserts that, when doing ERP, it is important to ask yourself whether the feeling of immorality is derived from your values or OCD. In this instance, Mark came to understand that his rigid adherence to following the Bible's teaching to the letter mainly served to reinforce rigid thinking that does not serve him well as he is attempting to overcome the intrusive thoughts. He agreed to work on lessening the time that he devoted to counting to the number seven, eventually decreasing the time spent to ten minutes.

Once Mark experienced a degree of symptom attenuation, the therapy seemed to enter a middle phase (Jacobs, 2017), or a working-through phase (Freud and Breuer, 1895/2004). He noted during one of the sessions that the images of having sex with men were puzzling to him because he had only dated women. Then he proceeded to relate that he dated a woman, Amanda, in college who was eventually “manipulative and controlling.” What started out as “fun dates” morphed into terrifying experiences for Mark because he would receive texts from Amanda indicating that she was cutting herself and needed him to come to her dorm to help her. Mark stated that he never knew if she was suicidal or just wanting him to take care of her. Some of Mark’s relational patterns are noted in the following exchange:

***Therapist:** You sound so alarmed and terrified in remembering what happened with Amanda. Mark, remember how we talked about people sometimes following patterns in relationships? It reminds me of the sense of alarm and terror that you felt when you talked about your dad threatening to hit you when you were young. Does it make sense that there might be a link between your experiences with Amanda and with your father?*

***Mark** (looking somewhat confused): Not really, Donna. Could you explain?*

***Therapist:** Sure. Sometimes patterns form when we experience similar feelings in our current lives that we experienced in the past. Amanda’s texts led you to feel like you had to figure out if there was real danger, just like when your dad would threaten to hurt you.*

***Mark:** Oh boy! I get it now. I should have figured it out by myself. I told you at the beginning (of therapy) that I thought that my relationship with my dad could explain some things. But I don’t want to blame him.*

Therapist: Acknowledging your feelings about your dad doesn't mean that you're blaming him for what you're going through. We're working on these issues together in here, so you don't have to figure them out on your own.

Cabaniss, et. al. (2017) discuss that transference is often embedded in innocuous comments. The therapist (DM) noticed that Mark commented about the therapist seeming to “like coffee like my mom likes coffee” and that she was “gentle like my mother.” During a session when the therapist was five minutes late for the appointment, Mark quipped, “You’re probably glad that you don’t have to meet with me for the full hour.” The therapist responded by saying, “Sorry that I’m late, and I wonder if you think there might be another reason why we’re starting late.” Addressing the issue with deeper exploration enabled the therapist and Mark to uncover his fear that the therapist will reject him and distance herself from him, just as his mother distanced herself from Mark’s feelings and needs.

A Self-Psychological View of the Case Example

A self-psychological view of this case example is offered due to some of the aforementioned gaps associated with other viewpoints. Classical psychoanalytic explanations, like Freud’s, underscored the connection between infantile sexuality and obsessive neurosis but failed to explore the need for relatedness and walled-off affect states, like disappointment and shame. Cognitive-behavioral approaches provide techniques and strategies for symptom alleviation but neglect the vital developmental and relational issues. This section will attempt to fill in some of the gaps related to developmental and relational factors.

Self psychology emphasizes the essence of human experience in relation to the person’s need to organize one’s subjective experience into a cohesive configuration. Self-objects are

objects whose functions are experienced as an aspect of the self, and they serve to maintain vigor, cohesion and internal harmony (Tolpin & Kohut, 1980). The theory underscores the importance of the parental capacity to respond to the child's healthy grandiosity through the process of mirroring and idealization needs, which give rise to healthy ideals (Kohut, 1977).

For Mark, who appeared threatened by his internal world, his tendency to respond in an anxious way to his affect states seems to be related to his proneness to fragmentation experiences. As Kohut (Tolpin & Kohut, 1980) noted, Mark was trying to protect himself from a sense of defectiveness via his frantic and repetitive intrusive thoughts. Additionally, he attempted to undo his "bad and tormenting" thoughts by repeating magical numbers and praying compulsively. These activities provided a sense of control and calmness, albeit temporary, as he tried to steady and soothe himself during his parents' emotional absence. He was filled with shame and guilt, blaming himself for the problems in his relationships with them. Kiersky and Fossage (Magid, 1993) explain that the lack of predictable emotionality, which is detrimental to children, leaves them feeling bad and feeling responsible for traumatic events when parents lose control and are inconsistent in their parenting. His mother, for example, distanced herself from Mark after he tried to express his anger toward her for not protecting him from his father's rage. His fear of the therapist distancing herself from him was revealed in the transference, along with her reassurance that she was not distancing herself from him.

Mark's decision to leave the Catholic church and join an Evangelical church ostensibly represents, on an emotional level, his need to detach from his parents who disappointed him, but it exacerbated the fear of losing his mother through death. The magical number seven would "undo the damage" of his thoughts of her death, temporarily assuaging his fear of loss. His

fantasy was that his parents were powerful because they knew his thoughts, but according to

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Kohut (1977), there were deficits in terms of mirroring and validating his feelings, and in providing idealizing and soothing functions. His parents were difficult to idealize because his father was abusive and his mother distanced herself from his intense feelings. The therapist appeared to be experienced as idealized because Mark experienced her as someone whose ideas should have occurred to him (related to his utterance that he should have figured out his relational patterns on his own). As Lee & Martin (1999) note, he appears to have an “open admiration for the therapist” (p. 143). They defined the idealized self-object as “the magical figure to be controlled and with which to be fused” (p. 140). His use of magical numbers may have been an attempt to merge with the magical figure as a source of comfort and calming.

The notion of “reparative relational experience” (Teyber & McClure, 2011, p. 27), defined as “providing a more satisfying response to the client’s old relational patterns” (p. 27), appears to be relevant in that Mark experienced feelings of safety and the calming presence of the therapist, someone who was not put off by the contents of Mark’s intrapsychic life. The therapist made concerted efforts to create the safe space to explore Mark’s beliefs, feelings and values while sensitively approaching his decision to leave the Catholic church. Finally, Mark was free to address his feelings of anger and disappointment with his parents, and particularly his father, relatively free of the guilt associated with his father’s recent health diagnosis.

Summary and Conclusions

Much of the research and scholarly investigations of intrusive thoughts have concluded that cognitive-behavioral interventions, and specifically Exposure and Response Prevention (ERP) protocols, are supported by vast empirical literature and are highly effective in reducing fear, avoidance behaviors and other anxiety-related phenomena. The key contention of these

authors, however, is that while CBT approaches effectively ameliorate the symptoms of intrusive thinking and the sense of uncertainty associated with these thoughts, the approaches deemphasize important early developmental precursors and fragmentation states that lie at the psychopathological core of intrusive thinking. Additionally, as the case example of Mark underscored, he not only needed to relinquish his reliance on rigid thinking to contain his fears but also to experience safe, consistent and reliable self-objects to disconfirm his belief that he would be rejected and shamed due to the perceived abhorrent nature of his thoughts and sense of defectiveness. The therapeutic relationship provided the opportunity for Mark to have a “corrective emotional experience” (Teyber & McClure, 2011, p. 389) in that he and the therapist co-created a safe space for the expression and sharing of his tormenting and unacceptable thoughts, feelings and images. In the therapeutic space, he was eventually free from the interpersonal dangers of his father’s abusive and critical stance, and from his mother’s tendency to withdraw from him.

Another aspect of intrusive thinking that is often neglected in the literature is magical thinking. A brief review of the existing literature revealed that it is often pathologized, viewed as a cognitive distortion reinforcing the sense of shame and humiliation that clients feel due to the magical thoughts that function to neutralize their obsessions. Religious beliefs that are often associated with religion may be suppressed to facilitate the treatment. It is essential for the therapist to practice with multicultural sensitivity and humility when religious, cultural and other contextual factors are introduced in the treatment. It is the assertion of these authors that these factors need to be acknowledged as crucial factors related to the treatment.

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Thunder, Lightning and the Scientific Standing of Psychoanalysisⁱ

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My enduring interest in the scientific standing of psychoanalysis emerged out of childhood with a need to understand, “What makes sense?” I was zero for two with fathers; one abandoned us and the other was an odd duck who seemed strange to me. My mother was depressed and passive, looking for others to help her. Sorting out how to navigate the social world confounded me. I became a minister to please my mother, but I lacked the kind of religious experiences that John Wesley referred to when he said, “I felt my heart strangely warmed.” In the absence of such experiences, I found religion to be a closed system of limited value to me. Later, however, sitting in my first pastoral counseling course in seminary, I was fascinated by the question, “Why do people do what they do?” My professor and eventual colleague, Ronald Lee, had organized the counseling class around psychoanalytic concepts.

After four parish years of parish life, I returned to graduate school in a joint program between Northwestern University and Garrett-Evangelical Theological Seminar with Ron Lee as my advisor. Accordingly, my continued exposure to analytic ideas was primarily through my clinical work and through Ron’s classes and supervision.

I learned that Freud had begun his professional career as a neurologist, initially working under the famous Jean Charcot, whom he came to idealize, at Charcot’s Pathological Laboratory. But by the mid- to late 1880s, Freud was gradually becoming more interested in psychology and eventually abandoned neurology in frustration; the primitive field simply lacked the instruments

and tools to find useful data. Unable to study the brain as an organ, he turned to studying the mind, the product of the brain.

Since Freud's time, psychoanalysis has survived numerous disruptions and transformations. Early on, Freud's Wednesday night psychoanalytic study group was disrupted by palace intrigue with Jung, Adler and Ferenczi among those who were ejected or defected, depending on one's view. Ironically, their departure was about differences in theory rather than practice. World War II disrupted the entire continent of Europe and never more so than for the Jews. Those who could immigrated to the Americas, both north and south. Most Jewish analysts were able to connect with medical schools and were well accepted within the medical community. Like all immigrants, they brought their culture with them. They revived the spirit of the Wednesday night group; the sacred texts of Freud's writings were to be studied and debated. Freud was never wrong, but clearly, his writings were subject to multiple interpretations.

Freud's early work in neurology, however, was seldom mentioned or given much importance throughout my studies; for years, I found this lack of attention to also be true when I attended psychoanalytic conferences. One was always admonished to read Freud (and to read Freud again) to achieve clearest understanding. Strict adherence to analytic technique and theory was the rule of the day; the most scathing criticism one heard was that some individual or some idea was "nonanalytic." A good example of this drive for purity can be found in Eissler (1953). Here, he introduced the idea of the "parameter," the reluctant bending of the strict structural rules of analysis to accommodate a patient who is stuck or who might leave treatment without such accommodation. But one must go back and analyze the "parameter" for a true analytic treatment.

Such purity thrives in isolated communities. With the establishment of independent institutes unconnected to universities or medical schools, psychoanalysis drifted and became largely hermetically sealed from outside sources.

Throughout the '60s and '70s, the study and practice of psychoanalysis became more limited and more intellectually isolated. Self psychology was a creative contribution in the '80s and '90s, but after that, not much felt new or improved. Much later in my own career, I read Kate Schechter's ethnographic study of the Chicago Institute for Psychoanalysis (2014). She not only laid bare the Institute's history of corruption but also articulated misgivings at the core of psychoanalysis that I could feel — a kind of double bind or infinite regress, but could not clearly express. She quotes Derrida (1998):

“Invoking continuity with the tradition of analysis, Freud embedded in his *Psychoanalysis* multiple orders of resistance alongside the founding notion of analysis as, precisely, analysis of resistance (analysis of the resistance, that is analysis, to analysis). Psychoanalysis, being thus determined ‘only in adversity and in relation to what resists it,’ can never, Derrida wrote, ‘gather itself into the unity of a concept or a task.’” (p. 20)

Psychoanalysis was simply left to drift with little connection to any other science and no way to know what is true or, at least, more likely true and what is not.

