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MESSAGE FROM THE PRESIDENT

This past year, *The Chicago Open Chapter for the Study of Psychoanalysis* has continued to present on-going, informative *Symposia* to the broad mental health professions community, as well as psychoanalytically-oriented practitioners. Please consider attending our up-and-coming *Symposium* on 8 May,11:00 to 2:15 at the Illinois School of Professional Psychology/Meadows Campus. It is entitled, "Counter-Transference Considerations When Treating Analysands With Disabilities". Please refer to the announcement in this issue of the *Newsletter*, as well as the mailing you should be receiving. In June, we will be presenting a variety of papers that deal with working psychoanalytically in often anti-psychoanalytical organisations, entitled, "Psychoanalysis as a Hidden Activity". A specific date and time will be forthcoming.

On other fronts, the ballots for the up-coming election of the new Board for the *Open Chapter* are in, and election ballots for officers will, accordingly, soon be on their way to you! Please vote!

From the American Psychological Association's Division of Psychoanalysis, Section IV (Local Chapters), of which we are an affiliate, some interesting news has been received. For *Open Chapter* members who are not members of the American Psychological Association, or are not psychologists, the Division has approved establishment of a new category of membership: Allied Professional. You may now join the Division and receive all of the benefits & privileges of membership, *except voting rights*. If anyone has additional questions, please feel free to contact me.

Another encouraging development is that the *Open Chapter* can now offer Continuing Education Units, as we exist under the umbrella of the APA and its Division of Psychoanalysis (39). The up-coming May *Symposium* will be our Inaugural event on this front.

Additionally, we have, once again, proven that this "Newsletter" is more properly a quasi-*journal*. We are very fortunate to print, again, significant papers by Patrick Kavanaugh, PhD, President of the *International Federation for Psychoanalytic Education*, entitled, "When Ethics and Psychoanalysis Collide". Lucia Villela, PhD offers us her thought-provoking paper "Why the Plague". And Garth Amundson, PsyD, *Open Chapter* Secretary continues his explorations into applied psychoanalysis on the cultural stage with "Roots of the Jonesboro Schoolyard Killings: Envy of the Feminine".

Finally, please consider sending in your 1999-2000 dues, in advance of our solicitation to come in May, which is just around the corner. The *Membership Form* is included in the back of this issue. Also, if you know of a colleague who might be interested in membership and/or contributing to the *Newsletter* or proposing a *Symposium* please have them get in touch with me. Your support is appreciated!

When Psychoanalysis and Ethics Collide
Patrick B. Kavanaugh, PhD

Paper Presentation, American Psychological Association,
Division of Psychoanalysis, San Francisco, California, August 1998

Introduction

A culture's world view, dominant rationality, and core ideology provides the defining context that speaks to how a culture understands and interprets itself. A culture's ethical doctrine provides the text that speaks to "...the body of values by which a culture understands and interprets itself with regard to what is good and bad (Scott, p. 4, 1990)" ... and right and wrong. A culture's ethical doctrine is inextricably linked to its view of people and theory of life. It defines, reflects, and perpetuates that which is held out to be the dignity, the values, and the ideals of human life. And, the ethical doctrine reflects the ethos, the underlying system of values, which permeates and colorizes the ideological strands in the culture's fabric. This broad-based understanding of ethics speaks to the inseparable interweave of the culture's world view and ideology with its core beliefs and values. As a doctrine, ethics refers to a grouping of principles which provide the moral foundations underlying legitimate knowledge, sound value judgements, and good conduct in the discourse of every day life. Ethics, it has been said, is the point at which philosophers come closest to practical issues in morals and politics (Hare, 1997). Ethics, it might also be said, speaks to the practical relevance of moral philosophy in the lived experiences of everyday life of both citizens and professionals.

In the psychoanalytic culture, the legacy of Freud has been described as a dialectic in which every psychoanalytic proposition blends science with humanism (Bornstein, 1985). Historically, this legacy has guided the development of psychoanalysis from the paradigm of biology, medicine, and the natural sciences, to a way of thinking that continues to dominate in the analytic culture to this day. In this mythical division of science and humanism, a natural science of the mind is unprejudiced and unmediated by theories, presumptions, or values; and humanistic values humanize the harshness of the science and its objectively discovered knowledges. In this medicalized version of psychoanalysis, the largely unquestioned biomedical objectives of curing and healing various psychic structures are contextualized by the humanistic values of caring and helping to alleviate pain and suffering. And, historically, psychoanalytic organizations have actively advanced psychoanalysis as a healthcare profession, or a specialty thereof. Each of the major psychologies of Drive, Ego, Object, and Self have understood people from the organizing conceptual framework of symptomatology, etiology, and pathology. And psychoanalysis has been considered to be a medical technique concerned with the diagnosis and treatment of various mental disorders, diseases, and illnesses. Not surprisingly, the moral foundations for ethical directions, decisions, and conduct for the psychologist-psychoanalyst are to be found in a medical code of ethics such as found in the American Psychological Association's (APA) *The Ethical Principles of Psychologists and Code of Conduct.* (1992). Succinctly stated: the psychoanalytic culture subscribes to a medical code of ethics and its medicalized Ethic of Caring. Such medical codes of ethics make certain assumptions as to the basic nature of people, presume a particular theory of life and moral philosophy, and adopt a specific ethical doctrine and theory of moral obligation for the analyst. They provide the body of values by which the analytic culture currently understands and interprets itself with regard to what is good and bad and right and wrong.

I would like to place into question the Question of Ethics of Psychoanalysis. This questioning arises out of certain ethical concerns regarding the largely unquestioned medicalized assumptions underlying Ethics Codes that govern the thought, judgements, and conduct of the analyst. I will be considering the Question of Ethics from three conceptually distinct but interrelated perspectives as suggested by Callahan (p. 7, 1988): the *metaethics*, the *theoretical normative ethics*, and the role of *applied ethics* in psychoanalysis. In so doing, particular focus will be on the moral philosophers of the modern era as exemplified by the philosophy and ethical doctrine of John Stuart Mill's Utilitarianism; particular emphasis will be on the ethical implications and imperatives which derive for the analyst from such a medical Code of Ethics and its Ethic of Caring. And, secondly, I would like to contribute to the ongoing project of rethinking psychoanalysis by reconsidering the Question of Ethics from the perspective of an Ethic of Free Association. This ethic proceeds from a different set of core values and ethical principles, lays claim to a different, ethical standard, and defines a different context for the concept of an Ethic of Caring. This consideration of the Question of Ethics of Psychoanalysis is from the perspective of a *skeptical phenomenalist* and is intended as a contribution to the study of ethics in the psychoanalytic arts.

The Natural Sciences, the Social Sciences and the Metaethics of Utilitarianism

The contextualizing metaethic for the helping professions is to be found in the classical utilitarian theory of John Stuart Mill, the leading British philosopher of the 19th century and one of the founders of the modem Social Sciences. First published in 1863 (1962), his philosophy of Utilitarianism has provided the fundamental underlying principle(s) of morality, the primary source of moral obligation, and the theoretical justification for the largely unquestioned Ethic of Caring in the helping professions. As an ethical doctrine, Utilitarianism rests on the metaphysical assumptions of the mathematical sciences of the modem era including the assumption that the laws of nature and society are mind-

independent and value neutral. As a moral philosophy, Utilitarianism contains the quantitative and qualitative principle(s) underlying the ethical doctrine, standards, and formula embodied in current codes of ethical conduct for the helping professions. Namely, we should always choose that which will tend to produce the greatest good for the person or for the greatest number of people. Mill's theory of life as expressed in the "Greatest Happiness Principle" states that "... pleasure and freedom from pain are the only things desirable as ends…" (Cahn & Markie, 1998, p. 347). This theory of life has provided the framework for his theory of morality in which actions are right and good in proportion to the amount or degree of happiness promoted to the greatest numbers of people. Actions are wrong and bad as they tend to produce the reverse of happiness.

