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Psychoanalysis and social justice: Outside in and inside out

Psicoanálisis y justicia social. De fuera a dentro y de dentro a fuera
Psychoanalysis and social justice: Outside in and inside out

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Abstract

Beginning with reflections drawn from personal experiences with approaching social justice and the sociopolitical within psychoanalysis, the issue of splitting of individual and cultural/sociopolitical formulations within psychoanalysis is highlighted. Drawing from Lynne Layton's and Philip Cushman's theorizing, an exploration of how to navigate the tension between systemic thinking and individualistic approaches is undertaken, concluding with a reflection on how psychoanalysis and community has been integrated via approaches to community psychoanalysis in the U.S. This introductory effort to integrate the ideals of social justice and psychoanalysis aims to address how such an approach impacts the nature of psychoanalytic clinical practice.

Keywords: social justice, social psychoanalysis, community psychoanalysis

Resumen

Comenzando con reflexiones extraídas de experiencias personales de abordaje de la justicia social y lo sociopolítico dentro del psicoanálisis, se destaca la cuestión de la separación de las formulaciones individuales y culturales/sociopolíticas dentro del psicoanálisis. A partir de la teorización de Lynne Layton y Philip Cushman, se explora cómo sostener la tensión entre el pensamiento sistémico y los enfoques individualistas, concluyendo con una reflexión sobre cómo el psicoanálisis y la comunidad se han integrado mediante enfoques de psicoanálisis comunitario en los EE.UU. Este esfuerzo introductorio por integrar los ideales de la justicia social y el psicoanálisis tiene como objetivo abordar cómo tal enfoque afecta a la naturaleza de la práctica clínica psicoanalítica.

Palabras clave: justicia social, psicoanálisis social, psicoanálisis comunitario

I would like to begin by sharing a lucid dream (or day-mare) that a patient related to me during a session. In it the patient was eating lunch on the roof of a building, together with a group of peers, and he was looking out upon the city. In the distance, the patient started to see smoke, at first a little and then a bigger and bigger area of the sky darkened by the smoke rising. Soon it became apparent to the patient that it was a fire that was growing and moving across the city, with orange flames visible now at the base of where the smoke was emerging. The patient started to feel anxious and worried, and went to the peers, saying, "Do you see it? What shall we do?" None of the others were worried and said they did not know what their friend was talking about, as the others could not see anything. The patient got more and more anxious, and frantic, wondering what to do. The fire was growing and coming towards them, and the entire city could burn down, while the others continued to eat their lunches in calm.

How does one understand this dream? One might try to understand the patient's anxiety through the lens of a feeling of helplessness or anxiety that might be connected to feelings that emerged in the family of origin or even the social surround. One might wonder what the fire symbolizes or represents in the patient's unconscious. It might also be important before offering any understanding to know more about the patient's identity – gender identity, age, racial/ethnic identity, sexual orientation, ability status, etc. Or similarly, to know more about the context – what time and place holds the images from the dream? We could look at the patient's day residue, or even the residues of the weeks, months, or even years that came to produce this moment. And we might also want to think about the societal and social conditions more generally that gave rise to this dream. I would like the reader to think about what feelings and thoughts emerge for them as the hearer of the dream vignette, and to keep them in mind as we explore the topic of the socio-political in psychoanalysis together. We will re-visit this dream later, so let us keep it bracketed, in the back of our minds.

The origins of psychoanalysis are complex and make it is difficult to characterize its nature given everyone has their own vision and definition of its essential features. If one turns to Freud's writing from over a century ago, one way of thinking of psychoanalysis is a depth psychology premised on the discovery of the unconscious, based on the metaphors of archaeology and excavation that were prominent at the end of the 19th century (one need only look to Freud's desk and the artifacts from ancient Egypt that surrounded him as he wrote). Freud also wished for psychoanalysis to be grounded in biology and science, emphasizing hydraulic metaphors and the idea of forces and pressures within the psyche, thus leading to the labeling of 'psycho-dynamics' as a term lifted directly from physics and referring the forces that worked on the tri-partite id, ego, and superego.