In this context, one could understand the universities and medical schools eventually turning to medication as an alternative or adjunct for psychotherapy, but why were they looking to nonanalytic psychotherapists? Where was the connection between psychoanalysis and its

medical heritage? In grad school, I forced myself to plow through 536 pages of *The Treatment of Primitive Mental States* (Giovaccini, 1978). Little did I know that my most memorable takeaway from the book would be to read that Melanie Klein's theory is incompatible with what we know about infant brain development (p. 23). Some of her ideas may have some heuristic value in treatment, but as Giovacchini makes clear, the theory cannot be right. If psychoanalysis aspires to be a science, why does it cling to theories that are demonstrably impossible? Was I now repeating my experience with religion? Had I pursued yet another closed system with its own internal contradictions? I had been trying to move away from religion as a closed system but seemed to have simply found a secular one.

My introduction to psychology was behaviorism as an undergraduate. "Rat psych," as I called it, felt palpably shallow and was of no interest to me. With psychoanalysis, there were plenty of problems, and yet there was something far more human. Ron Lee introduced me to Kohut and self psychology; together we published *Psychotherapy after Kohut: A Textbook of Self Psychology* (1991). Self psychology was considered a breach in the orthodoxy of analytic theory at that time and, of course, branded by some with the epithet, "nonanalytic." But more importantly to me as a clinician, I found Kohut's ideas useful. His concept of a selfobject, by which he meant a function assigned by the patient to the therapist, not a thing or person in the real world, was observable. The functions Kohut identifies are narcissistic transferences of needs and are unlike the traditional usage of the term transference, meaning the projection of earlier object experiences onto the therapist. Another way of thinking about these narcissistic transferences is that they are not about experiences that the patient has had; rather, they are about the expression of a desire for experiences that they need but have not had. Kohut recognized

three narcissistic needs: idealizing, mirroring and twinship. I also found his bipolar continuum of cohesiveness and fragmentation was both observable and invariably clinically important.

Although these ideas were useful, they did little to establish psychoanalysis as a science. I took comfort from the expanding literature on the effectiveness of psychoanalytic therapy. Drew Westen and his colleagues from Emory University were publishing multiple papers that strongly supported psychoanalytic psychotherapy. In addition, Jonathan Shedler's research (2010) not only strongly supported psychoanalytic therapy's effectiveness but also highlighted two additional major findings. First, psychoanalytic psychotherapy had a significantly higher effect size than Cognitive Behavior Therapy (CBT), which was significantly better than antidepressant medication. Secondly, and more importantly, he also showed that CBT treatment gains tend to fade over time while psychoanalytic therapy patients not only maintain their gains but often make further gains at follow-up. For me, this was wonderful news. Psychoanalytic therapy works, and quite well at that. But even this finding still does not meet the standards of contemporary science as Freud envisioned. There were still very few connections and cross-fertilization between psychoanalysis and closely related fields of science. For example, Fred Pine, writing in *Psychoanalytic Psychology* (2020), addresses the scientific standing of psychoanalysis:

“Let me dwell for a moment on Freud's reference to observation as the foundation of 'science.' There is no simple answer to the question whether and in what ways psychoanalysis is a science. I would argue that psychoanalysis is certainly *sciencelike* [sic]. We base all our theoretical concepts, all of our technical guidelines, and all of our in-session interventions on observation. And, as in all scientific work, these observations

are subject to refinement over time and are reported in professional articles where they can be subject to scrutiny by others.” (p. 89)

A science is defined by its field of inquiry; it uses the tools and methods necessary to answer the questions it raises. I agree with Pine in that psychoanalysis as he describes it is sciencelike. It is the exclusion of other sources of information *tout court* that makes psychoanalysis sciencelike. From my reading of Pine’s work, it is very clear that he is an excellent scholar; I have quoted him here because he so clearly articulates a prevalent view. Although we all have learned a great deal within this closed system, we also are aware of the extensive literature about the effect of the observer’s person on what is observed, how it is reported and how is it understood. Our idiosyncratic, individual psychic structures shape our interpretations of what it really means. This bias has been well articulated in many places. For example, George Atwood’s and Robert Stolorow’s review of the writings of Freud, Carl Jung, Wilhelm Reich and Otto Rank (1993) illustrate the personal dynamics of each theorist and how these dynamics are woven into their theory. We have multiple theorists, multiple theories, multiple ways to organize the data presented. What is the winnowing process where we separate the wheat from the chaff?

The case method that Pine (2020) articulates is surely one of the major reasons that psychoanalytic therapy has become so robust and effective. Clearly, that training and educational method has been very effective. Having one’s colleagues critique one’s work is brave, and I admire the willingness to be so vulnerable. I certainly have learned much from such readings and presentations. But why abandon Freud’s original vision of a

scientific psychology and settle for sciencelike? My objection is the one I continue to raise; psychoanalysis is still a closed system as there are no significant inputs from any other science and very few references to any other data outside of psychoanalysis. Ironically, as with Freud, one of the few inputs one reads about outside psychoanalysis is literature. Good literature often reveals wonderful insights into *homo sapiens*, and Shakespeare is a treasure trove, but as rich as his writing is, Shakespeare's work is by no means science.

When first introduced to the literature on neuropsychology, I was underwhelmed; I could not imagine how it would be of much value to a clinician in the trenches. Most conferences I had attended over the years were, by and large, restating and recycling prior work. Mostly they were useful reminders and supportive of my clinical work but included very little from outside the analytic bubble. In October 2019, I attended a conference in Chicago given by Mark Solms. As I was leaving, I said to a couple of colleagues, "This is the most interesting and valuable conference that I have attended in 20 years."

Mark Solms has an interesting life story that provides context for his work. He was born on the Skeleton Coast of the former German colony of Namibia, where his father administered a diamond mining company that was owned by De Beers. He describes an idyllic childhood with his older brother and constant playmate, Lee. When Mark was four and Lee was six, they were playing at the yacht club with friends. Lee and two other boys climbed onto the roof. Mark was wading in the surf when he heard something that sounded like a watermelon cracking open. Lee had fallen on concrete pavement and suffered a serious traumatic brain injury. When Lee was

finally able to return home, he was not the same person. He could not engage in the same way; the games they had played were now empty, with none of their former imagination and creativity. Mark found him to be “eerie or uncanny.” Where had the earlier version of his brother gone?

At university, Mark trained as a neuropsychologist, hoping to understand what had happened to his brother. But, like Freud, he was ultimately disappointed to find that neurology provided little to answer his questions. He became depressed and in 1987 sought treatment in psychoanalysis. Not only did he find it helpful, but he also was very encouraged by its focus on the meaning and purpose of symptoms. His doctoral neuropsychological study of dreams included interest in the content of dreams, which traditional neuropsychology dismissed as unscientific. In the late ‘80s, he attended a lecture (from the humanities department at the University of Witwatersrand) on Freud’s *The Interpretation of Dreams* (1900). The professor, Jean-Pierre de la Porte, explained that one could not understand the theoretical conclusions Freud reached without first digesting an earlier manuscript of his, “Project for a Scientific Psychology” (1895), which was published posthumously in 1950. In this document, Freud attempted to place his earlier insights about the mind on a neuroscientific footing. In the opening lines, Freud wrote, “The intention is to furnish a psychology that shall be a natural science: that is, to represent psychical processes as quantitatively determinate states of specifiable material particles” (p. 282).

Solms was so impressed with Freud’s work that he did his own translation of Freud’s 20 volumes. Unlike James Strachey, German is his first language and Solms added his own take on some of the translations in the Standard Edition. He found Freud to be an excellent neurologist

and was puzzled as to why psychologists and psychiatry have dismissed him. From my perspective, that dismissal has a lot to do with the common perception of Freud's preoccupation with sex. Solms points out that both Newton and Einstein were wrong about things in physics yet retain the admiration of physicists and the public. Solms makes it clear, however, that his efforts are not to vindicate Freud or prove him right, but to simply "finish the job" (Solms, 2022, p. 10).

Freud's disappointment in neurology led to a reappraisal that proved to be brilliant. It forced him to look more closely at psychological phenomena in their own right, giving rise to the investigative method he called psychoanalysis. Freud realized that the erratic train of our conscious thoughts can be explained only if we assume implicit intervening links of which we are unaware. This gave rise to the notion of latent mental functions and, in turn, to Freud's famous conjecture of "unconscious" intentionality. Two further key pillars of psychoanalysis emerged: First, the invariable strong reluctance to be aware of these unconscious intentions which we now refer to as "resistance," "censorship," "defense" and "repression," etc. This finding, in turn, revealed the second pillar, the crucial role that emotions play in mental life and how they underpin all sorts of self-serving biases. Today, it is obvious and unquestioned that some of the major motivating forces in mental life are both entirely subjective and unconscious.

Freud (1920) wrote: "...all of our provisional ideas in psychology will presumably someday will be places on an organic foundation" (p. 83). He enthusiastically anticipated the day when psychoanalysis would again join with neuroscience: "Biology is truly a land of unlimited possibilities. We may expect it to give us the most surprising information, and we cannot guess

what answers it will return in a few dozen years. ... They may be of a kind which will blow away the whole of our artificial structure of hypothesis” (p. 83).

It is important here to underscore that this approach is not reductionism, i.e., to reduce psychic phenomena to their neurological correlates. Solms (2015) states:

“...what is unique about the part of nature that we are concerned with in psychoanalysis is that it is both an object and a subject. This simple fact is the starting point of all neuropsychanalysis. On this basis, neuropsychanalysis seeks to link the findings of the science of the mind as an object with those of the science of the mind as a subject” (p. 3).

What unites these two approaches is that they are attempts to do neuropsychanalytic research.

The interface between psychoanalysis and neuroscience is a dialectical one, a conversation between fields where they intersect. Neither view is privileged over the other; neither is more real than the other. These views are ontologically equivalent.

It can be difficult for most of us to intuitively grasp the truth of this assertion. Our day-to-day human experience sees neurology as having epistemic priority because neurons (i.e., the brain) are physical constructs in the world we inhabit every day. Psychoanalysis, however, seems less real and often can feel like speculations about the mind and how it might work. Recalling Pines’ description of psychoanalysis as sciencelike, the focus on observation and peer review (as what scientists do) is a means of testing and refining the data of psychoanalysis. Neuropsychanalysis is an effort to expand testing and refining to include information from related fields in science.

The equivalence of these two perspectives is more easily understood if one recognizes that thunder and lightning are simply two different aspects of the same event. In the same way,

psychoanalysis and neurology are two different aspects of mental events. The intersection of these two perspectives is the way normal science works.

Physicist George Musser (2019) articulates many of the difficulties scientists are having at the edge of physics because of the limitations of technology and human understanding. He describes how physics has been traditionally understood:

“Physics seems to be one of the only domains of human life where truth is clearcut [sic]. The laws of physics describe hard reality. They are grounded in mathematical rigor and experimental proof. They give answers, not endless muddle. There is not one physics for you and one for me but a single physics for everyone everywhere. ... Physics is the bedrock of the larger search for truth. If you follow the chains of explanation in other sciences, you eventually wind up in physics.” (p. 37)

If psychoanalysis is to fulfill Freud’s vision of a scientific psychology, the chains of explanation must inevitably lead to a foundation based on physics. At this point, neurology is an exciting and promising entrée into the world of physics and enhanced scientific standing. As described earlier, Melanie Klein’s theories are rejected because they so clearly conflict with what we know about the biology of the infant brain. For this reason, psychoanalysis must find its connections with what we know about the biology of the developed brain. With this in mind, we turn to a sampling of Solms’ work to appreciate the emergence of a scientific psychology.

