

**Hidden Injuries:
Stories of Social Class, Politics, and the Face of the Other**
Lane Gerber, Ph.D., A.B.P.P.

**The responsibility of the therapist neither begins nor ends with
the individual client; the client's responsibility neither begins nor
ends with the self. Both extend far outward, into the past
and into the future and toward countless other lives.**
— Peter Marin

**We are inside the conversation, which is itself always
further embedded in larger cultural . . . contexts.
There is no outside.**
— Donna Orange

This paper aims at continuing the conversation that has been slowly building over time concerning the inclusion of the social-political sphere within our analytic/therapeutic dialogues, noticing the indivisibility of the internal and external world we all inhabit. Ullman (2012), from her position within the context of the psychoanalytic community in Israel, speaks to “the tendency to downplay if not ignore the impact or indeed the inextricable connection of the current sociopolitical context to our work” (pp.187-188). She is speaking, I think, to all of us who tend to do what Layton (2005) decried as believing we can and should artificially separate the sociopolitical sphere from the analytic work we do. Writers such as Gerber (1990, 1992); Samuels (1993); Cushman (1995, 2015); Benjamin (2004); Botticelli (2004, 2012); Layton (2005, 2006, 2009); Altman (2010); Frie (2011, 2014); Rozmarin (2011); and Ullman (2012) have been exploring this important territory in greater numbers in recent years.

One idea these writers have in common is the conviction that the Cartesian-style splits between inner-outer, individual-society, intrapsychic-interpersonal, and political-psychological are wrongheaded but politically powerful distinctions. These distinctions

reflect the dominant modern-era ideology of self-contained individualism and reproduce the professional fantasy of a neutral, apolitical, amoral psychoanalysis. As hermeneutic commentators (e.g., Cushman, 1993, 2013; Richardson, Fowers & Guignon, 1999; Stern, 1997, 2011; Hoffman, 2009; and Walls, 2013) have suggested, when psychologists claim they have bracketed off their prejudgements, all they have really done is disguised them. By ignoring all political content and denying its place in the analytic hour in order to practice a putatively pure, neutral psychoanalysis, they have simply rendered political reality, their own politics, and the politics of their patients unseen.

Relational psychoanalysis has understood this better than most psychotherapies. As a result, relationalists have been important voices in facing the presence and centrality of the political and moral realm, both in the clinical hour and in the critique of theory.

But this conversation is really just beginning; there is a great deal still to be conceptualized in theory and applied to clinical practice. For instance, there is the large, life and death politics of major policy initiative, elections, and wars. And then there is the smaller, local, micro politics of everyday life.

The work of Emmanuel Levinas (1969), the French phenomenological philosopher, provides an everyday groundwork for this conversation. Robbins (1986) characterizes Levinas' political concerns by writing "The text [the Hebrew Bible] says: 'Thou shalt not kill. It also says that there are a variety of ways to kill. It isn't always just a matter of killing, say, with a knife. The everyday killing with good conscience, the killing in all innocence—there is such a thing as well!" (p. 132). That is, there are so many ways to kill another; not simply when we perform the physical act with a knife or gun, but also when we look away from another in need, or close our ears to their call, or

totalize them by trying to make their otherness into sameness. Hinton further elaborated on the “human capacity to reduce others to nonpersons, to monsters, or to things that give structure, meaning, and rationale to everyday practices of violence... that include all expressions of social exclusion, dehumanization, depersonalization” (Hinton, 2002, p. 369).

Personal Context

Gradually in my childhood a larger horizon of the world of others, particularly in social/political terms, opened to me and lifted me out of the embeddedness of my day to day life as a youth. My grandparents and many great uncles and great aunts fled pogroms against Jews in Eastern Europe and Russia at the turn of the 20th century. These remarkable relatives, many of whom fled Europe when they were 10 or 11, traveled across Europe and sailed to America to try to establish better lives for themselves. As the oldest grandchild, I was sometimes permitted to hear some of their conversations at family gatherings, although they were mostly kept out of the usual back and forth of the extended family for fear that they would be too painful for others to hear and would evoke too much remembered pain in the survivors. But sometimes I was allowed to listen quietly as they talked about such things as hiding as in snow-banks as children while they witnessed their little shetl being attacked and pillaged by Cossacks. They were terrified children desperately hoping not to be seen and yet afterwards were determined to escape.

As a boy I watched some of the McCarthy hearings on television. Senator Joseph McCarthy was a demagogue who, in the 1950's, spear-headed a crazed witch hunt against alleged Communists.

