

Don't miss the 2009 Reunion Weekend!
See announcement on page 12

“Did I Find You or Did I Create You?” Intersubjectivity in psychotherapy and everyday life

A Day with Ruthellen Josselson

On the Saturday of the Alonso Center's Reunion and Training weekend (see page 15), Ruthellen Josselson led the group in an exploration of intersubjectivity, a concept within relational theory that explores how individuals, groups, even nation states, co-create their relationships.¹

Ruthellen took Alexander MacIntyre's observation as her starting point:

“We enter upon a stage which we did not design and we find ourselves part of an action that was not of our making. Each of us being a main character in his own drama plays subordinate parts in the dramas of others and each drama constrains the others.”²



Dr. Ruthellen Josselson

For Ruthellen, MacIntyre's quote allows another look at Winnicott's notion of the transitional object. From the point of view of intersubjectivity, a transitional object such as the child's teddy bear doesn't function simply to facilitate

separation-individuation exactly but to facilitate the co-creation of the self and other. Winnicott understood this profoundly. With a transitional object, we do not ask the question: “did I find you or did I create you?” The transitional object exists in the space between, neither totally found nor totally created.

Intersubjectivity considers processes by which we see, amplify, embed or implant characteristics in
(continued on page 3)

War on a Sunny Afternoon

Sam Osherson

As I walked into the windowless seminar room in the Doubletree Resort Hotel at 9:30 am on a sunny day to teach Psych 711: Iraqi War Vets and their Families, I worked hard to muster energy for the day. I felt sleepy, nervous, and painfully aware that a sandy beach and blue water lay just across the street from the hotel.

The nine students and I were there to understand more about the psychological consequences of combat on soldiers and their families, and ways to respond therapeutically to such trauma.

I'd enlisted for this mission because I'd become acutely aware of its absence in our psychology curriculum. The decision to invade Iraq in 2003, combined with operations in Afghanistan, means
(continued on page 6)

in this issue

Page 1...

... Intersubjectivity
in Psychotherapy

Page 1...

... War on a Sunny
Afternoon

Page 2...

... Another Look at
Reenactments

Page 9...

... Book review:
*Attachment
Theory and
Research in
Clinical Work
With Adults*

Page 13...

... The Lesbian and
the Abject

Page 15...

... 2008 Reunion
News

Another look at reenactments

R. Bingham Eberwein

R. Bingham Eberwein is an advanced graduate student at the Fielding Graduate University

The recent “Primer on Reenactments” (Osherson & Hatcher, 2008) caused this writer to reflect on the overall state and evolution of psychodynamic thought—and also on the unremitting quarrels and inconsistencies among dynamic theory regarding terminology—since its inception. Like “repression” or “transference” or “the unconscious” many psychodynamic concepts and are not agreed upon for exact definitions or usage and “enactments” are a prime example of this variance. Enactments, or “reenactments,” are based on *other*, not widely agreed-upon, terms. Like the Matryoshka doll-within-the-doll, an enactment is contained within “projective identification”; which is contained within “acting-out”; which is contained within “repetition compulsion”; which is contained, perhaps, within “*Nachträglichkeit*” (Freud, 1899). And yet all of these elements are based on *unconscious*



Rob Eberwein

communication and repression—both of which are still in contention. Perhaps when we fail to reach consensus on our vernacular we are doomed to expand nomenclature.

What's in a Name?

All negative transference (such as reenacting earlier trauma in the therapeutic session) was once considered something to be expressly avoided (Alexander and French, 1946), but the term “enactment” was introduced as a term into psychodynamic vocabulary relatively recently as a means of utilizing valuable information presenting itself in a therapeutic relationship (Jacobs, 1986). While Jacobs might have intended it as the bright side to the dark cloud of acting-out, some (Gabbard & Lester, 1995) warn therapists from being overly enamored and have described enactments as mechanisms which have the ability to involuntarily transport the therapist into the client’s world or of laying the groundwork for possible misconduct between client and therapist (Plakun, 1999). Others, especially those of a Relational or

Intersubjective bent, have picked up on the “two-person” perspective that a positive view of enactments allows, and hold them to be useful opportunities to be maneuvered and utilized within therapeutic sessions (Chused, 1991).

In any case, the word is now broadly used by many therapists, in various ways. Contemporary social workers, for instance, hold workshops for teaching the use of enactments as a kind of role playing technique which exploits the tendency of trauma to continuously attempt to express itself (Butler & Gardner, 2003).

Making Up Our Minds

Recently, perhaps due to “*Relational*” influences, *much* has changed in the psychodynamic outlook—including a very changed view of the mutual influences that client and therapist have on each other as they attempt to influence the direction of therapy (Jacobs, 1991; Chused, 1991). Reenactments are at the very center of this, and are presented by Osherson and Hatcher in a manner that suggests that the intertwining of patient and therapist’s inner worlds are not necessarily counter-productive. Further, Osherson and Hatcher hint that much of the uncanny and meaningful interactions that occur in therapy are *best* explained by the mutual reenactment of such repetition compulsions.

(continued on page 10)

We welcome suggestions about possible future Center offerings. Contact Dr. Sam Osherson with ideas and suggestions (sosherson@fielding.edu/617-354-1330). To discuss gifts and contributions to the Center contact either Dr. Sam Osherson or Anne Kratz, Director of Development (akratz@fielding.edu / 805-898-2926).

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Intersubjectivity ... (continued from cover)

others through unconscious acts of creation which lodge in the hospitable soil of other psyches. This is not the familiar concept of “projection.” Other psyches are “hospitable” because the other person has a valence for specific needs of ours that seek expression while at odds with our conscious awareness. If our anger or dismissiveness is troublesome to our sense of self we may find it in “the other.” At the same time, we are being created (and found) in the same way by the other. These reciprocal creations occur not just in the therapeutic relationship but in *all* relationships.

From this point of view, transitional objects and projective identification are normal processes of relationship, not just clinical phenomenon. It’s the “objectivist fantasy” (or fallacy) to believe that we see an objective reality. We create relationships; they’re not just found. We recruit people in the dramas we’re creating and in order to do so need enter into their dramas.

Relationships in transitional space are felt more than thought, expressed as implicit, preverbal affective processes, not in words. Current work on “implicit knowing” is one example. Many therapists look at this process, from Bion through to the Boston Change Study Group³. What are we reading in the other beyond our conscious awareness? In one couple an empty refrigerator might be the grounds for a terrible fight, for another it’s the opportunity for a romantic “peanut butter and jelly night” in front of the fire.