At the same time, early psychoanalysis was interested in social conditions as well, documented in Danto's (2007) book *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918-1938*. Danto's work provides historical evidence of a commitment to treat the working class and poor and how a number of early psychoanalysts hoped to challenge "conventional political and social conditions" (p. 4). This included free institutes in Berlin, Vienna, and the work of Adler and Reich - some of which included explicitly leftist politics, a focus on serving children, and addressed sexuality – focused on changing

social, political, and economic conditions via free treatment and psychoanalytic ideas about change in groups and society. There has also been much written about liberation psychology, documented for example in Gatzambide's (2019) recent book, *A People's History of Psychoanalysis: From Freud to Liberation Psychology*. In this work, Gatzambide traces the influence of Freud on a number of social justice movements (including on the Harlem Renaissance in the U.S.), culminating in the contributions that Fanon, Freire, and Martín-Baró make towards a liberatory psychoanalysis.

In the American context, I believe it would be fair to say that the aforementioned history is not mainstream, as psychoanalysis post-World War II in the U.S. became medicalized, professionalized, and very focused on individual treatment, yielding a conservative brand of psychoanalysis that has grown from the intersubjective and relational turns, as well as developments in self psychology and object relations, but nonetheless has focused primarily on individuals out of social, historical, and political context in the second half of the 20th century. This is part of the reason that American psychoanalysis has had to re-claim the social and political, piecemeal, via work that has focused on identity via exploration of gender, sexuality, race, and class in the last quarter century. However, much of this more recent work (see for example, González, 2020b) is still positioned apart, viewed as non-normative, and takes varying levels of the social and political into account.

I share this as backdrop to my own journey into psychoanalysis. I am a second-generation immigrant born and raised in the US to parents who came here from rural South India in the late 1960s. I am a cisgender, able-bodied, straight male who identifies as having a hyphenated South Asian-American identity. I recall vividly coming across a psychoanalytic work in a used bookstore as a college student that described common dreams and recalling having had two of the three dreams that were in the book as a very young child. This led me to read Freud, and I still find it remarkable the connection I felt with a Jewish, Viennese analyst's writing from nearly a century earlier that felt so resonant with my own familial dramas and experience of bi-culturality and inter-generational conflict.

My own fascination with narrative and story led me to become trained as a psychologist and to have had a career-long affinity for psychoanalytic ideas. However, many of the ideas that infused my learning about psychoanalysis did not discuss or address issues of class, culture, gender identity, sexual orientation, or race/ethnicity that were central to my own experiences with colleagues and patients alike, and with the political and social systems that were present but often ignored. Often social and political factors (or 'culture') were an additional layer or veneer, a psychoanalytic third that could influence individuals and become an addressed aspect of dyadic psychoanalytic treatment but were ultimately examined via the individual. The outside was brought in and thus became funneled down to or reduced a more local level.

This approach did not fundamentally alter psychoanalytic work, as the issues that might emerge from an individual's familial environment was simply broadened to include experiences that were social, political, or cultural in nature, but ultimately still internalized and part of an individual's experience. Even in models that focused on aspects of identity – such a sexuality, gender identity, or racial identity – the lens was the individual self and how it had taken in aspects of the social/political. Psychoanalysis is not alone in this – in the larger mental health literature the idea of 'minority stress models' speaks to how stress related to racism, sexism, homophobia, and classism become

internalized and lead to greater suffering by individuals. While this is no doubt true, it often leads to a focus on the effects on individuals rather than the systems of oppression and how they operate more broadly.

The split and splitting of internal issues and external issues is endemic to the field of mental health practice and to psychoanalysis. This always struck me as ironic, since so many of us, myself included, entered the field with a goal of 'changing the world.' We were drawn to the field by passions related to doing 'good' and promoting social justice. My colleagues in mental health care deeply about others and the state of the world and believe in mental health treatment as a way of doing so. However, the ability to change the world by helping individuals one by one, often separated from their social and cultural context, is also normative.

