

# DIVISION

A QUARTERLY PSYCHOANALYTIC FORUM

# REVIEW

NO.22 SUMMER 2020

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## THE ANALYTIC FIELDS

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A People's History | GAZTAMBIDE | Deconstructing Normativity | DEAN | Van Haute & Westerink

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## REMINISCENCE

KALEY | GEDIMAN

---

GENDRAULT | ZEAVIN | KRISTEVA | NADLER | GREENBERG

---

## DISEASE

---

CECCOLI | POZNANSKY | BATISTA-THOMAS | STAFFORD | NOVIE

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## DIS-EASE

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PADRÓN | SAKETOPOULOU | MOSS | CHAN

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MAC ADAMS | BARBARA BLOOM | JENNIFER BOLANDE | ELINOR CARUCCI  
VALERIE CONNOR | GINA DE NAIA | HANNA EL ALFI | ALLEN FRAME | RACHEL JACKSON

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### Editor's Note Loren DENT

The present issue was borne of a desire to capture the sentiments of particular moments over the past five months. The process of procuring, editing, and producing a collection of responses made manifest the aporias familiar to psychoanalytic practice. Thus, writing, editing, and publishing can echo the encounters with unconscious processes in clinical work.

Initially, the issue aimed to seize something of the unrelenting *hilfflosigkeit*

(helplessness) experienced by clinicians under the lapping waves of the coronavirus. Contributors submitted responses from a particular time and place, in the singular moment in which they drafted their reflections. And yet, to edit and publish necessarily involve an introduction of duration – often several months – and suspension of what felt incredibly urgent. This particular impasse has a long history in psychoanalysis,

with resonances in Freud's logic of afterwardness and deferral (*nachträglichkeit*). It echoes with the clinical question of how the urgency of a particular moment or event is sustained or not, given the frame of a treatment with its presumed consistency, predictability, and duration across time.

Then, on May 25th George Floyd was murdered, memorialized in an amateur video depicting violence that was stunning in its



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## Editor's Note (from page 1)

gratuitousness. An infectious biological virus suddenly transformed into a cruel metaphor for the foreign body of whiteness lodged under the skin of the American collective. In an instant, the present issue became an attempt to consider these viruses contiguously.

However, while psychoanalysis is assumed to possess the theoretical infrastructure for thinking the discontents of civilization, is the field willing to submit its conceptual foundations to an analysis that may upend itself? Frank B. Wilderson III, for example, has extended Orlando Patterson's description of

the *social death* of Black Americans as "genalogical isolates," removed from inheritance, lineage, ancestry, and kinship (Wilderson, 2015; Patterson, 2018). If such an interpretation were correct, if – as argued by Wilderson and others – anti-Blackness is not an errancy of civil society but its very constitutive outside against which *humanity* is defined, what becomes of our familiar theoretical foundations that assume a kinship and inheritance that has been barred for Black Americans (e.g., Oedipus, intergenerational transmission, genetic fantasy, ghosts, etc.)?

What of psychoanalytic societies, groups, and institutes whose very structures

may be organized around a collective exclusion? Whatever its *truth*, can the psychoanalytic community even *think* of such an analysis? It is with these questions in mind that this issue presents reflections on two dis-eases of civilization, to which analysts and other members of the *psy* professions must allow to challenge their assuredness in the possibility of theory and practice. ■

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## Intro and Coda by Tim Maul

One month ago now feels like a year, when Loren Dent proposed to Hannah Alderfer and I that an online (and later print) issue of *D/R* be assembled in response to the gathering COVID-19 pandemic, which soon swelled to historic proportions. That same week, I had contributed a related image to a site affiliated with the institution where I currently teach (my, or anyone's, future there is unknown at this time). Soon after, I scrolled down this site, fully expecting supine Pre-Raphaelite/hipster reenactments of mourning with obscured faces and many hands touching windowpanes, etc. Instead I was caught off guard by an archive that, while including some of what is described above, was also comprised of photographs that might signal the collapse of societal norms way beyond what my friend (and contributor to this issue) Allen Frame labeled the "narcissism of youth." In place of the earnest melancholy of the "photo essay" appeared a trove of research material in a behavioral study of confined, camera-possessing post-adolescents in full *Lord of The Flies* mode. The frenzied nudity, tentative excursions into nature, and occasionally unsettling grotesque masquerade could easily attract the scrutiny of *D/R*'s intended readership. (I should clarify that no single image here resonates emotionally like those by journalists or others documenting COVID-19-related stories and events.)

The perfect storm of the "big pause" aligning with our addiction to the iPhone, webcam, TikTok, Instagram, and other social media contributes to the inverted pyramid of images produced on a daily basis by one-person branding empires operating out of a bedroom. I am an awkward fit into this era; reviewing photography students via Zoom several weeks ago, I remembered the dark intimate space of the confessional that I repeatedly lied to get out of by talking into a screen. Those fortunate enough to have only boredom as a major concern can select from

a maelstrom of forensic voyeurism with entertainers holding forth in front of "credibility bookcases" or too-juvenile, tone-deaf stunts and the front-page reportage of C-list personalities "grappling with revealing too much" (*The New York Times*) among other urgent concerns. The camera since its inception has borne witness to the ironies of "normalcy" performed in landscapes of disaster, which partially explains how surrealism gained traction after World War I.

Binging media may be a necessary coping mechanism that offers a distant version of shared community—I watched a lot of TV in the 1970s (downtown NYC was tricky at night), and I recall a sitcom character noting that "...people get chummy in wartime, like New Yorkers huddled in a doorway out of the rain." While I understand the need for routine and tolerate the elevation of the skilled professional into Hero, I cannot personally find solace here. I keep my seatbelt buckled the entire flight and stare at the floor when stuck in the subway. One day all this will be studied closely.

I did not cast too wide a net in requesting an image from my esteemed peers and other new friends. I asked everyone to forward a picture to Hannah Alderfer, as profound or as everyday as they wished, in this unique historical moment. As of this writing, I am honored by the responses in all their varieties. My own iPhone camera skills are wanting, and I reflect on its tabular form, originating from a hieroglyph, evolving into the print industry, later exploded by Robert Rauschenberg's bourbon-marinated dyslexia, and culminating in Sarah Charlesworth's "Modern History" (1977-2003), where the narrative tyranny of the blank page is finally made explicit. The two sticks of image and text, when rubbed together, throw off the occasional spark, and I expect that we shall witness a few shed here. Thank you all again. ■

Tim Maul May 6, 2020

June 19, 2020

A sense of apprehension can be discerned from my earlier introduction to what I think of as the COVID-19 edition of *DIVISION/Review*. It was justified in the death of my brother Michael on June 7 at Yale/New Haven Hospital soon following emergency brain surgery. He received exemplary care in his brief hospitalization, but I was unable to visit him, and he was deprived of the final Norman Rockwell-esque "surrounded by family" moment, as were thousands, layering another complication upon grief. He was also diagnosed with non-symptomatic COVID-19, which compounded his isolation. Michael (born 1953) was one of the earliest individuals to be designated autistic, lived a quiet everyday life, and was genuinely well remembered by those who interacted with him both professionally and in his community. His art, which drove his existence, defies description; I'll just say that he drew a lot. I really miss him.

I will choose not to project my mood onto the images submitted by my peers and friends, although a sort of calm reckoning-before-the storm mood prevails. My own picture is of a bearded young man in Grand Central Station raving into a selfie stick as a masked woman nearly intersects with him. He was walking in circles around the information booth. Was he losing his mind or was he an artist destined for the next Whitney Biennial? He rattled me, and for the first time ever, I boarded the wrong train going to Connecticut where, with Michael gone, I don't have to live anymore if I don't want to. Like everyone else I know, I have some decisions to make. And finally, in rereading my earlier text, I employed the word "media" three times. Media, media, and media. ■

TM

# A People's History of Psychoanalysis: In Conversation with Daniel Jose Gaztambide

A People's History of Psychoanalysis: From Freud to Liberation Psychology  
By Daniel Jose Gaztambide  
Lexington Books, 2019

**Your book reads as a counter-history of psychoanalysis vis-à-vis projects of liberation, but also as an acknowledgment of the history of psychoanalysis' complicity in repression. The link made in the book between psychoanalysis and psychologies and theologies of liberation suggests something of your personal history.**

In true psychoanalytic fashion, we'd have to go back to my mother. It's not a book about Puerto Ricanness, but yet it is insofar as it is grounded in my life experiences. When I was a kid, my mom was the secretary of our pastors at our church; the pastors were a curious bunch. One of them was getting his doctorate in clinical psychology, and our head pastor was exposed to psychoanalytic thought in his seminary training. Psychology and psychoanalysis informed how they thought about community, and mental health and well-being were key issues in our church. My mom would bring home these older nosological books that were translated into Spanish, and talk to me about them, which made for a different kind of bedside story! She would engage in armchair psychoanalysis of our island politics, people we knew, and at one point "diagnosed me" as a *colérico melancólico*—as having a melancholic-choleric temperament. I brushed her off, thinking, but I'm so gregarious and outspoken! It was only in hindsight that I realized my gregariousness and sense of humor was a defense—and my mom saw through me. In the way that most kids want to be firefighters or doctors, from about age seven or eight, I wanted to be a psychoanalyst. All of those ideas were in the ether.

Also influential was growing up noticing all of these unspoken things in our culture in Puerto Rico. On the one hand, my body was idealized because I have light skin and "good hair." People would say things like, "oh, your son is so beautiful," and eventually, someone would say the quiet part out loud, "because he's so white." Colorism and White Supremacy textured the immense poverty, inequality, and violence happening on the island regularly. I went to sleep as a child to the sound of bullets and *coqui's* (a frog species indigenous to Puerto Rico with a unique call). Nobody commented on this or helped me mentalize about this reality, treating it as if it was natural. Psychoanalysis, as an inquiry into

the unsaid, perhaps the unspeakable, spoke to this need to make meaning of a colonial situation.

When I went to college at Rutgers, I double-majored in psychology and religion, working on a series of projects on relational theory and religious experience under George Atwood, who was on faculty in the undergraduate department, and James W. Jones in the department of religion. They recommended that I apply to and attend Union Theological Seminary, where they had a department of psychiatry and religion, which was deeply psychoanalytic. My first thought was *you're sending me to seminary?* In truth, it was one of the most transformative experiences of my education.

Union was grounded in a diverse array of liberation theologies; all centered on a social justice perspective. At the same time, I

was in there between two worlds, trying to find my place. I loved psychoanalysis but also became engrossed in liberation theology. How do I place these two discourses on the same page talking to each other? During a guest lecture in one of Ann Ulanov's classes, Claude Barbre from the Chicago School of Professional Psychology brought up Ignacio Martín-Baró's work. I started reading Martín-Baró and was excited to explore an integration between psychoanalysis and Liberation Psychology. At the same time, I was reading Jessica Benjamin's *Beyond Doer and Done To* and [Paulo] Freire's *Pedagogy of the Oppressed*. Benjamin wrote about intersubjectivity and recognition, Freire about intersubjectivity and humanization. Noting those parallels became the foundation of my master's thesis. But that's when I realized there was more to this relationship



Tim Maul, Grand Central Station



## THE ANALYTIC FIELD

than similarities. Freire, for example, had been a friend and dialogue partner to the psychoanalyst Erich Fromm, who saw in Freire's work a "historico-cultural political psychoanalysis." Freire, in turn, cited Fromm, as well as Frantz Fanon. It started to click that there was a more intimate relationship between Liberation Psychology and psychoanalysis. A lost history of sorts.

While I was at Union, I discovered Elizabeth Danto's *Freud's Free Clinics: Psychoanalysis and Social Justice* but didn't read it until I was moving out of the dorms and finished the book in a day. It told another story about Freud and psychoanalysis, and its relationship to Marxist and socialist projects. Danto's work also connected me to the literature on Freud's Jewishness and racial identity, which blew my mind. Reading about his lived experience gave me a link to Freud that I didn't know I needed. It shifted my identification with him by foregrounding his struggles with Whiteness and passing while being

seen as a racial other with a phantasmized relationship to blackness. Freud as a colonial subject, if you will. This almost gave me a new lease on Freud, which spurred me into actually reading him. I must have read *Future of an Illusion* about seven times for school. But it was later that I re-read it with fresh eyes, realizing some fundamental questions Freud raised: How is it that a society in which the few hoard the wealth produced by the many survive, and not be turned upside down? How do the oppressed come to identify with the oppressors? How does race, and of course also religion, become a tool of social polarization and control? If I hadn't peeled myself away from the narrative that the only way to read Freud is as a "racist bad man," outdated and unnecessary, I could not have re-read him and found a tributary that flows from psychoanalysis to Liberation Psychology.

While re-reading Freud, I continued my immersion in Liberation Psychology, creating and finding more and more

bridges. More parallels and direct influences on how Freud, Fanon, Martín-Baró, Freire, and others wrote about psyche and society. But besides the intellectual influence, there were relationships of mentors, colleagues, friends, and allies that tied these ideas together. I kept asking the question: are there other relationships connecting these thinkers of the global south and psychoanalysis? The more I asked that question, the more I discovered names and relationships that tied people together across 100 years of psychoanalysis. For example, luminaries of the Harlem Renaissance, like Ralph Ellison and Richard Wright, collaborated closely with Harry Stack Sullivan and Frederick Wertham. The Lafargue Clinic in Harlem, one of the first mental health clinics to provide accessible treatment for black people and people of color, was named after Marx's son-in-law, who was an Afro-Cuban socialist, started by psychoanalysts who wanted to fulfill Freud's vision of a psychotherapy for the people.



And I *continue* to find new relationships, even now that the book is out! I recently came across the book *In Search of Common Ground*, which tells of a series of dialogues between Erik Erikson and Huey P. Newton (a Marxist Black activist and co-founder of the Black Panthers), elaborating a psychoanalytically-informed critique of capitalism and racism which Newton went on to cite in his doctoral dissertation.

**The book aims to work toward a meta-theory of psychoanalysis that culminates in a capacity for dialogue, through something akin to mutual recognition. I imagine a possible critique of the book—**

[Editor's note: at this point in the discussion, loud sounds interrupt from outside of Dr. Gaztambide's home. He seems startled, takes a deep breath before resuming.]

Sometimes when they feel really close, it's startling. Maybe you can't hear it on your end—they're flashbangs. More nights they're fireworks, it gets hard to tell the difference sometimes. There have been a lot of protests, and a reactionary and militarized police presence every night. Between my experience with the police here (another loud sound, speech becomes inaudible) the helicopters hovering overhead every night, it just brings me back to some feelings I thought I left behind. But it's still in me. Sorry, that just caught me off guard. You were mentioning a critique...

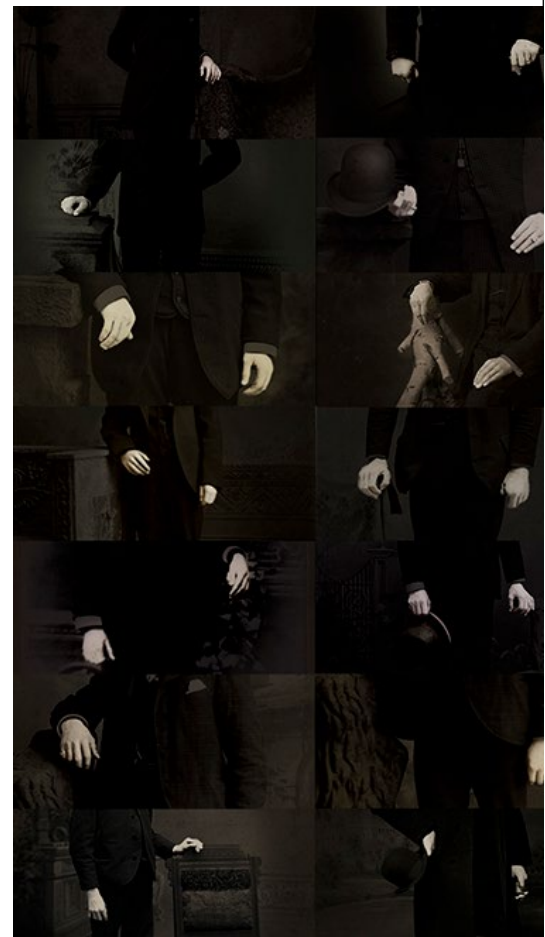
**Yes, the critique would be that there is a reconciliatory ethic in the book, this project, that has limits. Is there not a possible critique that the aim of dialogue and mutual recognition is nice, but also conceals quite a lot?**

It depends on the angle from which you're looking at it. If you read Freire, he can almost sound Winnicottian—"you must risk an act of love." But then there are moments where he writes that the violence of the oppressed is not only a response to the violence of the oppressor but that it is necessary, opening up an opportunity for an "act of love." This is also present in Fanon, almost like a very particular binding of love and hatred. Fanon is often read by white readers as violent and aggressive, who wrote *Black Skin, White Masks* based on his belief in "the possibility of love." For all that can be said about Freud, when I first read the passage from *Group Psychology (and the analysis of the Ego)* where he writes about social justice, I was shocked, confused, and surprised. He makes this curious parallel between the instinct of social justice with the social condition of whom he calls "the syphilitic." The

syphilitic has this fear of infecting other people. But underneath that fear is a hateful impulse that says: why should I be excluded from society? Why shouldn't others suffer like I have? Why can't I infect others, just as someone else infected me? And that's when Freud argues there is a transformation—and ethical and psychic one—of what at first a hostile impulse into an affective tie through a libidinal connection with an *other* outside of the group. It's not a simple process, such as a humanistic dialogue – I see you, you see me – that has no teeth. Instead, it's a real dialectic, not just of mutual recognition and its breakdown, but of love and hatred. In a way, it's less of a mutual recognition of each other's humanity than a recognition of one another's inherent, *alien* monstrosity. There's a stranger on the other side of this; there's a monster within myself. We could let it rip and burn the world down. But if we hold enough space for that, there can be something that's a much more ruthless and violent dialogue. Think Levinas read through Fanon with a Dusselian twist. An other that calls out to you and says: what the fuck are you doing, you are killing me! Do not kill me, do not abandon me, do not leave me alone in this place. [Pauses] I'm getting very moved by that thought right now because that's essentially what people are trying to communicate—"I can't breathe, you are murdering me."