The Importance of illusions in relationship

Tolstoy and Pirandello explore these themes and they were also exemplified in the movie, *As Good As It Gets*, where the Jack Nicholson character tells the woman he loves: “you make me want to be a better man.” There is something about you that influences my wishes.

Psychotherapy can be a form of transitional object play space in the creating of illusion, which is the key. Winnicott made clear that illusion is different from delusion. Transitional space is an amalgam of inner and outer reality, rather than simply the substituting of inner reality for outer (a delusion). Within a transitional space we invest outer reality with inner meaning. An example: a baby’s teddy bear. The baby doesn’t dare to ask, did I find this or did I create it? The baby invests the teddy bear with meaning and “knows” that it is real. So, too, in therapy and other love relationships: we invest them with meaning and contain the tension between what is internal and what is external. For the therapist, respecting illusions is a key and is one reason why contemporary relational theory has been careful about an over-reliance on verbal insight and interpretation.

Projective Identification: The second co-creative process

The first process of transitional space-making is illusion creation—experiencing others as we need them to be for us. The second is projective identification: we get others to express what we need them to be or to express for us.

Projective identification is not necessarily a primitive, pathological phenomenon. It is an everyday process in relationships between individuals and in groups, including on a scale as large as between countries. It has to do with the kinds of splits we create and what each side holds for each other... Good/Bad, Love/Hate. If we can eject troublesome parts of ourselves and find them in the other, we can better manage it.

However, we are also stuck in the roles we assign and are assigned. “Every new baby can ask of her family, what role did you have for me? Psychotherapy can be seen as a process of freeing oneself from the projective identifications of others (and of resolving the projections and projective identifications placed onto and into others) along with a search for new roles and ways of being with others.⁵

These processes are present in all relationships. The healthy part of projective identification lies in the hope that the recipient will manage these qualities and we’ll grow from them. Also, projective identification is selective. It requires some “valence” in the other. Different people have different “readiness” to be chosen and to enact disowned parts of the self, given who they are.

Group life provides a way of understanding the projections and distortions of the other and in the course of our Saturday one-day

(continued on page 4)

My experience in the “knitting” group—or “Pie makers,” as one group named us!—was really interesting to me in becoming more aware of a “valence” I don’t often consider. As our all-female group seemed to concur that we needed to define ourselves before looking at others—and before the East group sent out emissaries—my foot started tapping, my legs got jumpy, and I said, “I am ITCHING to get out of here!” Some others wondered what made it hard for me to contain my anxiety within the group— And I then felt bound to stay, not to follow my wish to explore. At home I am the only female in a 5-member family, and I’m not often offered the role of Odysseus (If I’m not Penelope, I’m Telemachus, perhaps!), so it was interesting to see how strongly I experienced the need to escape a tight-knit group. In the back of my mind I also was thinking about Carol Gilligan’s (in my view) idealized notions of how women relate to each other. I was averse to interacting with our group in a way that I perceived as stereotypically feminine. On the one hand, I did appreciate how hard our group was working to accommodate differences, and at least one other member did express a strong sense of being misunderstood, which we worked through. On the other hand, I felt suspicious that any hostility or tension would get subsumed prematurely into some kind of accord, because, in my perception, our group had a strong need for everyone to get along and like each other, myself included. I felt a bit like a little girl who had to stay at home with mom while her siblings in the other groups got to go exploring with dad. And all this time, we didn’t even TALK in our group about the effects of gender on our group process!

—Devon Jersild, alum

Intersubjectivity ... (continued from page 3)

seminar, we explored different aspects of the self- other experience through an experiential exercise Ruthellen devised.

After our morning lecture and discussion—and a break for lunch—we were told that when we returned to our meeting room we would find four circles of 7 chairs. We were free to choose an empty chair in any one of the four circles. Each group circle had been given a name: East, West, North, or South. All groups had the same task: to discover: 1) who they were as a group and 2) who each of the other groups were and 3) who the other groups thought they were.

The two and a half hour experience gave each of us an opportunity to experience and reflect on the ways in which socially constructed categories and the basic demands of group process led to varying creations of the self and other. We explored the ways in which distortions of self and other flowed out of the inherent “psychotic anxiety” that group life engenders among its members—the fears of annihilation and yearnings for merger that are sparked by group life.

In the North group, we were so focused that we didn't notice our group was heavily male, a difference from the other three groups. I scarcely noticed the other 3 groups at all. I felt comfortable in sharing my struggle with a succession of personal losses and the difficulties I'd been facing. Personally, intersubjectivity played out for me that weekend between myself and a subset of the training / reunion group as a whole. I'd been feeling unsettled all weekend in dealing with several successive losses before I'd arrived. The feeling of loss was quite overwhelming. Some weekend participants had earlier given me what I perceived as “strange” looks in the hotel which I perhaps misread as meaning: “Who are you and why are you here?” So, I felt at odds with them. Some people in this subgroup went on to make antagonistic comments about the regional subgroup to which I belonged. This set the stage for us to co-create an antagonistic relationship. The anger I felt around my losses played a big part as it was contrary to my sense of self. I realized that the subgroup's looks and comments allowed me to project onto them my own anger, which they accepted, and I then reacted to!

Looking back, I wish it had played out differently. It took me months afterward to put this all in perspective, but it makes perfect sense. Although I feel badly about my reaction to all of it, I can say I have a pretty good understanding of this exercise and the introduction to intersubjectivity that I received that weekend. I don't think I could say that if it hadn't played out that way for me.
--G. Channing Harris, Psychology student

As a member of the all-female West group, I did feel a pull to be nicer and more agreeable than I recall actually having felt...I suspect that at least part of this was my “longing to merge,” to feel a part of a group of women.... I recall that the only group I determined not to join when I saw the options (all of which were available when I came back from lunch), was the South. Given that I am from the South, I did not want to encourage any added association of me with it, trying to avoid association with the more unflattering cultural stereotype.
--Eleanor Brower, Alum

So, for example, Sam ended up in a group (North) composed entirely of students...and Sam. There was a dependency theme in the group, as the one faculty member seemed to be the designated leader and the transactionally co-created space within the group was about being taken care of, staying and helping out with group process or leaving the group to explore what was happening in the other groups. Members of the North group agonized about moving out to explore the world of the other three groups. All participants were told at the beginning that they could explore as much or as little as they wanted about what was happening in the other groups. We discussed sending a representative out to see what was happening in the other groups but didn't do so until late in the exercise when one group member—with considerable anxiety and effort—said she would visit the other groups. This happens in countries, too—throughout history there have been countries and regions that have locked themselves in and would not deal with the rest of the world (e.g., Imperial Japan, the Communist bloc). We experienced ourselves as a content little island in the room but we were perceived as stuck-up and aloof by several other groups, though we didn't have that perception of ourselves! Another member of my group remembered that a few members of two other groups came over, expressing interest in what was happening in our group. We didn't offer them a chair or invite them to sit down.