In 2006, a colleague and friend invited me to participate in a workshop focused on a recently published edited book, *Psychoanalysis, Class, and Politics: Encounters in the Clinical Setting* (Layton, Hollander, & Gutwill, 2006). One of the chapters, by Layton (2006a), spoke directly and eloquently to the split described above, described as an "attack on linking" of the individual and the socio-political, and the "unconscious pull to dissociate individuals from their social context." Layton names directly the public/private split that not only constructs and enacts individuality via capitalist culture, but also infuses so much of clinical practice as well. Layton writes, "psychoanalytic therapy is one of the many practices that enforce the norm that unlinks the psychic from the social . . . [and] in so doing . … we establish a norm for what counts as mental health that aims far lower than it might" (p. 110, Layton, 2006a).

Part of Layton's theorizing that is a significant attempt to overcome the splitting of the social/political and the individual is the idea of 'normative unconscious processes' (Layton, 2006b). These processes have a bi-directionality to them, an attempt to link the inside and the outside in a dialectical way that expands our notion of the unconscious to include social/political dimensions. The outside is 'in' and the inside is 'out' – since norms infuse both the social/political and the self, with power and ideology as shapers of both. Layton puts back into a theoretical formulation a discussion of power and ideology, since classed, raced, sexed, and gendered hierarchies:

. . . .confer power and exist for the benefit of those with power, [and] tend not only to idealize certain subject positions and devalue others, but tend to do so by splitting human capacities and attributes and giving them class or race or gender assignments. Such assignations cause narcissistic wounds that organize the desire to belong to one group rather than another. These wounds become lived as class, race, gender, and sexual identities. (Layton, 2006b, p. 240).

Layton, in her critique of capitalist and neo-liberal policies, has attempted to call out the relationship of psychoanalytic practitioners with maintaining the status quo, and to thus re-link our work with individuals to the world outside. As many earlier activists have attempted to make the personal political and the political personal, Layton has worked to do the same for the relationship of the consulting room (both the practitioner and the patient) to the socio-political context. Drawing upon the Marxist philosopher Althusser (1971) and Foucalt's (1980) critique of power and how the social/political structure our very minds, Layton refuses to essentialize individuals and helps us deconstruct our work and our field in important ways. Layton remains one of my psychoanalytic heroines, and her recently published collection of work from the last

several decades - *Toward a social psychoanalysis: Culture, character, and normative unconscious processes* (Layton & Leavy-Sperounis, 2020) - is a testament to the depth and breadth of her work contributions. Layton's work also provides a number of clinical examples and extended case discussion that are illustrative of how to connect theory and practice.

What has been missing from psychoanalysis is a deeper exploration of context and systems – the need to historically locate the psychoanalytic enterprise – that is necessary to take a social justice approach. Too many approaches are embedded in the splitting of the social/political from the individual. Examples include activism/advocacy as an activity that is separate or not related to our work with individual patients; pro bono or service/volunteer work that is split off or differentiated from work with patient with privilege; and the pitting of our own individual needs/desires for success within a capitalist framework with the desire to produce social justice and change that serves the common good. I am not meaning to critique any of these approaches per se, just noticing that they all continue to dissociate, de-link, and split our work into either socially justice minded or something that is not. From my vantage, everything we do as practitioners/healers is social/political. Too often we are dissociated from our own privileges and neoliberal reasoning that keeps the above-mentioned splits alive.

Such a self-critical approach has also been taken up by one of Layton's influences, the psychoanalyst Philip Cushman, author of *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (1996). Cushman grounds himself in a Marxist approach that again examines the work of psychotherapists within the context of labor and the capitalist framework that keeps power and control in the hands of a few. Cushman also situates himself philosophically as a hermeneuticist who draws extensively from the philosopher Gadamer and the idea of the horizon or clearing. Cushman utilizes these concepts to connect individual suffering to our work as 'moral agents' in opposition to oppressive social and political structures.