At one point, the lawyer for the defense, Joseph Welch, confronted McCarthy and defiantly said to him “have you no decency, sir?” This episode, particularly how Welch stood up to McCarthy, began to turn the tide against those witch hunts and the general atmosphere of fear and psychic narrowing, not so dissimilar to what exists in our world today. As analysts, how can we break out of our silence, help our patients break out of theirs, and have the courage and decency to notice what is happening around us and speak up? How can we learn how to see the political suffering of others and find the conviction to do something about it?

Clinical Illustration

N., a Cambodian woman I had been seeing for some time at a local refugee clinic, had suffered much torture and loss (including seeing three of her children killed in front of her) during the genocidal era of the Khmer Rouge. She told me through an interpreter about a time when she had been able to flee Cambodia and was staying in a refugee camp in Thailand. During this time, the Khmer Rouge periodically attacked the camps and then there would be automatic rifle fire and artillery shells landing all around her.

On this occasion, the bombardment and the rifle fire were particularly intense. She and all of the others fled to seek shelter in the forest. The Khmer Rouge forces followed them shooting at everyone. N. described the scene to me as a “flood of people” desperately running and tripping over dead or dying bodies. As she ran down the road with her two remaining children and her friends from the camp, she noticed a woman sitting on the road holding and nursing her infant. The woman was rocking back and forth and moaning and crying. Although gunfire was erupting all around her, N. stopped. Telling her children to go with their friends into the forest, she covered the woman and

infant with her own body. She noticed that the infant was dead, yet the mother still was trying to nurse it. She stayed in that position sheltering the woman with her body until the shooting and fighting finally ended. They were the only ones left alive on the road into the jungle, which was now littered with dead bodies.

After hearing this story, I asked her what made her stop when everyone else ran past this woman and child? I knew her to be a religious person and wondered if that was part of her motivation. She told me that Buddha did not create this war and that Buddha would not end the war. “Then why did you stop?” I asked.

She said that she had lost children herself and when she ran down the road she saw the face of the woman and then heard her cry, she felt drawn to the face and the cry of the woman. And she remembered her own losses and sufferings. When she ran down that road she saw the face of the woman and then heard her cry, she felt like she “knew” that face and that sound. She said that she could not ignore the way that cry and that face called to her.

“But weren’t you afraid for yourself when you stopped?” I asked. N. said that she and the woman trembled together, but that she had to do what she did. “The woman was in pain. I knew crying and pain, too. That made us related to each other.” She explained that during the Khmer Rouge time no one in the Khmer Rouge controlled work-concentration camps could talk with one another. If they did talk with each other about their hunger or pain, they would be killed. “We all suffered, but we suffered in ourselves. We could not talk; we could not look at each other in the face. When people hear each other’s pain and talk together, then the suffering calls to them and reminds them that they may have different stories, yet they are all people.” She continued, “It was so easy to die

in Cambodia because we all suffered alone. I could not let that woman on the road suffer alone. The Khmer Rouge didn't want us not to act like people. People suffer and it is people who must care for each other when they hear each other's pain, when they look into each other's face. We must hear that and see that in each other or we are not people."

As N. told me this experience, I felt like something changed in the room. I felt such sadness and heaviness yet I also felt more alive somehow. I felt warm. I felt the presence of something more in the room. It felt like some kind of exchange was happening somewhere between the two of us. It was almost like we weren't sitting on chairs, but like we were suspended somewhere in the room. I think that something sacred was happening as she was talking and we were there. I remember thinking "this is why we were born. This is what being human is."

Comments

Levinas (1994) wrote of "the interhuman perspective of my responsibility for the other person...a non-indifference to another" (p. 132). Do we practice a quiet kind of indifference to our patients and to one another, within our institutes, with institutes other than our own, when don't we see one another? Why do we avert our glances? How do we sometimes injure others, especially without our awareness of doing so?

In our contemporary world, there are increasing numbers of people who are survivors of violence, war, homelessness and abuse. There is much to learn from the experiences of survivors given a world that increasingly finds each of us trying to survive violence, environmental degradation, political dislocation, cynicism, isolation and meaninglessness. And what about the survivors of the dislocation that we see each day in

the homeless men, women and families on the streets? But do we in fact see them? Is our looking away or no longer noticing them a kind of killing, a making them into nobodies? And is there room in our psychotherapy praxis for seeing the socio-political contexts of their lives, for seeing their faces? Is it just in the stories of refugees from distant lands that the interconnectedness between a client's inner world and outer world are acknowledged and their cries and faces heard and seen? In fact, isn't this split between inner and outer itself just another manifestation of the avoidance of political reality that allows our silence possible and permissible — even sanctioned — by psychotherapeutic theory?