Solms (2018) first identifies three core claims which enjoy strong empirical support and enable a defense against the prejudice that psychoanalysis is not evidence-based. These core claims about

the emotional mind, once controversial, are now widely accepted in neighboring disciplines; the clinical methods of psychoanalysis to relieve emotional suffering flow directly from these core claims and are consistent with current scientific understanding of how the brain changes. And no surprise here, psychoanalytic therapy achieves good outcomes. The three core claims about the mind are: 1) the human infant is not a blank slate and like all other species, we are born with a set of innate needs; 2) the main task of mental development is to learn how to meet these needs in the world, which implies that mental disorders arise from failures to achieve this task; and 3) most of our ways of meeting our needs are executed unconsciously, which requires us to bring them to consciousness again in order to change them. These core claims are foundational premises, but it is essential to recognize that they are scientific premises which are both testable and falsifiable. It is important to distinguish these core premises from the details which elaborate them. The details are empirical contents and whether they are ultimately upheld or not, do not affect the core claims. The three claims are foundational and if they are disproven, the core scientific presuppositions upon which psychoanalysis as we know it will have been rejected.

We now turn our focus from a general description of neuropsychology to look at an example of the dialogue between psychoanalysis and neurology. Those familiar with the field know Freud made the oedipal conflict the foundation of psychopathology, and Solms (2022) comments thus on this dialogue:

“Since the theory of the Oedipus complex may be described as the holy cow of psychoanalysis, as its totem, and since the slaughter of this animal is our cardinal taboo, I will begin my paper with a disclaimer: I do not doubt the existence of the Oedipus complex. However, the classical theory of its origins and nature requires fundamental

revision. As will become clear the theory is a biological theory. My aim in this paper, therefore, is to place the psychological phenomena of the Oedipus complex (which I am not disputing) on firmer biological ground.” (p.1)

For the sake of brevity, the Readers Digest version of Freud’s Oedipus complex (1912-13) can be stated as follows: The typical male child is sexually attracted to his mother, which conflicts with two innate dispositions: castration anxiety and the horror of incest. Freud explains the origin of these dispositions in evolutionary terms: to protect his status as alpha male, the father castrated or threatened to castrate his male offspring, typically when they reach puberty. They therefore fled the clan and sought exogamous sexual unions. The expelled boys then banded together and murdered the oppressive father, which resulted in conflict over the alpha role and especially guilt, as the father also was revered.

Most importantly, Freud believed that these innate dispositions — castration anxiety, the horror of incest and guilt — arose through what biologists call the inheritance of acquired adaptive characteristics, a mechanism central to Lamarckian evolution (Solms, 2022, p. 3). But, for Freud, this drama was an inherited unconscious memory. Although he was aware that Darwin considered the inheritance of acquired characteristics to be biologically impossible, Freud believed, until his death, that the universality of these phantasies is explained by the fact that they constitute a phylogenetically transmitted inheritance (Jones, 1957, p. 333).

Solms (2022) puts on his neuroscientist’s hat and explains that the memories of the type Freud calls “primal phantasies” (which include those that constitute the Oedipus complex, “his nuclear

complex of the neurosis”) are memory events. Such memories can only be encoded in the cortex. This is important because the cortex does not contain inherited memories. All innate response patterns are encoded subcortically.

Having driven a stake into the heart of Freud’s Lamarckian delusion, we turn to Solms’ explanation of the Oedipus complex (2022). Based on Jaak Panksepp’s taxonomy (1998), Solms identifies seven basic emotional drives in the human brain. He emphasizes that the brain circuits for all seven basic emotions (which are present in all mammals) are entirely subcortical; they are located in the limbic system and the brain stem. Accordingly, they do not and cannot contain episodic or semantic representations. But emotions do play a crucial role in postnatal learning, including declarative learning, by orchestrating cortical development.

Solms goes to great lengths to place his work on a Darwinian evolutionary foundation — random variation and selective retention — illustrating how it functions neurologically. What is important for our purposes is to understand that these emotions often conflict with each other. As he (2022) writes: “The relevance of the Oedipal complex comes into view. My father is frustrating me, so I feel impelled to attack. But he is bigger than me, so I am afraid of him” (p. 6). Such conflicts are ubiquitous and represent demands for mental work, for learning from experience. And he adds:

“If the constellation of compromises that were achieved by a child is insecure, the new demands that come with the surge of Lust at puberty frequently represents the straw that breaks the camel’s back. The relevance of the Oedipal complex, and its pivotal role in mental development becomes clear. Not only must the child

reconcile its Lust with its attachment bonds, but it must also do so in the context of the Rage that is aroused by the frustrations of these needs, and the Panic that is evoked in relation to Fears of loss of the caregiver (and hence the guilt), but also the Fear that is aroused by the Rage that is felt towards the frustrating parent. All of these competing, heartfelt emotions – which are inevitably felt towards the child’s primary objects – must somehow be reconciled with each other. **This is the Oedipus complex.**” (p.10)

The Oedipus complex is not an inherited memory, but it represents (however strong or fragile) a developmental achievement. The relentless pursuit of a nonexistent memory leads to a dead end and futility; listening as carefully as we can to our patients to understand their own idiosyncratic compromises and constructions is our task. For me, neuropsychanalysis pulls together many valuable ideas from psychoanalysis into a simpler, more parsimonious frame. There is much more to neuropsychanalysis, but I will conclude by returning to Fred Pine (2020) and this wonderful sentence about the working clinician: “In the background, concepts of conflict, compromise formation, over determination and multiple function, etc. stand ready to help us understand and cope with the unending variation of mental life.” (p. 89)

The work of treatment remains the same: What we observe and the concepts we use to discuss them, i.e., conflict, compromise formation, overdetermination, etc., remain much the same.

What is different is our understanding of how these constellations come together, and perhaps a more accurate and empathic understanding of their meaning for patients. As Solms reminds us, feelings always have meaning, and this is a scientifically sound way to understand and respond

to them. At least for me, this understanding represents a transformation that returns psychoanalysis to Freud's vision of a natural science. I am very optimistic that this next transformation will continue to herald wonderful research and new knowledge in our profession.

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TRANSFORMING SHAME: TAMING THE INTOLERABLE

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Abstract

Shame is a social emotion that plays an important role in how we learn to function in groups. In traumatic doses, however, it can become a toxic introject that disrupts going-on-being and damages self-esteem. While often triggered by a social faux pas, the subjective experience of shame is the felt sense of exposure of the defectiveness of one's self and thus is associated with rejection for being unworthy of love. Shame can be debilitating, and because of the fierce avoidant defenses that develop to protect against future occurrences of shame, it is difficult to transform the prominent role it can play in one's psyche. This paper explores the nature of shame, including what activates it and the unconscious dangers associated with it. Also addressed are the relational factors that are necessary to help "tame" one's shame, thereby lessening the need for defenses that inhibit vulnerability, restrict degrees of freedom and diminish one's vitality.

Shame: A Personal Story

I am the son of a holocaust survivor. My mother's fear of death and loss drove her consuming preoccupation with health and security, and her fear of shame and judgment fueled her near phobic avoidance of exposure. She was a loving and devoted parent, but her fears led her to regularly and unselfconsciously interrupt my **going-on-being**, to use Donald Winnicott's term. Her fears not only obscured her view of me but made it

nearly impossible for her to moderate her relentless, intrusive behavior. Francis Broucek described early interruptions of going-on-being as the precursor to later experiences of shame, the negative emotion of the self (Broucek,1991). Sylvan Tomkins wrote about shame as the deflation that occurs when excitement/positive affect is suddenly interrupted (Tomkins,1963).

A memorable shame experience of this kind that was emblematic of so many others in my childhood occurred after I had placed first in the running broad jump at a track meet between my elementary school and that of a nearby school. I hurried home, excited to show my mother the blue ribbon I had won, but my excitement was suddenly shut down when I was blindsided by her angry reaction: “You’re late for your piano lesson.” Her curtness was a reaction to her own shame about keeping the piano teacher waiting and her need to expel that intolerable feeling via her scorn.

Also memorable was the all-too-frequent childhood experience I had of being “noodged” by my mother imploring me to “put on an undershirt,” “put on a coat” or some other similarly panicked lifesaving demand. The fact that her pleading in front of my friends might have been problematic for me apparently never occurred to her as that possibility was obscured by her desperate need to protect me from the dangers of not wearing an undershirt.

When something is amiss in a child’s life, they tend to feel responsible in that it feels like the problem stems from something about **who they are**. This, of course, triggers shame. I have come to see how this process played out in my own childhood. By the

time I was a teen, much of that shame had largely gone underground. My typical reaction to this relentless impingement was anger as I tried in vain to fend off my mother — although that anger, as well as the pain underneath it, was largely hidden from the rest of the world. My sensitivity to impingement, though no longer as salient an issue as it had been while I was growing up, still lingers today. In retrospect, it is not surprising that by high school I had developed what was then diagnosed as ulcerative colitis, requiring a lengthy hospital stay during my senior year — a problem that my mother was convinced was the result of my poor eating habits. It is of note that when I left home to go away to college, despite my significantly less healthy, typical college student diet, my gastrointestinal problems largely abated.

And yet I never doubted her devotion to me. When my internist said that I needed to be hospitalized, my mother brought me to the University of Chicago Hospital because she had learned that one of the leading specialists in the country was at that hospital. She had only recently learned to drive and was petrified of driving on highways, but she did the two-hour round-trip journey of mostly highway driving to visit me every day of my six-week hospitalization. How could I reconcile her effect on my health, and the frustration and emotional pain that she engendered, with the profound level of love and devotion that I knew was there?

The short answer to that dilemma was that part of me understood that, as far as she was concerned, this was a matter of life and death, and she was just trying to save me. Her fears, when activated, were so consuming that they obscured her view of other things, and so just about everything else became noise — including the inner worlds of

her children. My mother's anxiety about loss and her inability to tolerate her shame overrode everything else and kept her from being able to really see me. I was essentially a body moving in space — a fragile and extremely precious body — but still just a body. I was frustrated beyond words as I was powerless to stop her. When facing life-and-death issues, there is little room for luxuries like empathy and emotional attunement. And in a concentration camp, anything but life-and-death issues was a luxury. When her fears were in the background, she was a different person, but her inability to see me when her shame or her fears were activated left me feeling quite alone. Impinged upon, but alone. As a young adult, I used to describe myself as having grown up an emotional orphan. The lack of mirroring, understanding or involvement in things that I cared about produced a residue of shame that is likely not only the reason that I've written this paper, but why I became a psychologist in the first place. And so, this paper is about shame: what it is, what triggers it, the unconscious dangers associated with it, how it's managed and how it can be defanged.

Why We Experience Shame

Many problems that human beings struggle with stem from experiences of shame that have been insufficiently metabolized. Proneness to shame has been shown to be associated with suicide, anxiety, addictions and family violence. It has also been linked to self-esteem problems, an impaired capacity for empathy, the propensity to blame others and the tendency to hold on to resentments. The connection between proneness to shame and difficulty engaging with the world in empathic, playful and vulnerable ways is not hard to see. For many, it can be debilitating. No wonder shame has come

to be seen as not just undesirable but as a pathological emotion.