**Many analysts, psychologists, therapists, and so forth are not able to respond to that call from the other without defensiveness and a kind of anxiety that strips away the ability to sustain thought.**

It's one thing to talk about rupture and repair. On that level, the analyst can maintain reflective functioning in the presence of an impasse, or if you prefer, maintain an analytic stance from which to create space for a third. But for many people, when the impasse operates on the level of racial difference, it's almost as if all those skills enter what I would call a therapeutic Bermuda's Triangle. Our ability to hold the patient's bad object experience suddenly disappears! It's not just extending empathy to the other, but recognizing the gap in empathy itself, the limitations imposed by an encounter between others. The recognition that race has become real, both in the traditional as well as in a Lacanian sense, an otherness has emerged. On one level, I can say I'm a good person and loving. On another level, I have to give up the attachment to the idea of being a good person. Ferenczi once said that the time would come when the analyst must commit an act of murder upon the patient. How less true is this when it comes to race, capital, and history? ■





## Twentieth Century Terms by Todd DEAN

It is striking to note that the first edition of Freud's *Three Essays on the Theory of Sexuality*, hailed by James Strachey as "beside his *Interpretation of Dreams*...his

Deconstructing Normativity?: Re-reading Freud's 1905 Three Essays  
By Philippe Van Haute and Herman Westerink (Eds.)  
Abingdon, England and New York, NY: Routledge, 2017  
132 pp., \$53.30

most momentous and original contribution to human knowledge," according to the blurb on the front cover of the new edi-

p.vii). They further note that the first edition was never published in any language other than the original German. It is clear, from what the editors describe, that much of what we think of as the groundwork for Freudian theory was only added later. The *Three Essays*, as most of us learned them, have been largely alienated from their original context. It is true that the footnotes to the *Standard Edition* detail all Freud's revisions, but the foundational shifts that are behind these revisions have been rarely, until now, the focus of significant concern.

At times, reading the first edition and the editors' introduction, I had the sense

In drawing attention to these details, however, Van Haute and Westerink are not simply pointing to a gap in psychoanalytic scholarship; rather, their work opens up the dialectical process, without which I (and I think they) would argue that psychoanalysis cannot exist. As the editors note in their introduction to the first edition, regarding the various contradictory and inconsistent claims Freud makes,

*we could accuse [him] of inconsistency, or we could appreciate the fact that he does not lock himself within one model and that he, on the contrary, tries to do*



J. John Priola, San Francisco

tion, was not published until 2016 (Freud, 1905/2016). This is particularly striking because, besides being one of the central texts by the founder of psychoanalysis, the content of this work changed radically until its final edition and fourth revision, published in 1924, which is "twice as long as the original one, and...contains theoretical insights that bluntly contradict Freud's original positions of 1905," as the editors note in their forward to this edition (Freud, 1905/2016,

that this text had been largely repressed, whether by Freud or by his followers: Freud does not even mention Oedipus in his original text; further, he develops his theory of sexuality without reference to an object, being entirely focused on what is stimulating to the infant. This is entirely in contrast to what was taught about sexuality in my own analytic training, even though, as the editors note, contradictory arguments are left in place throughout the later editions.

*justice to the phenomena that seem to contradict his original insights. This surely brings some imbalance into the text, but at the same time, it makes it possible to read it as the articulation of a problem or set of related problems, rather than as a set of answers that must be dogmatically accepted or rejected. Freud, remarkably enough, never tries to hide the problems that haunt his own system. (Freud, 1905/2016, p.lix)*

## THE ANALYTIC FIELD

Lacan also noted, in November 1953, “Freud’s thought is the most perennially open to revision” (1975/1988, p.1). For Lacan, I would argue, Oedipus was one of the most important elements in Freudian theory, a point he returns to again and again in his seminars. However, what that openness to revision actually entails is something students of psychoanalysis should probably look at more closely, as the editors suggest in their introduction.

Van Haute and Westerink do precisely this in *Deconstructing Normativity?: Re-reading Freud’s 1905 Three Essays* (2017). The various authors writing here show the enormous value of looking into the original text and its relation to psychoanalytic theory, something far more significant than a mere reviewing of the historical record would suggest. *Deconstructing Normativity* is an incredibly thoughtful reading of the differences between Freud’s original text and

what came after, both in his revisions and in the way his work was received in the analytic community. I would argue that, in the course of this reading, the authors lead the attentive reader to question received ideas about sexuality in a most salutary way: I do not think one could come away from this book without being aware of largely irresolvable conflicts in the study of sexuality, or indeed of most issues addressed by psychoanalysis.



Allen Frame, Sunnyside, Queens



## THE ANALYTIC FIELD

In the first essay of the book, Rachel Blass speaks to one of the most striking examples of how Freud doesn't hide his theoretical problems: the way, by the final edition, he insists that sexuality is both object-less and, at the same time, inherently object-related. Blass details the contradiction in Freud's discussion of infantile sexuality between its dependence on the object and its object-less nature, a conflict that he at no point resolves. Blass further shows how this conflict is almost completely ignored: describing the presentations at a plenary session on the *Three Essays* on the occasion of the seventy-fifth anniversary of its publication, she points out that "Freud's ideas on the inherent tie of sexuality to oedipal object relations are acknowledged. His simultaneous denial of the tie is neglected" (p.17). Here, as elsewhere throughout this book, we see that there would seem to be a resistance to this conflict that extends far beyond whatever was going on in Freud's mind.

Blass's conclusions speak to the great importance of the project Van Haute and Westerink have undertaken. She writes,

*Freud, I would suggest, by failing to resolve the contradiction in his position in the Three Essays regarding the role of the object, invites us to attend to it and in effect asks us to maintain the two contradictory worldviews. For analysts, this means not only to carry out an intellectual feat but also an emotional one; to find a way to live with the contradiction in the analytic situation, reflect on it—perhaps to better resolve it. (Blass, 2017, p.20)*

She goes on to point out that, if sexuality is reduced to object-relatedness,

*making the instinct understandable in a human and interpersonal way, something of its essential nature seems to get lost. It was as though in thinking of the meanings of sexuality, sexuality is reduced to relations. What remains of sexuality per se when its relational meaning is interpreted? In light of this, it may be suggested that Freud did not attempt to reconcile his opposing theories and views in order to avoid such reduction. One may recall here Freud's comment in the Three Essays that "What is essential and constant in the sexual instinct is something else", not the object. (Blass, 2017, p.21)*

Blass emphasizes—as do most of the contributors to *Deconstructing Normativity*—what has been the major criticism of Oedipalization, and psychoanalysis more

generally, for years: the use of Oedipal theory to impose a definition of normality and pathology. Inasmuch as sexuality is not relational, but entirely a matter of what is exciting to the subject, it is much less clear how one could define pathology versus health in sexual terms. Freud never mastered this issue; rather, as Blass notes in her conclusion, "he lives it and manifests it, and in so doing calls upon the reader. . .to directly encounter it" (2017, p.25).

While most of the essays in *Deconstructing Normativity* support this reading, it is clear that the authors are not of one accord in their understanding of what is going on in Freud's ongoing revisions of the text. This strikes me as a virtue of the book, and one that should matter for our understanding of psychoanalytic thought to this day: even the closest, most thoughtful readings of psychoanalytic theory leave room for questions that can't be readily answered. Reading the text through, I found myself thinking of Keats' concept of negative capability: Freud was definitely "capable of being in uncertainties, Mysteries and doubts, without any irritable reaching after fact and reason" (Gittings, 1985, p.43), even as he was talking about facts and the question of what is reasonable. Several authors besides Blass speak to this quality in his work. At the end of the day, I am not sure this isn't the most relevant reason for reading Freud in his own words, *and closely*, as opposed to reading summaries of his teachings, which necessarily obscure the problematics of psychoanalytic thought, as *Deconstructing Normativity* shows. It is this capacity for negative capability, I would suggest, that separates psychoanalysis from the ideological positions that we are prone to expect in conceptualizing mental health, especially when we are in training to become a subject presumed to know about these things. But at the same time, psychoanalysis has been caught up in such algorithms more often than we would wish, as has been the case with the Oedipus complex. Van Haute also makes a strong case for viewing the Lacanian theory of perverse structure, which arises out of Oedipal theory, as another normalizing element in analytic theory (Van Haute & Westerink, 2017, pp.101-115). As Laplanche has argued, this particular Copernican revolution must remain unfinished, however discomfiting that may be for psychoanalysts of whatever school: "...the ego is tirelessly at work...striving to re-order the 'recuperated' elements of the unconscious" (Laplanche, 1999, p.83).

At the same time, however, it is clear that there were other, and arguably more

political, issues in play in working out the relative importance of normality, pathology, and Oedipus in the *Three Essays* over the twenty years Freud kept working on it. In their introduction to the text, the authors reference Foucault's critique of the Oedipus complex as a tool of normalization, in his *History of Sexuality, Volume 1* (1976/1990). Both Foucault and Deleuze and Guattari, in their work *Anti-Oedipus* (1972/1977), "address not so much the clinical material confirming oedipal desires and relations as such, but the use of the Oedipus complex as an instrument of normalization of pleasure and desire in and through the family structure" (Van Haute & Westerink, 2017, p.3). Ironically, it is precisely the part of Freud's theory of sexuality that was completely ignored, the focus on stimulation irrespective of object relations, that allows us to question the overtly normalizing uses to which Freudian theory has been put over the years.

However, even as the various authors address the context for Freud's work on his theory of sexuality—Freud's efforts to "launch psychoanalysis in the field of psychiatry" (Van Haute & Westerink, 2017, p.28); the various changes in theoretical focus that developed over his career in psychoanalysis, going from an emphasis on the centrality of hysteria to the roles of narcissism, drive, and libido, as well as Oedipus; the various changes in technical focus Freud develops, from working with hypnosis to encouraging a practice of free association; the medical advances that, completely outside the psychoanalytic purview, influenced the understanding of psychopathology in the late nineteenth and early twentieth centuries—it seems clear that to reduce his work to a play for "psychiatric power," to use another Foucauldian construct (Foucault, 2003/2006), is not necessary, or even always relevant.

The title of this review is from James Baldwin, talking in an interview in 1965 (Standley & Pratt, 1989, pp.46-58). In response to a question about sexual orientation, Baldwin replies

*Well, now we've really, you know, we've walked into very marshy ground because those terms, homosexual, bisexual, heterosexual are 20<sup>th</sup>-century terms which, for me, really have very little meaning. I've never, myself, in watching myself and watching other people, watching life, been able to discern exactly where the barriers were...it seems to me, in the first place, that if one's to live at all, one's certainly got to get rid of the labels. (Standley & Pratt, 1989, 54-55)*

## THE ANALYTIC FIELD

Reading Van Haute and Westerink, this passage came to mind several times. On the one hand, as every author describes, *Three Essays* rises above the mere acknowledgment of unrecognized, ideological norms in its investigation into the nature of sexuality as such: in this sense, Freud “gets rid of the labels.” At the same time, however, in the Oedipus complex, he develops a new theory that gets used to create a sense of what is healthy versus pathological. Those “20th-century terms” may not have been Freud’s invention, but the theory of the Oedipus complex definitely contributed to their role in thinking about psychopathology in the last century. Based on the research contained in *Deconstructing Normativity?*, we can see that the role of Oedipus was a product of many different influences, both in terms of the development of psychoanalytic thought and the politically motivated push to fit psychoanalysis in with current trends in psychiatric diagnostics.

But what makes this work important for contemporary psychoanalytic thinking, and not simply an evaluation of the historical

record, is the fact that here, as throughout his work, Freud is actually enacting a “dialectic of enlightenment”: there is no straightforward way to resolve the conflicts between instinct and object relation, science and subjectivity, that are raised in analytic work. As Horkheimer and Adorno write,

*The mythical scientific respect of peoples for the given reality, which they themselves constantly create [emphasis added], finally becomes itself a positive fact, a fortress before which even the revolutionary imagination feels shamed as utopianism, and degenerates to a compliant trust in the objective tendency of history.* (Van Haute & Westerink, 2017, p.33)

I have come to see this assumption of a “given reality” as a recurring problem for psychoanalytic thought, whether applied to the clinic or elsewhere; yet the dialectic, such as Freud enacts in the *Three Essays*, becomes too often obscured in our formulations, which are now loaded with 21st-century terms that we will have to work through ourselves. ■

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Brooke Tomiello, Denver, CO



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## Helen Gediman, Builder of Bridges, and My Brilliant Friend: A Collaboration Catalyzed Under COVID-19

Harriette KALEY

When I was asked to write this reminiscence of Helen Gediman, I realized that I remember her first as a very young woman, and as I do that, I recall my own youth as well, because Helen and I met as graduate students in 1956. Then my memory, like time-lapse photography, swiftly leaps ahead fifty, sixty or more years, to when Helen and I, happily, reconnected as adults—indeed, as seniors—and as psychoanalysts. Now that all of us are caught up in the sticky web created by the coronavirus, when life is threatened by invisible factors, when survival itself can be tenuous, it seems to me a good time not merely for reminiscence, but also for a look back on those years, to see how we have fared, and to explore how our lives and our psychoanalytic work have shaped the ways we confront the challenges of these dreadful times, for ourselves and for our patients. I propose doing that as the backdrop for a close look at Helen’s professional life and at Helen as a person.

### HISTORY

Helen sometimes tells people that she is a replacement child. Her parents had lost, and apparently never ceased to mourn, an older sister who died as a two-year-old. As a psychoanalyst, I think it was a good thing that Helen also ultimately had a younger sister, not quite two years her junior, so that the spotlight was not always solely on her; as a parent myself, I think that Helen’s parents hit the jackpot when they got her. Helen was always precocious, always a winner. She was a magna cum laude graduate of Radcliffe/Harvard in 1952, when only 5% of the Radcliffe class went on to careers<sup>1</sup>; she picked up two more graduate degrees before winding up shortly thereafter at NYU’s fabled Research Center for Mental Health, where we first met, and at the same time entered Bernie Kalinkowitz’s equally fabled clinical psychology program.

<sup>1</sup> It is hard to believe but true, according to Helen, that the Dean of Radcliffe at the time discouraged her “Cliffies” from seeking higher education.

Helen’s personal and professional lives have thus spanned some great years of the feminist movement. But Helen never needed the movement. She notes that going to graduate school was one of the few instances of “disobedience” she can recall in her life, but it seems to me to have been not so much an act of opposition as of simply getting on with what she wanted to do. Helen has never been stopped in her tracks. There are no discernible halts in her professional advance.

That professional advance has been predictable—Helen, it seems safe to say, was always likely to succeed—but not always conventional. Her prolific publication history—she has published five books and about seventy-five papers—started out simply enough, in the 1970s, working with established research scholars in established areas: schizophrenia, ego functions (Bellak, Hurvich, & Gediman, 1973). But by the 1980s, she was writing on supervision (Gediman & Wolkenfeld, 1980), on imposture and feeling fraudulent (Gediman, 1985,



1986), on love, dying together, and *Liebestod* fantasies (Gediman, 1995), on deception in everyday life and in pathology (Gediman, 2001), on stalking, and on what movies can teach us about dark corners of everyday life (Gediman, 2017). She describes her “professional framework as [that of] a contemporary multi-model Freudian psychoanalyst with a multi-perspectival bent” (Gediman, 2018, p.25), and indeed, she is prominent in contemporary Freudian circles. She teaches in Freudian institutes, co-founded what is now the Washington branch of the Contemporary Freudian Society, and her writings appear mostly in Freudian publications. Yet, as one reads her clinical material, it is easily seen that her work is informed by interpersonal and relational thinking—about self-disclosure, for example (Gediman, 2018, Chapter 16)—and that, like a true bridge-builder, she has chosen carefully and thoughtfully from whence to build her bridges, not simply reaching, magpie-like, for glittering objects on either shore. Moreover, she values in equal measure both of the moorings from which her bridges spring, integrating them so that their potentially conflicting origins seem barely evident. It is surely this capacity that makes it possible for Helen and me, a committed interpersonalist, to have such fruitful talks about clinical material.