Cushman's book includes two cases that have deeply influenced me and have helped me to think through the issue of how the systems and structures from outside are present in our private work and vice versa. The first of these cases is called 'The Invisible Hand' detailing Cushman's work with a mother struggling with depression and anxiety, and who mindlessly, unconsciously picks at her own skin until it is bleeding; Cushman reflects on a moment where she does so in session and how to understand her behavior and his subsequent discomfort. Cushman associates her behavior to the economic idea of the 'invisible hand' from Adam Smith. Cushman asks his patient:

Did she ever wonder, I asked, about the economic causes of her mother's exhaustion, her brother's delinquency, and her own isolation? Did she ever feel overstressed by the economic system or angry about the injustice of it all? . . . For the family of my patient, there was little help to be found in extended family, community resources, religious tradition, school programs. They fell through the cracks of the few relief and community aid agencies that were available. All they had were only the social isolation, gender roles, and relentless economic pressures that pounded at each of the family members. (Cushman, 1996, p. 316-317).

Cushman makes the important point that too many practitioners are seduced by the idea of 'private space' where such trauma is examined behind closed doors, separated from the social and political structures that create such suffering. He pushes us to free

associate and work against this type of de-linking, pushing us into the role of a moral agent who must work against not just the effects of such oppression but also to seek to understand and treat its causes (which he situates as part of the ills of capitalism). By being witness behind closed doors to trauma, whether individual, familial, social, political or cultural, we become complicit in being agents of the status quo if we are not working against such systems themselves. For Cushman, his patient's wound is synonymous with the invisible hand of capitalism, as the larger oppressive forces that surround us are wrapped up in our individual and collective suffering.

In a second case ('The Subway Dream'), Cushman explores a work conflict that a male patient has over whether to take on a lucrative work client who is difficult and challenging; when the patient checks in with others in his family and at work, they all suggest he would be imprudent to not take on the client and the work. Cushman describes their conversation:

"It was like they stood up and spoke with one voice! The voice was my mother's voice, and it said, 'Hey, your feelings don't count!'" We looked at each other for a moment, and I hesitated to talk about the political idea that leapt to mind, so I compromised: "Well," I said, "it sounds like your mother isn't the only one who thinks that money is more important than emotional well-being." My patient smirked, looking the epitome of contemptuous cynicism: "Maybe it's everyone--hell, it's the system. That's the voice." His response made it easier for me to take the next step. I said something like, "I think the voice you heard speaks through all these people, because it's sedimented in each of us. [I had used this idea with him before.] The way we value money over emotional health and capital over labor, the way we automatically accept degrading and damaging work, our belief that our only responsibility is to our own, individual livelihood-that's our taken-for-granted-world." My patient was silent for a moment. Had I gone too far? He is an intelligent college graduate with an interest in economic theory, but did I become too intrusive, too political? "It's speaking through everyone," he said angrily, "my buddies, my competitors, everyone. It's not just my mother, as much as I'd like to blame it on her. It's the whole system." He thought for a while, then he looked up and smiled: "This is going to be more difficult than I thought. How are we going to get the whole damn system into the room?" (Cushman, 1996, p. 326-327).

This moment and question is a beautiful illustration of the fact that the 'whole damn system' is always in the room, and that we must work to identify it and work with it. It is layered in our own unconscious and identity, as well as our patient's unconscious and identity. The 'norms' and status quo push us not to notice it and to deny and dissociate its importance. This is the discourse that says that our work is not meant to be political, a belief that is held to at the cost of distortion, dissociation and either unconscious or conscious complicity.

This powerful vignette brings up the dilemma of what to do about the system being in the room. Emblematic of the status quo is a position of helplessness or being overwhelmed experienced by many practitioners, the idea that there is nothing one can do. Isn't it our goal to help patients adapt and succeed, based on the assumption that the status quo may not change? Isn't it helpful to not allow them to get behind others or succeed within the system? I could not disagree more. A social justice infused psychoanalysis must draw upon notions of 'radical healing' (French et al., 2020) that include healing the system. French et al. (2020) meaningfully distinguish how 'coping' (or adaptation to systems of oppression) must be paired with healing such systems and

working against oppressive structures. This involves not just recognition of "interlocking systems of oppression and hate" but also "envisioning justice and liberation" and being able to "sit in a dialectic and exist in both spaces" (p. 24). They suggest that the "act of being in the dialectic is, in and of itself, a process of healing" (p. 24).