But as painful as it can sometimes be, shame is a normal part of human experience. In fact, the capacity to experience shame has actually had adaptive value. Human beings evolved to experience this social emotion because shame pushes us to behave in ways that are acceptable to others. It thus serves the function of maintaining the caring involvement of important attachment figures, like our parents, as well as acceptance by members of the tribe we are part of. Those ancestors of ours who didn't have the "shame chip" that makes us susceptible to this sort of social pain weren't subject to that form of social control. Consequently, they were more likely to behave in ways that resulted in their being rejected by the group, and so were less likely to have the advantages of full tribal membership — namely, access to group supplies and protection from external dangers. The consequences of this were that such "shame-challenged" individuals were more likely to die young and thus be less likely to contribute their genes to the gene pool. Most human beings today are the "beneficiaries" of this natural selection process and so have the capacity, in varying degrees, to feel shame.

Normal vs. Toxic Shame

There is a difference, however, between periodically experiencing manageable doses of shame in reaction to a failure or a social faux pas, on the one hand, and suffering from toxic shame, on the other. Toxic shame involves being shame-ridden in such a way that it interferes with functioning. For some people, their self-esteem is not only painfully, debilitatingly low, but it is unamenable to new information that could alter how they see

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themselves; they live a life oppressed by the shame that is nearly always present. For others, the need to defend against shame becomes the dominant organizing force in their life. Shame, according to Andrew Morrison, is “the underside of narcissism” (Morrison, 1989). Narcissistic Personality Disordered individuals have tremendous difficulty tolerating shame, and so, employ reality-distorting defenses to protect themselves from even knowing about their shame. An obvious example of this would be Donald Trump, whose grandiosity is on full display for the world to see, as he seems to be strikingly incapable of tolerating any form of shame, or as Franz Alexander (1938) referred to it, the feeling of inferiority. As a result, he appears to have developed a personality that is essentially one giant reaction formation to protect him from reexperiencing what surely must have been early traumatic experiences of shame — or more precisely, a childhood characterized by shame-inducing, traumatic relational experiences. Some things that have been written about his relationship with his father would seem to bear this out.

The opportunity to have manageable experiences of shame during development helps to develop the capacity to tolerate shame as a normal, albeit unpleasant, part of life. The capacity to feel shame is part of being fully human. But experiences of shame that are either overwhelming or occur too frequently and are experienced without the presence of an affirming “other” to help process those experiences, can lead to an impaired capacity to manage even small shame experiences. Shame, or more accurately, the need to defend against shame, can then take control of their life.

But not all experiences of shame are traumatic — unpleasant, for sure, but not necessarily traumatic. Two experiences of shame in my own life illustrate this point. As a 12-year-old in my fifth year of piano lessons, I would periodically perform in recitals. As I was getting ready for an upcoming recital, my piano teacher informed me that I would be playing a particular piece by heart, something that I knew I was not yet ready to do. Despite my vigorous protests, she insisted that I was ready, and that was the end of the discussion. When my time came, I began playing, but halfway through the piece, I lost my place. Absent my sheet music, I simply could not find my way back to the place where I got lost and had to walk off the stage of the rather large ballroom, filled with people, humiliated. I never forgot what that mortifying experience felt like and haven't played piano in front of an audience since. This was obviously a traumatic shame experience that I simply did not have the emotional tools to manage, and the shame was potentiated by the absence of meaningful parental support to help me metabolize it.

Years later, I had the following altogether different experience of shame. As a young graduate student at Michigan State, I was asked to teach an undergraduate statistics class. A somewhat shy 24-year-old, I nevertheless jumped on the opportunity before really thinking about just what I was getting myself into. I prepared like crazy, got to the classroom early on the first day, wrote my name on the blackboard, and then quickly walked out of the room to take some deep breaths and get centered. When the class began, I started with the easy stuff: going over the syllabus, talking about measures of central tendency, etc. I recall saying to myself about 15 minutes into the class, "This

isn't too bad. I think I got this." But a few minutes later, someone in the front row pointed to me and mouthed, "Your fly is open." I think I just didn't have the "luxury" of succumbing to the shame, and hiding from it wasn't really an option, so instead I was able to take comedic ownership of the embarrassing incident. I turned around to face away from the class, did an exaggerated, tiptoed pulling up of my zipper, and after joining the class in the chuckle, continued with my lecture. I felt embarrassment, a form of shame, but when your fly is open in front of a group of strangers, you're supposed to feel embarrassed. As this incident shows, that sort of exposure (so to speak) doesn't have to feel traumatic, debilitating or overwhelming, or lead to the activation of more pathological defenses. You feel it, it's unpleasant, you manage it — sometimes via the use of humor — and then you move on.

What is Shame?

Nearly everyone is familiar with the pain of shame. It is the experience of feeling inferior, dirty, defective, inadequate, undeserving or repulsive. Brene Brown describes it as the experience of feeling "flawed and therefore unworthy of love and belonging" (Brown, 2015). It is the felt sense of having one's defectiveness or worthlessness exposed and is generally accompanied by the urge to hide. It can also trigger a quick correction of a shame-inducing social faux pas. According to Franz Alexander, the deepest source of inferiority feelings (basically, shame) is the conflict between the wish to grow up and the regressive pull to passive dependency.

I recall an incident more than 20 years ago, when my oldest son was home playing with a friend. During those early years, when I would come home from work, he would run to

greet me with open arms and an enthusiastic hug. That evening, when he heard me walk into our house, he ran toward me, arms open to hug me as he exclaimed, “Daddy!” But suddenly, he remembered that his friend was there, and so he quickly dropped his arms down to his side, looking mortified by what he had just displayed in front of his friend. His going-on-being had been interrupted by his own awareness of a social norm that he was in the process of internalizing. It was a sad, bittersweet moment for me as I was witnessing another step in the gradual loss of innocence that growing up entails, understanding that he was moving away from being my little boy in the unselfconscious way that he had been, and that his friends were in the process of being “promoted” to being his primary social reference group.

What triggers this painful emotion? Shame can be better understood when contrasted with guilt. Whereas guilt is the feeling of having done (or thought about doing) something that feels morally “bad” — typically something that is harmful to another person — shame is the felt sense of having one’s inferiority or defectiveness exposed. In other words, guilt is the response to immoral or bad **behavior**, whereas shame is the felt sense of **being** defective. Thus, shame feels like the deserved loss of a loving connection to one’s parents, and later, the loss of the love of a disappointed **internalized** parent. In both of these cases, the loss of love is ultimately associated with the threat of annihilation because of **who one is**. While often it is a specific behavior that triggers shame, it is because, in that moment, the individual feels as though the inadequacy or defectiveness that makes them unlovable is being exposed via their social faux pas or failure.

Managing Shame

Because, at its core, shame is about who one is and not just something that one has done, it is difficult to free oneself of that burden. There are, of course, different levels of shame. At its most extreme are individuals who are functioning in a Paranoid-Schizoid mode of being, an early stage of development described by Melanie Klein (1946), that can also be a state that one temporarily regresses to. This is a mode of being that relies on primitive defenses like dissociation, projection and projective identification. Because while in that mode of being the individual is unable to “hold” or tolerate the feeling of shame, they are generally faced with two options: 1) be overwhelmed by that terrifying experience, often resulting in dissociation or numbness, and a kind of psychic paralysis referred to by trauma therapists as “tonic immobility,” or 2) they can expel the shame onto someone else in an effort to just get rid of it.

The latter approach is illustrated in the first example I gave about my mother and my piano lesson. She was embarrassed by my tardiness and so, in a panic-driven state of tunnel vision, desperately expelled that intolerable feeling via her scorn. If she had been functioning in a more mature mode of being at that time — what Klein referred to as the Depressive Position — she would likely have had a different relationship to her own shame. The ability to better tolerate her shame might have enabled her to maintain her parental perspective in the face of this unpleasant feeling. She might then have been able to say something like, “Congratulations on your ribbon, but you’re late for your piano lesson. We can talk about your track meet after the lesson, but you’re late, so hurry on in there.” After the piano lesson, she could have let me know that she was

upset with me, suggested that we try to figure out how to avoid my being late in the future, and then asked me about my track meet, which, by the way, I had been very excited about.

While **shame-escape defenses** address shame that is being felt in the moment, **shame-avoidant defenses** develop to protect the individual from future suffering. Shame-avoidant defenses can sometimes coalesce to form an enduring coping style that expands to cover many areas of one's life and become part of that person's character. Although initially adaptive, shame-avoidant defenses can eventually come to interfere with the individual's relationship to the world and with themselves. In effect, this avoidant coping style becomes part of a phobia of sorts: a shame phobia. The individual learns to protect themselves from even small doses of shame, depriving themselves of the experiences necessary to develop the ability to tolerate and manage this inherently unpleasant (but soon-to-become highly dangerous) emotion. The tentacles of these defenses against what has come to be experienced as intolerable shame continue to expand into more areas of the individual's life, interfering with relationships, the ability to take risks, to be open, to be flexible, to be vulnerable and to relate in genuine ways. The essence of this avoidance is about the habitual hiding of one's vulnerability via the disavowal of needs or "weakness." Among the vulnerable feelings that need to be defended against are sadness, hurt and disappointment. Shame-avoidant coping strategies include perfectionism, insatiable ambition, the need to regularly prove oneself superior to others, and the avoidance of activities that might risk embarrassment (like performing, public speaking or just trying new things).

Changing One's Relationship to Shame

The role that shame plays in many emotional problems has been underappreciated since therapy began as a serious form of treatment over a century ago. Fifty years ago, Helen Block Lewis (Lewis, 1971) pointed out that Freud's emphasis on guilt had dominated psychoanalytic thinking, squeezing out shame as an area of focus. She wrote that, for Freud, the threat of loss of parental love (the source of shame) took a back seat to the threat of castration by the father (the source of guilt). Lewis saw this as a consequence of the disparate emphases placed on the two mechanisms of identification involved in the development of shame and guilt: anaclitic identification and identification with the aggressor, respectively. Harry Guntrip wrote that we prefer to see people as bad but strong, rather than as weak and afraid (Guntrip, 1973). Shame had been neglected, he said, because we prefer to focus on guilt-producing conflicts about the powerful forces within us, rather than on the shame-producing conflicts that stem from a fragile, needy self, plagued with self-doubt and the fear of rejection and abandonment.

The work done in the past few decades in the treatment of trauma has helped to bring shame more in focus and heighten our awareness of the role that it plays not only in PTSD but in a host of other problems as well, including anxiety, addictions, poor self-esteem and relational problems, among others.

I would suggest that another driver of this greater emphasis on shame has been the larger role that women have come to play in our field in the last half century or so, as

well as the cultural changes that have made it more acceptable for men to be sensitive, involved with their children and relationally oriented. The resulting shift in emphasis toward attachment and loss, as well as relational needs and injuries, and the de-pathologizing of vulnerability as an integral part of healthy human functioning, have helped to usher in a “kinder and gentler” psychotherapy that has opened the door for the exploration of shame. To borrow a line from the old Cadillac commercial, “It’s not your father’s psychotherapy.”

I am also suggesting that, regardless of a patient’s presenting symptom picture, it is important to be sensitive to the shame, as well as the defenses against it, that might be underlying those symptoms — particularly the avoidant defenses that can come to take on a characterological quality. The more you know about shame, the easier it is to see how ubiquitous a role it plays in bringing people into therapy for a wide array of problems, including many problems that aren’t typically thought of as shame related (and, for that matter, the role it plays in keeping others out of therapy — in other words, resisting taking a risk that they intuitively sense might bring them closer to their shame).