“We ignored them. They stood outside the circle of our chairs, exchanged a few comments with us, and then moved on.”

There were many examples of a difference between the within and between-group experiences that may mirror interpersonal and intercultural processes. The West group became known as the “knitting group.” All-female, the group spread out in a circle on the floor in a corner of the room, experiencing itself as very cohesive and hard-working. “I felt we were wise women, care-taking each other,” one member described it. The knitting group, however, was seen by members of other groups as insular and self-centered, whose members worked way too hard to be “nice” to each other and avoided conflict. This was eye-opening to one member of the knitting group: “For me it was good learning to find out that what for me was a rich experience was perceived as not so interesting or good to those outside the group. I thought we worked hard and were very thoughtful in how we came together as a group, but we were dismissed as just a big ‘Kumbaya’ experience. That was eye-opening for me.” There were echoes in this process of the ways in which we construct images of the other across ethnic, religious, racial lines⁶. One male member of another group had a different perception of the West group. Watching the women sitting on the floor drawing mandelas together, he had no desire to go over there and find out what was happening: “it looked like a strange tribe with weird customs. Wicked witches of the West. I wanted no

(continued on page 5)

Intersubjectivity ... (continued from page 4)

part of it.” Our perception of the other can be shaped by our own particular circumstances: “What was so funny? Especially because we had a very sad group member and were trying to cope with that.”

We can bring our familiar ways in which we feel who we are even into arbitrary groupings. One member of the South group chose the group, “primarily because I grew up in the South and feel comfortable there. One person was already in the “South” circle when I joined the group. The chairs were quickly occupied by others, most of whom also chose the group for specific reasons: affinity for the South, current or previous residence in the South, fondness for food and customs or general lifestyle, etc. When conflict erupted about leadership in the South group between students, alums and faculty, the group made a conscious decision to try and keep it in the group rather than to project it outward: “I recall images of launching missiles and much joking around as we played with metaphors...” The missiles may have stayed in their silos, but hostility displaced




Alum Myrna Frank, students Susan Mickel and Marti Spriggs

outward still did serve a positive function in helping the South group manage the leadership struggle: “We joked and laughed, took turns making notes on the flip charts and thought up silly names for the other groups.” Our social and national life, of course, is filled with examples of ways in which making fun of other groups relieves tension within our own family, region, or country.

Some members questioned the idea that the choice of a seemingly random group named by the four directions could have any dynamic significance. “I walked into the room toward the end of the break and the only seat was the one in the North group.” Yet even here the random is invested with meaning, as this man recalled, “...though I was aware that it was the group with other men in it.”

The East group was known to some in the room—with a tinge of envy—as “the cool Easterners:” diverse, analytic, independent, opinionated, sensitive as well as adventurous (and distant)—pioneers of sorts who also had a grounded sense of family. This group quickly sent out emissaries to other groups and there was some speculation that the members of this group didn’t enjoy their own group. There were in fact disagreements among members of the East group about task focus and this was negotiated by dividing into “explorers” versus “stay-at-homes” who greeted visitors from other areas. One East group member reflected that “we probably bonded most with our respective subgroups rather than with ‘the East’ as a whole.”

What was striking about the Saturday event for me was how individual characteristics of each of us—our gender, age, skin color, nationality, tie to Fielding (faculty, alum, student) became part of the fodder by which the groups constructed themselves and others. It’s a striking evocation of the “multiple selves” literature.⁷

We were “ourselves”—recognizable to ourselves—but we were a particular version of “ourselves” drawn out and created by the demands of the group moment. Looking back on the Saturday group experience, it’s hard not to wonder, am I that way or did the group “make” me do that? Like a Zen koan, the intersubjective point of view raises a basic unanswerable question, this time about the relation of the individual to the group: do we define ourselves first and find out who else is there OR do we find out about the other and then define ourselves? We cannot define the self in isolation without knowing the other, but if we look at the other alone we can’t define the self. Which brings to mind illusions and Winnicott’s insight: *did I find you or did I create you?* 

Endnotes

¹ The workshop was derived from Ruthellen’s book, *Playing Pygmalion: How People Create One Another*, NY: Aronson, 2007

² MacIntyre, Alasdair. (1984) *After Virtue*. Notre Dame, Indiana: University of Notre Dame Press, p. 213.

³ <http://www.changeprocess.org/>

⁴ See Wachtel., P. (2007) *Relational Theory and the Practice of Psychotherapy*, NY: Guilford for an excellent discussion of contemporary views on this process.

⁵ For more on how intersubjectivity can inform our understanding of national and international conflict resolution, see the work of Vamik Volkan, and Jerrold Post as well as a continuing line of publications in the journals, *Organization and Social Dynamics Journal*, *Political Psychology*, and *Psychoanalytic Dialogues*.

⁶ Wachtel, *op.cit.*, p. 149; Lachmann, F.M. (1996a), How many selves make a person? *Contemporary Psychoanalysis*, 32, 595-614; Lachman, F.M. (1996b), Yes, one self is enough! *Contemporary Psychoanalysis*, 32, 627-630; Slavov, M.O. (1996) Is one self enough? Multiplicity in self-organization and the capacity to negotiate relational conflict, *Contemporary Psychoanalysis*, 32, 615-625.

