

Psychoanalysis and the Political

Dr. Katharina Rothe

After the presidential election of 2016 in the United States a shock wave seemed to move through the community of (mostly liberal) psychoanalysts in New York City. After decades of mainstream psychoanalysis focusing on the inner lives of our patients – as if that was somehow separate from the social and political which had shaped their psychic organization and their (unconscious and conscious) conflicts, voices became louder that seemed to realize the blind spot for these for the very first time. Discussions arose regarding the right or even duty of psychoanalysts to allow for ‘the political’ to enter the consulting room. Suddenly, even so-called classical psychoanalysts seemed to take up ‘the political’ in sessions.

What has happened? Why had we lived through decades of a seemingly apolitical (mainstream) psychoanalysis in the first place? What were the forces to keep it that way? And what has changed? In order to take up these questions, I will firstly address what we usually mean when referring to “the political’ before outlining some aspects of psychoanalysis and how the political inevitably plays a role in why and how people suffer.

In this country, when people refer to something as ‘political’, they either mean the politics of an organization, conflicts around power, status and alliances (e.g. in a work environment), or they refer to ‘politics’ in the political system of the United States with two major opposing parties – the Democratic and the Republican one. If a person sees themselves as political, it’d be either as ‘liberal’, ‘progressive’, ‘a democrat’, or, as ‘conservative’, or sometimes ‘libertarian’ (which means socially liberal but economically opposing any interference of the government in individual or corporate matters). When it became the norm for psychoanalysts to refrain from ‘politics’ or ‘the political’ in the consulting room mid-20th century, they would often think of refraining from explicit political statements in support of or opposition to a party, or from expressing opinions on specific issues of ‘politics’. I suggest we distinguish ‘politics’^[1] from ‘the political’ as a much larger field of how people organize their living together and how they think about the ways of how it could or should be organized. I would now like to outline some aspects of the psychoanalytic movement since its conception in the late 19th century. I argue that from the get-go psychoanalysis had been implicitly and inevitably political – just not in the ‘common sense’ of the term. For a short while this implicit political stance even became explicit: in the 1920s in Europe, just after millions had died in World War I, with many surviving soldiers coming back traumatized (shell-shocked), and millions of people facing immense social problems, such as poverty, prominent psychoanalysts wrote about those problems and opened free clinics for poor families. To just name a few examples:

the German psychoanalyst Max Eitingon wrote in 1925 that his colleagues could no longer honestly argue that ‘the factor of the patients paying or not paying has any important influence on the course of the analysis’. But Eitingon was merely announcing the fulfillment of Freud’s forecast from the 1918 Budapest speech on the conscience of society. In that speech Sigmund Freud had explicitly disavowed his prewar position, ‘that the value of the treatment is not enhanced in the patient’s eyes if a very low fee is asked’ (Danto, 2005).

Another example would be psychoanalysts and critical theorists taking up the issue of modern anti-Semitism as it culminated in Nazi Germany and the Holocaust (e.g. Simmel, 1946). Not least it was the Nazis’ persecution of Jewish and political psychoanalysts (and the destruction of psychoanalysis) in Europe and its survival through immigration of many Jewish analysts to the United States that contributed to the loss of its ‘critical sting’ (Brunner & König, 2014, p. 491). As Kuriloff argues, the

trauma of the Holocaust (through having lost loved ones who were murdered, having been persecuted and having had to flee) led Jewish émigrés to conform to the medical mainstream in the United States in order to fit in, as well out of unacknowledged fear of being persecuted again (Kuriloff, 2014). At the same time, some of Freud's decisions, for instance to have Strachey translate his works and to have Ernest Jones rescue psychoanalysis and become the 'chief organizer of the psychoanalytical movement' (Roudinesco, 2016, p. 361) contributed to the medicalization of psychoanalysis.