Clinical Illustration

“Homeless women,” says a 44 year old woman in psychoanalysis with me for about a year and a half. “I passed a homeless woman and her daughter on the street. I didn't know what to do. There are more and more of these people around. What is happening here?”

R. works part-time as a teacher. She is married, has three children and came to see me because she was depressed.

I respond to her initial statements by reflecting the impact and urgency that the homeless woman and daughter had on her. She continues, “My youngest son (age 10) and I passed them this morning as we were shopping. They looked so forlorn and disheveled. I gave them some money, but I wondered where they would go and would someone steal the money they had. I just kept thinking about them...picturing their faces.”

I reply, “Something about them really seems to have touched you. Can you tell me more?” She says, “I don’t know why I’m thinking about it. She isn’t the first I’ve seen. I know that sounds awful, like I’ve seen so many that they just shouldn’t register anymore... and they don’t. But that’s not why I’m coming here to talk to you. That’s not what we are supposed to do in here.”

This patient, like others, talks about something that strikes her in the world and yet at the same time indicates that talking about these matters is not what she understands analysis should include. Homelessness, violence, environmental problems, terrorism are all issues that come up in the work we do, often accompanied by a comment about what analysis and therapy should include or should not include. It seems to be something beyond the normative vision of what these processes should contain.

I responded to her comments and concerns about the homeless woman and her statement that talking about such matters is not allowed in therapy. “Let’s see. “You didn’t come into analysis to talk about that homeless woman and her child, and yet you are clearly affected by her. At the start of analysis, you said you came here because you felt depressed and like no one really listened to you or took you seriously. Well, I do take seriously what you are saying and the strength with which you say it. There seemed to be something about the homeless woman and her daughter that touched you deeply. Can you tell me what you meant when you said we are not supposed to be talking about that here in analysis?”

She replied, “I don’t know. We are supposed to be talking about my feelings or my family or my history. Something about me, about my insides...I guess it seemed to

me like homelessness is a, well, a social problem, and why people come to professionals like yourself to talk is for personal problems.”

“Homelessness is a social problem, of course,” I said. “It is a social problem that exists in the world that we all are part of. You didn’t come into therapy to talk about that homeless woman and yet you keep picturing her in your mind and are clearly affected by her. I wonder what she—and all the feelings she set off in you—have to do with your life? I wonder what meanings that homeless woman has for you in the same way I would wonder about the personal reactions that you might have to anything that struck you in yourself or around you in the world.”

“Yes, of course,” she said, “but I never thought of things that way. I mean that there is the ‘outside’ world and then there is my family and me. In analysis it seemed like ‘outside things’ were not relevant. But that homeless woman... something about her, about her face.”

Several sessions later Ms. R brought a dream. “I had this dream of being somewhere in a house by the ocean and a huge tidal wave coming in and crashing over our house. Most of the house was washed away and I was trying to find the boys and save them before another wave would wash the rest of the house and us away. The dream was terrifying. I couldn’t see the boys, all I could do was hear some of their screams. For a while in the dream I just felt so all alone...like I wanted my mother to be there...I don’t know why. She wouldn’t do anything anyway. I’m the one who took care of things at home. We’ve talked about this. She is the one who told me when I was a girl that taking care of the family was somehow my job...I was so scared as those waves

came crashing in...How am I supposed to deal with all this? Where is my mother? Why am I alone?"

We talked about her feelings of abandonment and betrayal as a child, and the hurt and fear that she felt then and that she carries with her today. Then in a subsequent session she said, "During all these weeks and weeks since we've been talking about my dream of the tidal wave and then about my feeling abandoned, I've also been having images sometimes of that homeless woman's face. Just at odd times, sometimes during the day and sometimes at night I'll have this picture of her. And I notice homeless people on the streets...And then the other night I had another of those dreams where I see this giant tidal wave coming in and no one else sees it and I yell to them but the wind carries my words away. Why don't they hear me? Why does no one see what's happening? What does all this mean?"

I say, "It does feel like a lot of powerful and overwhelming images and feelings. It sounds like you are talking about your own experience of feeling abandoned and homeless, in pain, alone, and afraid of being overwhelmed in the world. It also sounds like you "see" as if for the first time other people who are abandoned and homeless and in pain. You feel for them and the fact that no one seems to acknowledge them and their needs as no one saw or acknowledged you. What you are feeling sounds like it is a reflection of your personal history and present state and some connection you feel with the present state of many people living in the world now who also are not seen."

Sobbing, she replied, "Yes, that's how it is. Yes. And it all feels so overwhelming, like the wave, so overwhelming. I think I avoided seeing and being seen, but I felt like you really wanted to see me...and then I let you. I let you see me."