War... (continued from cover)

that approximately 1.5 million U.S. troops have served in battle.¹ By the end of 2006, a quarter of discharged Iraq and Afghanistan veterans have filed disability claims; over 60,000 have been for mental health issues. The Veterans Administration estimates that about 30 percent of those who spend time in a war zone develop symptoms of post-traumatic stress disorder.²

We took two books by Dr. Jonathon Shay, a psychiatrist at the Boston VA hospital, *Achilles in Vietnam* and *Odysseus in America*, as our readings for the day. Shay's books explore the impact of combat on the character and identity of soldiers. He focuses particularly on how combat experiences and the sense of betrayal by leaders leads to shattered personal narratives about "what's right" and a breakdown in the very social trust that might be healing to the trauma vets have experienced.³

Reading Shay's work, I wished that such understanding had been in place when I had done my psychology internship in the VA system in 1970. Back then, we really didn't know about what is now called PTSD. Vietnam vets were flooding the VA system and we had no clinical language for what we were seeing. The term "PTSD" didn't appear in the DSM until version III in 1980. The internship had a profound, conflictual impact on my professional identity as a psychologist. As a 25-year old intern with a draft exemption (as a graduate student), I felt helpless, overwhelmed, guilty, and inadequate to provide help to vets who had endured experiences I could only imagine (or, actually, couldn't). I hoped the Psych 711 seminar would provide support to students and help me understand more deeply the contemporary challenges of working with vets and their families.

As we began with introductions around the seminar table, the way war touches on the families of combatants became very clear and present. One student cried as she told the group about her husband's continuing flashbacks to his Vietnam trauma, and how his compromised sleep brought back memories of her mother's lifelong anxiety after the firebombing of her German city during World War II. Another student related that both her uncle and her father are Vietnam vets. Her father hardly speaks of his experiences, while her uncle seemed marked by whatever happened to him and has had difficulties in his relationships and work life; he, too, doesn't talk much about it. The student works now with vets at a Midwestern VA hospital. Another student, now in his forties, told us that he was born while his father was completing several tours of duty in Vietnam. His father didn't come back to the states to live with his family until his son was two years old. "I really didn't know what to make of who he was, which made it hard between us. I think my reactions when I first met him really hurt him." When older, the student tried to have a

conversation with his father about that experience, "but he didn't say much and I got very emotional, began to cry, and that left me embarrassed. We haven't spoken about Vietnam since." His father went to Vietnam as a career officer, but upon his return decided to leave the service, never explaining why.

The level of feeling elevated quickly in our seminar room. The tears were unexpected. "I hadn't realized the impact of this on me," one student observed, referring to having a relative in the combat. I thought of my uncle who'd been in the Seabees during WWII and was part of one of the first units involved in the occupation of Japan in 1945. He never talked about what he saw there. My father, in contrast, taught navigation to Army pilots stateside during the war and told me the thing he was proudest about was "teaching men how to survive: to get themselves and their planes back to base." He never mentioned, and I never asked,

(continued on page 7)

I work at a small military health clinic. On this particular day I am greeted by a tall, athletic looking young man wearing the uniform of the day. He offers a hesitant smile, then follows me down the hall to my office, which is brightly lit with the harsh fluorescent bulbs typical of a hospital ER. Like so many of his military counterparts, he waits for me to give him permission to have a seat. After making sure that he understands clinic policies and the confidentiality statement, I ask him his reasons for coming to see me. He speaks without looking up from the floor. "I have never been a weak person, but this time everything was just getting to me too much. It was different, worse than before... and I knew I had to come here. But I hate coming here, because people will think I am weak."

That statement, which so well reflects the stigma associated with seeking help, comes from one of our junior ranking military members... but I have heard it from a few senior members as well. The difference is that the senior officers mentioned it in passing in friendly conversation. They have, in so many words, sworn that *they* would never set foot in the clinic.

This issue of stigma is my main concern about both veteran and non-veteran military members. The stigma that still surrounds "getting help" is prevalent in the military. It's a magnification of our society's already predominant "he-man" sort of attitude. I have difficulty conceiving of how the "higher-ups" can expect their junior service members to get help when often, they themselves will not.

On the reverse side of the coin, I can't understand how "higher-ups" can expect their junior members not to seek help, referring to them as "broken" or "soft"... or worse... when they do come to the clinic. To me this is another aspect of the "betrayal by leaders" that we discussed in the seminar.

On a brighter note, the active duty psychologists at our site are beginning to go out and speak to the Commands, educating them both about mental illness and about the services the clinic offers, in hopes that the stigma will eventually be reduced.

—Robin Jones, Fielding student

War... (continued from page 6)

how he felt about the bombs the pilots were dropping on the enemy.

By one estimate, taking into account extended family networks and Milgram's famous six degrees of separation between people (grandparents, aunt and uncles, etc.), over 42 million people may know a vet directly.⁴

We encounter vets every day in our lives, walk past them on the street. Some live there: current estimates are that one-third of the homeless are vets.⁵

The heartfelt "go-around" in the seminar room led us to contemplate "the unspoken" in the lives of vets and their families. We discussed what vets cannot say and what they do not say about their experiences when they return, and how this silence maintains and protects whatever trauma may have been experienced. One of Shay's central points is that character is a community of values and there is a shrinkage in the social horizon for vets who have experienced what their loved one back home cannot know, may not be able even to imagine. How to talk about war experiences that are beyond comprehension?

"Picture this scene: A Vietnam combat veteran goes to a family wedding some ten years after his service... The band plays a Jimi Hendrix piece that reminds him of a dead friend, blindsiding him with emotion. He tries to conceal his tears, but a rich relative notices and says, 'Why aren't you over that Vietnam stuff yet?' Anyway, that war was all about oil—and damn right, too, or we'd be paying \$5 a gallon for gas."

The seminar was an incredibly powerful experience for me, and it brought up feelings relating to my father and my family that I have not faced directly in a number of years. I was grateful to the group for being so supportive. As I mentioned that day, my last (and first) talk with my mother and father about how Vietnam affected our family ended with me feeling somewhat isolated and embarrassed. That might not have been the experience of my parents. (I suppose I should ask!) I have been reluctant to talk with them about all of this since then. I often feel that I don't merit having such powerful emotions about Vietnam: I was not there, like my father, and I did not experience all of the sadness and fears of waiting for him to come back, like my mother... I'm still not sure how, when, or if I'll talk to my father about his experiences in Vietnam again, or how I believe his being away affected our family and my life. I'm not sure such a conversation can be planned. However, I'm certainly more open to letting such a conversation begin again, and I'm glad that the seminar brought these issues back into my awareness. Our discussion in the seminar at Winter Session was a conversation that I hope to continue, both personally and professionally.

