

Theory and Patients as Friends to my Post-Election Shock

Sunday, November 13, 2016. I got to reflecting this weekend on how my psychoanalytic theory, and many of my patients, have helped me contend with my own emotional reactions to the U.S. presidential election on November 8th, as well as with corresponding challenges in my clinical work. “Theory” and “patient” together have proved to be my personal and professional friend, support, selfobject, relational home, partner in thought, emotional ally. With respect to the patient, s/he has helped me, and helped me to help him/her.

As to theory, my use of the idea of “transference”—by which, for current purposes, I mean the organization of experience both within and without the treatment setting in accord with archaic hopes and dreads—along with the important idea of “concretization,” namely, the symbolization of affective organizations in the imagery and narratives of time & space, have helped me to lift my personal and clinical self from a state of complete dissociation to a state of lesser dissociation. Coextensively, they have helped lift my therapeutic work from a level of “dissociated disarray” to a level of “alert acceptability.” With them in mind, I refound at least aspects of my daily therapeutic way.

The psychoanalytic scene today consists in the complexity of the 2016 election’s existential, historical, sociological, political ... and personal meanings, and the multi-dimensional feelings in which these meanings are being “lived” in my own, my colleagues’, and my patients’ minds and bodies. In living and reflecting on this scene, I have found it helpful, that is, expanding of personal and therapeutic possibility, to inquire into myself privately and, where appropriate, to question explicitly with my patients, whether, and if so how, the presidential campaigns and personalities, and the larger November 8 election process, including the finality of its outcome, might “concretize” a drama herein highly personal, archaic developmental longings, and repetitive anxieties, become animated.

The personal and clinical Maduro asks the following type of question: Did embodied personalities, actions, and values of our concrete, time & space political world—call them the election process—function as a kind of public transference accelerator that symbolically animated archaic hopes and dreads, and then, for example, in the presidential election’s literal outcome, deliver a final determination that bore on these hopes and dreads? In the case of the hopes, perhaps the impact entailed dashing them, or shattering an illusory certainty in which they lived. Or, in the case of the dreads, perhaps the impact awakened them from defensive sleep or confirmed them as “official” governing reality.

One patient whom I saw the day after the election had come, over recent months, to name and feel sadness, hurt, and disappointment reactive to his grandiose father’s lifelong devaluation of his emotional vulnerability and sensitivity. His integration of these feelings into his sense of self

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was the product of an arduous, anxiety-fraught therapeutic process, despite the fact that his mother had always been a loving figure toward his affective sensitivity. While on one level (a maternal dimension of the transference) he longed for my receptivity and understanding of his emotionality as valid and valued, on another level (that of a paternal repetitive dimension) he feared his feelings would meet with my debasing ridicule.

It was in this context that this patient experienced the election process outcome as a “referendum” on his painful feelings: It concretized his anticipatory dread (just as such dread was felt quietly with respect to me in the repetitive paternal transference) that half his family (again, like me in that paternal transference) was ready to aggressively dismiss his trauma, and the sadness, hurt, and disappointment in which it was felt, and even cheer his father’s malignant narcissism and its aggressive humiliations. A clinical corollary was that the election drama—as concretization of such humiliating judgment—threatened his developmental transference bond with me wherein (in the maternal developmental transference) he had felt his longings for receptivity to his pain to have been met well enough by my understanding. In short, I could see that, among other significances, the election process rocked his confidence in our therapeutic bond.

My reflections on the election experience as entailing concretized transference hopes and dreads also reminded me of the clinical importance to me of keeping my eye on the “specificity of fit” in any therapeutic relationship. In theoretical terms, this specificity both reflects the ultimately unique intersection of differently organized subjective worlds of patient and therapist and predicts therapeutic possibility to be a property of the given intersubjective system.