My own struggles, experienced at different times in my life as alienation, anxiety, awkwardness in my interactions with girls during adolescence, grandiose ambitiousness, difficulty being vulnerable and my long-held secret sense of being superior to others, all stemmed from my issues with insufficiently metabolized shame. I have had a number of therapy experiences, and it has taught me a good deal about myself, particularly regarding my shame burden and my shame-avoidant defenses. But it has also taught me a lot about the therapy process and how essential it is that the

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therapist be cognizant of the shame in the room — both the patient's *a priori* shame and the shame dynamics that play out in the interactions between the therapist and the patient.

An enlightening, albeit unpleasant, experience occurred in my second analysis roughly 30 years ago. My analyst, who was fairly well-known and had made sure to let me know that he had been a patient and colleague of Heinz Kohut's, was often significantly late to my sessions. Particularly disturbing to me was the fact that he never apologized or even made mention of the fact that he was late. When I commented on this, he immediately went into neutral, "blank screen" mode, focusing exclusively on the fact that I was upset by this. It was an impersonal and, I would argue, dismissive reaction that basically left me holding the bag. Had he simply apologized and expressed some recognition of the fact that my reaction was, at least in part, an understandable reaction to his tardiness (and had then invited me to explore whether there was something familiar to me in the experience, or whether there was anything in my reaction that was worthy of exploration), I think I would have had an altogether different reaction. His selective allegiance to protecting the purity of the transference situation seemed to me to be self-serving, and I believe that what was being served was his need to shield himself from the unpleasant feelings that ownership would have engendered in him. Instead, he needed me to carry that burden for him. This may have been a familiar experience in my life, but as the saying goes, just because you're paranoid doesn't mean they're not following you.

It is important in analysis, or any kind of relational therapy, for that matter, that the patient be helped to develop the capacity to take greater ownership of their role in their relationships, as well as in their subjective experience of those relationships. But the patient's immediate owning of full responsibility should not be an uncompromising expectation of the therapist. To require that a patient take full responsibility for their experience in the interactions between the therapist and the patient, and for the therapist to refuse to own enough of it to lighten that burden and make it manageable for the patient, is akin to a cardiologist requiring that their patient not have high blood pressure, or a dentist requiring that their patient not have any cavities. That is the reason that they are there: to lower their blood pressure, to have their cavity filled, and to develop the capacity to take responsibility for their role in how their interactions with others play out.

An image that I find helpful is that of a heavy ball of shame-filled responsibility that must be lifted and held. It is the job of the analyst to be assessing not only how heavy that ball is, but also how much of that burden the patient can manage at that time. The patient has the capacity to lift and hold some amount of that weight, but the therapist needs to "titrate the dose of responsibility" by holding as much of that ball as is necessary to make the patient's burden one that they are capable of handling.

This issue also plays out with couples who are constantly trying to lessen their own shame by getting their partner to lift more of that shame ball. Another metaphor that might be helpful here is the game of hot potato. The point of that game is to get someone other than you to be holding the potato when the music stops, but you can't

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just throw the potato at the person next to you — they have to take ownership of it in order for you to be free of it. Similarly, just projecting onto your partner is generally not enough to provide the sought-after relief from that shame; the partner has to take some ownership of it in order to lessen the burden.

A patient I worked with some years ago had been stuck in a reenactment with her husband in which both needed the other to change their behavior in order to lessen their own excruciating shame burdens. Each kept trying to rid themselves of their own shame by pushing the other to take responsibility for their relational problems, essentially trying to expel it onto the other person, which of course intensified the other's desperate attempts to push it back. The more the other refused to take it in, the more primitive, desperate and rageful the expulsions became. This process was exemplified by my patient's response to her husband relaying to her his therapist's suggestion that they get into couples therapy. "This is not an 'us' problem," she shouted repeatedly in our session. "This is a Steve problem!"

So, how does shame change? The short answer is that it doesn't go away, and that shouldn't be the goal. The goal should be some version of Freud's goal for any psychoanalysis, namely "to convert neurotic misery into common unhappiness." This statement summarizes an important aspect of existential philosophy, as well as both Hinduism and Buddhism: Life has pain and suffering. If you chase the illusion that you can insulate yourself from it, then you will create more pain. *Samsara*, or enlightenment, comes from the acceptance of this truth. Of course, if there is insufficiently metabolized

trauma, then that kind of acceptance will be nearly impossible, thus the importance of working through one's traumas. The road to that nearly always travels through shame.

But changing one's relationship to their own shame is one of the steepest hills to climb in therapy, if only because the defenses against it are so fierce. The power of such shame-avoiding adaptations can be diminished by getting to know one's shame, but the resistance to getting closer to that shame is fierce because of the unconscious terror of annihilation that underlies the felt sense of rejection that is so bound up with the experience of shame.

For that reason, the therapist needs to be able to provide a holding environment that, through their behavior, regularly reminds the patient that the therapist will not impose on them levels of shame that are more than they can manage. And most importantly, when the therapist has a lapse in empathy, they need to own it, rather than expelling it or leaving the patient alone in their shame with no interpersonal anchor. The therapist will need to know their own protective shame-repelling buttons so that they don't re-injure their patient. But even then, they will still periodically have injurious lapses in empathy, and at those times it will be important for the therapist to recognize this and repair the injury to the patient by acknowledging their lapse. It is not unusual for these sorts of repairs to be the most healing interactions in one's therapy.

The power of shame-avoidant defenses to disrupt one's life speaks to the importance of taming the beast of shame, and so, lessening the need for (and thus the intensity of) these defenses. But doing so requires that the patient become better able to tolerate the

experience of shame, along with the associated sense of rejection for being unlovable. Such “dangerous” vulnerability points to the crucial role that the level of trust in the therapist plays in enabling the patient to begin to face the intolerable. The development of just such an attachment, however, runs into the patient’s resistance to being vulnerable; feeling needy or dependent, in itself, risks shame and rejection. The importance of a trusting relationship with one’s therapist is Psychotherapy 101, but this is particularly true when dealing with shame.

So, here I stand, a 67-year-old man who has been working on these issues for decades. I learned early in my life that it was not safe to be vulnerable and that the “best” insurance policy against that was my ambitious, competitive striving to be superior in order to protect myself from Alexander’s “feeling of inferiority.” I have learned a great deal about myself, about my relationships and about the therapy process itself. I’m no longer as controlled by shame, or by my defenses against shame, as I was years ago. I have come a long way, but I still struggle to overcome old patterns of shame-driven defensiveness. I am a better person and a better therapist than I used to be, but there are things that still interfere in my most intimate relationships, and being vulnerable will, no doubt, always be a challenge for me. Of this, the world keeps reminding me, and so I would like to conclude by sharing one of those reminders I had while eating dinner with my family roughly ten years ago. I had been behaving in a relatively emotionally guarded manner, and my then college-aged younger son looked at me and said, “Dad, you have to ‘man up’ and be more vulnerable.” I felt a pang of shame for having been

busted, and a great sense of pride about his ability to recognize and call me on it. But he was right: Being vulnerable takes courage.

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**A Personal Journey from Disruption Due to Trauma to Transition,
Post-Traumatic Growth, and Meaning**

Marjorie Harris Newman, Psy.D.

In some ways suffering ceases to be suffering at the moment it finds a meaning.

Viktor Frankl, Man's Search for Meaning.

Narrative identity is a person's internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose. In recent studies on narrative identity, researchers have paid a great deal of attention to psychological adaptation. Research into the relation between life stories and adaptation shows that narrators who find redemptive meanings in suffering and adversity, and who construct life stories that feature themes of personal agency and exploration, tend to enjoy higher levels of mental health, well-being, and maturity.

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You think you know who you are until you aren't that person anymore.

A recent comment by my patient.

When Chet Mirman, the conference chair, asked me if I would be interested in speaking at the IFPE conference, I was so honored, but I also was intimidated. I'm a psychologist, and although I am psychoanalytically informed, I am not a psychoanalyst. Then when Chet told me

the theme this year would be “Disruptions and Transformations,” I knew my personal experience would fit the topic well, and I accepted his offer to speak today. At the time, I told Chet that one of my best friends in the world, Marisa, is a psychoanalyst in New York City, and she would love this conference. I told Chet I would love to invite her and, still feeling somewhat intimidated, I added, “Perhaps she can use her vast knowledge of psychoanalytic theory to help me with my presentation.”

I called Marisa and told her about the conference, and she said she would love to come. She loved the conference topic and noted that we had both experienced major disruptions and transformations in our lives.

A few weeks later, Marisa had the most permanent disruption of them all — suddenly and unexpectedly, Marisa died. I was shocked and devastated. Although Marisa is no longer able to accompany me to this conference, something coincidental and magical happened. Over the summer, when I received the first email with the brochure for the conference, I clicked on the link and the first thing I saw was this photograph. (Show the photo on the cover of the IFPE brochure.) I thought this painting was magnificent, and I scrolled down to see the name of the artist and painting. It is “Sea of Light and Dark” by April Gornik.

I was flabbergasted. April Gornik was Marisa’s mother’s best friend. Marisa’s mother, Freya Hansell, also was a painter. I met April and her husband, Eric Fischl, who also is an artist, years ago when they hosted Marisa’s mother’s memorial service at their home. Of all the paintings in the world, April’s painting was chosen for this conference. April and Eric were the only friends of Freya’s with whom Marisa remained close.

Is this just a small world coincidence? Is it a message from the universe? Because I believe in the healing power of narrative, in my mind, the choice of April Gornik’s painting to represent this conference is a sign that Marisa is here with me today after all.

I told this story to another dear friend, also a psychologist, who responded, “This means you have to talk about Marisa in your presentation.” “No,” I said, “If I talk about Marisa, I’ll be too sad. It’s too soon and too raw. Plus, I have a different topic to present.” Upon reflection, however, I realized that Marisa and I had parallel experiences in our lives; we both experienced trauma that shattered our sense of identity. We discovered deep reservoirs of resilience and strength within ourselves, changed our careers in midlife and became therapists who used our respective traumas to inform our work. In the process, we found purpose and meaning in careers we love. There is nothing sad about that. So, I changed my presentation to discuss our stories of resilience and triumph — another example of the healing power of narrative.

I met Marisa in New York City when I was 22 and she was 21. I was an actress, she was a director, and we bonded immediately. We were incredibly passionate about our dreams — they defined our worlds and our identities. I was one of those people who knew I wanted to be an actress from the time I was five years old. Around that time, I saw “West Side Story” and it slayed me. I used to stand in my parents’ bedroom in front of the only full-length mirror in the house and pretend to be Natalie Wood. I would dance and sing “I Feel Pretty,” and then I would get very serious. I would look in the mirror with tears streaming down my face and recite from the film, “Make it not be true, Chino. Make *me* die, only make it not be true!”

My parents knew they had a performer on their hands. They gave me a nickname inspired by the famous late 19th-century dramatic theatre actress Sarah Bernhardt. They called me Sarah *Heartburn*.

I grew up doing plays and musicals. I graduated from high school six months early and started working as an actress and model. I studied acting at the Goodman Theatre and improvisation at Second City. I spent the summer of my 18th year living in New York City and trying to break into the business in the Big Apple. Then I left New York to attend Northwestern University as a theatre major. During my freshman year, I was a counter girl in some McDonald's commercials. These commercials ran frequently and for a long time, so at Northwestern, I was given a new nickname: McMarge.