—Brent Hopkins, *Fielding student*

... the experience of
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"Saying that to one of the veterans I worked with at such an emotional moment would provoke an explosion of rage. He might tip the table over in the man's lap. The veteran's relative is intimidated, stammers an inaudible apology and rushes away. The veteran looks around feeling like someone has just peeled his skin and every nerve ending is naked and exposed. Everyone in the church hall is silent; everyone is watching him... He walks slowly

from the room and out of the church. His wife is weeping with mortification, fury, and self-blame that she didn't catch this in time. She is torn between her love for—and loyalty to—her husband and the ten-year family consensus that the veteran is a dangerous psycho."⁶

A student points out Shay's observation that one impact of learning to become a soldier does not exactly prepare you to return to a peacetime civilian life. "A career that war exactly prepares veterans for upon return to civilian life is a *criminal career*..."⁷ One line of contemporary psychological work on soldiers has discussed the increasing and practiced de-humanization of the enemy necessary to convert men and women into soldiers willing to kill others in contraction of their own moral standards. The act of shooting a rifle at another person counters the ways in which many have learned to think of ourselves as "good people." Several of the students in the seminar presented for discussion studies of the ways in which the army has used psychologists and psychological research to train soldiers.⁸

The morning discussion had left us now in a precarious position in our seminar. We understood that the experience of combat leads to shattered assumptions about the world, particularly beliefs about the fairness of the world, about oneself as a "good person," and the trustworthiness of others. Shay and others who write about PTSD discuss the maladaptive ways vets develop to handle the breakdown of basic trust in the world.

In the seminar, though, we were now struggling to acknowledge challenges to our trusted assumptions about ourselves and the world we lived in.

We discussed the role of our own profession of psychology in the development of techniques that are destructive to the character of soldiers. We talked about the bitter battle within the American Psychological Association to pass a resolution

(continued on page 8)

War ... (continued from page 7)

condemning the participation of psychologists in “enhanced interrogations” at Guantanamo Bay and in Iraq. The resolution passed recently, but the APA has been slow to implement it. We discussed the recent APA presidential election, in which a candidate who wanted the APA to take a careful look at its ethical guidelines around interrogations came in third in the balloting.⁹

We returned to the vets’ experiences of coming home after encountering realities that shattered their sense of trust in the world, trying to communicate that to a husband or wife, to children, or to a society that insists they are either “baby killers,” as some Vietnam vets were called (one seminar participant who works at a VA recalled a vet relating that he’d been spat on in his college class in 1972 when an instructor revealed he was a Vietnam vet) or as “heroes” back from Iraq. The “hero” label, when felt undeserved, can lead to disjuncture and silence. One Iraqi vet revealed to a seminar member the pain he felt at being given a medal for his behavior during a vicious firefight where he’d wet his pants he’d been so afraid and just barely managed to “remember to pull the trigger.”

Does the culture really want to listen to the human pain of vets? Just before we broke for lunch, we wondered, too: did *we* in the room want to hear it? Did we want to acknowledge the challenges to some of our trusted assumptions?

“Just as I think it is important to acknowledge the deleterious affects of combat on some warriors, so too is it important to acknowledge that not all warriors return home in untenable distress. The Department of Defense is exploring Post Traumatic Growth (in the tradition of Positive Psychology) as another possible outcome for many veterans of combat. The Army has started work on a Comprehensive Soldier Fitness Report that will highlight soldiers’ emotional, physical, and psychological strengths in an effort to leverage those strengths to an individual’s coping and developmental advantage.

I believe that soldiers’ willingness and often preference to discuss their experiences with each other is evidence of the importance and effectiveness of listening to the vet without sorting his/her story into mental bins. Even before I had deployed (and whether you’ve deployed is evident to a soldier simply by looking at the accoutrements on your uniform), I had patients tell me that they preferred to talk to me over others, simply because I wore the same uniform. At first I felt unworthy of hearing the stories, and even less capable of helping. I think my desire to listen and learn from them (rather than trying to fit their stories into some diagnostic rubric) contributed to my effectiveness and the therapeutic relationship. I suspect that a similar sort of empathy and openness is what helps a combat vet (or anyone for that matter) avail themselves of an opportunity to heal.

— Personal correspondence with Army psychologist, Lieutenant Colonel Becky Porter, Fielding Alum.

Does the culture
really want to
listen to the hu-
man pain of vets?

Returning from lunch in the bright sunshine, we turned to therapy with vets and their families. We were all interested in knowing how to help, of course. And the students, many of whom worked in VA or other settings with vet populations, wanted to know what works and what doesn’t. We talked about Prolonged Exposure Therapy, Cognitive Processing Therapy and CBT, psychodynamic approaches, both individual and group. As we wound through our menu of techniques, I found myself wondering if our highly energized post-lunch discussion was a bit trauma-based, whether we were like soldiers trying to armor ourselves for a battle, arming ourselves against a helplessness for which ultimately there is no effective armor.

Shay observes that “healing from trauma depends upon communalization of the trauma—being able safely to tell the story to someone who is listening and can be trusted to retell it truthfully to others in the community. So before analyzing, before classifying, before thinking, before trying to *do* anything—we should *listen*. Categories and classifications play a large role in the institutions of mental health care for veterans, in the education of mental health professionals and as tentative guides to perception. All too often, however, our mode of listening deteriorates into intellectual sorting, with the professional grabbing the veterans’ words from the air and sticking them into mental bins. To some degree that is institutionally and educationally necessary, but listening this way *destroys* trust. At its worst our educational system produces counselors, psychiatrists, psychologists, and therapists who resemble museum-goers whose experience consists of mentally saying, “That’s Cubist...That’s El Greco! and who never *see* anything they’ve looked at. ‘Just listen!’...”¹⁰

Technique is important, but without our ability as caregivers to bear both the distress of the vet and our own distress, how effective can we be? If we are de-humanized to ourselves, how human can we be? I thought back to my own work as an intern almost forty years ago with a 20 year old Vietnam vet from rural Vermont assigned to me for weekly individual psychotherapy. Two weeks into his tour, he’d stepped on a claymore mine and blown his right leg off. Now he was hospitalized with an “acute psychotic reaction.” At that point, rather classical psychoanalytic approaches were still in vogue in the VA system (believe it or not). I sat with the vet and wanted to uncover the developmental roots of his withdrawn, confused and confusing behavior. “You have to get to the oedipal implications of that wound!,” my supervision growled at

(continued on page 9)