As a philosophy, Utilitarianism has been one of the major and defining influences in the development of an ethical code and ethic of caring in the psychoanalytic culture. Utilitarianism provides the standards and the formulary by which actions of the analyst are assessed in terms of their ends and consequences, their contribution to human happiness, and the prevention of human suffering. As such, it has provided the precedent, the justification, and the formula for ethical directions, decisions, and actions in which the moral value of an action becomes a function of the consequences of that action. The primary concern of ethics and morality for the analyst follow in the tradition of natural science blended with humanism in which a right moral action becomes that which enhances the well-being of others (Prilleltensky, 1997). Utilitarianism has provided the metaethics which defines and contextualizes the meaning of such moral terms as good and bad and right and wrong.

A Theoretical Normative Ethic: Psychoanalytic Theories and Good Mental Health

As the natural sciences were paradigmatic for the Social Sciences, so, too, the natural sciences were to provide a model for discovering normative ethical propositions and developing a theoretical normative ethic. The establishment of normative principles central to theories of behavior and ethics proceed from the basic assumption of self-evident axioms similar to those of mathematical theories from which their theorems are derived (Clark, 1997). Normative ethical principles are conceived on the model of such mathematical axioms and are thought to be as self-evident to the rational mind. The empirically constructed normative provides a standard for people to which their thoughts, feelings, and actions can be evaluatively compared and to which they either conform or fail to conform (Copp, 1995). Deviations from this normative Ought-To-Be have been understood in modernistic psychoanalytic theories as symptomatic of deeper underlying pathology, the cause of which has been attributed to the lack of development of specific psychic structures and functions. Psychopathology has been conceptualized in binary opposition to the Normative. In the specific, the psychologies of Drive, Ego, Object, and Self, developed in a healthcare context, have conceptualized differences amongst people as evidences of pathology. Each of these respective psychologies have assumed that people are lacking something quite basic in their psychic structure(s) necessary for their adaptation and survival in everyday life. And that which is lacking has been understood as developmental deficits which cause the symptomatology, explain the etiology, and constitute the psychopathology... all at the same time. These theories provide us with bodies of knowledge about people, structure certain kinds of conceptions of Self as Analyst and Other as Analysand, and are largely accepted as natural and selfevident in the psychoanalytic culture. Indeed, there has been a disturbing lack of skepticism about the underlying assumptions of such theories resting on this organizing conceptual framework of symptomatology, etiology, and pathology.

In this ethos of healing, the psychologies of pychoanalysis have provided theoretical justification for a Theoretical Normative Ethic in which psychoanalysis is intrinsically good by encouraging, if not enabling, positive mental health in people who otherwise would continue to lack that which is necessary for their adaptation, survival or quality of everyday life. Significant underlying ethical and normative dimensions upon which such psychologies are based structure the analytic discourse and experiences. Normative propositions inform, if not direct, the analyst as to how a person ought to develop; how they ought to feel and think; and, what they ought to do in certain situations. And, all too often, these normatively based views of Other guide the analytic discourse to a theoretically anticipated outcome reflecting how the analysand Ought to be. In a healthcare context, getting better in psychoanalysis has come to be understood as making progress toward the idealized normative standards of how the person ought to be as a rational, reasonable, and responsible adult. And good mental health is assumed to be conformance with these normative standards. A psychoanalysis of conformity has evolved in which the normative principles central to both theories of behavior and ethics assume the empirically established Oughts to be natural, universal, and objective standards.

Applied Ethics: Knowing What's Best for the Other & A Theory of Moral Obligation

These psychologies construct a particular view of people based on these standards of an idealized normative Ought, a view that contains core ethical issues in its very assumptions and conceptions of Self and Other. Such deficit theories of people are inseparable from the prevailing theory of moral life and ethical obligations of the analyst. The implications for applied ethics are quite far reaching. More specifically, the kinds of actions and practices morally permissible and impermissible by the analyst to resolve specific problematic issues in everyday professional life rest on combining insights from the metaethics of Utilitarianism and the principles of its theoretical normative ethic, an ethic that assumes that people who consult with a healthcare professional are, by definition, not fully capable of managing, choosing, or otherwise functioning in an autonomous manner. It is probably in this space of applied ethics where the underlying principles of a theoretical normative ethic most often collide with the professional ethics of many analysts.

Situated in a healthcare context, these psychologies of psychoanalysis speak from a particular philosophical, ideological, and political position in the culture at large. As such, they are inextricably linked to the discourse and relations

of ethics and power such as, for example, the power to evaluate the other; the power to signify meaning, purpose, motive, and intent; and, directly or indirectly, the power to influence, if not abridge, an individual's political, social, and personal freedoms and responsibilities. More specifically, in such a healthcare context, the analyst has the ethical obligation to be a social and moral agent who acts on behalf of the analysand who is signified as a helpless, powerless, and passive victim by virtue of consulting with a health care professional... assuming, of course, that it is a virtue. For the mental health professional, the moral logic, the goals of moral conduct, and a theory of moral obligation are organized around the self-evident assumptions of easing another's emotional as well as physical pain (Dougherty, 1996). To the question: Who decides what is best for the other in easing this emotional pain? Comes the reply: Those who are competent to judge such matters, are willing to serve as repository figures representing the conscience of the collective, and are willing to serve the best interests of the individual. The mythology of blending amoral scientific proposition with core humanistic values has been the largely unquestioned justification for the moral piety of knowing what's best for the Other. In effect, the psychological Haves decide what is best for the Have Nots. To briefly elaborate:

As an ethical doctrine, Utilitarianism advocates and institutionalizes a hierarchical dichotomy of psychological Haves and Have Nots in which the Haves are assumed to have achieved a higher state of being and a more superior position in the hierarchy of social class distinctions than the Have Nots. The psychological Haves are hierarchically positioned to evaluate the psychological Have Nots. And the Haves are expected to provide for the *pathologized* Have Nots via an Ethic of Caring in which doing what is best for the other is assumed, if not required, by ethic and law. Such an Ethic of Caring claims its moral justification and the piety of compassionately knowing what is best for the Other from normative theories of behavior and the ethics of Utilitarianism. Normative theories of behavior and ethics have conceptually contributed to a culture of compassionate altruism and psychological victimization in which the Haves minister to the Have Nots. A medicalized version of an Ethic of Caring walks hand in hand with such deficit conceptions of people and assumes foundational moral values for the mental health professional such as compassion, helping, and altruism. And, also, such an Ethic of Caring justifies and requires the moral obligation of looking out for the best interests of the Other.

In the role of applied ethics, enhancement of the well-being of the Other translates into a moral theory and set of ethical obligations in which the mental health professional is expected and required to function in *loco parentis* for the individual with whom they meet. As mediated through a medical ideology, the analyst's ethical obligation to the patient and society is to assume responsibility for the Other; and, in so doing, to protect the patient from themselves, to protect society from the patient, and to protect the patient from society. Such is the nature and role of applied ethics as reflected in the various duties to report, to warn, and to protect. And, of course, it is to be recognized that the analysand is to be protected from the analyst. Ethical codes are devised to control the potentiality to do harm based on the assumed universal nature of people as inherently evil. The liberal tradition assumes that, if left to the wants, desires and interests of the individual, there would be a generalized collapse of society into amoral chaos with little, if any, sense of responsibility to the Other. If the social contract breaks down, the obligation to the public good evaporates and only self interests would remain (Neville, 1989). Thus, the liberal doctrine defines individual freedom and responsibility exclusively within the social contract. In the liberal tradition, individual rights are ultimately derived from a consideration of the collective interests, and individual freedoms and responsibilities are defined by the group. Thus, the ethical responsibilities of the analyst are defined by the interests of the collective, authorized by the social contract, and embodied in the codification of ethics and law.