Helen’s personal life is almost as dazzling, in its own way, as her professional life. She graduated from Radcliffe/Harvard one morning and married in the afternoon; I’m sure Helen gave a lot of thought to that in her two analyses and came up with many ways of understanding it, but to me it seems clear at least that it spoke to Helen’s persistence on getting exactly what she wanted, regardless of how antithetical her goals may have seemed. She was not to be only the little woman or the scholar; she would be both. It is telling to me that her stance regarding psychoanalytic theories is that in the end, there need be no either/or, but instead, both/and. And speaking of the little woman, it’s interesting that Helen is, surprisingly, physically diminutive. Not quite five feet tall, slim, blonde, she is usually fashionably, interestingly dressed and manages, through her intensity, her concentration on everything going on around her, and her active listening, to be an arresting presence despite her size.

That first immediate post-college marriage was short-lived; there followed two others before age 30 and several long-term monogamous relationships throughout her long life. Her third and longest marriage is the only one Helen thinks of as a “real” marriage,<sup>2</sup> and it is fitting that her son Paul,

her only child, is the offspring of it. Paul and his two college-age daughters are central in Helen’s affective life, and when they moved with their family to Ann Arbor, Helen reports that she was depressed for a year or so. (As the mother of an only child currently living near me in New York, I heartily sympathize.) She is no longer depressed, but there is a central point in this story, not to be missed: what in deference to Helen’s Freudian roots I call her libido—by which I mean her capacity for passionate attachments of all sorts—is still going strong in her ninth decade. She vibrates with an intense interest in people and they respond to her readily. Still, Helen is rather quiet in person, not given to dramatics nor to flash; she is so unassuming in her self-presentation that it is hard to reconcile her manifest physical presence with what one knows to be her list of accomplishments.

Helen has always, it seemed, managed to be where the intellectual action is. Her friends, office mates, collaborators, and colleagues have always been outstanding in the field: George Klein and Bob Holt at the Research Center where Helen and I first met, together with a phalanx of future stars including Don Spence, Sheldon Bach, Paul Lippman, Fred Pine, Morris Eagle, Leo Goldberger, Harriet Linton Barr, Phoebe Cramer, and Doris Silverman. After the Research Center, Helen worked closely with Leo Bellak, Marvin Hurvich, Fred Wolkenfeld, William Greenstadt, Daniel Jacobs, William Grossman, Lester Schwartz, Helen Meyers, Donald Meyers, Ethel Person, Fonya Helm, Sue Mulliken, Phyllis Sloate, William Fried, Jane Tucker, Harriet Basseches, Ellen Handler Spitz, Janice Lieberman, Arlene Richards, Arnold Richards, Martin Nass, Leo Rangell, Harold Blum, Eugene Goldberg, Susan Finkelstein, Howard Shevrin, Kerry Kelly Novick, Jack Novick—the list could be extended almost indefinitely, both nationally and globally.

There is more to say about Helen besides the historical facts. Who is she as a person? For me, first there is her generosity. Helen is always willing to be helpful to those around her. It is more than simply the graciousness of one who has arrived towards those who are still trying to get there; Helen actively supports others. When, for example, she and I met again after decades of being out of touch, she got wind of my interest in an organization to which she belonged; next thing I knew, she shepherded my entry into it by doing the myriad, demanding, thankless tasks required of that kind of mentor. Similarly, though Helen can be incisively critical, including towards colleagues, I’ve never heard her make a purely snarky remark about anyone we both know. While she has clearly been ambitious all of her life,

I’ve seen extraordinarily little competitiveness in her. This is why I call her generosity one of her outstanding qualities.

The other quality that I think defines Helen is her resilience. Helen has known pain to the point of heartbreak, and there have been disappointments and personal discomfiture as well; she has encountered yet managed health problems and was, along with several of her most estimable colleagues, a victim of a Madoff-like financial scheme.<sup>3</sup> She has always righted herself after such blows, gathered her capacities around her, and moved on, going on being Helen, evincing no self-pity, no regression to pettiness or anger. It has always seemed to me a singular kind of strength, unsung but admirable. The Sinatra song, “That’s Life,” contains Helen’s favorite lyrics: “Each time I fall upon my face, I pick myself up and get back in the race. That’s life.”

These days, Helen lives in a glamorous apartment on the Upper East Side with a drop-dead view of Manhattan. Once a month or so, pandemic aside, she hosts a Postdoctoral Society Psychoanalytic Film Group there; the view from her living room could come from any Manhattan-besotted Woody Allen film. Her office, which she has shared for many years with Fred Pine, is a few blocks away. She is as prolific as ever, but one is never aware of her working. It is a mystery to me to this day how she manages to publish so much, on such a wide swath of psychoanalytically-informed subjects. She seems always to have time for friends, dinners, museums, theater, movies, and especially travel, typically with interesting companions. Deeply involved politically, she is informed and concerned about current trends in American life and about the environment. It is not surprising to me that in her theoretical and clinical work, she insists on spotlighting what is good and useful, whatever its theoretical parentage; she is not afraid of controversy, but instead she simply attracts, like a magnet does iron filings, what she can respect regardless of who articulates it. I don’t think she thinks of herself as a peace-maker, but she is; call her, if you prefer, a bridge builder. She’d like that. It is, in fact, virtually the name of her recent volume of selected papers.

#### THE ARRIVAL OF THE PANDEMIC

Given who Helen is, then, how have her psychoanalytic thinking and her practice responded to the unprecedented present? And how has our long-term relationship interacted with that present to shape the work both of us are doing? As I write this, at the start of New York’s sixth week of

3. Personally, if I’d suffered the loss of my retirement funds the way Helen did, totally and relatively late in life, I think it would have undone me. I marvel at the equanimity with which she seems to have taken this.

2. Were the others “impostors” of marriage, like the impostors of other kinds she later wrote about, or some other kind of simulacrum?



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full “lockdown,” she and I are in the midst of conversations about just that. Our thinking is still developing—how could it be otherwise?—but talking about it together has been exciting and illuminating.

Helen “sees” her patients by phone, while I see mine almost entirely by FaceTime. Both of us, interestingly enough, see these very different technologies as continuous with our previous arrangements: Some of Helen’s patients, those on the couch, are accustomed to not readily seeing her face; others, like mine, all seated across from me, expect to see me and be seen. Helen works from home, and I, mindful of the value of continuity when the world seems unstable, walk upstairs from my home to my office in the same building and set up the iPad so that patients see me in a familiar setting.

Helen’s starting point in our efforts to articulate how our work has changed was to note that patient and analyst now share a truly frightening reality. There is no ambiguity about that. We are in the midst of a pandemic. History tells us how that can turn out. All the media tell us of our vulnerability. Once that is acknowledged, Helen and I understand, there are immediate implications for transference and countertransference. What is going on when a patient starts a session, as both of ours now more often than usually do, with, “How are you?” Is it a simple social pleasantry, a ritualized way to greet someone, or a neurotic wish to claim us, perhaps to be reassured by us? As analysts, we’ve all dealt with that, in normal times; but now does it mask and at

the same time convey a real and justifiable concern about us? If so, what concerns does it stir in us? And how do we respond to the patient who has communicated his need for us while arousing our own fears for ourselves? Helen and I reviewed how we have changed in our responses to this ostensibly simple moment in treatment. Initially, we tried more or less traditional approaches—such as, “What are you asking?” or, “Tell me more.” But we quickly moved to responses more attuned to the realities of the present. Each of us independently found herself saying something like, “I’m OK, how about you?” sometimes adding, “Thanks for asking,” and later, “Are you worried about me?” More about this later, but we learned, once again, as we analysts keep on learning, that this apparently narrowly focused exchange can open to worlds of affect.

The other major frightening reality that we now share with our patients is the political one. For Helen and me, perhaps because we are New Yorkers, with New York’s essentially monolithic political stance, it’s even more clear in this arena than in the COVID-19 one that we share values and attitudes with our patients as well as fears, and that the fears we hear about from them are fears we ourselves feel. The fact that fears about the virus inevitably mingle with assessments of how the government has handled the pandemic means that we are rarely talking about just the one or the other reality. The two morph readily into each other. So we get moments when, for example, a patient shares a fantasy that the president gets COVID-19 and dies, and

instead of thinking, “What’s going on with this patient?” we think, “But then the vice president would take over.” Here is where Helen and I agree that our awareness of transference and especially of countertransference must be kicked into high gear. But once it is, what do we do with it? Our long, often rambling discussions of this brought us to think about the always simmering question of whether analysts should tell their patients if they (the analysts) are ill, or even if they are dying.

Helen has relatively recently in her career grappled with this issue, which is fundamentally that of self-disclosure. Surely the ultimate in self-disclosure is telling a patient that you are dying. Helen and I searched our memories for relevant instances, from Freud to that of a colleague who in recent years did not tell her patients she was terminally sick, though everyone around her knew it and though her appearance betrayed her illness. What we came up with was the conviction that analysts at such a sad juncture should tell their patients. The only question we had concerned the rationale for that. We started by contemplating the transferences and countertransference involved. Patients, we agreed, have a right to such information because it impacts their lives directly and factually, and we have reason to give them that information precisely because it affects the treatment in such direct, factual ways. So telling them is not succumbing to transference or countertransference. But is it helpful, is it therapeutic? We came down on the side that says yes, it is helpful, it is therapeutic



to confirm reality. When life is going on as usual, of course we often don't know what the reality is. Right now, that's not a problem. We know. At some level, for all our patients, the validation, however conveyed, of their sense of reality is a support of a major building block of their relations to the world. To fail or to refuse to provide it is to "gaslight" the patient. Helen has written thoughtfully (Gediman, 2018, Chapter 4, especially pp.85-87) about the "gaslighting" that can go on in an analysis, when the analyst disregards the possible kernel of truth in a patient's psychic experience. Equal in potential destructiveness is an analyst who disregards the objective reality that both analyst and patient are living with. Recently, we have all heard variations on the theme of the 800-pound gorilla in the room; disregarding the real gorilla in the room in which patient and analyst both live means omitting from consideration what we both ignore at our peril. We analysts facing this in the 21st century are relatively lucky; how would we have fared if we'd been working in Germany in the 1930s? Yes, we all know how that turned out; but what if we'd been there then, and hadn't read the handwriting on the wall with perfect clarity, as too many people did not? We at least know almost unambiguously what the dangers are. We think that we serve our patients best by acknowledging those dangers with them. This is not to say that we overlook denials ("I'm being careful enough. I can go shopping when I need something.") or obsessive overconcern ("It keeps me up at night."). What we aim for is a clearing of the air so that consensus exists about the realities and the analytic pair is freed to explore the personal implications of the situation.

As we reviewed these and other clinical matters that arose as we talked over our experiences with patients in this COVID-contaminated world, we realized we had come to a new psychoanalytic boundary of sorts. We had feared that our usual vigilance about our countertransference had sometimes interfered with our capacity to respond to patients fully; perhaps we had stifled our perfectly acceptable impulses to validate our patients' experiences and had probably lost opportunities to help them grasp the difference between their transference anxieties and a clear hold on the realities of life. Yes, it had been born out of a responsible, professional wish to "do no harm," but had it eventuated with a banal neutrality in place of a strong if at times painful moment of truth? In practice, what this meant, for example, was that moments when Helen feared that maybe she was "schmoozing" with her patients, instead of focusing on their internal battles, might instead be seen as assuring them that they were both confronting the

same independently existing reality, an existential, rather than neurotic, internal reality. Now, when a patient starts with, "How are you?" we usually reply with some version of "I'm OK. You?" We were gratified at first that we had learned the value of this slight deviation from our usual practice; we also quickly learned, though, the importance of leaving open the possibility—well known to analysts—that even such a seemingly ordinary exchange could be a portal to much weightier matters. One of us had a patient tear up at that point and weep over her fear of losing her analyst. We think she may have been expressing what others also felt and feared.

During our wide-ranging conversations, I told Helen that I'd noticed that some patients had made surprising progress during our Facetime sessions. We pondered that and tentatively concluded that there was something about the way lockdown, social isolation, and the requirement of Facetime stripped away a lot of everyday life (Had you been invited to that party? That meeting? Were you on time for work? How was the subway commute?) to permit seeing one's own participation more clearly. The ways our patients seemed freed to look inward paid great dividends. We think it helped that we provided a context that acknowledged the realities of our current lives such that they knew those had been addressed and that they could go on to pursue their own personal contributions to the stories of their lives.

It would be nice to be able to summarize at this point, but we are traversing this troubling landscape at the same time as we are trying to map it, a process probably better done in retrospect. However, we have no choice; life cannot be sidestepped, and these are the cards we've been dealt at this time. Helen and I continue to question what we and our patients are doing and try to figure out what we did right when it turns out that indeed we did right. We expect of course that there will be more twists, turns, and rethinking of received wisdoms.

## CONCLUSION

As I reminisce about Helen Gediman, I applaud what I see as the trajectory of her life. I note too that psychoanalysis, as the guiding principle of her intellectual and professional experience, has



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served her very well. I am privileged to share that with her, and glad that having that in common has permitted us to have such a fruitful friendship. In this particular moment of history, with mortal fears appropriately hovering about us, we are grateful that psychoanalysis provides us a way of continuing to be useful, as well as a means to understand how it is that what we are doing is useful. We are grateful, too, that what we are doing gladdens us. What a gift. ■

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# The Analyst, the Citizen

K. Philippe GENDRAULT

First, they came for the Communists  
And I did not speak out  
Because I was not a Communist  
Then they came for the Socialists  
And I did not speak out  
Because I was not a Socialist  
Then they came for the trade unionists  
And I did not speak out  
Because I was not a trade unionist  
Then they came for the Jews  
And I did not speak out  
Because I was not a Jew  
Then they came for me  
And there was no one left  
To speak out for me

Memorial Holocaust Day Trust  
(UK) version

We are living in very strange times. This virus has forced upon us something that is usually dismissed and if not, is often theorized ad nauseam. The medical crisis has forced us into the social reality of our lives, into what we are, namely a group, a collective of people, who are scared, angry, sad, and all the myriad emotions represented by the signifiers of our patients, by the narratives binding people, hygienically or otherwise, by all those words trying to symbolize the Real, the virus, and the menace of death it carries. The time of history is often abstract and very theoretical. Still, we are living history today in Real-time, and that is the trauma we are all going through, even if these specific signifiers—coronavirus, COVID-19, etc.—represent this trauma as well as all the compensatory narratives, both individual and social.

A San Francisco ER nurse who, with all her colleagues, remains in wait of the emergency surge of cases, spoke a few days ago with humor of having a “pre-traumatic stress disorder.” We are living, both analysts and analysands, in this historical *Real* time, and therefore traumatic. Accordingly, *It* disrupts the usual order of things. Because of the present crisis and the constraints imposed upon all of us, upon the collectivity, we, as psychoanalysts and members of this collectivity, find ourselves side by side with the architect, the journalist, the delivery person, the bus driver, etc. We are no longer those special individuals who have access to a specific knowledge with its *Weltanschauung*. The virus has reduced us to the mere status of citizens, like all the other people facing this pandemic. And like the architect, the postman, and all the other people, we will do the best we can, applying our craft to the best of our abilities under the circumstances. And it can be incredible for the patient to hear the analyst suggest

not to watch too much Internet about the COVID-19. As “hygienic” as it may be, coming from the analyst, it remains analytic, and therefore unlike the same suggestion made by friends, family, or TV.

What about the social narratives that embrace this hygienic palliative discourse? What can an analyst do about social ills and tragedy? Absolutely nothing. One may have a lot to say, but to what end? The psychoanalyst encounters the limitation of his art when social issues prevail, i.e., when

those issues are the topic of a social praxis, or when the social, as is the case today, imposes itself in the form of a crisis. There are no psychoanalytic solutions to social problems, and therefore, the psychoanalyst has nothing of practical significance to say about social issues. The most an analyst can say about group life is addressing his/her community of mental health providers about mental health issues.

On the other hand, the analyst as dead man (dummy) in the clinical encounter



Michael Smith, Williamsburg Bridge Pedestrian Walkway

can be enlivened by his or her professional standing vis-à-vis the social world in which one practices. And because of this standing as a mere professional, the psychoanalyst, as the present crisis calls for, can speak up, like any other citizen in the social realm of politics. This is a possibility and a right that is his or hers to exercise like any other person. The limitation to interpretation placed upon the psychoanalytic act by the social also introduces the analyst as a political subject. Because of one's professional and social standing, the analyst can speak up independently from it, which opens up the analyst-as-citizen's political voice, a voice no longer constrained by his or her psychoanalytic *Weltanschauung*.