War ... (continued from page 8)

me mysteriously. It wasn't that I didn't get the reference to my patient's damaged sense of masculinity (I'd read most of Freud by then and was in analysis myself) but my cognitive and affective ability to understand was compromised by the fact that I was frozen emotionally. What I think I needed at that time was a supervisor who'd sit with me and *listen* and then talk with me about grief, terror, the loss of meaning—either for my patient or for me, preferably both of us. My own sense of damaged masculinity at what I saw every day around me in the hospital, in the news (the invasion of Cambodia) and in Harvard Square and downtown Boston (daily anti-war protests). How frozen I felt back then, how locked into my own psychic bunker. Perhaps we all were—staff and patients. Perhaps we could not acknowledge our own shock and despair and sorrow. The psychoanalytic concept of parallel process and its role in organizations is useful here: the relationship between interns and senior psychiatric staff mirrored the disjuncture between combat soldiers and their leaders—both given missions for which they were inadequately prepared. The patient and I were locked together in our shared experience of helplessness and disjunctive experiences in our therapy and my supervisor and I were locked in the same pattern. I wish I'd been able to say to the young patient—barely younger than me—that I doubted I could imagine what he's been through and I'm not sure how I can help but I wanted to listen and would respond as honestly as I can.

In our Psych 711 seminar, the animated conversation about techniques and EVTs and validity studies and reliability went on. Were we cataloguing paintings in a museum, in Shay's words? Were we going to “de-humanize” the vets and ourselves, finding all kinds of techniques but losing the lived experience of the men and women we were trying to help, as well as our own? Just hours ago we'd identified “the unspoken:” how experience disappears when you can't find the words, or courage, to say it. Would we lose *our* experience?

The group, as often happens, provided an answer. One participant who works with vets off-handedly commented on a patient's assumption. “No one in the whole VA system cares about what happens to me,” he yelled at her one day. “Even me?” she responded to him.

We were brought back to our own emotional presence in the therapeutic relationship, how it is co-created by both parties. Do we care? Can our caring strengthen their caring and sense of being cared about? What does it mean for us to care? It means wanting to listen, of course. To listen to what may feel intolerable. It also may mean acknowledging what is intolerable in us: everything from the part of us that may not want to hear to the reality that we asked these men and women to do what we may not have wanted to have to do—to protect us, to fight for us.

In the seminar, we returned to the incomprehensible. One student spoke of her mix of anger and astonishment at a seemingly “insane” behavior related to her by a returning vet. During a firefight in Iraq

(continued on page 11)

Repairing a Rupture by Securing the Base: A Review of Attachment Theory and Research in Clinical Work With Adults by Joseph H. Obegi and Ety Berant (eds.)

Jenny Knetig

Jenny Knetig is an advanced graduate student at Fielding Graduate University

Clearly I should have read this work before I took on my most recent patient. If I had we may have been able to successfully repair the rupture we inevitably experienced, and from which we did not recover. According to Bowlby, the rupture was inevitable because attachment style impacts one's perceptions, one's ability to regulate affect, and how one engages in all significant relationships (Waters, Crowell, Elliott, Corcoran, & Treboux, 2002), and I did not adequately attend to it.

While some might assume “Attachment Theory and Research in Clinical Work with Adults” should be reserved for psychodynamically oriented clinicians alone, Obegi and Berant (2009)

argue with compelling clarity that a practice “informed” by Bowlby's work supports clinicians in developing the “secure base” necessary for all effective psychotherapy, regardless of one's clinical orientation. Further, while Bowlby lamented that his work was largely ignored by researchers and clinicians, since his death the field has witnessed a growing interest in research regarding the theoretical underpinnings and clinical application of attachment theory (Obegi & Berant, 2009). Very simply, attachment theory assumes the initial relationships formed with one's primary caregiver(s) function not merely as a template for future relationships, but probably more importantly, operates as an organizing structure (Waters, et al., 2002). Obegi and Berant's (2009) discussion of such concepts as attachment style, mentalization, and internal working models, for example, argue for attachment concerns to function as the “base” of all clinical “operations.”

(continued on page 12)



Jenny Knetig

... reenactments (continued from page 2)

The Suppression of Repression

In all the aforementioned cases we are referencing the tendency of an unpleasant memory to re-present itself from where it was unconsciously stored. And yet there is not agreement in the psychological community as to if a memory can be stored and recovered in such a manner. Indeed, in some psychological circles, *repression, recovered memories and the unconscious* itself are

viewed as something akin to alien abduction—with many calling for the abandonment of the terms (Rofé, 2008; Holmes, 1974; Watters & Ofshe, 1999; Gergen, 1999). Nevertheless, that having been said, it would *seem* to be evident that what we *can* or *will* not remember, we will express or *enact* in some other way. Sooner or later, and often in unconscious and compulsive manners (Osherson *et al*, 2007; Freud, 1915). Uncanny, that we cannot agree upon this.

Repeating What We'd Rather Forget

Freud has long been criticized (Stolorow & Atwood, 1997) for over-emphasizing objectivity, especially in his quest for neutrality, in what is obviously a very subjective arena. But Freud was not unaware of the mystery of countertransference and repetitions and projections—and the fact that the therapist's and the patient's psyches can interact without conscious awareness (1915, p. 194). It is ironic therefore that some theorists (Greenberg & Mitchell, 1983; Goldberg, 2007), as they move away from the seeming one-upmanship in "neutrality" and "objectivity" (in favor of "two-personness" and "intersubjectivity") seem to be—perhaps unconsciously—advocating for increased negative transference and increased introduction of the therapists unresolved issues (counter-transference) into the therapeutic session.

Osherson and Hatcher's focus on reenactments within a relational and developmental framework is a deceptively dense concentration of several pivotal issues in modern psychological thought. Not only are we dealing with the paradigm shift from one to two-person psychology, but, less obviously, on the shift from traditional to a lifespan developmental psychology (where the *entirety* of a lifespan is taken into account for personality or pathology, much like the *entirety* of the therapeutic relationship). In addition, the combination of these two, as represented by a focus on enactments, marks a integration that will almost undoubtedly eventually effect all psychological thought. We can only hope that, in this case—for one of the most meaningful, if perilous, of all psychoanalytic constructs—we will come to wide agreement as to its definition or worth. Ac

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War ... (continued from page 9)

he stuck an arm out of his Humvee to take pictures of the firing with his cell phone, against orders and his own safety. 'That's crazy,' I thought, and didn't know what to say to him, except how could he do such a stupid thing."

There's the point: *how could he do something so incomprehensible to us?* Insane? Crazy? Stupid? The student hadn't asked the vet to tell her his understanding of why he did it.