The ethical doctrine underlying current codes of ethics is constituted by authoritative, systematic, and instructive ways of thinking by which the analyst is to judge social thought and behaviors; and, upon which the analyst is to base their ethical decisions and conduct in the applied ethics of everyday professional life. Ethics codes for the health care professional assume a common ethical standard and set of common values for the psychoanalytic community in: (1) establishing shared moral judgements in the analytic culture; (2) defining the ethical obligations to share that information with other health care professionals; and (3) sharing that information with representatives and agencies of the culture-at large when the occasion warrants such as peer reviews, accreditation audits, quality assurance evaluations, assurances of appropriate treatment plans for diagnostic conditions, judicial proceedings, and the various duties to report, warn, and protect. In Utilitarianism the interests of the collective take precedence over the individual (J.S. Mill, 1974). And individual freedom, rights, and responsibilities are defined and privileged by those who know what is best for the other. *Ever wonder what happened to privileged communication?* It should come as no surprise in these current historical and political times that the personal ethic and lived experiences of the analyst matters only to the degree that they conform or fail to conform to the prevailing ethical theory and obligations as prescribed in the applied ethics for health care professionals. The authoritative authorities have become morally responsible not only for the social good but for the moral character of the analyst.

The role of applied ethics collides with psychoanalysis if one's version of psychoanalysis does not assume that individual freedoms, rights, and responsibilities derive from the interests of the collective; does not assume psychological structural defects in the person and, thus, does not assume the moral responsibility and obligation of functioning in *loco parentis* for a person presumed to be neither competent nor responsible for themselves; and, lastly, does not assume the responsibility to coerce another to conform to the normative expectations of the collective. Such a medicalized Ethic of Caring is, by definition, coercive and immoral for those analysts and analysands whose principled systems of thinking, beliefs, core values, and personal ethic are otherwise. For them, such Codes of Ethics and Psychoanalysis collide. For these analysts and analysands, ethics collide with psychoanalysis when an institutional(ized) ethical system presumes, perpetuates, and sanctifies the moral piety of knowing the Truth, the Right, and the Good for the other. Indeed, for many of these analysts fundamental civil liberties

are violated when required to report fellow citizens to the proper authorities when certain behaviors unacceptable to the collective are suspected. For them, the ends do not justify the means no matter how virtuous and noble the ends might appear to be when wrapped in the cloak of a compassionate Ethic of Caring. Question: Are we moving closer to Fascism? Or, Are we already there and just beginning to catch glimpses of it?

Ethical codes are the creation of a particular historical-political community; its doctrine, tradition, and theory of life must be understood in that context. And this historical-political context includes the lived antagonistic relations mediated by power and struggle rooted in structural and ideological oppositions. For example, the industrialization and commercialization of the healthcare professions of our own historical moment provides the unique opportunity to see, firsthand, how economic and political forces combine to redefine the very concept of ethics and the meaning of that which constitutes integrity, quality, and caring for the health care professions. The so called managed care threat with its emphasis on a business ethic and profit motive has been redefining the standards of ethics, of practice, of care, and of education. And, as Farber has recently and rather succinctly stated: "The two medical models which dominate in the field today are the psychoanalytic model and the biochemical imbalance model; the former is rapidly losing ground to the latter" (1993, p. 17). It is of more than just passing interest to note that Utilitarianism, as a social philosophy, provides the basic assumptions for cost-benefit analysis and other formal methods of assessment for technological decisions to be made in our healthcare delivery systems (Barbour, 1993). And, those rules and practices which will tend to produce the greatest good for the greatest number are to be chosen: the wellbeing of the larger community takes precedence over the individual.

As a professional community interested in psychoanalysis, we are all affected by the complex processes, the changing social structures, and the redefinitions of core values by the healthcare industry. Changing professional standards are being incorporated into an increasingly uniform, coercive, and instructive medical code of ethics. The issue confronting the psychoanalyst, however, is neither the managed care threat nor the business profit motive. The defining issue is a medicalized psychoanalysis and a theory of moral obligation embodied in a *metaethics*, *theoretical normative ethics*, and *applied ethics* premised on outmoded 19th century ways of thinking about people, the world, and life. Ethics in psychoanalysis has become subordinated to the political ideologies and power alliances of our historical and political moment. Any consideration of the Question of Ethics of Psychoanalysis moves far beyond an interesting academic debate as these Ethical Standards (1992) by which we are to abide rest on a, supposedly, "… common set of values upon which psychologists build their professional and scientific work" (p. 86) and constitute "...enforceable rules for professional conduct and decision making; and, may be applied by state psychology boards, courts, and other public bodies." (p. 2). A theory of moral obligation resting on these gratuitous assumptions and this authoritative rationality has evolved in which the questions of legal exposure for the analyst is decided by the degree and severity of violations of assigned duties, legal responsibility is defined by the standards of a medical ideology, and legal liability is determined by those with the "deepest pockets."

In many respects, ethics has become a remote, specialized, and marginalized body of knowledge separated and far-removed from the lived experience of the analyst's everyday professional life. In its very codification, ethics has been distanced from the realm of individual ethical systems and personal moral issues; and, has transformed ethics, itself, into a set of instructive, technological rules to be implemented for the presumed good of the Other. The analyst has been transformed into a repository figure of moral conscience, an advocate of the prevailing political ideology, and an agent of social control. A uniform code of medical ethics, in and of itself, raises certain ethical and political questions about our freedom to question, to conceptualize, and to practice outside of a prohibitive healthcare context. It is this very capacity to question certain practices that constitutes our freedom as citizens and professionals (Rajchman, 1985).

Analysts have the ethical obligation to question the received wisdom, values, and pieties of conventional morality established by tradition and directed by customary rule (Callahan, 1988). In such a *reflective morality*, we are obligated, individually and collectively, to continuously reflect on what principles will govern our actions. A reflective morality speaks to the morality of the analyst as an autonomous moral agent who questions the received wisdom and knowledges and acts on the basis of their principled convictions. "The way it has always been... " serves as little, if any, justification for unreflectively continuing an ethical tradition, perpetuating a theory of moral obligation, or forming a new committee to revise, update, and otherwise fine-tune an ethical code based on the model of a mathematical science and the humanistic values of an exalted ethical religion from the 19th century. And, if we do question based on principled beliefs, values, and convictions: Is there a moral justification, if not a moral requirement, to transgress current law?, or, the current code of ethics?

The industrialization and commercialization of the healthcare professions has generated a maze of often contradictory ethical rules, regulations and instructions to be followed by the healthcare professional. In these current political and historical times, it has become increasingly prohibitive and difficult for one to speak easy and to listen easy in the analytic discourse. During earlier times of Prohibition in the social order, underground Speak Easys were developed in the 1930's for those who might choose to frequent such places. In many respects, it seems to me, psychoanalysts of the 1990's operate a similar kind of establishment when they provide a space and place to which a person might come to Speak Easy in the analytic discourse. They do so, however, at risk of breaking the law and violating the code of ethics by which they have been subsumed as healthcare professionals. In the time remaining this morning, I would like to speak to a version of such a Speak Easy and its Ethic of Free Association.