When I exercise this clinical eye for specificity I see, among other things, intersubjective “conjunction” and “disjunction” within the transference field, and their bearing on therapeutic choice and action. With respect to conjunction, it is an eye for specific regions of emotional identity between the differently organized subjectivities of patient and analyst that may, on one hand, allow for shared perspectives and enriched mutual empathy but that, on the other, can produce presumption of ongoing similarity and thereby obscure coexisting areas of difference. With respect to disjunction, it is an eye for regions of clashing difference between their distinctly organized subjectivities that, without reflective illumination, produce repeated, and often quite damaging, mutual misunderstanding. Such intersubjective configurations are one feature of dyadic-uniqueness that dynamically shapes the transference field and bears, sometimes determinatively, on therapeutic possibility.

Remarkably, like me, almost all my local Southern California colleagues and patients appeared to react to the election process with a mix of grief, anxiety, horror, demoralization, and, in many instances, traumatic devastation. On the face of it, one might account for this commonality by supposing a shared political “liberalism,” with all its defining understandings, values, and ideals, whose standing as the ultimate received wisdom was shockingly lost to its nemesis. However, I suspect there are also aspects of this commonality that are rooted in the nature of emotional trauma, and its prevalence within the population of psychotherapists and psychotherapy-patients. We are people, I contend, whose sociopolitical selves are reliably interwoven with personal and transgenerational histories of emotional injury, often at the hands of caregivers whose psychopathology lords over our development and life possibilities.

It was within this broad context of striking commonality, and arguable conjunction in reactive pain, that I found the idea of specificity within psychoanalytic relationality especially pertinent. Trauma (at least mine) longs for a relational home in which it can be known in its particularity.

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Concepts like intersubjective conjunction and disjunction, for example, that aim to illuminate and understand unique intersubjective configurations, served as reminders to me to exercise my relational eye for what is most “personal” (subjectively true) for this person-with-me within what might otherwise appear to be commonly shared “liberal” experiences of the world of political events. That is, these theoretical concepts functioned as alerts to keep an eye open for how traumatized children thrown into exquisitely specific forms of retraumatization may be disguised in the person’s reaction to seemingly commonly perceived political events. This eye for relational specificity allowed me to do better with myself and my patients one of the functions that I think psychoanalysts can do best, namely, to see how subjective life is structured by distinctive lived-experiences with the other, and the legacies they leave in the form of (often pathogenic) convictions and attitudes toward emotional experience—one’s own and others’.

That said, psychoanalysis as clinical philosophy has also helped illuminate what is primordially common, and how the universals of human being organize and express themselves in the individual’s emotional experience. Specifically, it tuned me into the profound vulnerability of being-in-the-world (manifest in part in human being’s embeddedness in the sociopolitical), the anxiety, grief, and horror in which such world-embedded life can be felt, as well as the circumscribed human ability to nonevitably own these affects. In just my own reaction to the election process, and my embeddedness in it, I felt “epistemological trauma” wherein its outcome—the Trump triumph—shattered a felt-certainty that protected me from the ultimate uncertainty about my own and my loved ones’ futures. My “blue” illusion—wherein our collective futures would ultimately be governed by liberal truths and goodness—was in pieces, replaced by frightening doubt. Moreover, as self-deception, I saw my own, my patients’, and my colleagues’ now-shattered liberal glass bubble as having more in common *functionally* than not with Trump’s aggressive, dangerous grandiosity: They both aspired to avert primordial vulnerability. Making sense of this aspect of my own shock, grief, and anxiety, and their commonality with others’, helped bring me back too.

In addition to theory-as-friend, my patients also served important “selfobject” functions. In particular, I found that it was when I was in conversation with patients whose own abilities to formulate their feelings, perhaps without my help (i.e., not needing me to be so emotionally present in the first place), that I felt less alone and, consequently, better able to refind my own emotional-self, come back into the session from my dissociated state, and help lead our dialogue.

In this way, whether I was conducting recent therapeutic work in an emotionally alert, or alternatively dissociated, state was in no small measure a function of my patient’s developmental impact on me—in this case his/her embodiment of emotional presence and responsiveness in which I could reconnect with my feelings and, in turn, return to the session in a reciprocally therapeutic fashion so as to do my job. The developmental contribution of my patients’ emotional lives to mine is a given in my thinking (even if the contribution can also be retraumatizing ...); however, it has seemed especially evident to me this past week.

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