

Helping the Patient Get Better Psychoanalysis, Optimism, and Social Change by Michael J. Bader

Psychoanalysis can be a real bummer. It always seems to be at its best when it explains why people don't change, why they're fixated on their unconscious complexes. And, as such, it has been appropriated by social theorists seeking to explain why we resist social change. At its best, this analysis is sympathetic to the victims.

We don't challenge authority because we're scared, because we're identified with the aggressor, because we're self-blaming, because we're parented asymmetrically, etc. At its worst, we're subtly told by psychoanalysts that we're narcissistic, gripped by various infantile fixations, vulnerable to the passivizing manipulations of the media and the power elites behind them.

All this is probably true - no, it is definitely true. I have been part of this discourse and continue to believe that psychoanalysis has a great deal to teach us about what makes people conservative, whether it be in the consulting room or in the public arena. In particular, several variants of object-relations theory offer a powerful model for exploring how we get attached to our oppressors and resist change because of deep and terrifying fears of loss and guilt.

But what about how and why people do transform themselves? After all, people strive to transcend social alienation all the time, in both large and small ways. And, contrary to popular belief, people do actually change in psychoanalysis. They get better - feel happier, freer to love, to work, to recognize others, to be productive. What, then, can psychoanalysis tell us about transformation that can help us understand that process as it occurs socially? Or can psychoanalysis only help us understand resistance?

We need to disconfirm the
reasonable - but ultimately
pathologically cynical -
collective expectations of
the inevitability of corrupt
political leadership and
the hopelessness of change.

Psychoanalyst Joseph Weiss and his colleagues in San Francisco have been in the forefront of the study of the change process in psychoanalysis and psychotherapy. Their work is summarized in two volumes (*The Psychoanalytic Process*, 1986, Guilford, and *How Psychotherapy Works*, 1993, Guilford). For the social theorist, Weiss's research and theory provide fertile insights into the process of transformation that can potentially be used in analysis of social and political change processes.

Weiss believes that people suffer from grim unconscious beliefs about themselves and the world, beliefs formed through the interaction of two important factors. First, these beliefs reflect actual experiences with parents upon whom the child is completely dependent, who have the awesome authority to define reality and morality for the child. Second, these pathogenic beliefs are shaped through immature modes of cognition and mental functioning characteristic of earlier stages in psychological development. A child may infer, for instance, from observation and real experience that normal efforts to assert herself or elicit admiration are systematically rejected by a self-involved or depressed parent. She may then generalize this experience to adult beliefs and expectations that people are not likely to be interested in her, will resent her assertiveness, and are inclined to punish her for her wishes to show off.

Children do more than simply observe reality, however; they construct it. Most commonly, they do this by assuming responsibility for what happens to them: I not only won't get praise, I'm not supposed to get or even want it. I don't get it because it's forbidden or because I don't deserve it. Children don't make adult judgments about cause and effect. Their thinking is often egocentric and omnipotent in nature. If my father was depressed during my adolescence, I probably came to feel unconsciously guilty about it, as if my adolescent rebellion were ultimately responsible for his sorry state. If my mother seems to feel bitter and depressed, then my exuberance or autonomy or sexuality probably is responsible.

Many of the unconscious beliefs that Weiss believe plague his patients involve permutations of this kind of guilt. Children are exquisitely vulnerable to feeling responsible for their parents' real and imagined injuries,

depression, worries, failures, illnesses, temper - and even overt parental abusive behavior. Thus, happiness is thwarted by intense, guilt-based conflicts over having more than, leaving, surpassing, or otherwise hurting one's family. The ubiquity with which we all tend to take responsibility for our own experience and that of important others makes some version of these guilt-related pathogenic beliefs appear in all of us. The difference between a so-called "healthy" and a "pathological" outcome is one of degree. Clinically speaking, to the extent that someone's capacities and desires to love, feel competent and productive, and have pleasure are significantly impaired by pathogenic beliefs, then we tend to see the kind of symptoms and suffering that bring someone into therapy.

While people come into therapy crippled by guilt and other pathogenic beliefs, Weiss argues that they also come with a powerful unconscious desire and plan to master and overcome these problems. People seek to "disconfirm" their pathogenic beliefs in therapy because these ideas and feelings are painful, and because on some level they recognize their irrationality. In other words, children and, later, adults, never fully buy into their symptoms and pathological view of the world. They enter therapy and set out to "test" the therapist to see if it's safe to face and work through their traumas and free up their underlying wishes and capacities for health and growth.