They also suggest a framework with five contributory components to radical healing: critical consciousness, cultural authenticity and self-knowledge, radical hope, emotional and social support, and strength and resilience. This framework was developed to address racial justice and is not psychoanalytic-specific (although drawing heavily from existing liberatory psychology frameworks), and makes an important contribution to our work as psychoanalytic practitioners. Each of these components can be integrated into a relational, intersubjective approach to treatment. For example, the critical consciousness portion of the framework invokes an openness to the normative unconscious in clinician, patient and between them. Such work has already been done in part, such as Malin Fors book (2018) that has examined how to navigate identity dimensions when therapist and patient both have privilege, both experience oppression, or differ on these dimensions (therapist with privilege/patient without or patient with privilege/patient without).

My own thinking about social justice and treating the system as our patient has been influenced by the idea of subversion and the affect of anger. As described in the French et al. (2020) model, I am often in a position to understand marginalized individuals' suffering and to provide empathy and validation for their suffering. Part of the way that I approach social justice is also to embrace my own aggression at the system and to leverage it into acts of resistance. Subversion is an important component of taking such steps, as it acknowledges that one is working towards disrupting or shaking up the system. Such intentionality is important as subverting power structures, whether working inside or outside systems, is one way to create change and dissonance. Rather than to think of advocacy and action as something clients do outside of session, or practitioners engage in separate from their therapeutic relationships, subversion is a method of engaging in advocacy/action from within the therapeutic space (see for example, Sucharov, 2013).

I consider subversive processes the change parallel to normative unconscious processes. Such subversion can include knowing without essentializing, empowering resistance at the margins and the borders, zooming in and out of historical and socio-political viewpoints, and also enlarging the scope and purview of care beyond the self to others and communities. This may require a different view of our consulting rooms and private offices as places of resistance and an embrace of our anger as well as our empathy. Even the metaphor of engaging in a fight is an important step to envisioning social justice. I remain hopeful that we can change the world.

One of the bigger challenges that all of us face is the issue of access to care as it relates to social justice. If we continue to see all mental health issues as individual, given the number and prevalence of mental health issues in the general population, there is a structural problem: there are millions more individuals in need to care than the number of providers. If our model of healing is dyadic, this would require a radical re-envisioning of how to work in a way that does not privilege so dramatically the few that can have access to high quality mental health care. We may need to rethink our models of healing.

Three decades ago, in an article titled, "*The Futility of Psychotherapy,*" Albee (1990) analogized mental health care to the work of dentists working to fill patient's cavities and prevent individual suffering. Albee then commented: "Both dentists and psychotherapists relieve individual pain and suffering. But fluoridation of the public water supply is preventing more cavities than dentists repair" (p. 377). Albee wondered if we should be paying more attention to prevention and systems-wide solutions. Interestingly, this is a both-and proposition: we must not engage in the splitting that comes from an overemphasis on individual, private work. Such work can be meaningful in shaking systems, but also has to be connected to community-level interventions.

Most recently, some psychoanalysts have begun to propose models of community psychoanalysis to address the split within our field between mental health practitioner communities and marginalized communities. The Psychoanalytic Institute of Northern California in the U.S. (PINC) developed a Community Psychoanalysis Track and Consortium in 2016 that pairs an institute-based training track with an "affiliated network of community mental health and analyst members" (PINC Community Psychoanalysis Track and Consortium, 2022). What I find most inspiring about this initiative is the goal of "challeng[ing] the formal definition and scope of psychoanalysis . . . mark[ing] a sea change by broadening how psychoanalysis is defined, who benefits from it, and what is deemed teachable at a psychoanalytic institute" (PINC Community Psychoanalysis Track and Consortium, 2022. I was introduced to the PINC community psychology effort by my colleague Francisco Gonazalez, one of the founding members of that initiative. His work, utilizing an object relations lens, attempts to break down dichotomies between the individual and socio-political. He describes a "Klein bottle" as a three dimensional mobius strip, where it is difficult to tell where the inside and outside end or begin (González, 2020a). When we are able to bring the 'outside in' and the 'inside out' such distinctions may cease to be noticeable.