During World War II, in fascist-occupied France, psychoanalysts did carry on their work. Some adhered to the fascist ideology; others fought it, while others, like Lacan, supposedly stayed out of the whole thing. The crisis introduced by the occupation of France forced analysts to decide as citizens, as political subjects, where they stood, like every other person, independently of their profession.

I fear that, often, psychoanalysts express their ideas on social issues as if their political position imperatively had to be the product of their analytic *Weltanschauung*. Thus, every-

the social while working with individuals, yet are forced by the very individualistic praxis of analysis to reduce social considerations into individualistic clinical ones, or to extrapolate individual clinical concerns into social-political ones.

I am personally outraged by the misery that has exploded in consequence to the fanatical obstinacy of representatives, political, financial, and academic, to go on embracing free and private enterprise as well as medicine for profit. I am not saying that such misery did not exist in pre-pandemic America, but the pandemic certainly has crystallized *in vivo, hic et nunc*, the criminality of capitalism. In light of very grim statistics and tragic experiences, political issues are finally being noticed, with (hopefully) no possibility of a positive spin, as a consequence of this crisis that can no longer be ignored, dismissed, rationalized, or even interpreted psychoanalytically. The emperor is naked, and it can no longer be denied! In the face of this medico-political crisis, we can speak up, and in doing so, we are not obligated to refer to Freud, Lacan, Winnicott, or others. This is indeed a matter of life and death and not a metaphor. Now is the time for psychoanalysts to fall off the wagon of psychologization of social life and its consequential depoliticization.

the analytic field born from the analysand's demand for an analysis, it is a place that must be differentiated from the analyst's position vis-à-vis the community. The psychoanalyst's relationship to analysands is not the same as the analyst's relationship to the society in which he practices. And yet it seems that analysts insist on relating to both analysands and to the world in which they practice similarly. Of course, this could be the topic of another scholarly psychoanalytic formulation and interpretation, but this would contradict the very urgent point I am making for the crisis, which introduces a notion alien to our work, that of social and political urgency in real time.

The separation of psychoanalytic arts and analyses from political and social considerations allows for both to co-exist and for the analyst to become a simple citizen, living both one's vocation and one's political life as one sees fit, instead of displacing social-political concerns into the psychoanalytic realm, with the resulting psychoanalytic interpretation of social and political issues. As was mentioned, such a displacement leads to a confusion of tongues as well as an impoverishment of both psychoanalysis and social and political praxes. When psychoanalysts interpret their analysands' discourse, they offer people the possibility of changing their world, i.e., the analytic praxis. But when psychoanalysts interpret the world, psychoanalysis turns into a philosophy divorced from praxis, and no matter how true and accurate psychoanalytic philosophical interpretations may be, they will not, as Marx warned us, change the world in any substantial way, especially when change matters urgently. The psychoanalytic act can be revolutionary at the individual level, but it cannot be at the social level.

With this crisis, as is the case with climate change, addressing the emergence of the Real, when it happens, will no longer suffice. From now on, we will have to deal with the emergency of the Real.

I will wrap up with the poetic text above, or rather its "psychoanalytic" version: ■



Gus Van Sant, Los Angeles, CA

thing becomes the object of analytic formulations and interpretations. Psychoanalysis becomes a panacea, a term whose medical etymology resonates in our present medico-political crisis. The crisis becomes incorporated, and psychoanalysis takes on the role of an open-ended political ideology, which so far history has proven useless (as it should be) in solving any social and political ills. Even those politically savvy and well-aware psychoanalysts continue writing and speaking of

If I have a few words for analysts (and a few others as well), it is this: Let us wake up! Like the carpenter, the engineer, or the janitor, psychoanalysts have a right to speak up! They do not have to constantly justify their fears, their anger, their sorrows by psychoanalyzing the context, the profession, their colleagues, or themselves, or always having to represent their place in the world by religiously referring to the analyst's position. If indeed the latter refers to the specificity of

First, they came for the Communists  
I interpreted  
Because I am an analyst  
Then they came for the Socialists  
I interpreted  
Because I am an analyst  
Then they came for the trade unionists  
I interpreted  
Because I am an analyst  
Then they came for the Jews  
I interpreted  
Because I am an analyst  
Then they came for me  
And there was no one left  
For whom to interpret



## What Will It Be? Lynne ZEAVIN

I wake from a dream. In the dream, I say, to no one in particular, “Look outside.” It appears as an exhortation. I realize it is only myself I am talking to, trying to remind myself of beauty, of the natural world, of possibility, of promise, of hope. I am needing to remind myself of these now because really, the world is sick, and although we are going on living in our world here, I know that death is not far and is all around us.

I have been wondering about the fate of psychoanalysis, particularly for those of us who practice in urban settings. I have long worked in New York City, where I have taken for granted my ability to meet my patients in person, shake their hands at the outset and endings of treatment, work in proximity to them, and not fear should they come to sessions sick or otherwise unwell.

There is, undoubtedly, so much loss.

I hold onto work as a lifeline, though, even while now working remotely.

For many years I have been in a distance analysis myself, the distance being the Atlantic Ocean, the analyst in London, the patient, me, in New York City. I embarked on this analysis at another time of too much loss, my oldest brother dying suddenly, a dear friend dying one year later, and another soon after that. I felt myself slipping into a melancholic fog, and I wanted help. Though finished with a training analysis with a person I had deeply valued and indeed loved, Shelley Orgel, I wanted to work with a Kleinian analyst. I had been working with Kleinian supervisors for many years, and that just somehow seemed the right next move in my own development as a psychoanalyst.

Now, in addition to being the patient in remote analysis, meeting with my analyst on Skype (with no image), I am also the analyst at the other end of the line. My sessions with my analyst over these many years have given me a belief that this is indeed real work, that useful work, even profound work, can be done. There is no doubt that when I walk into my analyst’s London office, I feel differently engaged—I am always relieved to be there. And maybe the sweep of analysis changes. Perhaps in the room with her, my anxieties rise more quickly to the surface, maybe these can be muted when one calls from the comfort of one’s home. After all, there is something to the fact that ordinarily, patients enter our spaces, habituate to our schedules, and see the other patients whom we treat. When our patients do not have to confront these bits of evidence of our independent and personal lives, something can seem more equitable, and perhaps the seeds of the negative transference are more dispersed, less



Elinor Carucci, Manhattan

fertile. There is no doubt that something changes on the phone or on Zoom. But I am both hearing in supervisees’ work and certainly feeling in my own that psychoanalysis—at a distance—though presenting new difficulties, is possible.

In a recent interview, Julia Kristeva stated:

*In our sessions of telephone isolation, as I call them, even without the physical presence of the analyst, we call each other, leave the phone open, stretch out and remain in session, and there come moments of archaic collapse: the cancer of one’s own mother reappears, an abandonment one suffered in childhood, the hardships of a daughter. Things that we had not been able to speak about before, now get confronted with dedication, as if the danger forced us to expel our deepest pain. These days, through the telephone, we manage to touch something “nuclear”: certain defenses fall down, we bare ourselves with a new sincerity.* (Kristeva, 2020)

Certainly, I have had that experience. The patient who feels the very fact of the coronavirus and its shutdown is reminiscent of the sudden lockdown when she fell ill as a young child and was kept inside for six months. Another patient, who was left on her own as a teenager in a foreign country without contact with her parents, experiences a revived sense of loneliness, augmented by the remoteness of the phone. She can talk about that, whereas, in the office, she might fall silent. Some patients go on finding manic solutions, even amid this crisis (a source

of envy for some)—renting fancy homes, ordering the “best” food for dinner—hoping to stave off the persecution of the virus and the uncertainty of the future. Others go on as though the virus barely factors, so absorbed in their own privately lived realities. For some who are steeped in it, the anxieties associated with the virus are nonetheless consistent with longstanding aspects of their internal worlds. All of this is true as well about our newly established remote treatments. Similar anxieties with attendant defense mechanisms obtain: Some patients will barely acknowledge the change; others will deal with it by ensuring that they eat the best food, therefore denying their feelings of dependency on the analyst and the loss of in-person contact.

But some do feel keenly the anxieties about the new setting, the loss of the in-person contact with the analyst. I know I wonder if I can provide to my patients what they need, if indeed I can discern their anxieties. Is this set-up, stripped of all stimuli save for the voice and my private surround—internal and external—enough? There is the exhaustion in this work that everyone seems to feel. There is the timelessness, the sense of not knowing its limits. But I hold onto the words of Joshua Durban, an Israeli Kleinian analyst who told me, “Our patients hold on to the setting for a very long time.” Thank you, Joshua. Thank you, colleagues everywhere, who are striving in this new and strange land to keep psychoanalysis alive. ■

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# “Humanity is rediscovering existential solitude, the meaning of limits, and mortality.”

• This interview first appeared in *Corriere della Sera*, March 29, 2020

*Bulgarian-born French psychoanalyst and philosopher Julia Kristeva defines herself as European even though she sees Europe failing at everything, especially healthcare. Virality—she explains—starting from a metaphor, has become incarnate in our lives. And yet, there are therein three lessons to learn: that technology has only amplified radical existential solitude; that we have to regain possession of the sense of limit; that we have repressed our mortality. But we can start anew: vulnerability will make us all stronger and more resilient.*

J.K.: “We stayed in Paris, but many people from our neighborhood left to spend these days of isolation in other places. So, at 8 pm, when from the balconies comes applause for doctors and nurses, me and my husband (the philosopher Philippe Sollers) bang on pots and pans to make some extra noise”—explains on the phone Julia Kristeva, the great European intellectual (she defines herself as European, Bulgarian by origin and French by adoption), who has recently published a new book on Dostoevsky and with “*La Lettura*” attempts to reflect on the individual and society in the time of epidemic.

(Stefano Montefiori, *Corriere della Sera*): Along with outbursts of solidarity and moments of communion from the balconies, social isolation has also begun to provoke jealousies and aggression. There is hatred expressed against those who have managed to reach their summer houses or against those who are suspected of doing a little too much jogging. Is the coronavirus jeopardizing social relations?

It is curious how [before the pandemic] the word “viral” was already being used a lot and for quite some time. “Viral” reactions were already part of our hyperconnected economic and political reality. Everything that proceeds by contagion, precipitation, and then, after a sparkling beginning linked to pleasure, culminates in a deadly explosion. “Virality” is part of our environment, for example where social media exalt themselves only to mistreat and destroy. In the behaviors that you are citing, there is something viral, but we have seen it in action before too: in the *gilets jaunes*, a movement that urged people to rise up, but also destroyed, in the *black bloc* that was plundering the streets of Paris. The acceleration of our civilization had already arrived at a viral stage, and today this metaphor overwhelms us and enters into the real, because it is an internal as well as an external

menace—perhaps we do not have strong enough immune defenses and the danger is therefore also inside of us. Some have the virus maybe without even knowing it, but will survive, while others will die. This allows us to ask ourselves questions about the world in which we live, its failings, and about that which we do not succeed in thinking. Beginning with Europe.

**How are you evaluating the role of Europe at this stage?**

I am European and in the book on Dostoevsky that I just published, I look for the European and modern dimension. I see Europe everywhere and I want to sustain it, even though it is traversing many difficulties and finds itself in a moment of chaos. But the virus has shown that this Europe is not only a market without a clear political vision, without defense mechanisms, incapable of rethinking our great common culture, but that this Europe is also demonstrating an absolutely frightening healthcare incapacity. The need for medical equipment has been severely underestimated both in Italy and in France, and this seems to me a refusal to think about the fragility of the human species. And this can bring us to the plane of individual behaviors. From the metaphor of the viral, we move on to the reality of the viral, to what the epidemic reveals about the individual, about today’s globalized man.

**What are the characteristics of this globalized man?**

I see three: solitude experienced as loneliness, an intolerance of limits, and repression of mortality.

**How is loneliness manifested?**

I am struck by our contemporary incapacity to be alone. All this hyper-connected exaltation makes us live in isolation in front of screens. This has not abolished loneliness, but has ensconced it in the social media, has compressed it in messages and data. People already devastated by loneliness find themselves alone today, because although they have words, signs, icons, they have lost the flesh of words, sensations, sharing, tenderness, duty towards the other, care for the other. We give the flesh of words as a sacrificial offering to the virus and to malady, but we were already orphans of that human dimension that is shared passion.

**So the quarantine reveals a state that was already present?**

Yes. All of a sudden we realize that we are alone and that we have lost touch with our inner core. We are slaves of the screens that have not at all abolished loneliness but have only absorbed it. This is where the recent anxiety and anger are coming from.

**You are a psychoanalyst. Are you still holding sessions these days?**

Yes—and now I will allow myself to preach for my own parish as the saying goes—I was afraid that my patients would not want to continue, but instead no, on the contrary. In our sessions of telephone isolation, as I call them, even without the physical presence of the analyst, we call each other, leave the phone open, stretch out and remain in session, and there come moments of archaic collapse: the cancer of one’s own mother reappears, an abandonment one suffered in childhood, the hardships of a daughter. Things that we had not been able to speak about before now get confronted with dedication, as if the danger forced us to expel our deepest pain. These days, through the telephone, we manage to touch something “nuclear”: certain defenses fall down, we bare ourselves with a new sincerity.

**Why is it happening precisely now?**

Because the epidemic forces us to confront the other two problems that I mentioned before, besides the question of solitude: limits and mortality. The current situation is making us realize that life is a continual survival because there are limits, obligations, vulnerabilities—dimensions of life that are quite present in all religions, but which the current humanism tends to efface. In the same way, we tend to expel from ourselves the question of mortality, the greatest limit that exists and which is part of nature and of life.

**Is the repression of mortality a recent phenomenon?**

Since the Renaissance we have regarded mortality as a matter for religion. It was up to the priests to take care of it. We find it in philosophers, in Hegel and Heidegger, but mortality is absent from common, popular, mediatic discourse. We prefer to forget about it. We might take care of the elderly, but we do not confront the fact that death

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is within us, in apoptosis, which is the continuous process of death and regeneration of the cells, even in this very moment as I am speaking to you. This new virus makes us face the fact that death plays an integral part in the process of life. Art and literature, I am thinking of Proust and Bataille for example, have reflected on these topics: the very act of writing constitutes a confrontation with death, but the most widespread, mediatic, sensationalist attitude towards the human usually avoids this dimension.

### **Do you think that the epidemic will change our perspective on things?**

It could influence our family relations, between parents and children, prompt us to rethink consumerism, the obsession with travel, that political fever inspired by slogans like “work more in order to earn more,” competitiveness displayed like glitter. I am not proposing a cult of melancholy, but a reevaluation of life as a whole,

starting with everyone’s vulnerability with regard to pleasure and sexuality.

### **What do you mean by a cult of melancholy to be avoided?**

I am not proposing becoming imprisoned in finitude and in our limits, but only remaining aware of them, considering mortality as part of life. In every religion, there is the element of purification: one needs to wash oneself, one should not touch this or that, there are prohibitions. These are superstitions, they become obsessive cults, but we can still take into account this tradition, criticize it, rethink it, but also preserve the sense of precaution, the preoccupation with others and their weaknesses, the awareness of the finitude of life. We can become more prudent, perhaps more tender, and in this way also more resilient, resistant. Life is a permanent survival. We have all survived, let’s remember that. It is a question of behavior, of personal ethics.