Yet restoration of narratives means being able to retrieve and integrate experiences held at a distance. In treatment it may also mean acknowledging the disjuncture between our experience and theirs. We contemplated with the student what relationship of trust is needed for her to *ask him and listen to his answer*. "That that sounds crazy to me, you could have lost an arm, but your thinking may be different, your experience different. Tell me how you see that." Or words to that effect.

As the seminar wound down, I was so impressed with the courage of the students, who allowed their feelings to surface during their day, and who were willing to share their thoughts and experiences so openly and directly with each other. We returned to the unspoken and the value of giving voice to trauma that may have happened even years ago. A student discussed James Pennebaker's research, indicating that putting experiences into words may in itself have a healing effect.¹¹ We returned now to Prolonged Exposure Therapy, to Cognitive Processing Therapy, to psychodynamic groups. Now technique had life to it. We discussed each as a way of trying to help restore narratives within a caring relationship. What would that relationship consist of? How do you listen carefully and not assume you know?

The student who'd first met his father at age two and found the conversation stalled back then, now reflected on the fact that he'd only asked him about the war once and had come away feeling so ashamed himself and so alone that he hadn't dared ask again. "We're both older now, maybe I can try again."

The student's words felt symbolic of the broader experiences of trying to talk about war and its consequences. Under the silence or maladaptive behavior may be experiences and feelings for which we don't have words. How to find them? We reflected on the burden of having to appear strong when you don't feel strong. Vets know that experience. Psychologists do, too. We may have a lot to learn from each other. What does it mean to be strong as a therapist? Having "the answer"? Mastering techniques? Or being able to sit with overwhelming pain and not deny or dissociate from it?

The seminar ended with the recognition that we are both in a relationship, those who go to battle and those who stay home. It's a relationship of shattered assumptions, of guilt and shame and hope on both sides. Both sides may want to deny and dissociate from what happened and both need to find a way to restore a healthy narrative that encompasses their shared and different experiences.

Our patients need that new narrative. We as caregivers need one, too. The American Psychological Association needs one. Our country does, too, as we come to terms with what we ask of men and women when we send them into combat.¹²

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Review ... (continued from page 9)

My recent case clearly demonstrates how this did not occur. In conceptualizing the patient, an attachment informed formulation would have concluded she has a rather avoidant style, reflecting a preference for more emotional distance (Obegi & Berant, 2009). An attachment informed examination of the transference may have also identified the patient's "failure to fully mentalize" her thoughts as well as mine (p.472), while compelling a respect for her discomfort with my expressed empathy. Further, attending to Bowlby's concept of an "attachment behavioral system" that appears especially sensitive during more stressful periods such as during trauma exposure (Cassidy & Mohr, 2001) for example, would have been particularly helpful when working with my sexually traumatized patient.

In contemplating how to apply this approach to my future clinical work the fundamental change will be in my assessment and pace; respecting the patient's attachment style while attending to how my own attachment history might interact in the therapy will be particularly useful. Integrating this "clinical reminder" into every assessment will do more to ensure the therapy proceeds at a pace that is less likely to precipitate a rupture.

Acknowledging both the patient's and therapist's attachment histories and recognizing how one's initial experience with a secure or insecure "base" impacts cognitive processing, affect regulation, and interpersonal style appears critical in psychotherapy (Obegi & Berant, 2009). Respecting this process may help the clinician repair the inevitable rupture, deepen the therapeutic alliance, and most importantly, will facilitate patient exploration and growth. A

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The Second Psychodynamic Reunion and Clinical Training Weekend

October 30–November 1, 2009

Join fellow psychology alums, along with Fielding faculty members Marge Cramer, Marilyn Freimuth, Ruthellen Josselson, Sam Osherson, and Kjell Rudestam, plus current Fielding psychology students for a unique clinical training and reconnecting opportunity in beautiful, historic Richmond, Virginia. The weekend will provide experiential and didactic training in psychodynamic ways of thinking and working in the therapy situation (see topics listed below), along with an array of clinical techniques and case material.

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12 hours of CEUs will be available.

Don't miss this opportunity—the reviews by participants at last year's event were excellent!

Topics to be covered include:

- Using the therapeutic relationship most effectively
- How gender and race interact with transference and counter-transference
- Thinking about re-enactments
- The parallel process in supervision and consultation

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Schedule Friday, October 30th, 6 p.m. through Sunday, November 1st at 1 p.m.

Contact Ines Roe (iroe@comcast.net) for enrollment information or questions.

The Lesbian and the Abject

Janita Van Der Walt

Janita Van Der Walt is an advanced graduate student in the School of Psychology at the Fielding Graduate University

My most recent voyage into what we consider the knowable or interpretable world has led me to the abject. It began in a rather mundane fashion, as I, a graduate student, was eagerly perusing Fielding Library's new holdings in gay and lesbian studies. It is astonishing, I thought to myself, (coming from a small African country, a brand-new democracy that has had a gay rights law in place for over ten years), that a library in an American graduate school could only now begin to acquire resources in this area. I felt less lonely, however, *s o m e h o w* acknowledged and "real," and embarked on a journey of discovery. This is when I came across the concept "abject" in connection with the word "lesbian." I have known the term "abject" to be used in connection with the female body, indicating that it is "penetrable, exudes blood and, when

pregnant, changes shape" (Palmer 2007, p. 49). Within Western thought, specifically patriarchal metanarratives, the abject occupies a place that is disembodied. The abject is, according to Kristeva, the not-I, "that of being opposed to I," specifically, "[a] weight of meaninglessness, about which there is nothing insignificant, and which crushes me. On the edge of non-existence and hallucination, of a reality that, if I acknowledge it, annihilates me (1982, p. 2)." The life-threatening quality of the abject leads to its radical exclusion "from the place of the living subject, propelled away from the body and deposited on the other side of an imaginary border which separates the self from that which threatens the self" (Creed 1993, p. 9). The place of the abject is where interpretation itself is no longer possible, where life becomes uninterpretable.

The abject symbolizes the unwanted and threatening other, not an object, but an other that radically questions the social and cultural boundaries of society (Benjamin 1998; Mayer 2007). The abject is not only ugly, it is repulsive. It is associated with bodily fluids that suggest waste and death, such as excrement and pus, and socially with woman, the racial other, and those who engage in intimate relationships with others who are sexually the same (Kristeva 1982; Butler 1993; Creed 1993).