Weiss argues that patients repeat their symptoms in therapy not because they're fixated or compelled, but because they are unconsciously seeking a healing emotional experience from their therapists. This search involves acting and relating in ways that are unconsciously intended to determine if the therapist will repeat the patient's earlier painful relationships and, therefore, confirm the patient's grim expectations. If the therapist does so, the patient will not change or get worse. If the therapist responds in ways that are counter to the patient's neurotic expectations and more in line with the patient's healthier vision of himself and their work, then psychological growth will proceed.

Patients test in various ways. One who felt dominated or exploited by a narcissistic parent might test the therapist by being disagreeable and stubborn to see if the therapist can tolerate it. If the therapist demonstrates that he or she can, the patient feels safer and can gradually experiment with healthier ways to relate to others. If the therapist repeats the original traumatic situation by acting in a way that the patient interprets as controlling or defensive, then the patient will have his fears confirmed and will remain stuck. Or a patient might treat the therapist as the patient felt he or she was treated by authorities in childhood to see if the therapist can handle things better and provide a healthier model. For instance, a patient of mine would verbally attack and attempt to demean my competence in the same way that his competitive father did routinely with him. By standing up to him, while still maintaining a positive ambience, I was able to make the patient feel safer and more able to remember and work through the traumas of his childhood and feel trusting enough to begin to develop a more affectionate relationship with me and with others. He was better able to stand up to abuse and had less need to abuse others.

The power of Weiss's theory rests in his insight that behavior that is usually understood in negative terms - the patient is resisting or undermining the treatment process and therapist - can be understood affirmatively. If a patient is provocative, he may be testing the therapist by inviting the latter to reject him like a parent once did. The patient unconsciously wants the therapist not to reject him; if the therapist passes the test, he is relieved and more able to face his pain and be close. A patient might act abusively or self-destructively with others as a way to see if the therapist will protect him. In this case, the patient seeks limits as an expression of care and protection and, if given them, is better able to face his fears and become more responsible. Or a patient who has been traumatized by a suicidal and manipulative parent might assault the therapist with suicide threats as an unconscious test of the therapists' ability to more adaptively handle the same feelings of helplessness and omnipotent responsibility that the patient was traumatized by as a child. In all of these instances, the therapist's understanding, empathy, and therapeutic options are enlarged by understanding the patient as actively problem-solving and seeking mastery, albeit in disguised and often self-defeating ways. The therapist is better able to get on the patient's "side." The traditional psychoanalytic view that the patient is intrinsically ambivalent about change and that the therapist must be careful about neutrally positioning him - or herself equidistant from all sides of the conflict gives way to a conception of the therapist understanding the patient's unconscious plan for growth and doing everything to facilitate it.

Weiss' central presupposition is that the patient is actively striving to establish more gratifying, intimate, confident, and joyful relationships with others, as well as live and work with more self-esteem and sense of personal efficacy and autonomy all the time, but is hobbled by pathogenic beliefs about herself and the social world. The patient is not "fixated" or simply irrationally repeating infantile gratifications and fears. She or he is actively striving at all times to create and discover conditions that are safe enough to heal him or herself, to develop richer and more satisfying relationships and pleasurable experiences of the world. But this striving is often hidden within the complex and confusing tests that the patient is always arranging with others. Thus, it is the therapist's job to decipher the patient's plan, pass his or her tests, and facilitate the unfolding of the patient's hidden but powerful strivings toward healthy satisfactions.

On the most general level, the compatibility of this attitude with a certain kind of political sensibility is obvious. As contributors to this magazine have so often opined, a movement for social change has to adopt a similar position of respect, empathy, and support for the essentially healthy strivings and rational fears of people that they want to reach. They have to decipher and compassionately articulate the hidden strivings for recognition, empowerment, mutuality, and connectedness that often lie behind even the most destructive and self-destructive attitudes and behavior.

For instance, political support for vindictive and punitive police measures to combat crime, might be understood as containing a healthy striving for security and protection in a social and economic world that offers increasingly little of it to the average person. Repressive pro-life sentiments may contain a misplaced longing for the lost innocence of a childhood that was taken away and damaged in one's own personal and social history, as well as a distorted protest against perceived attacks on a defensively idealized vision of family life. Support for militarism abroad carries with it a wish that "we" not allow ourselves to be "pushed around" so much in our everyday lives - i.e., we can kick Saddam Hussein's ass even though we can't do anything about our alienation or insecurity at home. Even the racist backlash against affirmative action might in part represent a growing and reasonable (although displaced) resentment among whites that the American Dream has left them behind and that it is not for lack of ability on their part.