### **In the end, are you an optimist?**

I would say an energetic pessimist. I feel I have experienced three wars: I was a baby during the Second World War, then there was the Cold War and my exile even though gilded, and now there is the viral war. Perhaps this has prepared me to speak about survival. We are ready for a new art of living that will not be tragic, but rather will be complex and demanding. ■

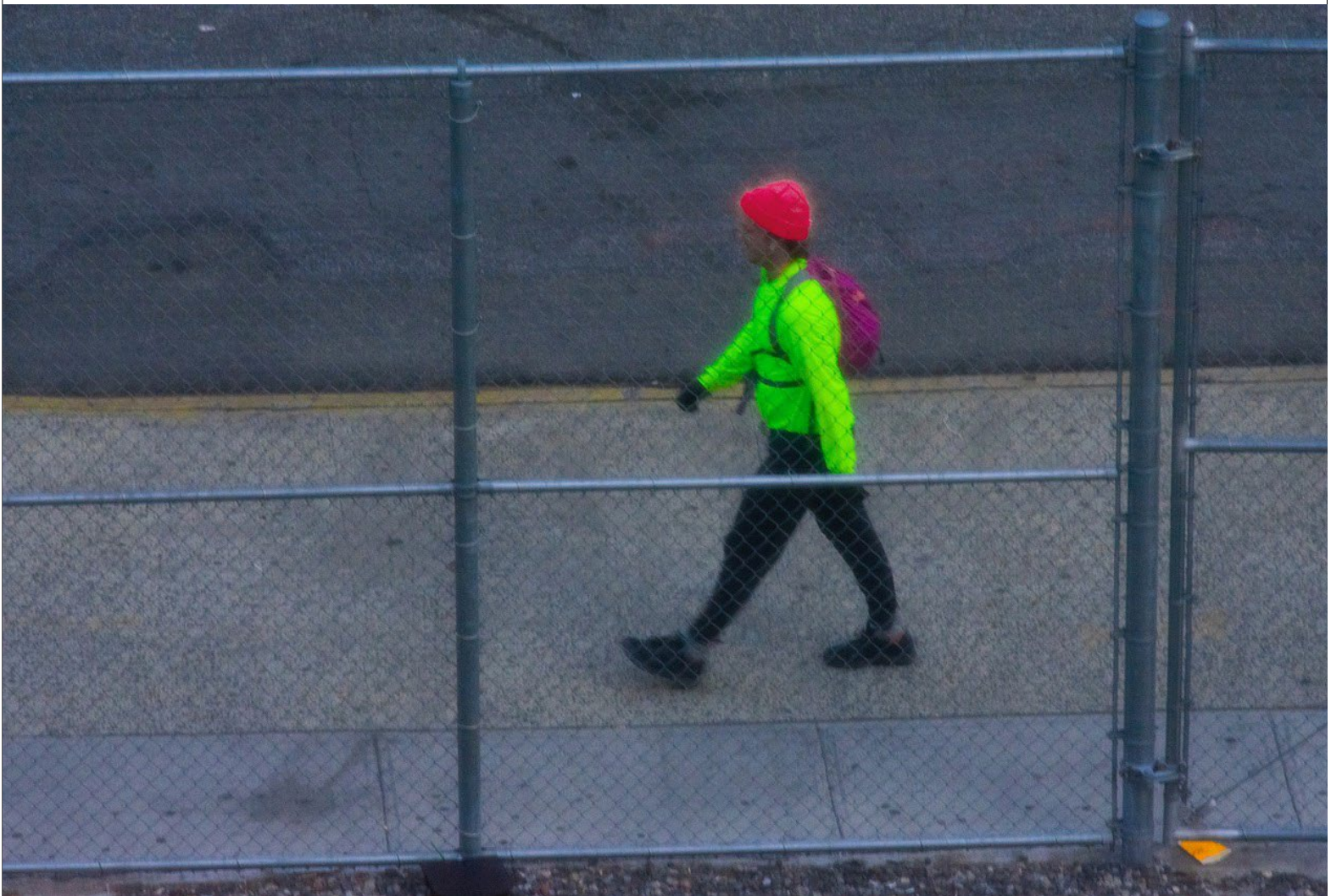
### **JULIA KRISTEVA**

Interview conducted by Stefano Montefiori, correspondent for *Corriere della Sera* in Paris.

Translated from the Italian by Mariya Chokova at Harvard University.

Edited by Alice Jardine, author of *At the Risk of Thinking: An Intellectual Biography of Julia Kristeva* (Bloomsbury, 2020).

<sup>1</sup>“La Lettura” is a weekly supplement to the Sunday issue of *Corriere della Sera*.



James Welling, Street View Lafayette near Grand, NYC



# COVID in the Age of Psychoanalysis

Christina NADLER

I am an analytic candidate, and at the time of writing this, I have been sick with COVID-19 for fifty-three days. In the early weeks of my infection, as my fever rose, so did my fear of death. The questions that ran through my mind were as follows: Will I be the one among my loved ones who does not survive? Will I be the candidate at the institute who sadly died during the pandemic? Will the abstract fear of a ventilator shortage become concretely life or death if I need one to survive? Should I have been bolder in love? Do I have time to say what needs to be said, to write what needs to be written? Am I proud of my life? How will I be remembered?

There is a unique terror to realizing one has the virus that is killing people all over the world. But my experience in psychoanalysis has helped me to survive this anguish. It has prepared me to bear the losses from an abrupt break in clinical work, as both an analyst-in-training and as a patient. Psychoanalysis has helped me to face our precarious future and my fear that there might not be enough time left to mourn all we are rapidly losing.

The sudden pause in sessions with my analyst, amassed on top of the disruption of working remotely during the pandemic, left me terrified. Could this be the end of my analysis? In ways, that question felt more urgent than how ill I might get. More questions ran through my mind, and they too sickened me: Would my analyst be disappointed that I could not move faster, and heartbroken for an unrealized potential? Would she remember me in my moments of cowardice or my moments of bravery? How would she grieve for me? How would she mourn the loss of what might have been in our work together?

Psychoanalysis produces an increased capacity for thought and uncovers new potential. As repression lifts or new translations of the unconscious become available to oneself, the mind becomes more dynamic. But my illness had limited not just my physical capacity, but also my mind's. My brain moved slowly, and my thoughts more rapidly congealed. I lingered on the memories of my cowardice in sessions with my analyst. Physically confined to my couch, I felt an uncanny recollection of my mind's past confinement on my analyst's couch. I recalled moments when I had been unable to find new thoughts easily, when I was bound to what I had believed was safety but was actually constraint.

When my ability to see my patients, even remotely, was taken away from me, I came into closer contact, through its

marked absence, with the kind of generativity of mind that comes from working analytically. I realized that my mind had begun to ache in a similar way to my body. I realized it had not just been as a patient that psychoanalysis increased my capacity for thought; it was also as a candidate. I was able to see patients one day in early May. My eyes welled up as I saw each of them on Zoom again, and for a few hours, I felt that generativity again. A few days later, I sobbed after writing the emails to my patients that canceled our sessions for yet another week. I felt that ache return as I realized I could not tell them when I would be well again.

Through my analysis, I had begun to fantasize about a future for myself, but COVID encumbers the future. I do not know when I would be well. New symptoms appear weeks into the illness, and I wonder which parts of my body are not prey to this disease. Speculation about permanent damage deepens a dread that I will lose access to the life for which I have been working so hard. Even if I recover fully, I am still living in a global pandemic. My relationship with the future has always been tenuous, but this virus has left me shaken to an extent heretofore unknown.

Yet, even shaken and terrified, I have not tethered myself to this virus. I have been able to live the past fifty-three days without being organized around my illness. In ways, in the latter weeks of my illness with COVID, I feel more capacious than ever before. Unlike past traumas, I do not feel defined by this illness, nor by my suffering. This is a physically and emotionally agonizing experience, but I finally found that I am more than my pain.

As my analyst had imagined for me, and I for my patients, I can now imagine an open sense of futurity for myself. It is not a future with an explicit path that I see, but instead, I envision walking into

my own future with contentment, courage, and curiosity. Holding a sense of futurity without an attachment to the particular fantasies of my future has been the biggest challenge of my illness, but also my most significant accomplishment. Through writing this, at the encouragement of my analyst, I feel I am beginning to heal from the psychic damage of COVID. I am still sick, but I feel well.



Mikael Levin, 565 Union Street, Brooklyn

## Acknowledgments

As my supervisor, Ani Buk helps me to find the threads of hope in my clinical work, and so too did her feedback on this essay help me to find my hope and put it into words more clearly. Without the thoughtful feedback, challenges, support, and encouragement of Jennifer Prince and Hamad Sindhi, I would not have been able to write an essay while sick with COVID; thank you. I feel much appreciation for my patients for their understanding and generosity in the time I have been ill. And I hope the essay itself expresses my gratitude to my analyst for everything she has given me. ■



# Love and Being Left Out: The Primal Scene and Erotic Transference in Remote Work During the Pandemic

Tamara McCLINTOCK GREENBERG

The night before the shelter in place order in San Francisco, when my denial was just starting to brace for impact, I had the following dream:

*I was an adult, in my bedroom of my 840-square-foot childhood home. I had my pajamas on and was anxiously preparing for patients to come and see me. I only had one chair. It was the actual chair I had in my bedroom growing up. Scored from a garage sale, it seemed so precious even with its rusted silver legs, faded blue vinyl. I was thinking, Can patients sit here? Where do I sit? On my bed?*

I woke up in a panic.

Within a day, I was seeing all of my patients over Zoom, with better hygiene, clothing, and a home than my dream foretold, but the anxiety was the same. I was jealous of my colleagues who had so much more experience than I did with this new medium, and I felt cranky, resistant, and terrified.

At least for the first few days.

Then, like everything else in this new normal of our disembodied world, I settled into a routine. I realized my thinking could survive what I initially felt to be the void of video sessions. I could consider the impact of my own loss and how it impacted my patients. I was not back in my childhood home. Unlike the disorganized use of my mind as a child, I realized I could *think* in the usual way to help my patients.

A woman I will refer to as Julie began treatment a couple years ago and had dimmed her sexual ideas about me as we settled snugly into our work in my actual office. Her treatment was mostly organized around complex trauma, which had never been labeled as such. Her marriage was ostensibly satisfying but left her feeling that she always had to take care of her wife, whom she felt was emotionally needy. Her professional life was a series of Pyrrhic victories. Her power, influence, and prestige were felt to be given over to those who were starving and for whom she had to provide. Yet, I could imagine her needs, and she was beginning to believe that I could help her consider a life in which she was not an emotional conduit for everyone else.

And then, the pandemic. When our video sessions began, she could not speak. Or barely. The vibrant professional woman I knew seemed suddenly unreachable, inconsolable, and angry. By the third week, she told me I felt “too close” to her. She was particularly distressed by the abstract,



Gina De Naia, Seoul, South Korea

monochromatic painting she saw in the background of my home office. To me, it's an ocean scene with waterspouts shooting up. My impression: it is sensual, soothing. To her: it's tornados coming to kill. She was worried about me. Why was my taste in art so dark? Was I okay? A cough from allergies made her worry I might die.

In reality, I was not sure if I was okay. I was uncertain what it would mean to spend another month or two (?) in my apartment relatively adrift, but also deeply comforted by

the presence of my physician husband working via telehealth in the other room. Any real description of my life risked intrusiveness. As I write this, it's clear that at this time in our work, ideas of boundaries were my fantasies alone. For her, limits had already disintegrated. Julie felt she had lost me but had way too much of me at the same time.

Rather (2002) applies ideas of the primal scene, as described by Britton (1989), as the early Oedipus situation with particular attention to the link between the pa-

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rental couple. This relationship excludes the child and the limiting of boundaries that results. Britton states that the development of a “triangular space” is one that includes the possibility of being a participant in a relationship, observed by a third person, as well as being an observer of a relationship between two people.

Loewald (1979) describes the cognitive and psychological achievements required in the waning of the Oedipal situation. Can there be more than one person who is the object of my love? And can they love me? Can I love Julie and my life outside of her without someone’s destruction?

The obstacle of video sessions, the welcoming of her into my home, happened at a time when Julie could not imagine me as a separate person with relationships outside of her. We were left terrifyingly to face the

dangers of thirds. Zoom, my husband, my painting, her wife. All seemed to threaten our closeness and my ability to keep her safe.

I brought my vulnerabilities into the therapeutic relationship with Julie. Like her, I grew up terrified about boundaries and the need to imagine that I could protect myself at all times. When I first saw Julie over video sessions, I worried I had lost my sense of myself and my observing capacity. My dream was a warning about how dangerous it can be when the margins disappear.

In talking with my colleagues about this surreal time, one that we are desperately trying to understand, I hear versions of this anxiety. Therapists have wondered if treatments are the same. Do video sessions require the same fee? Can our patients still need us, even if it’s relatively limited? *Is it* more limited? Can the work survive real-life disasters?

These anxieties seem normal. But for me, telehealth has created more space than it has closed off. Sexuality has never been more alive, even over what could be banal, end-to-end encrypted video sessions. However, we may have to be more active regarding interpretations for our patients to feel safe, especially for those with trauma histories. Our patients need us to hold even more anxieties now, including our own about fragmented and blurring boundaries. ■

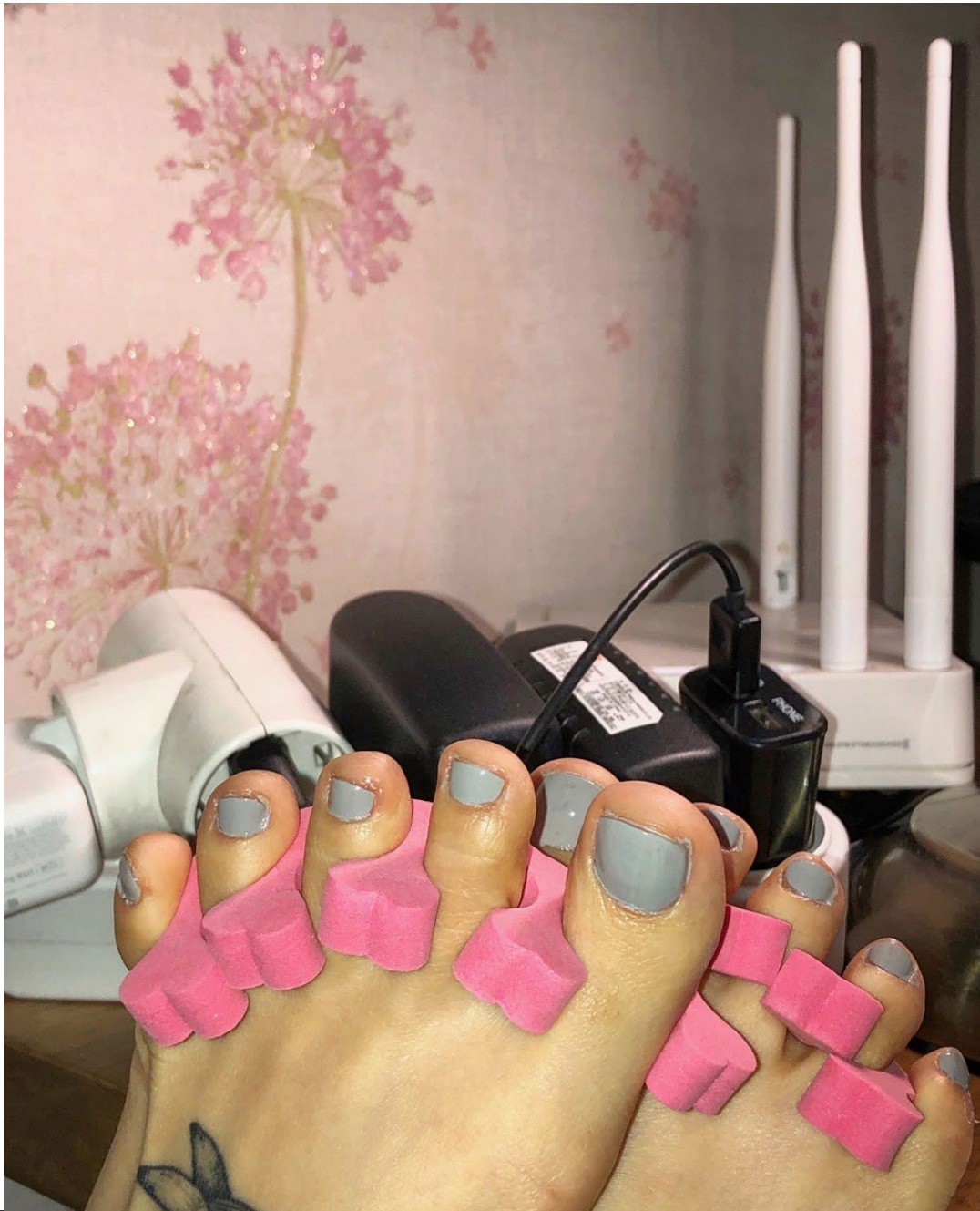
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Gina De Naia, Seoul, South Korea





# CORONA LEXICA: Words as Metaphor and Fleshed Reality

A play of words with the Real Velleda C. CECCOLI\*

I am paying attention to the way that  
language germinates with  
experience,  
mine and yours.  
Our experience  
in this moment of  
collective vulnerability

I am paying attention to the way that  
the symbolic mediation of our signifying system  
stretches language in  
an attempt to parallel and  
perhaps, capture  
for a moment  
inner experience  
fusing it with outer

I am paying attention to the fragility of the membrane that  
separates  
the internal from the external  
Symbolic and Imaginary play coming into  
the Reality of  
the *Thing*  
At play no longer and instead  
gnawing away at  
the boundary between  
psyche and soma

I am paying attention, now,  
to specific words and  
the way they impact us, given  
Our current condition, given  
Our world today  
this minute,  
this day,  
this week and  
the next

I am paying attention to  
the way that some words feel  
hard, concrete, solid, cement-like  
while others  
mutate and fluctuate with  
emotion as  
Our experience  
re-defines them...