Around the same time, Marisa went to college at the University of California at Berkeley. She developed pain in her knee following an aerobics class. The pain didn't go away, and eventually Marisa was diagnosed with bone cancer. She flew back to New York City where she lived with her mother and went through chemotherapy and radiation. The cancer nearly killed her. Marisa lived, but she lost her left leg. Rather than amputate, her doctor performed a series of cutting-edge surgeries to remove her femur along with part of her knee and her shin, then replaced them with metal rods that connected to her hip, what was left of her knee, her ankle, and her foot. Then he stitched up the skin along her leg. This enabled Marisa to avoid amputation and keep her leg. She eventually could walk using crutches; later, she graduated to a cane that gave her even more freedom of movement. For the rest of her life, however, Marisa had difficulty walking, working, and getting around New York City, and she spent many years of her life having more surgeries to save her leg after infections developed. When Marisa healed from her

cancer, she transferred to NYU and graduated as a film major. She directed some short films, wrote some scripts, and dreamed of being a film director.

This was when I met Marisa. I thought she was the most interesting person I had ever met. I came from the tranquil, homogenous suburbs, and she was wild, artsy, New York City downtown chic. Despite her traumatic experience with cancer and the disability it caused, she had an enormous zest for life.

When we met, I was living in NYC and working professionally as an actress and model. Every year, I was getting closer to my dreams and getting more jobs in theatre, television, film, and commercials. My first major life disruption occurred when I was 26 — I was diagnosed with a rare metastatic uterine cancer that had spread to my lungs and kidneys. The bad news was that it was a rapidly reproducing and spreading cancer. The good news is that it hadn't spread to my brain yet, it responded well to chemotherapy, and eventually I was cured.

During chemotherapy treatment, I continued to go to auditions whenever I could. I sometimes got sick in studio bathrooms, and I have a specific memory of pulling my car to the side of the road to vomit out the window before proceeding to my audition. Nothing was going to keep me from pursuing my dreams. I was not going to turn down auditions if I could help it, despite cancer and chemotherapy. I mistakenly thought that made me strong and resilient.

I now understand that was a defense mechanism. I was engaged in a manic defense — the tendency, when presented with uncomfortable thoughts or feelings, to distract the conscious mind either with a flurry of activity or with the opposite thoughts or feelings. By not allowing myself to come to terms with my condition and limitations, refusing to take a break from work

during treatment, and doing too much instead of giving my body rest, I was attempting to exclude my unpleasant reality from consciousness and deny the terror associated with my illness.

I eventually recovered from my cancer, but two years later I had a second major and more lasting trauma. I had a terrible accident on a film set. It was my first lead in a big-budget and very unique movie. It was an action film in the spirit of “Indiana Jones” that was special effects driven and utilized new technology to enable the audience to interact with the film and become part of the action. The director, Douglas Trumbull, was the leading special effects expert in the industry and was known for doing the special effects for the films “*2001: A Space Odyssey*,” “*Blade Runner*,” and “*Close Encounters of the Third Kind*,” among others. I would be on location shooting for five months, which is a lot of steady work for an actor. My character was an archaeologist named Carina, who discovers an obelisk in the Temple of Luxor that bad guys are also trying to get ahold of because the obelisk can be used to travel into the future. I had scenes fighting the villains, and I was thrilled that I would be working with a stunt coordinator and doing my own stunts. At the time, I was athletic and strong. When I wasn’t filming, I was constantly training hard with the stunt coordinator to prepare for the fight scenes. The crew nicknamed me “Kick Ass Carina.” (I know, I’ve had a lot of nicknames.) One of my stunts was for a scene in which I fight the bad guy and he pushes me off the top of a building. I had to stand on a high ledge, do a flip in the air and land on an airbag. I rehearsed this scene with the stunt coordinator and his wife on a day I was not on the set shooting. We did some practice jumps and then took a break. At some point, the air source became disconnected from the bag. The stunt coordinator failed to secure the equipment or check it when we returned from the break. So, the bag had lost its air, and when I did my first jump, I went through the bag and hit the ground. I’ll

never forget the sound of my back hitting the floor. My first words were, “I can’t move. I think I broke my back.” My next thought was, “Oh, God, I hope I can finish this movie.” My body was in shock, and I had an initial endorphin rush that anesthetized the pain for a little while. The stunt coordinator did not alert anyone that I was injured. In fact, he initially covered up the accident by separating me from the cast and crew and failing to alert anybody for hours that I had been hurt. I was in shock and in pain. He downplayed the severity of my injuries and dissuaded me from going to the hospital. I told him I thought I should go to the emergency room for X-rays. He convinced me nothing was broken, and he told me I had to keep moving and stretching to keep the blood flowing or the swelling and bruising would get worse. He knew I’d recently recovered from cancer, and when I reiterated that I thought I should go to the hospital for X-rays, he told me that if I ever wanted to have children, the last thing I needed was more radiation to my pelvis. Eventually, he drove me back to the hotel where I was living and told me he would let the director and producers know where I was and what had happened. He lied. They didn’t know until the next morning when I showed up to the set and could barely walk. I was taken to the hospital where I finally got X-rays.

I broke the bones in my lumbar spine, my sacrum and my coccyx. I also damaged my scapula. There’s a lot more to this story, but the short version is that after the accident and a three-week break over the holidays, I returned to work on the film. Although I was on various types of pain medications to help me through, I know now with the certainty of hindsight that I should have quit and let my body heal. Again, my manic defenses kicked in. My body didn’t have a chance to heal, which ultimately caused more damage and led to what is now 30 years of daily chronic pain.

I thought I would be able to focus on healing three months later when the movie wrapped and I would have a complete recovery at that time. I spent the next nine years in physical therapy three times a week, among many other treatments. Three years after the accident, I was still in terrible pain and didn't understand why I wasn't healing. I went through the secondary traumatization of a lawsuit and trial, in which the insurance company for the production attempted to make me look like a liar and malingerer. Fortunately, the jury did not believe them and they lost. After the trial, my agents dropped me because, in their words, I "had lost my momentum, and once you lose momentum, it's almost impossible to get it back." After what seemed like forever, I eventually found new agents, and I was determined that nothing was going to keep me from persevering. I tried and tried and tried. Although I booked some jobs, I didn't have the kind of success I had before my accident. I was in constant pain, and I became very depressed.

Marisa and I had our identities shattered by trauma. Our injuries destroyed our physical and emotional health, and along with it, our self-concept of being strong, athletic, unstoppable women. Eventually, we both began therapy with amazing, attuned, and highly skilled psychoanalysts. While in therapy, we learned to dig deep and mourn the loss of our career dreams, physical health, and identity. We became aware of our instinctual impulses, learned to recognize our unconscious processes, and shed our natural defense mechanisms.

My biggest "Aha!" moment in therapy may seem obvious and simple, but it shocked me. I believed a person willing to work hard who has talent, chutzpah, and self-discipline can achieve anything. I thought my superpower was the clarity of my dreams and my determination to achieve them, my focus, my drive, and my passion. I was determined to pursue my career with

100 percent commitment, no matter what. What I learned in therapy is that what I thought was my greatest strength was actually self-defeating. If all your eggs are in one basket, what happens when they shatter? I was beaten down physically and emotionally, and I'd been denying it to myself. I was demoralized; my single-mindedness was no longer serving me. When I had this revelation, I knew that I needed to change my life and do something that was self-esteem affirming and not soul-crushing. I wanted to find parts of myself that my injuries didn't annihilate and lean into them. I was 28 when I had my accident and 32 when my trial ended. After the trial, I focused on rebuilding my career. When I was 38 and had the revelation about how beaten down and demoralized I had become, I applied to go back to college. It had been 18 years since I left Northwestern after my sophomore year. I got a scholarship to Columbia University, moved from Los Angeles to New York City, and immersed myself in academics. A lot had changed during those years. When I went to college, one person on my floor had an electric typewriter, and when I returned years later, everyone had a computer, and everything was done online. I took every class that interested me. At Northwestern I was constantly being pulled in two different directions; I was in academia while auditioning for professional acting jobs. At Columbia I put everything else in my life on hold and fully embraced being a student again. I loved it.

I was now back living in New York City and renting Marisa's mother's apartment, which was a huge artist's loft downtown. Marisa wanted to know about all my classes and what I was learning. She often expressed how much she wished she could go back to school. "You can," I insisted, "I never expected to be a college student nearing 40." We examined her options from every angle. Ultimately, she applied to NYU, got her Master's in Social Work, continued her

education with years of psychoanalytic institute training followed by even more specific institute training in trauma work, and later became certified in EMDR. We continued to inspire each other.

During this time, I graduated from Columbia, got married, and had two children. I considered applying to graduate school to get a doctorate in clinical psychology. When I was having second thoughts about whether to apply, Marisa asked me what the pros and cons were. At the time, my kids were three and five years old, and we were struggling financially. My answer to Marisa's question was, "I will have to spend a lot of time away from my kids. I will have student loans for the rest of my life. And when I graduate, I'll be 52!!!" Marisa said, "You'll be 52 anyway. Why not be a 52-year-old doctor?"

During graduate school, I got cancer again. It was a different cancer this time, one that also was advanced and had spread to my lymph nodes. I had 16 inches of my colon removed, had nine months of chemotherapy, and survived. Then I completed my doctorate. My cancer experience influenced my specific course of study; my concentration was health-psychology, and I had a lot of training in psycho-oncology. For my therapy practicum, I worked at a cancer support center. For my advanced therapy practicum, I worked at Loyola Hospital on the bone marrow transplant floor and with cancer patients in the outpatient center. For my dissertation, I created a theoretically based 12-week program for couples going through cancer that aimed to help them increase emotional, physical, and sexual intimacy. My life experiences with cancer and chronic pain inform my work in profound ways. In my practice, I work with cancer patients and their families. I work with chronic pain patients. I work with grief and loss, and I love my work. My patients do not need to know my personal history to have the felt sense that I deeply

understand them (the “unknown known”). In *her* practice, Marisa specialized in working with patients with a history of trauma. She, too, loved her work.

There is a centuries-old Japanese art known as *Kintsugi*. It is an art of fixing cracked pottery. The technique involves rejoining the broken pieces with lacquer mixed with powdered gold, silver, or platinum. Rather than hide the cracks, when put back together, the whole piece of pottery looks as beautiful as ever, even while owning its broken history.

For Marisa and me, our respective traumas shattered the foundational structure of the self like cracked pottery. What I have learned is that it is precisely when this structure is broken that we are in the best position to make sense of unfathomable events and intolerable feelings in order to pursue new opportunities in our lives. The therapy process taught us to tolerate the pain of loss, to peel away defenses, to actively confront and tear down old belief systems, and to create new structures of identity, purpose, and meaning. In short, we found the message in the mess and experienced life-affirming post-traumatic growth as we journeyed from *disruption* to *transformation*.

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Ukrainian Freud or Whence Ukraine in Psychoanalysis?

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Like most Ukrainians, I remember the exact time and moment when Russia dropped its first bombs on Kyiv. For me, it was an evening in February 2022, which was during the early hours in Ukraine. I watched the bombs on CNN, called and woke up my family in Kyiv (it was around 4 a.m. for them), listening with them for the first time to the explosions rocking Ukraine. But Russia's war against Ukraine formally began in 2014, after Ukrainians refused pro-Russian political control, and when Russia invaded both Crimea and Eastern Ukraine.

The most recent invasion has been especially sadistic, a term used by both Ukrainians and world-wide experts on human rights and animal right violations. Unarmed civilians, children and adults are killed, maimed, terrorized, tortured and raped, their possessions stolen, their lives destroyed, sending millions away from their homes. Moreover, Russians bomb almost exclusively the civilian targets, including schools, hospitals, theaters, museums, libraries, bridges, roads, zoos, farms, national parks ... everything. Russian military is destroying the environment, culture, people, nature and anything that has life. They destroy while declaring that they are on a "peace-keeping" mission to kill "Nazis" and to conduct a "special military operation" to supposedly "protect Russian speaking people" — a claim so preposterous for all of us who have been forcibly "Russified" and targeted by the Russian imperialism. I grew up in Kyiv where everything was Russian, where Ukrainians were minimized and mocked.