Weiss describes patients as propelled in therapy by powerful motives and wishes to get better. Similarly, the "American people" are animated by legitimate and healthy wishes to feel more powerful, connected, and understood in their economic and political lives. Progressive political leadership thus needs to respond to political passivity, cynicism, and right-wing sentiment and reflexes-the worst of who we are politically-by understanding these phenomena, first, both as a communication of authentic pain and a healthy, but disguised attempt to transcend it. Second, we need to disconfirm the reasonable-but ultimately pathogenically cynical-collective expectations of the inevitability of corrupt political leadership and the hopelessness of change.

An example might bring this point into bolder relief. People in our culture have come to fear that by caring too deeply about the poor, the needy, the victimized-by loving too much-they lay themselves open to be taken advantage of and, thus, to experience themselves as weak, helpless, and humiliated. This is the lesson of the competitive marketplace which, as Hillary Rodham Clinton has said, "knows the value of nothing" and invites us to devalue helplessness in ourselves and others. Add to this the observation of the apparent failure of the welfare state and a growing bitterness about the souring of American Dream for the traditionally secure middle class, and you have fertile ground within which identifications with the aggressor and other pathogenic beliefs will grow. Specifically, there is a tendency for people to become angry with the poor and want to punish and deprive them in the same way that we, ourselves, have felt treated when we have felt or been-and continue to feel and be-dependent, vulnerable, and needy. We have learned not to expect of reel deserving of compassion and caring for our own victimization, and so can't allow or afford such feelings for others. Our authentic need for empathy and help and our instinctive capacity for empathy and concern become strangled, turned into a harsh, punitive, and paranoid reaction against the poor.

Political leaders who understand these psychological dynamics need to counteract this attitude-and not only by supporting the growth of the social welfare net, or by advocating for greater economic democracy. Taking Weiss's example, they need to get on the "side" of the patient. The rest of us need to provide grass-roots support for this shift in attitude by advocating for the importance of love and compassion as defining strengths in human beings and the "American character." We have to develop ways of critiquing the association of care with weakness in the popular imagination and articulate the legitimate unmet needs of all of us to be treated in a caring way.

When a therapist responds with understanding and compassion to her patient's aggressive attempts to hurt others in the same way that he/she has been hurt, the patient feels cared-for, doesn't need to identify so much with an aggressive and/or depriving caretaker, and can become more caring him/herself. Simply put, if I feel entitled to compassion and care, I can more easily give it to others. Media and education strategies that involve directly talking about how our needs to be understood, to be treated with respect, to be protected, and to be cared for are as vital as our need for economic security-and why-are essential in changing the political discourse in such a way that our cynicism is disconfirmed and our natural motivation to be more open and human is freed up.

The "patient" is us, the citizens. The test we impose on our political leadership is our cynicism and punitive, conservative attitudes. We all have a fear of being humiliated if we express our need for recognition and compassion, as well as our pain at not getting it, and this results in our tendency to want to blame, hurt, and deprive other people in the same way that we have been victimized. Political leaders and activists have to speak to the need that underlies this fear, the need and wish for connection and growth, by carefully developing specific ways to talk about these needs so that people feel safe enough to express them. That means reframing political images and language in such a way that cynicism is equated with weakness, and values such as empathy, compassion, and love are indicative of strength.

Such discourse can create conditions of safety, much as Weiss describes in the clinical situation, in which pathogenic expectations of being embarrassed, exposed, or manipulated if one is vulnerable are disconfirmed. People can thus become freer to face some of their longings and fears and redefine what they think might be possible in the public world.

TIKKUN has taken the lead in this regard, urging people to expand the discourse of the public world to include what it calls their "meaning needs," and legitimating talk about such embarrassing topics as faith, love, compassion, and even God. By elevating spirituality and recognition to the level of political goals, a politics of meaning will elicit all the resistances—the cynicism, passivity, identification with the aggressor, the tendencies to scapegoat—that have so often daunted people interested in working for progressive political change in our society. Yet the rapidity with which the language of a politics of meaning has entered into American political discourse suggests that underlying passions, longings, and sensibilities are being freed up for expression because it is now safer to do so. And this suggests the possibility that the patient is slowly getting better.

Tikkun Vol. 9, No. 3 p. 11-14

[return to top of page](#)