Further, I argue that, when mainstream psychoanalysis claimed to be not political, in fact, it was implicitly and inevitably political: that is, normatively determining what would be 'normal', 'healthy' versus 'deviant' or 'pathological'. Whenever a mental health professional diagnoses and uses the systems of classification of mental illness and disorders, they also make implicit political statements about which behaviors and character-formations would be socially acceptable, regarded as 'well-adjusted' and which ones would not be and therefore, had to be changed.

Yet, if the psychoanalytic method is to be taken seriously (as a first step just as a method), it has nothing to do with such assertion of the societal status quo. On the contrary, the method demands the refraining from any judgment and from focusing on certain aspects of a patient's narrative. We are supposed to listen, firstly, with 'evenly-suspended attention' (Freud, 1912, p. 111) to the 'free associations' (Freud, 1912, p. 116) of the patient.

For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows. (Freud, 1912, pp. 111f)

As Freud describes in his recommendations for the psychoanalytic technique, we are supposed to not submit a person to pre-framed categories, 'expectations or inclinations', in order to come to an understanding of how a person has become the way they are and how they are dealing with or defending against the particular conflicts they have.

In addition, we are being involved in the affective and interpersonal scenes that will play out between patient and analyst in the relationship of transference and counter-transference (the repetition of relational patterns in the relationship with the analyst or therapist). Such scenes are always simultaneously social and personal. Since we are born into and brought up in a given societal structure, from the get-go, we are not only 'natural' beings but also social beings. Nature and nurture cannot be separated in the human subject, or, in other words, our 'nature' is always 'second nature'. The 'social' and the 'bio-logical' are intertwined from birth on. The psychoanalytic method aims at bringing to light relational patterns in the relationship between patient and analyst. Once we understand the social and personal origins of our suffering, we are better apt to make conscious choices as to how to deal with our reality.

How is our (patients') suffering simultaneously deeply personal but also social and thus political? Possible examples from the consulting room are numerous, so, let us begin with naming a few obvious ones, that is, when suffering is directly linked to societal structures, such as is the case when it comes to the effects of racism, sexism or discrimination due to sexual orientation. Another form of suffering, that is both social and intimately personal, stems from traumata suffered from the impact of persecution, torture, exploitation and/or surviving a genocide. Such traumata do not only affect the survivors themselves, who will often develop symptoms of PTSD (Post Traumatic Stress Disorder),

but they affect the following generations through intergenerational transmission that has been studied extensively, esp. in the second generation (e.g. Barocas & Barocas, 1980; Kestenberg, 1980; Danieli, 1998; Laub, 1998; Grünberg, 2000) and by now, also in the third generation (e.g. Felsen, 1998; Gradwohl-Pisano, 2012; Ullmann et al. 2013).

Lastly, I would like to give an example of how our society produces suffering that will just appear to be uncontested reality. With Critical Theory however, I will consider the 'pathology of normalcy' (Fromm, 1973, p. 356). From the 1920s through the 1960s the Critical Theorists of the Frankfurt school were grappling with the question of how we internalize and reproduce societal power structures. Today, we have long entered an era in which coercion has become internalized to an extent that we enjoy (and suffer from) exploiting and commercializing ourselves – if we can – into ever more 'optimized' entrepreneurs or employees striving to consume and accumulate. Whereas in earlier stages of capitalism power was mostly directly enforced by an external authority, today, we have all internalized that power and enforce it in and on ourselves and others. We keep on doing this because of the implicit promise of ultimate fulfillment or salvation through prosperity and economic growth (for more detail about this thesis see Decker, 2014; Rothe & Decker 2019). Yet, since the last economic crisis, the disparity between the super-rich and powerful and 'the rest of us' has grown significantly.

What happens when more and more people suffer from the perceived loss of 'cashing in' on the promise? On the one hand, we are facing an increased level of so-called mental illness, of substance abuse and other forms of escapism. On the other hand, we are facing the increasing attraction of right-wing-extremism, white supremacy and anti-immigrant movements.