Some Thoughts on an Ethic of Free Association

An Ethic of Free Association speaks to the Question of Freedom and moves far beyond the narrowed definitional concept and meaning of the fundamental rule in psychoanalysis of free association. This Ethic of Free Association speaks to

foundational and implicit meanings of an individual's political, social, and personal freedoms. This view of Freedom is premised on the recognition that the authority for a person's thoughts and actions is inalienably their own (Neville, 1989). Each person is the responsible author for themselves, their own actions, and the public good. The seat of responsibility is to be found in the speaking subject. This Ethic of Free Association recognizes, acknowledges, and appreciates that we are born into preexisting systems of meaning and signification. However, this understanding does not, in any way, abrogate nor remove notions of individual self-reliance, self-directedness, self-determination, individual choice, or personal responsibility. An Ethic of Free Association values this fundamental principle of Freedom and its core values in the individual's political, social, and personal spheres. The fundamental nature of Freedom to which I speak is the Freedom that flows from the constituted experiences of Self (Bergman, 1991). And, the abridgement of someone else's freedom and responsibility constitutes a deep and profound evil and does violence against the person.

An Ethic of Free Association speaks to this Question of Freedom and, above all else, the Freedom to Question. This Freedom includes the freedom to question the structures of our traditional social institutions, the assumptions of our received knowledges, and that which has been assumed to be self-evident in the forms of our experiences. And the freedom to question the received wisdoms, values, and pieties of the institutional(ized) Truth and Ethic of psychoanalysis; the freedom to question the constituted experience of the culture, of the individual, and, in the analytic discourse, of *ourselves* as analysts and analysands. This Freedom to Question is central and basic to a psychoanalysis situated in philosophy, the arts, and the cultural sciences. And from this perspective, psychoanalysis derives from philosophy, is contextualized by philosophy, is fundamentally concerned with philosophic issues, and its discourse is a discourse of moral philosophy. Essentially, psychoanalysis is considered to be an intellectual discipline for understanding the interplay of human values (Bowman, M. R. 1996), wherein which Reality, Good, and Truth ultimately reduces to the values of the subject (Vattimo, 1988), and each image of Self and Other is a moral construct expressing what has been forbidden, allowed, and expected in the individual's experience and construction of a social context (Margolis, D.R., 1998). As such, psychoanalysis is fundamentally concerned with the moral issues and matters of the enunciating subject and the moral issues and integrity of the analyst. Situated in philosophy, psychoanalysis is concerned with the soul and the mind in contrast to biochemical imbalances and the brain.

In the *philia*, or *friendship,* of the philosophers of ancient times, there was to be found a way of life dedicated to pursuing the *sophia*, or freedom in Knowing and Being through their *questions* and games of language (Rajchman, 1991). It is this *philia,* or *friendship*, and this… *sophia*, or *questioning*, which speaks to the philosophical friendship to be found in the analytic discourse. It is this *philia ... sophia, this philo ... sophy,* which contextualizes the discourse of psychoanalysis. As a *discourse of moral philosophy* premised on a radical Subjectivism, Psychoanalysis speaks to a way of thinking by which and in which an individual might question the fundamental *What Is* of their world and life and the *Why* of that *What Is.* And, in such questioning, attempt to make their world more comprehensible, coherent, and meaningful. This unique psychological discourse is understood to be a "friendship in difficulty," *a philia...sophia.* This friendship in difficulty contextualizes the struggle and difficulty of questioning the natural order of things in one's world and life; the difficulty of questioning one's personal ethic in the lived experience of everyday life and the analytic moment; and, the difficulty of the quest(ioning) in seeking an identity. This passionately held Freedom to Question derives from and leads to a different understanding of the dignity, the values, and the ideals of human life. And reflects a much different understanding of the analytic discourse and its Ethic of Caring.

The *philia...sophia*, the *friendship in difficulty*, in this most intimate and difficult of struggles, speaks to an Ethic of Caring in which one cares enough to attempt *to* understand the enunciating subject's construction of reality, the interpretive design of their world, and the interpretive theories as to the nature of their world, and the laws by which it operates. Further, this Ethic of Caring extends to caring enough to attempt to symbolize in words in the interpretive moment, the as of yet unsymbolized; to elaborate further in words concealed dimensions of experiences not yet known, revealed, or recognized; and, to explain certain discontinuities in the person's experiences from their world of significance, meaning, purpose, and internal adaptation. An individual's decision to participate in such a discourse serves as its own justification and rests on a fundamental social freedom in which the opportunity *to freely associate* in the social order is a constitutional right in a democratic society. Authority for one's own actions and decisions to participate in such a discourse is inalienably one's own and reflects the individual's claim on authorship and responsibility. Political, social, and personal Freedom entails this responsibility for one's decisions and actions. Further, and most importantly, this Ethic of Free Association recognizes that the analytic discourse is of a much different epistemological order than is the social discourse of everyday life: one Speaks Easy and Listens Easy in a much different way in the analytic discourse about whatever comes to mind as reflected in the fundamental principle of *free association.* An Ethic of Free Association involves the freedom to think, the freedom to speak easy, and the freedom to live in a permanent state of questioning the *What Is* and the *Why* of that *What Is,* if one so chooses. In such a discourse, one may Speak Easy as the principles of strict confidentiality extend to the very existence of the relationship, itself.

It is in the very freedom to think, to speak, and to question in such a discourse of *philia ... sophia* that a different relationship to Self is possible. And, in this new relationship to self, there might be new possibilities for thought or action (Rajchman, 1985) And, therein is to be found one's personal freedom in the capacity to choose amongst these possibilities. Freedom, power, and possibilities intersect in this most personal of freedoms; the freedom to choose from various possibilities is power; and, the power to choose amongst these possibilities is personal freedom. This personal freedom includes making those political, social, and personal decisions with which society, family, or analyst might individually or collectively disagree. Differences amongst people in the decisions they might make, however, are considered to be the stuff of life in contrast to evidences of psychopathology. The

tolerance for such differences amongst people is respectful of a fundamental political freedom arising from the nature of responsibility as subjectively located in the individual. Authority and responsibility for one's own decisions and actions are inalienably one's own. Personal responsibility walks hand in hand with such personal freedom.

The Question of Ethics in psychoanalysis, from this perspective, has a plurality of complex principles and is not reduceable to a set of uniform rules, universal laws, or abstract master principles modeled after a 19th century view of science. Psychoanalysis is understood as art rather than science and is conceptualized as an ideographic enterprise without nomothetic laws. As a unique psychological discourse, the analytic discourse is constituted by ethical principles internal to it, the principles of which derive from the context which structures the specific meanings of the discourse. In such a discourse, the character and the moral integrity of the analyst is central and fundamental. In such a discourse, the analyst's personal ethic *is* his or her professional ethic. And such a discourse is regulated only through the ethical integrity and mutual agreements of the analyst and the analysand both of whom are assumed to be capable of deciding, determining, and managing the best and most appropriate parameters of the discourse.