In the spring of 2022, my Ukrainian family members and friends barely escaped alive, while many of my family members and friends stayed in Ukraine for varied reasons. To see my home and my country destroyed — but also to see images of Bucha and Irpin, near where my family

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lived and worked — was devastating. Mass graves with tortured bodies of Ukrainian civilians now fill every town that Russians occupied. Russian troops also left the country rigged with mines and explosives. Just a week ago, I read the news that in Kyiv region alone, explosive experts finished defusing 75 thousand (!) unexploded Russian devices. And for over a year Russians have been imprisoning Ukrainians in so-called “filtration” camps and then deporting them — millions of people, several hundred thousand of children taken from parents-- sent to unknown parts of Russia. This war is genocidal and terroristic in every sense of the word.

Much of the world has been horrified by this outright horrific war. Many people, nations, politicians, artists, athletes and activists have stood up with Ukraine and tirelessly tried to help end the war. Certainly, there were comments by Trump and Bannon about admiring far-right dictators like Putin. Leaders of many countries appear either fearful or beholden to Russia because of its policies of military, political, and energy terrorism. The United Nations have been ineffectual, using language of “conflict between” rather than “war against Ukraine” while maintaining Russian leadership roles in UN units like the UNICEF (Russia held UNICEF leadership role while Russia bombed Ukrainian schools and birthing centers).

My experiences with the psychoanalytic community’s response to this war also has been mixed. I think I expected that psychoanalysts, who know what violence and torture does to human life — many of whom also understand the impact of political violence, wars, genocides and oppression — would be the first to say no to war and Russian violence. I certainly felt support and solidarity in some circles and groups, often connected to my friends and colleagues, including at IFPE. There were organizational statements issued “against the war” and many discussions were held about general topics of “totalitarianism.” Several of my amazing

psychoanalytic colleagues were central in organizing key sanctions and strong responses to aggression.

However, in psychoanalytic circles, I discovered other discussions about how Ukrainians had it “good” because they “are white,” even as news of their murders, tortures, deportations and trafficking emerged in the media. I was sent pro-Russian propaganda on psychoanalytic list serves, including the notion that Ukraine “deserved” being attacked because it “asked for NATO.” I received personal notes from individuals informing me they funded pro-Russian “Marxist” groups or to invite me to pro-Russian “peace” events. I was told (by an editor of a supposedly progressive psychoanalytic online journal) that Ukraine had no history before the USSR, directly citing Putin’s anti-historic propaganda. I was “informed” that on one hand, Ukrainian language is merely a dialect of Russian, while at the same time that Ukrainians were supposedly using language and culture a “Russophilic” weapon against “Russian speaking minorities.”

Implied in many comments has been the notion that Ukrainians must have somehow “asked” to be attacked and maybe indeed are “Nazis.” The amount of Kremlin propaganda in books, articles, websites, Wikipedia and certainly here on list serves about Ukraine, has been eye-opening, although I assumed that psychoanalysts would not fall prey to it. The historical truth seems to matter little when people spout propaganda that supports their version of history or their chosen ideological stance.

Here I want to bring forward the notion of Ukrainian Freud. Ukrainian Freud? I was listening to a Ukrainian charity event, held in Western Europe, where in addition to pictures of beautiful areas of Ukraine before they were destroyed, the event leaders recounted famous people of Ukrainian descent, both. past and present: Stephen Spielberg, Dustin Hoffman, Andy Warhol,

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Mila Kunis, Serge Lifar, Kazimir Malevich and so on. And then I heard the familiar name: “Sigmund Freud, Father of Psychology.” Ukrainian Freud? Living in Russophilic, Westernized and dismissive-of-Ukraine contexts, both in the USSR and then in the U.S., I barely heard that Freud’s family was from Eastern Europe let alone from Ukraine.

I discovered, however, that numerous efforts have been made to Russify Freud and to Russify psychoanalysis. A book by Rice (2017), entitled *Freud and Russia*, extensively discussed the “Russian origins” of Freud and his work with the “Russians.” Moreover, Rice’s published family tree of Freud’s family, going back generations to XVI c., with an exception of one small family line on Freud’s paternal side from Lithuania, were presented as “Russian.” In reality, every one of these locations were not Russian but Ukrainian: Western Ukraine, Southern Ukraine, Central Ukraine. None of Freud’s ancestors were from Russia proper but from the Russian Empire where Ukrainian and other groups fought against the occupation for centuries (Plokhy, 2021). Historian of world empires, including Russia, Sabol (2017) summarized that since origination of “Russia’s expansion... in fifteenth century” the country not only “colonized Ukraine, Poland, Finland, the Baltics, Siberia, Alaska, the Caucasus, and central Asia” but also acquired numerous territories through military conflicts with “Turks, Tatars, Chinese, Kazakhs, Bashkirs, Turkmen, Ossetians, and dozens of other peoples” (p. 4).

A long-standing Russophilic policy has been to mislabel “Russian,” and that Russians actively push to appropriate and promote themselves by erasing others — not just Ukraine but varied indigenous groups and nations it colonized. Moreover, Americans, with Russia’s aid, collapsed all the nations not just into the “Russian” empire but also the USSR (i.e., 15 supposedly equal Soviet republics) into just Russia. Among psychoanalysts, Rice (2017) is not the only scholar who is guilty of poor historical and cultural work, using “Russia” for decidedly

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non-Russian locations: Ukraine is entirely absent in his entire work. So-called “Russian psychoanalysis” always includes key analysts like Wulff from Odesa or famous patients like the “Wolf-man” (i.e., Sergiy Pankeev, who also was from Odesa and who was raised speaking Ukrainian in a family of anti-tzarist radicals).

Moreover, Ukraine is present but only as the negative other. If the discussion turns to Jewish pogroms, then these are located in Ukraine. Whereas psychoanalysis in Odesa was “Russian,” but Jewish pogroms in Odesa were Ukrainian. For example, in a contribution on “Russian psychoanalysis,” called *Eros of the Impossible* by the Russian historian of psychoanalysis, Etkind (1999) calls everything Russian, including Russian psychoanalysis in Zhytomyr, until ... it is a story of pogrom, then the same Zhytomyr became Ukrainian. Certainly, Ukraine has had its own problems with anti-Semitism (but this process of discharging violence into Ukraine is what Russia has used to justify its violence).

Americans and Westerners know little about Ukraine’s history or its history in relation to Jewish communities, although they certainly hold onto misinformation, apparently common in psychoanalytic contributions. Among the significant events that served as background for pogroms was the Imperial Russian Pale of Settlement (Rowland, 1986; Mitchell, 2018). The Pale of Settlement was a formal policy, produced in XVII century and militarily enforced until end of the Russian empire, which forbid all but small minority of supposedly superior “good” Jews to live in Russia (proper) or relocating “beyond the Pale” (Plokhy, 2021; Rowland, 1986; Mitchell, 2018). Millions of Jews were forcibly relocated primarily into Ukrainian (as well as small sections of Poland, Moldova, Belorussia), and any perceived Jewish rebellions or threats to Moscow or St. Petersburg’s powers Jews were violently attacked by Russian military groups (Mitchell, 2018). Jews, forcibly moved and continually attacked in these Russian controlled

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empiric territories, until late XIX century were surrounded by Ukrainians who were living enslaved to Russian owners. Jews were permitted to maintain their religious, cultural, linguistic and business practices, in contrast to Ukrainians, who were formally forbidden to write, teach or translate in Ukrainian language (Plokyh, 2021; Snyder, 2010). For instance, Horowitz (2021), in discussing the history of Russian-Ukrainian-Jewish experiences, notes that the discussion is marked by “self-contradiction” of this history as exclusively “Russian” and “Ukrainians are Russians” while using a narrative that “inevitably blames Ukrainians for violence against Jews” (p. 368). Citing a XVIII century Jewish historian Galant, Horowitz (2021) is among few scholars who recognized that Russian empiric policies of parallel oppressions toward Ukrainians and Jews, stressed that after the enforcement of Pale laws, Jews “found themselves... between a despotic [Russian] nobility, ignorant and without borders in passions and caprice, and the [Ukrainian] plebians, who are persecuted, forgotten, tortured and left to the whims of chance” (p. 368).

For instance, in his *Diary of a Writer*, Dostoyevsky (1919), a Russophile and anti-Semite (among other problematic ideologies), mocks Jewish individuals who decry the fact that “the Jew... has been restricted in the free section of the place of residence,” but declared that they should not be complaining about them because “twenty-three millions of the ‘toiling mass’ [predominately enslaved and indentured Ukrainians “in the Western border region and in the South”] have been enduring serfdom, which [is] of course, more troublesome than “the selection of the place of residence” (p. 641). Then Dostoyevsky proclaimed that in contrast to Russian “abolished landowners ... even though they did strongly exploit men, nevertheless endeavored — perhaps in their own interest — not to ruin the peasants in order to prevent the exhaustion of labor. ... [T]he Jew is not concerned about the exhaustion of ... labor; he grabs what’s his, and

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off he goes” (p. 641). Dostoyevsky argued vociferously that “in the Russian there is no preconceived hatred of the Jews” while routinely comparing them to suffering of the [Ukrainian] “farmers.” He then insisted that, if the number of Jews and Russians were reversed and Jews outnumbered Russians,

Would they convert the Russians and how would they treat them? Would they permit them to acquire equal rights? Would they permit them to worship freely in their lands? Wouldn't they convert them into slaves? Worse than that: wouldn't they [Jews] skin them [Russians] altogether? Wouldn't they slaughter them to the last man, to the point of complete extermination, as they used to do with the alien peoples in ancient times, during their ancient history? (p. 645)

Freud (1928), who read this *Diary* before writing his essay, “Dostoyevsky and Parricide,” was accurate in highlighting that Dostoyevsky, rather than “becoming a teacher and liberator of humanity made himself one with the gaolers” and that “the future of human civilization will have little to thank him for” (p. 4553).

In contrast to Dostoyevsky and other similar voices of the “great Russian literature” that openly promoted Russia’s right to colonize and vilify groups (e.g., Pushkin, Solzhenitsyn), Western and psychoanalytic readers could turn to one of the truly great poets and writers — the symbol of Ukrainian liberation and independence from XIX c. — Taras Shevchenko. Shevchenko was a remarkable artist (e.g., his works are found in many top world museums), poet, activist and a Ukrainian liberation leader. He was born enslaved to a Russian owner in 1814, and died in exile/deportation in Russia in 1861, at age 47, just a few months before the Russian emancipation proclamation (i.e., end of enslavement of Ukrainians). His crime was writing and teaching in Ukrainian and promoting Ukrainian liberation from Russian occupation. Shevchenko continues to be one of the most recognized figures in Ukrainian history and present-day cultural psychic awareness. Every Ukrainian town has streets and monuments to him. The

main Ukrainian university is named for him. His image is on the currency His poetry is in many current Ukrainian anti-war pop songs and is graffitied in Russian-occupied territories. As late as 1980s, Soviet Ukrainians read much of his work via censored versions, or even secretly embroidered into towels. During the Soviet regime, merely appearing near Shevchenko's monument on March 9th (the day commemorating his 1861 death in Russian exile) meant that you could be sent to a Russian gulag — all the way through the early 1990s.