**CULPRIT** (*now there's a word!*): guilty party; offender; wrongdoer; perpetrator; criminal; malefactor. *The beginning of this new world. ...*

**VIRUS**: A substance produced in the body as the result of a disease; one capable after inoculation of infecting other people or animals with the same disease. A submicroscopic organism that can multiply only inside living host cells, has a non-cellular structure lacking any intrinsic metabolism and comprising a single DNA/RNA molecule inside a protein coat, and frequently pathogenic. *And then there is its corollary:*

**VIRALITY**: rapidly spread by means of people communicating to each other; *addressing both the internal nature of the virus and its propensity to live in our environs as well. To spin off and multiply, to attack, not only humans and other animals, but information, computers, technology, bank accounts, the economy. . .*  
*These two words lead me to*

**CONTAGION**: as in communicating disease from body to body by direct or indirect contact. (*Like now. . .wash your hands. . .careful what you touch. . .and where you put your hands. . .the trace of humanity having a long trail or is it tail?*) *And then I arrive at*

**VULNERABILITY**: From the Latin *-vulnerabilis-*, able to be wounded, either physically or emotionally, liable to damage or harm, especially from aggression or attack. *And thus my use of the word collective as an adjective, as in we are, all, together vulnerable—which brings me to our*

**FRAGILITY**: From the Latin *-fragilis-*, meaning breakable, weak, perishable, and/or easily destroyed. *Yes, we do not like to think of ourselves in this way and yet, we are, we are, we are. And the fact of our current state, both internal and external, leads all of us into a state of*

**UNCERTAINTY**: The quality or state of not being certain; doubtfulness, hesitancy, irresolution. A thing of which the resolution, outcome, etc. cannot be determined. *Are we not in the business of uncertainty? And yet, and yet, we know not of this collective incarnated uncertainty. The question now is: How to establish*

**IMMUNITY**: From the Latin *-immunitas-*, as in the freedom or protection from anything injurious; lack of susceptibility. *Is this not what our defenses, our fantasy, our internal life should grant? And if we cannot establish a physical exemption from this Thing then how are we to continue to feel our*

**RESILIENCE**: As in the act of rebounding or springing back; elasticity; the ability to recover readily from, or resist being affected by, a setback, an illness, etc. *How do you know we can survive this? Does this require a certain amount of welcomed*

**AMNESIA?** From the Greek *-amnesia-*, forgetfulness; loss of memory. *Afraid? Why? There will be vaccines, antibodies. . .Or is it instead, an insidiously established*

**HABITUATION**: As in the formation of a damaging dependency; an innate response to a frequently repeated stimulus. *I am fine, at home and isolating. Or better yet, a steady and ongoing need for*

**DISSOCIATION**: The breaking up of a substance into elemental particles; the breaking up of an association or idea, and finally, a condition in which mental processes are separated from the conscious personality—*usually as a result of trauma, a situation in which one can go on and on despite external events that are monstrous like NOW, and what is trauma if not a direct attack on our most elemental sense of*

**SAFETY**: The state of being protected from hurt or injury; freedom from danger; close custody or confinement as a means of protection. *As long as I stay home...*

And

**SECURITY**: The condition of being protected from or not exposed to danger. Freedom from anxiety or apprehension; *...it will all be ok, so that a sense of*

**RELIEF**: The alleviation or deliverance from pain; *can once again be part of our days and relieve the*

**TRAUMA**: The psychic injury caused by emotional shock...*of the world's grief and loss, so that*



## DISEASE

**MOURNING:** Our expression of grief; lament; *can take place and once again and connect us to our*

**MORTALITY:** The condition of being mortal and subject to death; the loss of life on a large scale. *And the inevitability of our*

**DEATH:** The final and irreversible cessation of vital functions; the state of being without life, animation, or activity. *As in what Freud struggled with and knew ALL of us struggled with—the knowledge of our own mortality and death, our inability to stay connected with its inevitability and reality, with its ineluctable trajectory, its truth, and thus the need for Our defensive/protective psychological structure and the fact that being*

**ALIVE:** Unextinguished, undiminished, unforgotten; in a sentient or susceptible condition; fully aware, sensitive, and responsive; full of energy or animation; active, lively, brisk. *Can be taken away at any moment through the actions of another, of a pandemic, of an accident. . . In a world where*

**LOVE** (*I am NOT turning to the OED on this one!*) *must reign and lead us out of*

**ISOLATION:** Separation from other things or persons; solitariness; complete separation from persons with a contagious or infectious disease, separation from contact with other people; *and leading to total*

**ALONENESS:** Quite by oneself, unoccupied; without other companions; solitary; lonely. *And our own, internal world with all its object and its inherent*

**LONELINESS:** The condition of being alone and unfrequented; desolate; dreary; dejected because of a lack of company. *To a sense of*

**CIVIC RESPONSIBILITY:** Civic, from the Latin –corona civica–, designating a garland of oak leaves for the one saving a fellow citizen's life; pertaining to citizenship; and Responsibility, from the Latin –respons–, to respond a charge, trust or duty; correspondent; answering; accountable; capable of fulfilling an obligation. *Where our*

**COMMUNITY:** From the Latin –communitas, communis, common–, a body of individuals; the commons; an organized political, municipal or social body; and further, the state of being held or shared in common; with joint ownership and liability; a common character or identity; life in association with others; society; the social state. *makes us whole once more, an integral part of something larger, of our*

**WORLD:** A state of human existence; present life; the earth; a natural environment or system. The material universe; the cosmos; creation as whole; *Everything that exists.*

**EVERYTHING  
THAT  
EXISTS**

**EVERYTHING  
THAT  
EXISTS**

**EVERYTHING  
THAT  
EXISTS** ■

\*With a little help from the Oxford English Dictionary – that pantheon of words and meaning(s).



Mac Adams, Catskills

## Child Work in the Time of Pandemic Olga POZNANSKY

On the seashore of endless worlds, we play  
—Rabindranath Tagore

A recent conversation about my clinical work with children during this pandemic reminded me that most psychoanalysts are frightened to work with children. When a child comes to us in our office, we take the risk of following him to a place before words, to being taken far away from any kind of knowing, and this can be frightening. Children, once they learn how to talk, know in some sense, in the way only analysts also know, that nobody knows anything. Both the child and the analyst are displaced in relation to knowledge; for the analyst, of course, it is only at the moment of listening that the rigor of knowledge is suspended, so she can proceed in the act of creating something new.

The suspension of knowledge that occurs in childhood is very precious, but it's not naive. Children are experts on the truths of uncertainty. Psychoanalysts, on the other hand, are generally less comfortable with

trusting the unknown and have invented for themselves all sorts of frameworks to deal with their discomfort.

Today, we are working under special conditions in the time of isolation and confinement when video and phone have replaced physical presence. It is a difficult and sometimes impossible way to work, especially with children. We have to improvise as we go into the space that is new for us and try to make sense of how working in this way affects our patients. The current moment creates a crisis in our clinical “know-how” that offers us an opportunity to “forget” about how to do things and to invent something new.

It was, of course, Freud (1909/1955) who said that children are first philosophers who have the freedom to think, which is inevitably lost in the encounter with the inadequacy and impotence that are the side effects of growing up. Children have access to the “know-how” that is not identified with previous knowledge and experience. And through their fresh look to-

ward the world, they have much to teach us about how to situate ourselves clinically in this moment that does not yet have a psychoanalytic past.

The first month following the imposed restrictions threw my child practice into disarray. I was caught off guard by the breakdown of the usual analytic frame and the loss of space of the office, disoriented in my role, and not knowing what to do. I could no longer play and draw with my child patients as we did in the office. Questions about what kind of work is possible under such conditions demanded that I alter the parameters, with minimal forewarning, to find a way to reinvent the frame for each child patient to ensure that we could continue our work. It was a kind of doing in advance of any kind of knowing.

In the beginning, the object of the child's love, the mother, or someone who is doing the work of the mother, is there most of the time. It is only after a while that the child can do without the mother and work with the representation of the absent



Laurel Nakadate, Providence, RI



## DISEASE

object. What is happening today, with the move to video work, is that we are asking the child to make the leap of working with representation very quickly. The child is asked to accept the voice or the image by video and to think about the therapist and our work by himself at a distance. Therapists have had to make their sudden transition to working with a presence that is also an absence. Both the child and the therapist are alone in this new process, risking the unknown of the work together and of finding something other than what they initially brought to each other in the office. To proceed in this way entails a radical trust in the unknown along with confronting the

The child can play with the possibility of the virtual space that perhaps would have been impossible in the office.

Winnicott (1971) says that every session is a squiggle game; even if it's not a drawing, it is a creation that takes place in response to the giving of the one and the other, belonging to neither the child nor the therapist, but both. In this way, each session is a new experience, and it cannot be otherwise.

The amount of acquired knowledge of analysts must be suspended, as Freud says, to re-find in ourselves the lost capacity of the search for knowledge of the child and the freedom to think away from all the im-

posed rules. The risk of calling our established ways of working into question, as we are asked to do today under almost impossible conditions, requires that we confront our own uncertainty and fear of not knowing what to do, and having to go on doing it. But if our adult patients are more likely to forgive us our redundancies and be polite about it, children are less likely to take up conventions; they reveal more readily to us the limits of our competence and knowledge, while exposing us along the way to the truth of the unconscious at work and their demand that we continue to redefine and reinvent our work away from repetition of the same.

It is the impact of working with my child patients in this extraordinary time that allowed me to re-find and understand Freud's teaching anew on approaching each case as the first one, forgetting any kind of reference and knowledge such that every case, every encounter opens up to a new seashore where we can play. ■

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Beat Streuli, Phnom Penh

loneliness inherent in the psychoanalytic act itself; this loneliness is only accentuated by the current circumstances of isolation. Yet while both are alone, the presence of each, as Winnicott (1958/1965) says, is important to the other.

Working with video, the child can manage to see us or not to see us by playing with turning the camera on and off, just as she can hear or not hear us by pressing the mute button, thereby working through something about being here and not here. One seven-year-old girl created a character of the "Phantom," allowing her to play about who is here without being here, who can be heard but cannot be seen and is not here. This video version of the Freudian Fort Da game about losing the object, bringing it back, and putting it away became a crucial game for this girl in the first weeks of video sessions. The way she used the computer showed she was experiencing something and trying to do something with the new situation.





# Psychic Trauma: Or First, Do No Harm-in the Age of COVID

Bryan BATISTA-THOMAS

In the tradition in which I was raised, an analysis does not begin until something has been put into question by the patient, and it is this question, and further questioning, which “motors” a treatment. It is at this very starting point and evolving points where interventions made in the present provoke a rewriting of the past with a direction toward the future (Laplanche, 1992/2020). The unfolding of a journey takes place, in between two people within a defined context of safety, benevolence, and consistency. Yet, it’s in a time such as COVID that we are all launched into a realm of confusion, despair, leaving us at a loss for words. Our familiar frame is lost, and further interventions made within our past contexts now take on a whole new meaning. It’s not at this place that we begin, because we’ve already begun; however, it’s at this point that I will raise the notion of the analyst’s ethical position to the patient as a guardian (Laplanche, 1992/2020) and one who reinstates a shifting positionality of activity/passivity, which has its consequences (Saketopoulou, 2019; Scarfone, 2015). To follow, here, is a bold statement not to be forgotten: the analyst is a human with an unconscious (Freud, 1915/1957; Laplanche, 2007/2011). This unconscious is forever inserting itself into moments that are seemingly innocuous and reveals itself indirectly in everyday life and the analytic situation (Freud, 1901/1960; Laplanche, 2016).

Why is this happening to us (to me)? It’s a question so fraught with emotions, perhaps of fear, emptiness, abandonment, anger, and concern that I can do no justice to answer it (Saketopoulou, 2019; Scarfone, 2015). From where does this question come? May I introduce again that people are dying? Many people are dying across the world. We are trapped in our homes if we are so privileged and able. We are losing so much that is yet to be seen and understood. But is this the thing that ails us? Is this truly that which is traumatizing?—The coronavirus.

Please consider the following dream:<sup>1</sup> “Go onto the balcony of an apartment. The balcony is a metal rectangle held together by screws. It’s shallow and narrow. It swings as I get on it due to its lack of strength, I walk out onto it and sit on the edge. My back is facing the edge, the farthest point—basically, the street. The front of my body is facing the interior of the building, and I’m sitting wrapped in a white blanket with a few books around me. I panicked. How will I get off this balcony? I’ll surely fall off. I try to figure out ways of coming out of it. I throw the books into the apartment. Eventually, I break the balcony screws and stand on the frame, trying to get in completely panicked. When I look down, the ground seems like it’s directly below me. As though there’s no distance. It’s all flat. I think how it’s all an optical illusion. If I believe it, I’ll fall and die. Finally, I make it inside with the entire balcony wrapped around me. When I get inside, my mother (or just a female figure) is there. She asks what’s wrong. I say I panicked on the balcony. She says you never did before. I say, I know. I don’t know why.”

The unconscious, an alien, placed inside each of us by (an)other, our pronoun, as it were, is sexual through and through (Laplanche, 2007/2011). Over time, we develop ways of managing this stranger within us. Discussion of symptom-formation is outside the scope of the present text (Laplanche & Pontalis, 1967/1973), and yet, I posit a position that the method in which the analyst “processes” a current historical trauma can leave a trace upon the patient, causing a new symptom that was not present before the analysis, independent of the historical context, or the analyst’s intention. In the analytic situation, the patient is put in a position of needing to re-assimilate

1. Taken from a patient in the second year of their analysis (identifying information disguised) at the start of COVID.

Dedicated to F.A.R. to whom I owe the biggest apology I can never give



Tiana Peterson, Pond Eddy NY

something new they see and experience and yet do not quite understand (Laplanche, 1999/2015). Left in its wild state, this something not understood is traumatizing and pushed out of mind (Laplanche, 1987/2016). This drive to understand the unintentional trace laid upon the patient by the analyst, I posit as producing a new symptom derived from both the analyst’s infantile sexuality and the analysis itself. Returning to this patient, they began to question their gender identity, developed a sexual inhibition, and began to re-consider their cultural heritage as an expat person of color in the United States of America.

Laplanche (2007/2011) reminds us that when symbolism is present, associations go silent. It is notable that oftentimes when sexuality is present, race goes silent. I think that “forever is not enough time” (Irigaray & Burke, 1980, p.75) for any individual to understand the impact that events have on them. We are constantly being re-traumatized and re-writing our experiences in an ongoing spiral, simultaneously moving forward and backward. What does a movement away from this look like?

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## Ours Mark STAFFORD

Freud invented an indispensable term, *nachträglich*, to describe the relationship between and our struggle to respond to that which was unforeseen. We are collectively being transformed by an experience that has a multitude of dimensions, while at the same time, the aftermath remains unknown. The substrate of anxiety is evident in all of our emotional responses to our varied experiences. Our social links and the institutions and platforms that support them are vital in preserving the sense that our destiny is, as it always is, entwined with the Other.

The practice of listening to the unconscious, of encountering the psychic apparatus of denial and censorship, reveals something astonishing—each individual responds to the confrontation with their mortality, the limits of existence, in a singular way.

The one element of consistency is our dependency on the fantasies with which we have framed our earliest experiences of vulnerability. Freud's often praised essay "Thoughts for the Times on War and Death" (1915/1957) might be translated for this moment along the lines of "Thoughts in a Time of Collective Vulnerability." Many of Freud's insights in that essay remain pertinent to this new and different time of war and death. Perhaps with such a confrontation with death as the COVID-19 pandemic has produced, we can reassess the subtlety of Freud's reflection on the place of death in human experience. From his concern for losing his sons, he forged a meditation on the psychic pain that occurs when the scale of death becomes incomprehensible and impossible to mourn.

In our moment, we are experiencing the unprecedented consequences of trying to make sense of social links during an explosion, an air raid of information. Our society requires such social links provided by texts, discourses, and visual narratives, but their psychic value is being destroyed as quickly as they are created. They are often destroyed as a consequence of a lack of

understanding of the relationship between information and misinformation, but also by the evident satisfaction that can be yielded from transforming cultural representations into weaponry with which to intimidate and incite. For Freud, the forces of the cultural drive to create symbolic systems that tolerate difference and foster the erotic appreciation of the Other were opposed to the death drives that became instrumentalized in weapons that could kill indiscriminately.

When the generation of analysts who lived through World War II and then the threat of the Cold War came to listen to the effect of mass death on the psyche, they tended to turn to the agency of the ego,

whose experience of weakness led to an appeal to authoritarian social order. No doubt, this belief is that the ego is the best defense of the subject. We even see that thinking in the demands of those in power, who believe that they are the strongest because they have completely defended themselves against the social reality in which they live.

As analysts, we must sustain the agency of another part of our psyche—the agency of the unconscious, which supports our desire and is in search of the desire of the Other—in whose fate we are intertwined. ■

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Michael Smith, Brooklyn







Barbara Bloom, Orient, NY

## Love in the Time of Corona Gregory NOVIE

As the world deals with the unprecedented crisis of the coronavirus, those of us in the psychoanalytic community may turn our attention to what comes after. What structural changes in society will occur, if any? From our analytic perspective, can we discuss potential psychic structural changes in individuals? To be sure, some will be more affected, more permanently than others, but are there internal psychic changes that would apply to most people? For example, the Great Depression of the 1930s led to structural changes in society, and this was called the New Deal. In essence, it was a fundamental change in the government's relationship with the people—the government took on the role of a parent, and this has persisted to the present day. Less identifiable is the internal psychic changes from experiencing the Great Depression. Children of that era came of age in the 1950s, and we could say that was an era of excess as a reaction to the widespread poverty in the 1930s. The internal psychic structure was one of lack of emptiness to be continually filled.