Conclusion

The practice of psychoanalysis is the practice of morality and ethics and involves the freedom to continuously place into question the morality and ideology of the culture, and the very personal identity and ethic of the individual. And of ourselves. Ethics as values and judgements returns again and again in the very Question of Ethics in the lived experiences of the analytic discourse. Rajchman (1991) encourages making the *Question of Ethics* an unavoidable part of *Ethics*, and, in so doing, no longer separating who we think we are as analysts from what we think is proper in analysis, or what the *good* is assumed or prescribed to be in its discourse. For the analyst to resituate oneself in a place in which identity as-an-analyst as a health care professional is neither assumed, nor sought, nor received, but identity as-an-analyst is, itself, continuously questioned, reintroduces the question of our bonds with one another and our communal understanding as to the Question of Ethics; disrupts and disturbs the complacency encouraged by medicalized traditions, assumptions, and ways of thinking; and, serves as the impetus to reconsider, reexamine, and rethink our received ethical doctrine and its values. There is a pressing urgency to do so. And, in so doing, to speak to the unspoken ethical questions in psychoanalytic theory, practice, and education.

Patrick B. Kavanaugh, PhD, is currently president of the International Federation for Psychoanalytic Education and president of the academy for the Study of the Psychoanalytic Arts. He is a former past president of the Michigan Society for Psychoanalytic Psychology, the Michigan Psychological Association, and the Michigan Society of Clinical Psychologists. He is in the private practice of psychoanalysis in Farmington Hills, Michigan.

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WHY THE PLAGUE
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Letters Lost
When the nerve is touched
and the flesh warms
is it body
or mind running through the fibers
when the blood runs
and no cells are fed
is it truth or lack
when the present withers
when past and future merge
is it now
or ever
some then
we never see but sense
We're often better than we own
it's the form and fabric that we love
not its shadow
that holds the word
do not trespass
why the plague

The invitation had come in December, 1908, but it was not until September of 1909 that Freud and Jung arrived in the United States to receive an honorary degree from Clark University. Freud was to deliver five lectures, starting on September 6. "I have it from Jung's own mouth…," says Lacan, "they arrived in New York harbor and caught their first glimpse of the famous statue illuminating the universe (and Freud said) 'They don't realize we're bringing them the plague.'" This quotation appears on page 16 of Écrits (Lacan, 1966/1977), and Lacan claims to have heard the story directly from Jung, when he interviewed him in Zurich, in 1954.

Freud's dramatic statement was widely circulated both in France and the U.S., and the "plague" was often taken to mean sexuality, an aspect of life that used to be at least as repressed on this side of the ocean as in Freud's Vienna. However, in the context of Lacan's 'Freudian thing,' the statement could have been related to subversiveness in general, or specifically to the importance of discourse, which Lacan associates to his rereading of Freud in terms of Saussurian concepts such as signifier and signified.

The story becomes increasingly mysterious when we find out from Roudinesco (1993/1997, p. 265) that Lacan is its only source, and that "the plague" is nowhere mentioned either by Jung, Freud or any of their followers and biographers. With an ambiguous source, not only object but aim remain indeterminate, and "the plague" becomes an ideal metaphor for the repression of sexuality that has taken place in contemporary psychoanalysis.

For Freud, sexuality was one of the cornerstones of psychoanalysis. Although the nature of sexuality changed throughout the development of his theory -- especially its role in the etiology of neurosis and in human motivation--sexuality never lost its central role (Freud, 1905, 1914, 1920, 1930, 1940). In the years following Freud's death, however, sexuality was displaced from its pride of place in psychoanalytic theory.

This drawing away from sexuality as a prime mover of human behavior is not a new phenomenon. In 1914, Freud's paper on narcissism was partly a reaction to the palace revolutions of Jung and Adler, and it was not long afterwards that ego psychology started the detoxification and neutralization of the concept of sexuality in the United States. More recently, it has been progressively dislocated by other concerns, to the extent that in some of our current psychoanalytic theories it has undergone a complete eclipse--a repression one might say; a repression that is all the more paradoxical because of a concomitant return of interest in the study of the body in such diverse disciplines as neurology, psychiatry and anthropology, whether from a biological, psycho-pharmacological or constructivist perspective.[1]

There are signs that the repressed has been slowly returning in the nineties, such as Andre Green's controversial "Has Sexuality Anything to do with Psychoanalysis," published in the International Journal of Psychoanalysis in 1996. But why these periodical avoidances, as if sexuality was indeed the plague, which must be eradicated because, as Camus says, there is no island of escape in times of plague?

This drawing away from sexuality is especially evident in self psychology. When Kohut (1959) redefined psychoanalysis in terms of methods used rather than tenets held, he set in motion a far reaching revision of Freud's drive based psychosexual system. His eventual abandonment of sexuality as an organizing principle, in favor of "experience near" concepts (Kohut, 1971, 1977, 1984), was seen by many (as Lacan's theories also were) as a subversion of Freud's

theory. The Oedipus complex, for instance, is explained as a secondary disorder of the self, as breaks in the cohesiveness of the self at certain crucial developmental junctures. But why do self psychology theorists then refrain from asking what are the possible reasons for such an exquisite vulnerability in this specific area of the psyche?

To understand Kohut's development of the main concepts in self-psychology -- such as empathy, selfobject, cohesiveness of the self and narcissistic transference -- it is important to note that he felt these modifications were imposed upon him by the clamor of patients, such as Miss F., who insisted that Kohut was misinterpreting what they said and felt. Basch (1984a, 1984b) describes these revolutionary changes as follows.

Freud had assumed that the developmental history of his neurotic patients, as reconstructed in analysis, mirrored that of all people. The difference was that in neurotics the effects of oedipal conflicts were clearly visible, while in normal people the resolution of the conflict allowed its signs to remain hidden. Kohut came to think differently, because of patients whose behavior did not conform to the expectations of Freud's theory. These patients were transferring to him not oedipal conflicts but a much earlier attitude -- the child's needs to have the parents respond as an extension of the child's joys, wishes and needs. Once he realized the nature of these needs, Kohut stopped interpreting in terms of oedipal conflicts and responded instead by acknowledging and interpreting the patient's needs to be echoed and found worthwhile. The patients then felt understood and their analyses could once again move forward from what had been long stalemates.

Kohut's theory was originally developed to expand Freud's clinical theory and permit treatment of narcissistic personality disorders. As long as that motive prevailed, nothing was required of the theory but development of the specific concepts necessary for the extension to occur. However, later, when the claim was made that the new theory subsumed the old one -- that is, that classical theory was a special case of self theory, rather than vice-versa -- then a whole explanatory system had to be built. In this system the main events were the narcissistic or primary disorders of the self, and the neuroses were relegated to a special case of secondary disorders of the self (Kohut and Wolf, 1978). In order to unify the theory, Kohut had to generate a unitary system that would explain both kinds of disorder. What Freud (1914) had to do with his paper on narcissism -- in order to generate a system that would explain both the neuroses and the paraphrenias -- Kohut had to do with self psychology, to explain both primary (neurotic) and secondary (narcissistic) disorders.

In our days, we are facing a similar problem: in developing techniques for the treatment of the psychoses, every progress made forces us to re-evaluate not only Freud's theory, but also that of his main evaluator, Lacan.

I would like to suggest that it was when a unitary system for both neuroses and narcissistic disorders had to be developed that what amounts to a repression of sexuality occurred in the theorizing of self psychologists. In Kohut's unitary system, both "normal" development and cure are predicated on the cohesiveness of the self. Sexuality, as regulated in most societies, implies conflict. The effort to repress these unwanted fragmenting concepts and move sexuality off its privileged place was so massive that sexuality itself ended up repressed or almost totally denied and disavowed.

Why do I call it a repression or denial and disavowal rather than merely a theoretical modification? Because self psychology does not ignore the many types of sexual behavior present in case material. Kohut himself carefully described Mr. Z.'s sexual history and acting out behavior -- his masochism and compulsive masturbation--but then explained it in non-sexual terms.