As a conclusion, mainstream psychoanalysis seems to have operated under the illusion of being apolitical until being shaken up by the recent increase of right-wing extremism in Europe and the United States. In this essay I have argued that, even though the analyst's position is one of neutrality and evenly-suspended attention, the method fosters the questioning and deconstructing of the status quo. This status quo is, as argued here, simultaneously personal and societal. Human suffering, 'pathological' relational patterns stem as much from the social structure as well as intimate family relationships. In the consulting room, such patterns are being partly repeated with the analyst, whose role it is to help bring to light the origins of the suffering. As a result, the patient can be a little freer to choose how they want to deal with social and personal reality.

References

- Barocas, H.A. & Barocas, C.B. (1980). Separation/individuation conflicts in children of Holocaust survivors. *J Contemp Psychother*, 11:614
- Brunner, M. & König, J. (2014). Drive, Overview. In Th. Teo (ed.), *Encyclopedia of Critical Psychology*. New York: Springer, pp. 487-492.
- Danieli, Y. (1998). *International Handbook of Multigenerational Legacies of Trauma*. New York: Plenum.
- Danto, E. (2005). Treatment will be free: 1918. In *Freud's Free Clinics: Psychoanalysis & Social Justice, 1918-1938*. New York: Columbia University Press, pp. 13-33. Retrieved from <http://www.jstor.org/stable/10.7312/dant13180.5>, 8/22/19.
- Danto, E. (2005). The position of the polyclinic itself as the headquarters of the psychoanalytic movement: 1920. In *Freud's Free Clinics: Psychoanalysis & Social Justice, 1918-1938*. New York: Columbia University Press, pp. 52-80. Retrieved from <http://www.jstor.org/stable/10.7312/dant13180.5>, 8/22/19.
- Decker, O. (2014). *Commodified Bodies*. New York: Routledge.
- Dimen, M. (2000). The body as Rorschach. *Studies in Gender and Sexuality*, 1:9-39.

- Felsen I. (1998). Transgenerational transmission of effects of the holocaust. In Danieli Y. (eds.) *International Handbook of Multigenerational Legacies of Trauma. The Plenum Series on Stress and Coping*. Boston, MA: Springer.
- Freud, S. (1912). Recommendations to physicians practising psycho-analysis. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works*. London: The Hogarth Press, pp. 109-120.
- Fromm, E. (1973). *The Anatomy of Human Destructiveness*. New York: Holt, Rinehart and Winston.
- Gradwohl-Pisano, N. (2012). *Granddaughters of the Holocaust: Never Forgetting What They Didn't Experience*. Academic Studies Press.
- Grünberg, K. (2000b). Zur Tradierung des Traumas der nationalsozialistischen Judenvernichtung. *Psyche* 54, 1002–1037.
- Kestenberg JS. (1980). Psychoanalyses of children of survivors from the holocaust: case presentations and assessment. *J Am Psychoanal Assoc*, 28:775804
- Kuriloff, E. (2014). *Contemporary Psychoanalysis and the Legacy of the Third Reich*. New York: Routledge.
- Rothe, K. & Decker, O. (2019). (The Failing of) the Promise of Prosperity and Economic Growth as 'Narcissistic Filling' and Right-Wing-Authoritarianism. Talk at the Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference *Displacement: Precarity & Community* at Rutgers University, 10/25-26/2019. In preparation for publication in 2020.
- Roudinesco, E. (2016). *Freud. In His Time and Ours*. Trans. C. Porter. Harvard University Press.
- Simmel, E. (1946). Anti-Semitism and mass psychopathology. In: E. Simmel (ed.) *Anti-Semitism: A Social Disease*. New York: International Universities Press.
- Ullmann, E. et al. (2013). Increased rate of depression and psychosomatic symptoms in Jewish migrants from the post-Soviet-Union to Germany in the 3rd generation after the Shoa. *Transl Psychiatry* 3, e241. doi:10.1038/tp.2013.17.
-

[1]The term goes back to the 'polis' (city) of Athens in ancient Greece.