The experience of World War I led to a change in society's attitude toward "the

Other," the immigrant with strange language and customs. Indeed, the first legislation restricting immigration was enacted in the 1920s, aimed at immigrants who were other than Anglo-Saxon, primarily those from eastern Europe and countries in the Mediterranean world. It was a collective and individual psychic hardening of paranoia regarding an Other, a fear that ideas (principally Communism) would "infect" American citizens. Now, we are faced with an actual physiological infection originating from an Other. The virus itself is acting like an Other, one unseen, a "subject" with no desire. In Lacanian terms, we are being confronted with the Real, an experience we still can't believe is happening; how could it in such an advanced society? How could a virus bring the world to its knees? We are indeed confronted with the Real in a way we never have been before in our lifetime.

So what could be the lasting effects of such an unprecedented contact with the Real? For soldiers in combat, we have at times called such contact battle fatigue (World War I), shell shock (World War II),

and posttraumatic stress disorder beginning in Vietnam and all subsequent wars. As psychoanalysts, we think of PTSD as a structure, a structure of such magnitude that it has rendered some totally disabled. When this pandemic subsides, will we, as practitioners, be confronted with a new version of PTSD? Is this the best or the only way to conceptualize structural psychic change as a consequence of the pandemic?

In *Love in the Time of Cholera*, Fermina and Florentino are forever quarantined in a boat on a river. But maybe one hopeful sign for us comes from the same story:

*It was a time when they both loved each other best, without hurry or excess, when both were most conscious of and grateful for their incredible victories over adversity. Life would still present them with other moral trials, of course, but that no longer mattered: they were on the other shore. (García Márquez, 1985/1988) ■*

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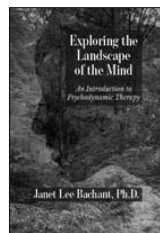
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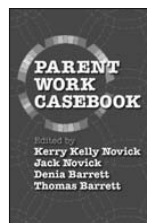
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**Edited by Irene Willis & Jim Haba**

***What They Bring: The Poetry of Migration and Immigration***

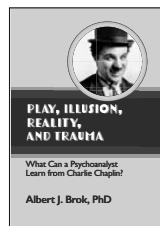
This anthology fulfills a sorely persistent need in psychoanalytic publishing—the need to understand how we can acknowledge and embrace the internal immigrant within each of us, the very act that would allow us to relate to each other regardless of our differences. Poetry unites people regardless of where they come from; it is a rare gift, a universal language of humanity that provides us with the way to withstand the violence, hatred and division growing among us.



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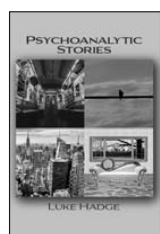


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Institute and Society for Psychoanalytic Studies



**Luke Hadge**

***Psychoanalytic Stories***

"Standing on the psychoanalytic precipice, looking out at the horizon, the young analyst sees an obscure object of desire."

Thus begins one of the eight stories in this slim collection of psychoanalytic explorations. Riding on the subway to his office in New York City, working with patients, contemplating in spaces, the author delves into his development to become an analyst and his experience practicing an "impossible" and irrepressible profession. In the end, he just wants to fall asleep one night and dream.

. . . Keep analyzing . . .



James Siena, Otis, Massachusetts



# Six Inconclusive Notes on the Whiteness of the “Good White”

Carlos PADRÓN

**1** Whiteness is the central, hegemonic, universal, disembodied position from which the Other is judged, measured, constructed, imagined. In “Decentering Whiteness” (2015), Charley Flint and Jeff Hitchcock characterize the position of Whiteness as: the standard, the background, the normal, the undifferentiated, that which is defined by the Other or the Outsider, the obvious, the familiar, the impervious to contradiction, the morally correct, the dominant, the place of resources and wealth, the ordained by God; a self-centeredness that makes it better than its obverse: the “marginal.” This position is unconscious, invisible. The eye that can’t see itself. Whiteness, as a position, is elaborated in opposition to Blackness. Frantz Fanon clearly saw this in *Black Skin, White Masks* (1952/2008): “[T]here is no longer any doubt that the true Other for the white man is and remains the black man.” (p.139) Racial difference is construed as a social place-holder for a split between the central and the marginal, the powerful and the powerless, which seeks to perpetuate itself through a violent system: racism. Mass shootings, police brutality, and lynchings (past and present) are violent phenomena that are inherent to this system, to this split created by Whiteness. They are more normally addressed and criticized by “well-intentioned” white liberals, including white psychoanalysts, in order to unambiguously position themselves as allies, and, many times, unconsciously, as morally superior to the racist “bad whites.” They are the “good whites.” I would like to draw attention to some problems in this unconscious strategy that, I believe, show the same anxiety in “good whites” as the one we see more clearly in the “bad whites” (openly racist people, white supremacists, white separatists, the alt-right, etc.) of losing their centrality.

**2** From a psychoanalytic perspective, the split inherent to Whiteness can be traversed by several dynamics. Firstly, I believe the resolution or healing of the split, imagined by the “good white,” who is nonetheless unconsciously anxious of losing their centrality, tends to be one that is suspiciously too harmonious: multiculturalism, diversity, the melting pot, ethnic pluralism, etc. It is a form of idealization or fantasy of the socio-political sphere that protects “good whites” from the aggression that sustains the racial split and that runs the risk of being dangerously freed up, set loose. Secondly, in the “good white’s” attempt to be recognized by the Other as precisely good, they tend to unconsciously idealize the Other in order to experience the Other’s recognition *with the highest amount of (self) satisfaction and righteous pleasure*. This is an exhilarating experience that is unconsciously sought for. The “good white” reaches out to the Black person, or to Blackness, seen through the lens of a stereotype, to be recognized as part of the movement, as being a woke friend, as being sinless, guiltless. I think here of certain “well-intentioned” white liberals who “patronizingly celebrate diversity,” as Slavoj Žižek (2020) says, “those who love authentic others, those who are not corrupted the way we are.” A new version of *the bon savage*. This more subtle form of racism, he claims, is not because the other is less, but rather because the other is more: exoticized, idealized, made more desirable. This is also a form of distorting the Other.

**3** In “Racial Identities, Racial Enactments, and Normative Unconscious Processes,” Lynne Layton (2006) reminds us, using Hommi Bhabha’s ideas, that stereotypes function as fetishes: “they attempt to fix a signifier to a signified, to a concrete meaning” (p.251). They are also ambivalent (p.251); on the one hand, there’s the devaluing valence of the stereotype: Black people are taken to be animals, dangerously hyper-sexual, those who will rape our white women, those who are out of control... or, more subtly, even within self-confessed anti-racist white liberals: they yell when they talk (are they angry?), they play their music too loudly in the subway, they don’t respect personal space. On the other hand,

there is the idealizing valence of the stereotype: they possess the wisdom of the earth, they have access to, as Fanon (1952/2008) says, a world of pleasures that is beyond us, they have fabulous big penises. In its ambivalence, Layton (2006) argues, the stereotype eliminates Otherness under the hegemony of the Same (the centrality and undifferentiation of Whiteness), “all the while knowing that the Other is different” (p.252). To maintain this disavowal, the Other must be silenced or rendered invisible in both apparent and subtle ways, because when the difference of the Other speaks or shines, the stereotype, in its devaluing and its idealizing valences, is “revealed as fictional”; and with it, the salvific project of the beautiful soul of the “good white.”

**4** Trinh T. Minh-ha says in *Woman, Native, Other*:

*Naming is part of the human rituals of incorporation, and the unnamed remains less human than the human or sub-human. The threatening Otherness must, therefore, be transformed or converted into figures that belong to a definite image-repertoire [stereotypes]. The perception of the outsider as the one who needs help has taken on the successive forms of the barbarian, the pagan, the infidel, the wild man, the “native” and the underdeveloped... The invention of needs and the mission to help the needy always blossom together. The Full Man, the Church, the Humanist, the Civilized Colonist and the Professional Anthropologist all have a human face and are close male agnates descending from the same key ancestor. (Minh-ha, 1989, p.54)*

We might add here certain kinds of white people, well-intentioned psychoanalysts and psychotherapists with a human face, who imagine and fabricate needs in the disadvantaged Other in order to unconsciously position themselves as missionaries, as saviors. Lynne Layton, following Herman, says that the psychic consequences of trauma (such as the one produced by the split inherent to Whiteness) always include the positions of victim, victimizer, and savior.

**5** The ambivalence of the stereotype shows that white people both love and hate Black people. Hence white guilt. But it is a guilt that never reaches the possibility of making prolonged, systemic reparation. It rather prompts intermittent manic acts, intensified by moments of crisis like the one we live today, which, to use Melanie Klein’s interesting expression when she talks about manic mechanisms, leaves the object (the Other) “in suspended animation” (1986, p.153). (Hasn’t Whiteness in America, in both its good and bad incarnations, left Black people suspended in the air?) Any possibility of a true recognition of the disavowal of the otherness of Blackness, of all the violent projective identifications that go into the constitution of its idealizing and devaluing stereotypes, is occluded by manic

action. There is no sustained and truly engaged reparation, one that would include an interminable mourning process without the synthetic harmonious resolution imagined by the “good white” (multi-

prayers? Inclusion and diversity”). The manic impulse of the “good white” to frantically and urgently repair and fix takes many shapes: making Black people visible in ways that often do not feel safe to them; posting incessantly on social media to show their support for the cause; claiming to do the “inner work” to erase any vestige of racism in their souls by engaging in a form of self-help consumerism that promises immediate results; suddenly reading all the Black literature, history, and critical theory they have not read before; meticulously following the 75 things that white people can do for racial justice;<sup>1</sup> marching and marching and marching until they don’t march anymore; writing urgent institutional or corporate statements (psychoanalytic ones included) condemning (why not before?) all forms of racism and committing (why not before?) to engage in substantive organizational changes and ongoing conversations on systematic and institutional racism. Really? James Baldwin (1949) has a name for this: “virtuous rage,” a state that is less motivated by a true and ongoing concern for the Other and more “by a panic of being hurled into the flames, of being caught in traffic with the devil.”<sup>2</sup>

**6** I’ll end with a quote by Frank D. Wilderson III from “Afro-Pessimism and the End of Redemption”:

*Blacks do not function as political subjects; instead, our flesh and energies are instrumentalized for postcolonial, immigrant, feminist, LGBT, and workers’ agendas. These so-called allies are never authorized by Black agendas predicated on Black ethical dilemmas. A Black radical agenda is terrifying to most people on the Left because it emanates from a condition of suffering for which there is no imaginable strategy for redress—no narrative of redemption.* (Wilderson, 2016)

There are dangers in the temptation to *analogize* Black suffering with other forms of suffering and their narratives of redemption. Some psychoanalysts often do this with Jewish history. Well-intentioned, liberal, even progressive attempts to understand, support, and empathize with Blackness are not without perils. ■

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Jennifer Bolande, Joshua Tree, CA

culturalism, an inclusive society that runs smoothly, or institutions with diversity committees, for example; in this sense, a meme I saw recently makes a good point: “What’s the equivalent of thoughts and

1. <https://medium.com/equality-includes-you/what-white-people-can-do-for-racial-justice-f2d18b0e0234>

2. Thanks to Ali Shames-Dawson for reminding me of these words from Baldwin’s “Everybody’s Protest Novel.”



## Erosions: A Conversation with Avgi Saketopoulou

**This conversation is happening shortly after you cancelled a talk you were scheduled to give on race and sexuality. Perhaps you could speak a bit about that decision.**

Last Fall I was invited to give the Pride talk at the White Institute. I accepted, intending to give a paper that, in part, discusses Jeremy O. Harris's theatrical work *Slave Play*. But we didn't know then that June 2020 would find us in the immediate aftermath of George Floyd's murder. Or that his killing would be followed by a tide of justified anger, deep sorrow, and ongoing protests. Among other actions, Black activists asked White people to de-center themselves, to not talk or post about Black experience and just listen. This period overlapped with the scheduled date for my talk on *Slave Play*, which in fact ends with one of the Black protagonists thanking her White partner for listening. As a White person, I wanted to honor the request to de-center myself and listen. I approached Dr. Esin Egit, chair of the LGBT study group sponsoring the talk, to postpone it. She was immediately receptive and supportive.

As I am saying this to you, I can almost hear in the background the anxiety voiced by some of my White colleagues that such stepping back amounts to being silenced, that we, too, as White people, have contributions to make, etc. I find that this anxiety is especially prominent these days in our professional exchanges, coming through, for example, on our institutional listservs, perhaps, precisely because it's becoming clear that Whiteness has to be taken apart. For example, many institutes have been having conversations about George Floyd's murder and police brutality. I teach in, supervise, and treat candidates from many institutes in NYC, so I feel confident in saying that there has been, in my experience, an uptick in racialized and racist enactments in several institutes precisely because race is more on the table. When these enactments are pointed out, White analysts tend to close ranks by stepping in to protect their "well-meaning" colleague or the institute's reputation instead of taking a hard look at their institutes and at themselves. The individual analyst principally involved in the enactment barricades themselves by feeling

"attacked," "shamed," or "silenced." This is what DiAngelo calls *white fragility*, a useful concept that, however, can use some analytic nuancing to help us reflect on how such enactments can become epicenters of institutional crises that on the manifest level seek to address race but which, are in actuality displacing the focus from it.

**You alluded to how analysts and candidates are speaking to each other about the murder of George Floyd.**

Yes. It does seem that at this moment White analysts are more willing to contend with racial trauma and to think about White privilege and the damages caused by Whiteness—including addressing this in the clinical realm.

This seems like progress, and I think it may well be. I am cautious, however, because I am concerned that the genuine wish for change—and I do believe in its genuineness—is also, perhaps, underwritten by a liberal kind of sentiment that understands itself as progressive and open-minded, but which ultimately keeps things static. In other



Susan MacWilliam, Belfast, Northern Ireland

words, I don't doubt that many White analysts are having an awakening of sorts—even as the fact that racism is life-threatening is certainly not new news. After all, George Floyd's murder was just the latest of many such killings of Black people by the police. But the point I want to make is that if we really contend with our racism and to not do so performatively, as a matter of virtue-signaling, we'll be encountering some things about ourselves we won't like. Which is to say that we White people need to be prepared for this reckoning to not be just a cerebral exercise but to genuinely hurt, and to cause us shame, even pain. The pain of encountering our own otherness, the perverse, the corrupt, the exploitative in us.

This applies to psychoanalysis as a discipline, too: it will hurt for us to contend with the racism built into our institutions, our theories, even our technique. A lot of our theories are shot through with Whiteness. If we begin to pull apart the racist threads, there will be a lot of anxiety that the psychoanalytic edifice would topple—and that anxiety will inevitably generate resistance. For example, what does it mean in talking about Melanie Klein's depressive position to imagine reparation, the matter to whom reparations are owed and in what way, and who is to do the repairing—something that David Eng has written about. Or, how psychoanalysis imagines agency as constrained by unconscious forces, but not by the past of capital H, History—an ahistorical conception of agency that Amber Musser has called a White fantasy. Significantly, both of these examples come to us from outside our field (from queer of color critique) and by theorists who are not themselves White.

**The act of speaking about this is necessarily precarious and dangerous, in the sense of an intrinsic possibility of breakdown or a coming undone.**

Yes, dangerous and not in a metaphorical way. If we do our work around Whiteness, we will be coming undone. If we all agree calmly and in our most dignified way nod our heads and look at each other, understandingly, I think we will not have done our work. What's at stake here is our belief in ourselves as good people who don't do bad things, who don't have racism threaded through us. I think that is the problem that we are called upon to take up in our professional communities. Part of what I found myself struggling with when I watched *Slave Play*, for example, was how undone I felt by it.

Here's an example of what this looks like in our institutes: on our [NYU Postdoc] listserv, somebody forwarded recently a racist joke. Candidates and analysts wrote

in and named the racism; it was clear they were genuinely distressed. The author of the email quickly acknowledged her error, and noted apologetically that she had not read the email before forwarding it. It was clear she was horrified, embarrassed, and fully in agreement that it had been racist.

So the question becomes: how do you deal with something like that? You can say, ok, she didn't mean it, she apologized, let's leave this alone. This angle has the appeal of everyone getting to feel good about themselves, but comes at the cost of scotomizing, rendering meaning-less the action of the email. Alternatively, there is the low-hanging fruit approach: to say that the author of the email is racist. To me, that evades the larger and most important issue, which is systemic. Somehow, my institute created a collective space—and such enactments are by no means unique to Postdoc, though I do think Postdoc is unusually in how much it's willing to look at itself—but what I am saying is that despite that, a collective space has been created that makes it possible for an email of this sort to 'slip' into the listserv. I use the word 'slip' here in its twinned meanings: slipped in the sense that it concretely 'slipped' the author's attention, but also 'slipped' in the sense of a parapraxis, something that slips the 'censor'.