Tolpin (1997) has made an especially lucid statement of the problem from the self psychological point of view. Freud's emphasis on infantile sexuality, primary narcissism and primary masochism leads to the belief that sexual, narcissistic and aggressive wishes are the building blocks of psychic structure as well as the primary factors leading to pathology. Consequently the role of attachment is ignored and children are adultomorphized and seen as subjected to the "urges to exploit, violate or destroy that are seen in adult pathology" (Tolpin, 1997, 173), as Erikson pointed out, though he remained in the framework of drive theory (he warns us that an adolescent boy dreaming of being chased around by a pair of giant scissors might just as well be facing a loss of autonomy as suffering from castration anxiety). The danger of drive theory is that in "therapy the self and its primary motivation can be grossly misunderstood." Tolpin adds that "Clearly, the way clinicians understand and explain the manifest content of their patient's behavior, symptoms, character traits, wishes, fantasies and dreams differs greatly, defending (sic) on their theoretical orientation" (Tolpin, 1997, 174).

I am somewhat puzzled by the implied argument that drive theory rules out alternative explanations for a specific behavior, since overdetermination is such a basic premise of Freud's. However, I am in total agreement with the last statement quoted, including the unwittingly added meaning conferred by the publisher's mistake in letting "defending" go where I am sure "depending" was supposed to be: for that typographical error reminds us that our unconsciously held theories are also operative in our conscious theoretical preferences.

Andre Green (1996) makes a similar point about the existence of a discrepancy between clinical materials and theoretical choices. He points out that the reading of journals and reviews in the last ten years shows a lack of interest in sexuality (except for studies of feminine sexuality), though sexuality is still abundantly present in the presentation of case materials, "as if the analyst would listen to this part of the patient's communication as a kind of artifact produced by the setting of a defense that should be interpreted in conjunction with other hidden aspects 'beyond' sexuality, or supposed to happen in childhood 'before' sexuality" (Green, 1996, 871). In contrast to Tolpin, he takes a stand that Freud does have an unarguable point -- the awareness of "antisexual factors" beyond sexuality, the awareness that sexuality itself is intrinsically problematic in ways that we must consider but may not be able to fully explain. That is, when all is said and done, we still have to go by that we know not, and any theoretical position taken can only partly escape from its own relativity through the finding of logical reasons that cannot be refuted (a point Willy Apollon (1997) also makes): there is no other way,

since the real cannot be articulated and the symbolic is full of holes.

Grounding himself on an exegetic reading that encompasses the many editions of Three Essays on the Theory of Sexuality (1905), the paper On Narcissism (1914), chapters 6 and 7 of The Interpretation of Dreams (1900), Totem and Tabu (1912), Beyond the Pleasure Principle (1920) and assorted shorter papers, as well as Lacan's rereading of Freud (Lacan, 1966, 1973, 1975, 1978), Brazilian philopshoer Garcia Roza (1995) -- and in my opinion succeeds -- in giving us a concordance of the many gospels of psychoanalysis and of the way different concepts complement, contradict and modify each other on the subject of sexuality.

Garcia-Roza's main point is the mutual dependence of the Oedipus complex, the drive theory and Freud's notions of sexuality. The main cement keeping together the whole edifice is the interdiction of incest, which, as Levi-Strauss (1949, 1958) points out, is the locus of passage between nature and culture. The reason for such a privileged position is the fact that of all instincts and/or drives, the sexual is the only one that necessarily implies a partner. The prohibition of incest thus brings together two relations, one of blood and one of alliance, to the point where they coincide in the same prohibition.

The Oedipus complex, however, is also an individual drama, and what is forbidden in the two relations is not the same. The prohibition as alliance is social and deals with woman as object of exchange. The individual drama deals with desire and with woman as object of desire. Neither could be conceptualized without the assassination of the father, which is the central and paradoxical theme of Totem and Tabu (1912). As both Freud and Lacan make clear, the father as such does not exist until after death: this castrating father, repository of all prohibitions, has to be killed so the children can live. At the same time, the process of identification with the feared and admired father resurrects in each brother the desire to assassinate the others, with the result that to survive they have to renounce the object for which they fought.

This myth -- which fits the consequences it was developed to explain -- also has the advantage of clarifying a number of the problems raised in the paper on narcissism, as well as highlighting the importance, for sexuality, of the formation of the ego as something added to autoerotism before language was acquired.

The concept of anaclisis suggests that the psychoanalytic and the biological beginning coincided but were not visible due to the poverty of our observational powers, which are insufficient for theory development. But we can use the concept retroactively, as all knowledge is used, to understand the nature of sexuality. Instinct, as both Apollon and Garcia-Rosa point out, works for animals but not for humans. In contrast to the biological sexual function, sexuality itself is not adaptive: it is necessarily errant, coming, as it originally does, from auto-erotism (which does not need a partner) and developing into sexuality (which implies a partner).

We can try to sense how sexuality comes about by analyzing the act of sucking. The primary experience of satisfaction leads to an endless repetition in order to bring back the felt satisfaction. Here Piaget can come to the help of Freud and Garcia-Rosa, with the concept of circular reaction. Circular reactions are attempts to bring back an unknown result that once was experienced and found pleasurable, and that was first achieved by chance. Through a number of repeated trial attempts, representations of actions leading to satisfaction are formed, making possible the intentional repetition of such actions. The difference between the Piagetian and the Freudian concept is that circular reactions lead to the formation of stable self regulatory schemes and the repetition is for mastery. While the drive has no self regulatory powers and seeks a repetition of the satisfaction obtained from an object already lost, an object which never existed in the first place, for it was only an indeterminate contingent, and never actually possessed. The difference is that, in the case of the drive, regulation comes from the outside, both in the formation of the ego and in the formation of the ego ideal. Language is that outside regulation and language has faults. So we shall always yearn for an object to place in that empty space of desire and will always, if we develop that far, seek a knowledge that is never fully obtainable.

We might then conclude that not only is our sexual drive unsatisfiable, since it is based on lack, but so is our thirst for the knowledge a faulty symbolic beckons. The only knowledge we are left with, if knowledge it is, is Freud's statement that the artist gets "there," wherever that "there" is, before scholar or psychoanalyst. As Borges says, man can never cause a tiger, never know the real. He will only know the ghost of a tiger, a system of words a man makes, never the animal in whose blood the passing moment runs hot. Still we must go on with this senseless and ancient task, for knowledge, too, is nothing but a system of words man makes. Knowledge, not sexuality, is the most likely plague. It is the truth of truth's eternal impossibility that we repress. The symbol is dead. Long live the symbol.

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Notes

'As long ago as 1985 the Journal of Mind and Behavior devoted a special issue to the sexual body (see Efron, 1985). In 1990, historian Thomas Laqueur published a book entitled Making Sex: Body and Gender from the Greeks to Freud. In 1994 a number of papers on the body were given at the American Anthropological Association Conference, such as Takie Lebra's "The Body, Sexuality and Culture." In 1995 , anthropologist Kenneth Kensinger published How Real People Ought to Live, in which a chapter focused on "The Body Knows: Cashinahua Perspectives on Knowledge."