The next session begins with Ms. R telling me that she passed another homeless woman on the street, stopped, looked at her, and then gave her some money and asked the woman how she was doing. The woman told her that someone stole her blankets and she was cold. Ms. R said, “I went home, found a couple of old blankets and brought them back to her. I needed to do something. As I passed her on the street I realized I needed to look at her, at her face, her eyes. I could not avert my eyes from her. I needed to do that for me. I couldn’t do the same thing to her that was done to me. I had to see her.”

Discussion

These patients’ experiences speak to the general nature of witnessing injuries that are often unspoken and even unnoticed between people. They give lie to the artificial division we are so familiar with in our psychoanalytic theories (see e.g., Stolorow, Atwood, Orange, 2002) between inner and outer worlds. Orange (2002) notes that as analysts or therapists with our patients “We are inside the conversation, which is itself always further embedded in larger cultural (political, racial, sexual, and so on) contexts. There is no outside.” (p.698) Unlike so many of us, and unlike our generally sightless society that does not want to see what goes on in the world, these patients did not turn away. They teach us about seeing the Other in the world that we are all part of. They are examples of how seeing the unique face of the Other awakens **our** ethical subjectivity.

Why do so many of us turn away from witnessing that world? Kenneth Eisold (1994) noted that we as analysts “devalue and fear” (p. 785) those institutions that situate us within larger social contexts. Especially given the long hours of isolation and uncertainty in our work, do we narrow our field of vision to quiet our own anxieties about

our patients, our world, ourselves? Paraphrasing Stern (1997), can we as analysts, as people, embedded in our perspective of the world, court surprise, enlarge our own horizons of the world in which we all live?

R. sees the homeless woman and child. Somehow she is able to pick her head up out of the waters of her dream and of our late capitalistic culture; a culture where commodities not people are valued. In doing this R. glimpses a sight that many of us do not see. She experienced personal betrayal herself, and now begins to see the kind of societal betrayal of others that most of us learn to tolerate. R. had the courage to see, not dissociate, to let herself be overwhelmed in her dreams yet face the waves and storm.

Each of us is largely constituted by and through other people. We all are embedded in an historical world of sociopolitical forces. In a culture that so prizes autonomy, separateness, and materialism, how can we regain the capacity to listen with open ears and see with open eyes? How can I understand what my responsibility is to my patients, and what my patient's responsibility is to the trauma of others? Do we have the eyes to see the larger social forces of poverty that affect some of those with whom we work? Can we bear to see others in distress without wanting to protect our senses from being overwhelmed by the pain of seeing such not infrequent sights?

And, what fears do we as clinicians have in straying from the path of a non-seeing normality due to the necessities of maintaining our façade of professional respectability and staying on insurance panels? Isn't the medical model and the demand for evidence-based therapy in many ways an unethical view of human existence, given the political suffering all around us?

We cannot definitively know the answers to these questions. We can steadfastly ask what should or should not be included in our analytic conversations, realizing that explicitly or implicitly, the ethical dimension is present in every moment of the analytic process (see e.g., Cushman, 1993, 1995, 2005; Doherty, 1994). We can question the ethical controversies that are built into but disguised in solely quantitative treatment models because these influence our work and largely go unnoticed, and can affect our seeing and hearing of the other. What other meanings are foreclosed by acceptance of particular measures without questioning the premises on which they are based? Perhaps there should be more qualitative studies regarding the effects of an awareness of ethical obligations, or the effects of caring for the other by our patients as well as ourselves.

Donnell Stern (2011) has said, “We need the kind of ongoing recognition...that psychoanalysis is inevitably an ethical endeavor, by which I mean that ours is a field that is constituted by moral positions, although the existence of those moral positions often goes as unnoticed in our everyday work as the air we breathe” (p. 349). It is our responsibility as persons and professionals to notice this air, to ethically resist its malignancy, and to allow ourselves to hear and to see the unique other, in part through witnessing the testimony, silent or spoken, of their face.

In this regard the last six weeks since the 2016 Presidential election has illustrated for me and for many of my analytic colleagues the dark and fearful atmosphere that now affects so many of our patients as well as ourselves. This is another painful and clear reminder to all of us as therapists and analysts of how the political air we breathe in and out of our bodies affects our being, and also triggers our fears as we listen to the tones and associations of those with whom we work and of our colleagues and ourselves. It is

our responsibility as analysts to notice, to witness these testimonies and to see these faces, and finally to note how trauma like symptoms of anxiety, fear, numbness and powerlessness can affect our community and the individuals within it (Erikson, 1995).

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