And yet, the embodied abject serves to question, subvert, and ultimately, set us free: "The abject is perverse because it neither

gives up nor assumes a prohibition, a rule, or law; but turns them aside, misleads, corrupts" (Kristeva 1982, p. 15). The lesbian as abject "destabilizes gender boundaries, and problematizes codes of sexual difference" (Palmer 2007, p. 50), thereby exposing heterosexuality, *i n c l u d i n g* heterosexual femininity, as performativity (Butler 1993).

In literature, the lesbian is often portrayed as vampire, as something that consumes the "within," a mythical figure that portrays the animalistic (Palmer 2007). At the same time, the

vampire is associated with the rite of passage into womanhood through the association of the bleeding and the subsequent transformation of the virgin (Creed 1993).

It is in this tension between my own lesbian existence as abjection and as possible transformative agent that I interpret the current circumstances of my time and world. The United States has just elected a president who represents an aspect of the abject; the abject as the destabilization of racial boundaries. He stated this clearly when he remarked that the new puppy in the White House should be a mutt, like him. At the same time, the outcome of Proposition 8 in California indicates that gays and lesbians signify

(continued on page 14)



Janita Van Der Walt

Lesbian ... (continued from page 13)

not only a destabilization of order, but something dangerous and ambiguous, like the vampire that becomes the hidden container for bodily fluids that repulse by reminding us that we are body, alive, and mortal. The vampire is banned from daylight and needs to live invisibly in darkness, serving the single purpose of separating the I from the not-I; gays and lesbians in California and many other states in the U.S. are silenced and rendered invisible by a code of law.

In my work, I am the abject, walking among the abject. I work with those whose mental states continually question our own sense of normality, the so-called "mentally ill." I work with children who are tucked away in residential treatment centers, hidden from the community until they can "behave better." I work with people who have committed sex crimes, who are locked away for years and years, away from where they could become visible and confront us with our own penetrability. Or, in desperation, we revert to the opposite and submit them to unbearable scrutiny, so that we dare not lose the boundaries that we have constructed. We are kinder to those who kill than those who have penetrated the body and have exposed it from the inside out, whose violence has connected us with our own vulnerability and mortality.

At the same time, the acknowledgement of the penetrability of the "other" often results in a conflation of the penetrated and the penetrable. Social narratives of disbelieving and trivializing the rape of a woman equalizes her with the one who has raped her, thereby signifying both as the abject that exposes the penetrability of the body. In this sense, they both become "abjected or delegitimated bodies" (Butler 1993, p. 15).

The lesbian, whose body is penetrable, but who also has the capacity of penetrating, disrupts heterosexual hegemony in a specific way: "In addition to refusing to take up the position that the phallogocentric system assigns to women by rejecting the role of man's specular other and object of exchange between men, she also poses a threat to the Symbolic Order in that she usurps man's role by taking a woman as a lover" (Palmer 2007, p. 50). The result is the portrayal of the lesbian as shadow-existence whose form

remains unfixed, ever-changing between bodied and disembodied but always, in form and non-form, the threatening Other.

The problem of the abject as other has a complicated history in feminist theory. It has at least been approached from two political perspectives, namely situating it as "the [discursive] site where disruption will occur" (Helman, 1995, p. 4), or of embracing the materiality of the body as the focus of political discussion (Bordo, 1987). Stocker (2001) and Benjamin (1998) suggest a third option, one that includes mutuality or intersubjectivity. I side with Benjamin on this matter, who is careful to warn that the self does not equal identity, and that "the self as subject can and will allow all its voices to speak, including the voice of the other within" (1998, p.108). But for me, as one who embodies the abject, the question remains: what do I ultimately mean to others, and when and how will intersubjective recognition be possible? For at this moment, I am barely here, I am the void in place of the mirror-image. *Ac*

The problem of the abject as other has a complicated history in feminist theory.

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2008 Reunion News

The first-ever Alonzo Center Faculty-Alum-Student Reunion and Training Event took place Oct 24 - 26th in Cambridge, MA. Center faculty Margaret Cramer, Marilyn Freimuth, Ruthellen Josselson, Sam Osherson, and Kjell Rudestam joined thirty-four participants, split about equally between alums and current students. Ray Trybus, Dean of the School of Psychology and Dilys Jones, Alumni Director, also enriched the weekend event with their presence.

Friday night Marilyn and Marge led a psychodynamic clinical module with the students while Kjell, Ruthellen and Sam met separately with the alums in an informal, depthful discussion about their Fielding experience in retrospect, their lives since Fielding, and where they see themselves now, personally and professionally.



Students, Alums, and Faculty at the 2008 Alonzo Center Training and Reunion Weekend



Dr. Jennifer Fleming, alum and Dr. Sam Osherson



Dr. Marilyn Freimuth

2008 Reunion ... (continued from page 15)

The Saturday event was a whole-group, day-long seminar led by Ruthellen on Intersubjectivity and Psychotherapy, assisted by Kjell and alums Susan Goldberg, Ines Roe, and Sally Brandel. The day—designed by Ruthellen and based on work she’s done at the AGPA and elsewhere—combined didactic and experiential components and proved provocative and enlightening (see cover article). We focused on processes of the creation of self and other in small and large groups.

Saturday night brought our groups together for a celebratory dinner in a private dining room at Henrietta’s Table restaurant at the Charles Hotel in Harvard Square, where all participants proved that the Psychology program has not misplaced its ability to laugh and talk and party and enjoy superb food together! Sunday morning picked up on the clinical implications of the Saturday event. Marilyn and Marge met with the students while Kjell and Sam continued the conversation with the alums, focusing particularly on how the event connected to their

professional and personal development.

We explored what it has been like for alums to claim their authority as professionals and their desire to feel part of a reference group of like-minded psychologists. They expressed the hope that the Alonso Center can provide that sense of “home-ness” often lacking in the professional world. The weekend ended with a brief joint meeting of all participants, processing our time together.

One student seemed to speak for many when she said that it was so valuable “to see that Fielding grads can thrive and be engaged professionally—it gives me hope, it can be done!” An alum responded that being with the students gave her hope, left her feeling that she “had something important to offer.”

For many alums, the reconnecting seems to have left them more appreciative of Fielding itself. Perhaps one student said it best. She noted the fact that students, alum, faculty, and administrators were all present and all involved in the weekend, and how valuable that inter-generational and whole-system experience felt to her: “I guess it takes a village to raise a psychoanalyst,” she concluded.

AE



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