Personally, I think it's more productive to read such slips as expressing something on the level of the group: I see that kind of email as an unconscious eruption *from the collective* that froths to the surface through a particular person, but does not simply (or simplistically) belong to them alone. To treat the email simply as a mistake – I mean, obviously it was a mistake, but that in itself, psychoanalysis teaches us, does not make it dismissible – to treat it as an insignificant mistake that should just be forgiven and then put aside is to refuse discomfort, and it is also to miss an opportunity to confront our institutional racism. We have to accept that in order to combat racism in our policies, theories, and practices, we will have to contend with the fact that *we are unconsciously invested in maintaining* our privilege as White people. Eroding the hold of Whiteness in psychoanalysis will involve us having to confront, lofty principles aside, that we have not just osmotically absorbed racism through the culture but that we are also personally *conflicted* about ceding power and decentering ourselves.

The understanding that Whiteness involves unconscious conflict is how psychoanalysis can nuance the notion of white fragility. The question, for me, is how to make ourselves subject to the unbinding effects of being told that what we think of ourselves may not be true, that what slips out of us belongs to us. That is, of course, a preeminently psychoanalytic idea.

**There seems to be something about race that is particularly daunting or threatening to the psychoanalytic collective, perhaps above all other forms of difference.**

I fully agree. For me, it has something to do with how resistant we are to thinking about the erotic life of racism. This phrase, which I borrow from Sharon Holland's work, speaks to how erotics and racism are always already interimplicated, charging racism with a force that makes it almost impossible to give up. Racism involves the more unbound, eruptive properties of excited hatred, and by charged, I mean sexually charged as well. I think that thinking about the sexual dimension of racism is, in fact, central to how unwilling White people are to give up privilege. You may not be surprised to hear, for example, that the email that I was referencing to earlier was one in which the racist "joke" was explicitly sexual and sexually exploitative.

I believe that a very measured conversation about race might make us feel better about ourselves, but things leak in the interstices between that which we think we understand, and where we just slip. Those slippages have everything to do a lot with ecstatic anxieties, and I use the word ecstatic both to mark their extent and degree but also to note the sexual loading that race and racial difference carry, domination and power are threaded through the sexual.

In fact, it seems to me that this may be one way to understand why the Black Lives Matter movement has taken off at this moment with White people, that that's also, in part, because of its erotics, not only (or even mainly) because White people are realizing something new; certainly Black people getting murdered by police is not fresh knowledge. But there's a charge to this movement now, a surplus that is exciting, thrilling, energizing and many patients of mine who were going regularly to the protests or who participated in Occupy City Hall, described that. I think one needs to be seduced away from racism, it's much harder to cede power because of a belief in equality. And what is power if not, also, eroticism...?

**Writers such as Jonathan Metzler have pointed to an irony of Whiteness, in so far as it is lethal and destructive to White communities as well. With COVID-19 we have seen large structural disparities in terms of the impact of the virus on communities of color, and yet there is also a kind of collective identification in White communities that lead to decisions that risk death, illness and destruction. So these crises can be thought of together in certain ways, despite important differences.**



## DIS-EASE

Jonathan Metzl's work is phenomenal; sobering and clarifying at once. As a psychiatrist trained in the social sciences, he interviewed White men in the American South and Midwest for his book *Dying of Whiteness*. These were poor White people whose health was seriously declining, but who were nevertheless insisting that Obamacare be retracted, even though they would personally suffer, if not die, by such a retraction. Metzl was struck by this apparent contradiction: why would you support a policy that will literally, and quickly, kill you. He concluded that Whiteness works by looking not after any singular White person but about Whiteness itself. Here is Whiteness not as a property of White persons but as an ethic, as a principle, as an organizing framework. So much so that individual White people are will-

ing to give up their own lives to sustain it. It's a bit like the "selfish gene" argument, the gene that will work to perpetuate itself even if the organism in which it is hosted dies. I think that that's a very useful way to think about Whiteness because of it points to the link of Whiteness with an indifference to human life.

It is this indifference that I couldn't get over in watching the video of George Floyd's murder. We know that George Floyd had suffered from COVID. But COVID is not what killed him. Floyd survived the virus, a virus that may well have been facilitated, if not produced, by neoliberal practices like climate change, globalization, and American governmental policies that are very much predicated on White supremacy. So here you have this virus and

this Black man, already belonging to a social category that we know is especially vulnerable to illness and to death. Still, he does not die from the virus per se, he dies under the knee of a White man who chillingly and indifferently keeps his hands in his pocket as he's killing him. This nonchalance, the gratuitous, non-contingent violence is a particular kind of violence; not just killing, but also a display of sovereign power. Derek Chauvin is White, but the two of the three other officers at the scene of Floyd's death, who have all been charged with aiding and abetting second degree murder are in fact people of color. That this is so dramatically underscores that what is at issue is not the racism of individual White men (though there is surely a lot of that going around) but a systemic racism that can be activated by people who are not themselves White. ■



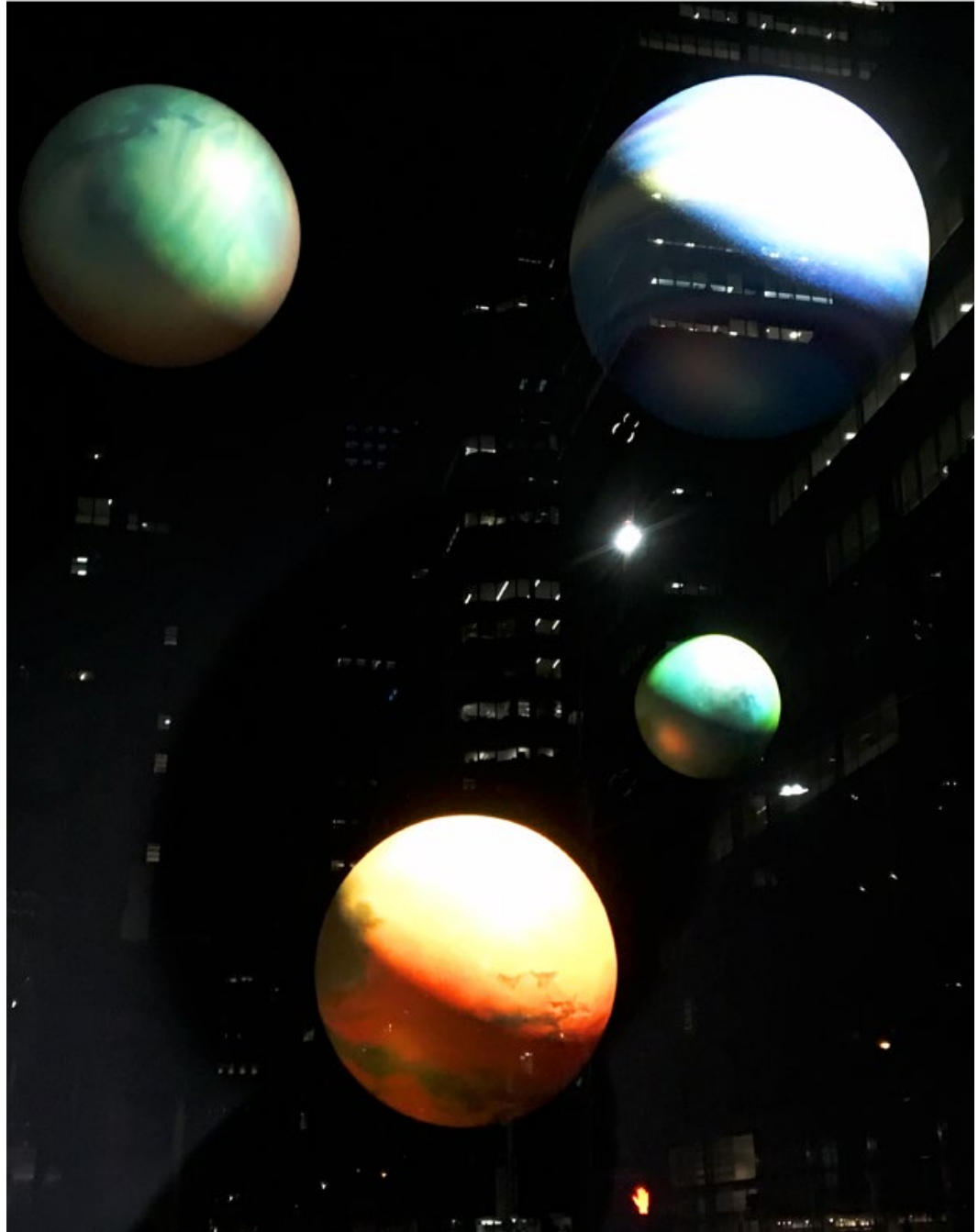
Valerie Connor, Belfast, Howth Head, Ireland

# On the Necessity of Being Insane

Donald MOSS 6/13/20

I again become aware of a small but irreducible psychic gap in me that prevents me from really believing certain truths, like many of those in front of us, here and now—most of all the intention to kill, the white cop's intentional knee on the black man's targeted neck, the tradition of it, the gasping crowd, the postcards, the signature, the job well done, the reward, the payoff, the message, the ancestry, the future. I sense that this tiny gap protects me from insanity. I also know that this gap is indelible evidence of the very insanity I mean to avoid. I need to maintain an insane gap in consciousness in order to protect myself from a much larger insane gap in consciousness. That single man doing the killing, his intention, his look of indifference, his apparent success—these cannot represent the whole thing. There must be a space, a gap, that allows for determinants, that puts him, this single man, at the end of a long, long line, a line that led here, to him, in him, through him, and, I am sure, from him onto and into others. Without that gap, the man is a hyena and I—and all of us simply his prey. Only the gap stops me from planning to kill this man, this single man, this hyena. The gap stands between me and murder, between me and insanity. The man is and is not what I see him to be. I can see the lines, the histories, the predecessors, the boy looking, seeing other men, other women, seeing their intending knees, their fists, their guns, their ropes, the boy looking and wanting, the boy wanting something and not knowing what he wants, that boy, flexing his muscles, feeling his own strength, wondering what to do with his body, what to be with his body, and seeing the others, seeing their bodies and what they are doing with them, white bodies, black bodies, seeing how bodies are being sorted, being mapped, being arranged, being walled off, being corralled, and landing, early on, this man with his murderously intending knee, or something almost certain, that he, like the others, his others, will soon have the right, the duty, the mandate, the necessity, to use his knee this way, for this purpose, to kill the black man when the time comes. Almost certain, yes, that's also something I see, another gap, something not quite certain about the man, about his own knee, about his own target, almost but not quite. There was a moment before, there had to be a moment before the man knew what to do with his intending knee, and the influence of this moment, the force of it, the indelible memory trace, the force of the moment before never vanishes, even when it appears to,

as it appears to have vanished on the face of this man. The moment before, that's the one that the insane gap allows me to think I can see, allows me the hallucination of it, the conviction of it, no matter that no one but I can see it. That is hallucinatory insanity at work, the madness that keeps me from killing the hyena, keeps me from



Steel Stillman, New York

seeing that the man has become the hyena even when I see that, in fact, the man has become the hyena—the insanity that allows me to see the man, the hyena, yes, and also to see the hallucinated shadow of the boy, the boys, that both the man and I once were.

I'm sure I would have been slow to get out of Europe, too slow to get out of Europe. ■



## “To be or not to be: white adjacent” YUEN CHAN

This week has been a powerful one for many of us. As a therapist of color, whose patients are mostly people of color, I have witnessed in both myself and my patients an internal shift as our subjective reality seems to finally be validated now that it is coinciding with white “objective” reality. White people have been awakened, and now, apparently, so shall we. I am not convinced it is necessarily because of George Floyd’s death, but that the white delusion has finally been punctured by a reality that is no longer plausibly deniable. Protests and rioting have coursed through our cities. Trump has threatened to bring in the military, and we are all of us feeling the restriction of freedom as our mayor enforces a curfew on the city that never sleeps. The constant din of helicopters and distant chimes of sirens begins at 8 and continues through the night, making life in quarantine feel like a distant if not pleasant memory, comparatively speaking.

Now that white people feel scared, they stand at attention. In response to their fear, they have mounted a manic defense of mass mobilization. Social media has been taken over by the ominous black box, anti-racist reading lists flood our emails, and efforts to process this trauma are externalized into the urgency to take action. But people are confused. They are implored to do something—anything—to fight racism, yet everything they do seems wrong. Posting memes and action plans on social media is called out as self-serving and trite, but not posting anything is seen as being complicit. Intentions are questioned, judged, and criticized, and white people throw their hands in the air in exasperation, as if to say, “I’m damned if I do and damned if I don’t.”

That’s exactly right, we say. People in power, and in this case whites, have for too long felt they can hide behind good intentions, as if it hurts any less to be slapped across the face whether it is accidental or intentional. The conscious good intention of whites always seems to trump the impact of the subjective experience of minorities. This is the very definition of what Robin DiAngelo calls the “protective pillow” against the race-based stress that inflicts whites.

There is no comfortable place to reside, which seems to me to be precisely the point. Now *you* know what it feels

like. Now you are getting a taste of what it means to live in the place of dependency and helplessness, a familiar place many of us call home, where no matter which way we turn, no matter what action or inaction we take, we are meant to feel some degree of inherent deficiency, powerlessness, and shame. This impossible bind is the place from which many of us must navigate daily in order to construct a life.

Within our own psychoanalytic institute, we have seen a galvanized effort towards addressing structural and administrative changes, which is heartening but also oddly discomfiting with its sudden sense of urgency. I sense a wariness from our colleagues of color and I share their skepticism. My patients of color have collectively expressed a similar fatigue, feeling intense pressure to take advantage of a moment in which we finally have white people’s attention—quick, quick—knowing our time is running short before they lose interest.

Meanwhile, my Asian patients and I are coming to terms with our status as model minorities, or, to use the current lexicon, white adjacent. We are shamed for our privilege and told we are complicit in white supremacy, with not enough skin in the game to take ownership of our difference. White people call upon us to be part of the solution now that they are ready. Since we are minority excellence, inducted and indoctrinated into the white world, and held up as proof that white people know how to get along with others whose skin color is not the same, we feel, on the one hand, compelled to act, and on the other, so terribly tired of being told on which side of the racial divide we are allowed to stand. We must be white on the inside, even as we are colored on the outside. We are accused of code-switching, taking advantage of our whiteness when it serves us but also claiming our racial identity when it doesn’t. This is a truth that we must come to terms with and one with which I will continue to wrestle. I begin by holding myself accountable, hence why I speak out today, despite my deep reservations after a painfully disturbing rupture in my training only two weeks ago within this very institute.

All of this is part and parcel of how white supremacy entraps us all. While model minorities are held up as examples, we are also titrated into feeling we have to be perfect, or else there is an unspoken threat

that we will be cast out into the experience of blackness, where things are objectively much worse. Even in writing this short introduction today, I felt the weight of getting it perfectly right, obsessing over each word and feeling myself breathless with anxiety. A colleague suggested I go off the cuff, but I don’t trust myself, because often I feel so scared that I can’t think, and then I become inarticulate, and I know I can’t take that chance. So I ask myself, how much is too much? Is my anger off-putting? How can I make this palatable and digestible to a mostly white community, on whom I am dependent and whose approval I seek? I risk speaking out even as I am aware there is a chance I will not be protected, and that I will end up paying for this in one way or the other. But it is easier for me, with my white adjacent privilege, and much more precarious for my black colleagues. And I admit that I have trained myself to start speaking out, even if it makes others uncomfortable, because to be silent is to be complicit. Though if I am really honest, it’s because like so many of our patients, I started speaking out only when it hurt more to stay silent.

What we are facing today is not just about police brutality and the lynching of black lives. It is about how systemic racism and white supremacy insidiously intrude on the quality of everyday life. It is not just that my black neighbors do not feel safe driving to their beloved farmhouse in Ohio like they have for the last 20 years, it is also my black patient whose law firm has a policy that recruiting new black talent is not counted as billable hours. Those black lawyers are meant to take time out of their lives in order to benefit the firm, personally sacrificing their own economic interests. My Asian patients this week have expressed in tears how often they are looked over, talked over, given less time to speak in meetings, rushed to get their ideas out, that they have no margin for error, and that they do not feel entitled to have an identity outside of what is projected onto them.

It starts at home. We have the internal resources here in our psychoanalytic community to uncover our own unconscious biases, to give attention to our intention. That means not just broadening the diversity standards so that they showcase our institutional wokeness, but creating an environment in which our relatedness considers the other more contextually. ■





Mona Kowalska, Warsaw



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**Mark Stafford** is a graduate of the formation program of Après-Coup Psychoanalytic Association where he is a faculty member. He is the author of a number of articles, most recently "Alain Didier Weill and the Blue Note" and a play about A. Warburg, "Afterlife."

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