In the U.S., many others have also been innovative in thinking about community psychoanalysis as a mission. In San Francisco, the Access Institute (www.accessinst.org), founded in 2002, continues to expand and provide community-based clinical services, including an elder program and in-school program (working with children, parents and teachers in seven public elementary schools), that are informed by psychoanalysis and more importantly focused on the goal of providing, "high-quality psychological care to people of all ages with the greatest need and least access to care while training the next generation of mental health professionals through a model that values human complexity, supports socially-conscious practice, and promotes sustained human growth" (Access Institute, 2022). In 2021, in New York City, the New York Center for Community Psychoanalysis was recently founded in response to both racism and COVID-19, operating as a non-profit psychoanalytic "community based mental health clinic offering mental health services to all in the community regardless of ability to pay" (Sidesinger, n.d.). These initiatives have focused on providing equitable access to care and are based on progressive ideals about who and what a community is, how to build connection, and the complex positioning of psychoanalytic practitioners as insiders and outsiders to community. They are also examples of attempting to break down barriers that are often found in medical and private care.

Others have also taken up the issue of collaboration with and among communities, most notably the Psychoanalytic Community Collaboratory®, a "web-based seminar and learning community" launched in 2015, that "offers support and education for clinicians who want to bring a psychoanalytic frame-work to community based interventions"

(Hassinger & Pivnick, 2022, p. 125). Hassinger and Pivnick (2022) have grounded their work in elaborating the ideals of the "citizen-subject," "citizen-psychoanalyst," (Gourguechon, 2011) and "relational citizenship," inviting international participants to a group experience that allows them to work collaboratively towards implementing change, and to "develop resources and curricula that reflect new scholarship, reports from the field and toolkits for practice" (p. 126). The ongoing energy and excitement for this space, and the large number of participants over the years, is indeed promising for the "community turn" (Hassinger & Pivnick, 2022) in psychoanalysis.

There are many initiatives, projects, people, and ideas that are not detailed here that connect psychoanalysis to social justice, addressing issues as diverse as climate change and sex trafficking, that are exciting to learn about, especially given many of their grassroots origins. This is hopeful and promising. At the same time much of this work is also located in the margins, with psychoanalysis sometimes being outside or looking from a place of power and privilege at communities and community works. Some critical questions that we all face are whether to address such issue from inside systems (such as training institutes and within psychoanalytic communities) or via engagement outside of psychoanalysis, bringing new energy and voices and humility via relational engagement. Once again, shall we reform from the inside out or the outside in? Who is helping who and learning from whom? How do we heal the split between 'other'/'community' and mental health practitioners, recognizing our own embodied position in community and relationship with humility and an eye on social justice?

I would like to return to the daymare that I shared to open this paper. The daydream was from a patient from a marginalized racial community, and he connected this vision to the feelings he had about his privileged peers not noticing the fire in the distance or even caring, and shared his sense that the more he attended to the fires of injustice and inequity the more he might personally fall behind in terms of his own career. I recall in the session being aware of wanting to be on the rooftop with the patient, letting him know that I saw the fire as well and that others do also. I channeled my own feelings of frustration and anger at the imperturbability of the others and wanting to fight the idea that things will and must go on despite whatever fires burn in the distance. I felt a profound loss in knowing that this fire would come to get us all in the end.

I know this has been a nontraditional paper that has shared a number of different threads. It was not designed to be comprehensive or intellectualized but grew out of a desire to share a metaphor-based journey about how we might change the world, with a social justice focus and commitment to what is right. It came from a place of fire – both to desire to fight fire with fire and to light a fire in others. I am a big believer in rituals, and one moment of my professional career that I will always hold close is being offered tobacco and sage by indigenous elders of the Society of Indian Psychologists after making an apology on the behalf of the psychoanalytic and psychology communities for "silence and lack of advocacy on important policy matters, such as the policy of forced removal and policies of deliberate systemic assimilation" (American Psychological Association, 2016). We were given the sage by the elders as we looked into each others' eyes, hugged, and were asked to make a commitment to take action – a moment that felt sacred. Every time the sage is burned, we are lighting the fire of commitment and solidarity – a pledge to go way beyond our words and offices to make change in the world. I hope you will

join me in this commitment to both light the fire within and join those that see the fire in the distance.

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