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Roots of the Jonesboro Schoolyard Killings: Envy of the Feminine

Garth W. Amundson, PsyD

Just after the Jonesboro schoolyard murders, I arrived in northeast Arkansas early last April with my wife and baby daughter. I was anxious to assume my post as clinical psychologist and director of a small but active community mental health center in Paragould, a town approximately 20 miles north of the now famous (or, if you like, infamous) town of Jonesboro. I was lured there from my position in a state-run psychiatric hospital located in Chicago, Illinois, by a federal government agency called the National Health Service Corps. This agency is a kind of white-collar Peace Corps which places health professionals in "underserved," mostly rural, areas of the nation. In return for two years of service, the National Health Service Corps pays off the individual's student loans.

The mass murder in the schoolyard at Westside Middle School in Jonesboro, in which five girls and a female teacher were shot and killed by two fellow classmates, boys a mere I 1 and 13 years old, occurred in late March of last year, just prior to our arrival. This article contains some of my preliminary thoughts regarding the meaning of this tragedy. To be clear, I do not claim to have definitive answers regarding the possible social and psychological roots and meaning of this tragic incident. Rather, I wish to raise preliminary questions about the possible effects of the social and cultural climate of the American South on the psyche of people living there. I write from the perspective of a psychoanalytically oriented psychologist with an interest in anthropological and sociological theories of human nature.

Two days after moving into our condominium in Jonesboro (we settled in the largest town in the region hoping to smooth the transition from Chicago), my wife and I met some older neighbors of about 55 or 60 years of age who were lifelong residents of this area. They shared their enthusiasm for the economically prosperous Jonesboro, and listened to our descriptions of Chicago. Eventually, the discussion turned to the Westside tragedy about which the man, in an apparent attempt to protect his community (and himself) from what he believed to be the critical scrutiny of a Northerner, commented, "Everyone talks about how violent the South is, and this will just fuel the fire."

Indeed. I would be less than honest to say that I am unaware of the South's perverse love affair with authoritarian social and political structures, the latest example of which is arguably the mania for state-sponsored executions now occurring in Texas. The South's earlier embrace of slavery and, following that, its legally instituted policy of racial segregation, go without saying. In my own job, I was often harshly criticized by both supervisors and colleagues for such things as giving clients copies of the psychological evaluation which I wrote about them and attempting to establish group supervision to facilitate discussion about work-related problems, including staff conflicts. The response of various colleagues to these and other practices and ideas was to inform me, directly and indirectly, that those at the top of the organizational hierarchy disapproved. In a discussion about this issue with one of my staff, a social worker, I once asked rhetorically, "They made me a director. Shouldn't I *direct?"* Her response was, "You mean well. But, don't forget, this is the South."

Her comment returned to my memory on various occasions. One of those times was the day I decided to find out what the office space next door to our clinic was used for. I walked there to see the words "County Department of Community Punishment" etched on the glass door. I suddenly remembered having seen a court-referred client who had commented to me that he was sent "by the guys next door," a comment which confused me at the time but which I failed to query. Now I was no longer confused. At that moment I realized that our clinic offices were located directly adjacent to what, in other parts of the country, would probably be referred to as the County Department of Adult Probation. As a clinician I never want my work to be associated with punishment.

I wondered at the roots of this authoritarianism. Over the following months, I began to identify a possible source in the widespread prevalence of Protestant fundamentalism. For example, our baby-sitter, a woman of 19, once explained to me that her Christian church was, in her words, "pretty liberal" in comparison to other area congregations. I asked what she defined as liberal and was told, "Well, we're not allowed to dance. But singing is all right, as long as it's during church services." Further, I have regularly been asked by total strangers if I would come to their church for a visit, on the premise that this is the appropriate way to become integrated into the community. Also, I became accustomed to seeing Jonesboro residents donning T-shirts with various evangelical slogans such as "What would Jesus do?" and "Saved." Local churches have been extremely politically active in Jonesboro and throughout the area, with the result that the entire county is "dry" (that is, alcohol sales are forbidden). Finally, the realtor who showed us our condominium once noted that Jonesboro is a "family-oriented" community. When I asked her to explain the reason for this, she cited the political involvement of various ministers who, as she said, "keep the bad element out."

A defining feature of Protestantism -- particularly in its fundamentalist forms -- is its vision of God as cosmic father figure, the ultimate authority who, as the Nicene Creed says, will "come to judge both the quick and the dead." I began to wonder, Is it possible that the shadow of this heavenly Father falls over the entire region, to be expressed, albeit covertly, in even the most apparently secular activities? If so, I reasoned, then the authoritarianism I experienced in some form everyday, might be traceable to the existence of a heavily patriarchal social organization. This patriarchal social system would ultimately be derived from a Protestant *Weltanschauung*, with which the citizenry would be unconsciously identified. For example, is it possible that the two boys accused of this crime were responding, at least in part, to the psychologically suffocating effects of growing up in a social environment in

which conformity, particularly of the kind rooted in an attitude of subservience, is emphasized one-sidedly?

The problem may not be so much with the South and its social structures, or with peculiarly "Southern" ways of interpreting reality. Rather, I wonder if it is possible that in the South we find expressed in unusually concentrated form a more widespread, pathognomic American social and cultural value, one rooted in the above-mentioned Protestant worldview upon which our nation is founded. Specifically, I mean the construction of maleness along, or perhaps I should say opposite, the lines of all that is fluid and ambiguous, or "natural," including the psychological qualities of emotion, empathy, and the desire for interpersonal mutuality and attachment. This vision of masculinity is manifested in, and perpetuated by, the unconscious misogyny of our social and political structures. For example, feminist scholars such as Mary Daly *(Gynecology: The Metaethics of radical Feminism*, 1978) and Camille Paglia *(Sexual Personae*, 1990) argue that normative American visions of the "healthy" or "well adjusted" self valorize assertiveness, self-sufficiency, and achievement. Further, they state, these idealized psychological characteristics are one-sidedly ascribed to males, with the result that females are viewed as intrinsically less healthy or less well adjusted. These writers also note that, for all the superficial bravado of this construction of masculinity, it is one built on psychological quicksand. Specifically, they state that it is a vision of selfhood formed largely on the basis of an opposition to the "feminine" values of intimacy and empathy which challenge notions of the self as a well defined, self-contained entity, rather than on the basis of an affirmation of its own unique creative potentials. These scholars also echo the psychoanalytic formulation that we secretly long for, and even identify with, the qualities which we consciously most despise or fear in others. Based on this premise, Daly, Paglia and others assert that the one-sidedness of popular American concepts of masculinity imply, not simply that socially dominant men loathe "feminine" qualities, but also that as a group they are deeply desirous -- and even envious -- of these qualities.

I suggest that events such as the Jonesboro schoolyard murders should cause us to think more deeply about if and how we Americans instill this “normative" masculine identity in our young boys. For example, is it possible that this tenuous construction of masculine identity creates and maintains a uniquely "American" vulnerability to narcissistic injury among males? Can we infer that the one-sided investment of American males in the values of independence and assertiveness leaves them with a sense of crushing shame when confronted with their own disavowed dependent longings? Further, do interpersonal interactions which reveal the poverty of this construction of selfhood figure in incidents of explosive, retaliatory rage by our young men, as they counter-phobically reassert their wish for dominance and independence through violence?