Shevchenko was an inspiration to numerous people and causes worldwide, including to radical Yiddish translators and to the U.S. Civil Rights movement. One of the most remarkable historical facts — and entire conferences were dedicated to this — was his intensely close friendship with the first Black Shakespearean actor, Ira Aldridge. Two men, who shared no language, were described as profoundly connected about their experiences of enslavement, oppression and resistance through visual arts and music.

Shevchenko's remarkable poem, the *Caucasus* (1845), gives voice to his and fellow Ukrainians' experiences of Russian occupation, violence and their justifications, which occurred over 150 years ago:

*[Russian occupiers say]: We're civilized! And we set forth
To enlighten others,
To make them see the sun of truth....
Our blind, simple brothers!!
We'll show you everything! If but
Yourselves to us you'll yield.
The grimmest prisons how to build,
How shackles forge of steel,
And how to wear them!...
All [Russian] emperors could drink their fill,
In widows' tears alone they could
Be drowned together with their seed!
The sweetheart's tears, in secret shed!
Unsolaceable mothers' tears!
The heavy tears of fathers hoary!*

*Not streams, but veritable seas...
Of blazing tears!
O damned by God, O [Russian] hypocrites,
O sacrilegious ghouls!
Not for your brother's soul you care,
But for your brother's hide!...
And off your brother's back you tear
Rich furs for daughter's pride.
A dowry for your bastard child,
And slippers for your spouse.
And for yourself, things that your wife
Won't even know about!...
[Russian Orthodox] Temples and chapels, icons and shrines,
And candlesticks, and myrrh incense.
And genuflection, countless times
Before Thy image, giving thanks
For war and loot and rape and blood,-
To bless the fratricide they beg Thee,
Then gifts of stolen goods they bring Thee,
From gutted homes part of the loot!...*

Written in exile almost two centuries ago, Shevchenko calls to Ukrainians with words that these days appear as graffiti in Russia-occupied territories:

*Keep fighting — you are sure to win!
God helps you in your fight!
For truth and freedom march with you,
And right is on your side!*

Prohibiting Shevchenko was not only an obsession of the tsars and Russo-Soviet leaders. It was common in Russian, pro-Soviet psychoanalysis that took up the Russian imperialist cause of discrediting him. For example, Moscow-based psychoanalyst Haletsky (1926), over 65 years after Shevchenko's death, discussed the Russian obsession with explaining Shevchenko and published a lengthy contribution on Shevchenko entitled, *Psychoanalysis of Shevchenko's Personality and Creative Contributions*. In it, he claimed that Shevchenko was not really interested in Ukrainian liberation but used his supposed "love" for Ukraine as a replacement for the early loss of his mother and his supposed problems with romantic attachments:

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All of the frustrations of his introverted feelings Sh. [Shevchenko] displaced on Ukraine, in the same manner as he expresses these toward his female objects of desire. Ukraine, thus, becomes for Sh. a living presence. He loves it [Ukraine] with the same tenderness and devotion as the feeling he wishes to pour into it all of his frustrated unrealized longings. Sh. adores Ukraine in the same undifferentiated way as if it were a “mother object” or as an unattainable young woman, whom he couldn’t obtain over his entire lifespan. In Sh.’s soul, mother and Ukraine became one and the same; in relation to both, Sh.’s soul responds affectively as if they are identical. (p. 640).

Shevchenko is absent in the West. Like Ukraine and Ukrainian culture, he is erased or Russified.

Certainly, slavery and later genocide against Ukrainians by the Russo-Soviets are absent from historical accounts or psychoanalytic texts. In fact, I suggest that many Western works that mention Ukraine mention no history of Russian genocides, occupation or violence toward Ukraine. The Holodomor, or Murder-by-Starvation – a genocide of Ukrainians perpetrated by Russo-Soviet state under Stalin in 1932-1933, which is responsible for deaths of estimated five to ten million Ukrainians, is almost never noted (Applebaum, 2016; Snyder, 2010). There are pictures, witness accounts, some accounts of journalists who covered these events (who were then murdered by the Soviets), and extensive records of the Soviets themselves. For example, in the summer of 1933, in the land that is called the “breadbasket of the world,” nearly 28 thousand (28,000!) Ukrainians a day were dying from forced starvation.

My ancestors were among those who were starved. My great-grandfather was sent to the infamous Solovki Gulags where he was tortured and executed. I know that in the lives of most Ukrainians these mass traumas and generational forms of violence are common. This war to erase Ukraine and Ukrainians is one among many in centuries of such Russian violence.

According to legal scholar Rafael Lemkin (1953), the progenitor of the term “genocide” who was active during the Nürnberg trials, Soviet genocide against Ukrainians was definitively a purposeful genocide by Russia against Ukraine. Russia, past and present, has worked hard to

have it erased and denied (Applebaum, 2016; Snyder, 2010). People in the West certainly knew about it – Orwell (author of the *Animal Farm* and the 1984) in his very public essays decried and fought against Soviet oppression in 1930s and 40s, specifically naming the starvation. Journalist Gareth Jones, before he was kidnapped and murdered by Soviet NKVD, tried to publish his direct witness accounts in the U.S. and Europe (a film version of this history is shown in the 2019 film *Mr. Jones*). Other intellectuals who identified with Stalinism, like W.E.B. Du Bois (1953) praised Stalin as a “great man” who protected the “revolution” by murdering “rural bloodsuckers” (online). The Holodomor and mass starvation, the Gulags, deportations, and other Soviet atrocities were known in the West. Yet the silencing of this mass trauma and its repetition in this and other aggressions of Russian against Ukraine are perpetuated.

Varied forms of negative social memory have been described by psychoanalytic scholars, specifically in relation to perpetrators, who engage in minimizing and justifying acts of social violence and mass trauma such as the Holocaust (Bohleber, 2007; Laub & Lee, 2001). Psychoanalytic scholars have used Russia’s denials of Stalinist terrors, stressing collective defensive social impulses that lead to rationalizations and disavowal of perpetrator guilt, result in cultural frameworks that lead to destructive political realities (Bohleber, 2007). Bohleber highlighted that various defensive forms of unconscious repudiation of historic guilt in perpetuating social violence leads to problematic, culture-wide, transgenerational issues. These result in not just avoidance of responsibility but possibly repetition compulsion in future generations to reidentify with the aggressor. Orwell (1942) stressed that leftist intellectuals and those identified with movements such as pacifism during wars of aggression and genocide are psychologically drawn to sadism and totalitarianism. In his words in such cases, “pacifism is fascist.”

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Laub & Lee (2001), just like Bohleber (2007), note that massive psychic social traumas evoke varied aspects of death instinct in ways that impact individual and social forms of knowing, memory, repression, and projections. Laub & Lee (2001), writing about the post-war creations of “good” Nazi images in relation to denial of both direct and indirect forms of perpetration, specifically relies on active distortions of history and misrepresentations (e.g., “good” Germans reconstructed as “Hitler’s victims”). “Good” Russians, past and present, is a common strategy in the promotion of Russophilic attitudes that deny that Russia, marked by culturally centered narratives of their messianic specialness coupled with special victimhood, is engaged in openly justifying atrocities (and has been for centuries and more recently in Chechnya, Georgia, Syria).

The silencing and minimization of horrors occurring in Ukraine also may play a role in processes that maintain or justify mass trauma. In relation to stories of survivors of atrocities themselves, specifically survivors of the Holocaust, Danieli (1984) discussed that silencing of such traumatic terrors, experienced by survivors and their subsequent generations, resulted in further perpetuation of trauma. She especially stressed that the responsibility for silencing should also be placed within the psychoanalytic field, where analysts’ counter-transferential reactions to massive trauma may lead toward prolonging historical denials. Living with the horrors of wars and genocides is profoundly difficult. I think of the early analysts who survived their own and their patients’ experiences of massive traumatic events, including the genocides and wars. In *Civilization and its Discontents* Freud (1935), writing about the anti-Semitic forms of violence throughout history, noted that when faced with experiences that require people “to feel our way into” atrocities, and when faced with “the most extreme possibility of suffering,” the most formidable defensive reactions arise in forms of prohibition of knowing, feeling or speaking

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about historic and present day social violence (p. 89). Such patterns may be occurring in relation to witnessing atrocities in Ukraine.

Nevertheless, working to support individual and shared (global) responses against violence and its varied psychic assaults should seemingly be the heart of psychoanalysis. Even our short memory of this year, plus the long experience of one of the most violent military invasions to date in Ukraine, should be recovered and restored toward psychic and social action. Ukraine, as I argued here, has historically been a place of a massive memory gap as well. Freud (1914), in his writings on memory that are marked by repression and displacements, noted the importance of remembering and working through “gaps in memory” (p. 148) toward reconstruction of personal historical truth. In this vein, there are gaps in memory about Ukraine in psychoanalysis toward varied forms of “retroactive resignifications” and “retroactive attribution of new meaning” (Bohleber, 2007, p. 331), including in cultural and professional contexts.

Few efforts to call out Russo-Soviet violence toward Ukrainians have occurred in the past: British psychoanalyst Holder (1977) urged the international psychoanalytic and psychiatric communities to refuse to accept Soviet psychiatrists because they used extreme psychiatric torture on political prisoners — especially, she stressed, on the “Ukrainian nationalists.” Her review of their actions is described:

Much of this “treatment” is brutal; untrained guards are allowed to use physical violence. It also includes the widespread use of psychiatric drugs for non-medical purposes on healthy people. Sulfazin, for example, is rarely used in psychiatric practice in the West because of the extreme pain it causes. It induces a raging fever and leaves the patient screaming in agony for twenty-four hours. ... Then there is Aminazin, a toxic derivative of Largactyl which produces exaggerated muscular effects. A patient is injected with this and then confined to a wire cage one meter square and too small to stand up in and left to thrash about until

unconscious. The use of other depressant drugs such as Haloperidol and Trifluazine is also widespread. ... Many ex-inmates assert categorically that these drugs are deliberately administered as a means of punishing them and, by destroying their intellectual capacity, as a means of removing their ability to hold dissident opinions. (Holder, 1977, p. 109)

Instead of standing up to this abuse, Holder (1977) noted that, just as European psychoanalysis ingratiated itself with Nazism, global psychoanalysts routinely looked away from Russo-Soviet psychiatric violence toward Ukrainians and other political dissidents.

Outside of psychoanalysis, similar efforts were made by social critics, including George Orwell. Orwell's (1947) *Animal Farm* was translated into Ukrainian, with a full introduction dedicated to more than 200,000 Ukrainian (anti-Russo-Soviet) political refugees who lived in displaced-person tent camps in Europe after World War II. In this introduction, Orwell (1947) stressed that he viewed himself as a socialist and was active in radical social causes, but that the communist-based Soviet violence was "totalitarian propaganda" that hid its horrors behind their communist rhetoric. He wondered why the "common British" person, including British progressive intellectuals, chose to ignore Soviet atrocities:

The [British] man in the street has no real understanding of things like concentration camps, mass deportations, arrests without trial, press censorship, etc. Everything he reads about a country like the USSR is automatically translated into English terms, and he quite innocently accepts the lies of totalitarian propaganda. (online)

It is my hope that psychoanalysis today rejects these varied forms of propaganda, and challenges the gaps in historical memory about Ukraine so that the profession and its professionals re-commit to openly, publicly and fully standing together against the varied forms of violence, including a terrible war against Ukraine going on now.

Meanwhile, Ukrainians are fighting to survive. They are fighting to live in their own homes on their own land, to choose their own government, to hold onto their own values, to speak their own language, to have a free press and, most of all, to live free from occupation, torture and violence. They are fighting for their right to just be alive! Please support them.

Thank you! Dyakyu! Slava Ukraini!

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