The manner in which the Jonesboro schoolyard murders were actually carried out is, in key respects, a microcosm -- as well as a caricature -- of certain of the social values upon which rural, and particularly rural Southern, communities are founded, values which themselves are rooted in the long tradition of Western patriarchy. For example, an examination of the events both leading up to and surrounding the murders implies that the accused harbored profound contempt for "feminine" psychological qualities. First and foremost is the fact that all of the victims were female, and that the older of the two boys had proposed the murders following his having been "dumped" by a girlfriend. The boy's use of guns, particularly their reliance on so-called "long rifles" to carry out the assault, is of such phallic significance as to barely warrant mention. Second, prior to the shootings, the older boy was investigated by Minnesota police, who suspected him of having sexually molested a three-year-old girl there (as a young boy he had lived in Minnesota with his grandparents)., There is also evidence suggesting that throughout their lives both boys had been force-fed a symbolic diet of exaggerated but nevertheless widely popular American cultural images of maleness by various family members. For example, the younger of the two boys had a reputation in Jonesboro of riding about the streets on his bicycle sporting army fatigues, with a hunting knife strapped to his belt. Most of us are by now probably familiar with the formal portrait of the older boy, taken when he was five or six years old. In this picture he, like the younger boy, appears clad in military garb, proudly clutching a toy rifle.

The idea that the American South is more likely that other parts of the nation to foster the un-modulated, violent expression of "male" values by troubled youngsters is supported by the fact that three of the last four public school massacres occurring in the U.S. prior to my writing took place in the states of Kentucky, Mississippi, and Arkansas. The hypothesis that these killings occur in response to authoritarian and one-sidedly moralistic social structures rooted in a specifically Protestant worldview is supported by the facts that the high school students murdered in Kentucky were attacked as they gathered in a school hallway for an impromptu prayer and the assault on Mississippi high school students was orchestrated by a group of teenagers who had formed a Satanic cult consisting of self-proclaimed social outcasts. (Psychologists who study such cults regularly describe them as functioning to support a counter-phobic flight from intolerable, unconscious guilt.)

I pose a question. In committing these crimes, is it possible that these boys recreated, in microcosmic form, what is perhaps the key psychological flaw of a one-sidedly patriarchal organization of society and culture -- namely, that in attempting to subjugate frightening "feminine" forces, patriarchy ultimately succeeds in doing no more than revealing the brittleness, instability, and ultimately self-undermining qualities of a worldview built upon the aggressive disavowal and rejection of things "female"? Looked at from the above perspective, the tragedy at the Westside Middle School represents a tragic intersection of the public and private spheres of existence, one which acts as a mirror of key social and psychological underpinnings of the cultural milieu which spawned it. By killing females en masse, these boys were arguably acting upon some of the premises of the patriarchal worldview transmitted to them.

Garth W. Amundson, PsyD, is a clinical psychologist who took his doctoral degree at the Illinois School of Professional Psychology in 1994. He is affiliated with the International Federation for Psychoanalytic Education (IFPE)

and the Chicago Open Chapter for the Study of Psychoanalysis which is an affiliate of division 39 of the American Psychological Association. His discomfort with the social structures he encountered in Arkansas led him to return to Chicago in less than a year rather than after the two years he had planned. Dr. Amundson is currently working in a day treatment program for adult and adolescent program operated by York Health Care in Illinois and he is an adjunct faculty member at the Institute for Clinical Social Work. His research interests include the impact of democratic social structures on psychoanalytic theory making.

The Chicago Open Chapter for the Study of Psychoanalysis
APA Division 39 (Psychoanalysis), Section IV (Local Chapters) in Collaboration with
The Illinois School of Professional Psychology/Meadows Campus
Present a Symposium on

Countertransference Considerations When Treating Analysands with Disabilities

Presenters:
Kenneth R. Thomas, D.Ed.
Eliezer Schwartz, Ph.D.

WHEN: ***Saturday, May 8, 1999***
11:00 - 2:15 p.m.

WHERE: *Illinois School of Professional Psychology-Meadows Campus , Continental Towers, 1701 Golf Road, (Tower II) Room 23, Rolling Meadows, IL 60008* ***(NB: Different building and suite from mailing address)***

FEE:

Free	*Members of the Chicago Open Chapter ISPP/Meadows Campus; ClinicalTraining Site Supervisors; and ISPP/Meadows Faculty and Students*
$30.00	*Non-members pre-registered with check*
$35.00	*On-site registration*
$10.00	*CEU Registration: Division 39 is approved by the American Psychological Association to offer continuing education for psychologists. Division 39 maintains responsibility for the program. Three CEU's are offered for this Symposium.*

Dr. Thomas*: Many analysands will either incur a physical injury during the period of their analysis, or they will bring to their analysis a disability that has, at least to some extent, contributed to their style of life and personality structure. Relationship between the ego (or self) and the body suggests that certain types of reactions will predominate. Among these are reactions that are linked unconsciously to castration anxiety, fears of loss of love, loss of the object, of death, of self disintegration, and defense mechanisms such as denial, projection, regression, and compensation. Some of the major countertransference reactions that analysts might have toward their analysands with disabilities will be discussed. Techniques analysts can use to capitalize on their countertransference reactions will be identified.* ***Kenneth R. Thomas, D.Ed.*** *is Professor of Rehabilitation Psychology at the University of Wisconsin-Madison. He has published more than 100 journal articles, books, and book chapters in the areas of rehabilitation and disability. Professor Thomas is a licensed psychologist, a fellow in two divisions of the American Psychological Association, a past-president of the American Rehabilitation Counseling Association, and a recipient of the James Garrett Award for a Distinguished Career in Rehabilitation Research.*

Dr. Schwartz*: In treating analysands with disability, the analyst will encounter reactions that will challenge commonly accepted notions regarding analysis and its pragmatic translation into the working relationship with analysands. In this presentation, clinical vignettes will help to demonstrate the impact of physical touching on transference/countertransference reactions, the intrapsychic consequences of unpredictable changes in frequency and duration of sessions, the analyst's struggle with frame issues when the analysand's lack of mobility necessitates home visits, and other examples of specific situations that challenge both the techniques and the theoretical concepts of analysis.* ***Eliezer Schwartz, Ph.D.,*** *is currently the Dean and a Professor at the Illinois School of Professional Psychology/Meadows campus. In addition, he is a consultant to medical groups, rehabilitation facilities and special education programs. Over twenty years of clinical experiences in the fields of neuropsychology, clinical rehabilitation, clinical work with individuals suffering from various disabilities, and the assessment of functional and dynamical correlates of disabilities allowed him to develop a practical integration of psychodynamic approaches to psychotherapy and neuropsychological/psychophysiological clinical realities.*

FOR QUESTIONS, PLEASE CONTACT DAVID L. DOWNING, PSY.D. AT (847) 290-7400.

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Chicago Open Chapter for the Study of Psychoanalysis

Section 4 (Local Chapters) Division 39 - Psychoanalysis, American Psychological Association
344 West Chestnut Street
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Membership Application

The *Chicago Open Chapter for the Study of Psychoanalysis* is affiliated with Division 39 (Psychoanalysis) of the American Psychological Association. Founded in 1985, its mission is to provide a forum for the discussion of various trends in psychoanalysis, and to promote the application of psychoanalytic theory to a wide variety of areas (including, but not limited to, anthropology, history, literature, and religion). The *Open Chapter* strives to provide a democratic and egalitarian atmosphere for the exchange of ideas. Hence, although the organization sponsors presentations by nationally and locally recognized analysts, it does not view psychoanalysis as the sole domain of mental health professionals. As its name implies, the *Open Chapter* is truly "open", in that it encourages the application of psychoanalytic inquiry to the work being done by other disciplines.

If you are interested in becoming a member, please complete the registration form below and return it with your $40.00 check made payable to "Chicago Open Chapter" to: David L. Downing, PsyD, ISPP-Meadows Campus, 1701 Golf Road, Suite 101, One Continental Towers, Rolling Meadows, IL 60008. If you have questions, please contact David L. Downing, PsyD at (847) 290-7400.

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