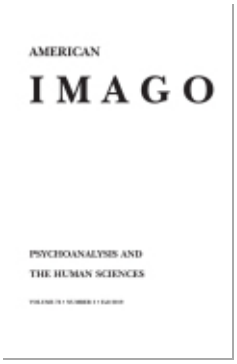
Our Country 'tis of We and Them: Psychoanalytic Perspectives on our Fractured American Identity



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I have come to the reflections offered in this paper after considering numerous contrasting cultural events. I will offer psychodynamic understandings of such contrasts. Among the events which undergird my thinking are the following.

I wrote (Holmes, 2009) that Barack Obama's election was possible, in psychodynamic terms, for two reasons: his proud claiming of his own racial identity as a biracial man who identifies as African-American and the growth in our country's collective psyche in relation to race. Though the words, "When they go low, we go high," were first voiced by Mrs. Obama near the end of his eight years in office, it was the spirit of that phrase that in 2008 lifted Mr. Obama and, temporarily, our country, out of the never-ending mire of racism.

Donald Trump's election to the Presidency in 2016 brought rallying calls and promises to build a wall between the United States and Mexico. Concomitant with and quickly pursuant to those appeals, regressive trends in the American psyche and in our laws became evident, such as passage of SB4 in Texas (2017) to outlaw sanctuary cities and to permit open carry of firearms. SB4 was characterized by the ACLU as giving:

> a green light to police officers in the state to investigate a person's immigration status during a routine traffic stop, based on how they look or sound, leading to widespread racial profiling, baseless scrutiny and illegal arrests of citizens and non-citizens alike. (American Civil Liberties Union, May 9, 2017)

This paper will offer ways of understanding the instability in our country's postures regarding cultural factors subject to

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"isms," including race and class. A key question for this paper is: why are the uplifting aspects of our cultural selves so subject to fracture and demonstrate lowly expressions of who we are? What is it about our civilized selves that inclines us to yield our civility to cravenness and inhumanity? Freud's prescience helps us here.

In *Civilization and its Discontents*, Freud (1930) noted:

> I may now add that civilization is a process in the service of Eros, whose purpose is to combine single human individuals, and after that families, then races, peoples, and nations, into one great unity, the unity of mankind. (p. 124)

We can note from this quotation that Freud saw civilization as an active, perhaps we could even say, dynamic process, aimed at achieving lofty goals. His view of civilization accords with the root meaning of civilization deriving from the Latin word, "civis," which refers to people living in communities to achieve advanced stages of organization on many levels for the wellbeing of all. Linked in meaning to civilization is our common understanding of community, which also derives from Latin, specifically the Latin word "communes," meaning things held in common, such as intent, belief, resources, needs, and risks. To the extent that civilized people identify with their civilization's goals and things held in common within their particular communities, their identities are affected and they are motivated to pursue cohesion. What determines the degree of cohesion or fractures therein? Here, too, Freud is valuable, again:

> The element of truth behind all this, which people are so ready to disavow, is that men are not gentle creatures who (only) want to be loved, and who at the most can defend themselves if they are attacked; they are on the contrary, creatures among whose instinctual endowment is to be reckoned a powerful share of aggressiveness […] The time comes when each of us has to give up as illusions the expectation which, in his youth, he pinned upon his fellow-men, and when he may learn how much difficulty and pain has been added to his life by their ill-will. (1930, pp. 111–112)

However, earlier in the same text, Freud offered an antidote for man's destructive ill-will towards man:

> No other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work; for his work at least gives him a secure place in a portion of reality, in the human community. The possibility it offers of displacing a large amount of libidinal components, whether narcissistic, aggressive or even erotic on to professional work and on to the human relations connected with it lends it a value by no means second to what it enjoys as something indispensable to the preservation and justification of existence in society. (1930, p. 80, footnote 1)

I am writing at a time of profound disjunction in our civilization, wherein large swaths of humanity in our nation (e.g., many poor urban Blacks and many poor rural Whites) are disenfranchised by the lack of any meaningful work and the painful perception that those in charge of making our civilization function, either have no clue or have no intent to make the conditions and lives of the disenfranchised better. In other words, the intent to use governmental tools of civilization to create highly organized stages of development that work for the wellbeing of all have been so ineffective that our nation, our civilization, is devolving into more and more separation among us characterized by deep animosities and suspicion between the privileged few and the suffering many whose privileges have been systematically reduced.

This paper offers several propositions:

1. that the deep divides in our communities occasioned by our civilization's failures to deliver on its promises have occasioned intrapsychic pain as well as social disruption;
2. that our nation's failures to deliver on its promises are a source of intrapsychic pain is a legitimate and necessary focus in clinical psychoanalysis;
3. that this source of intrapsychic pain has been underrecognized and underutilized as such;

4. therefore, it has been insufficiently worked with in the psychoanalytic consultation room.

It is necessary here to reprise understanding of these lacks in terms of our psychoanalytic history. My focus on thedisruption in personal functioning that is causally linked to community failures is a larger conceptual organization of a current intense focus in psychoanalysis, i.e., a focus on why psychoanalysts have tended not to formulate and write about social and cultural issues in general. Freud, for example, clearly pointed to the poverty of his youth as a condition that influenced the formation of his dissociative symptom when he ascended the acropolis in Athens to see the Parthenon. He remarked on this connection in his seminal paper on success neurosis, but only as a final statement in the paper (Freud, 1936). Instead, he shunned formulation of his success neurosis in terms of the roles played by the economic poverty in which he grew up and the psychologically impoverishing condition of anti-Semitism. He laid the entire explanation for his success neurosis on his Oedipal conflict on account of which he felt guilty in relation to his father, because he experienced his ambition and success to be tainted by his Oedipal wishes. To escape pain of his Oedipal guilt, he had to dissociate himself from awareness of his success as he climbed the acropolis (Holmes, 2006). In not accounting for the role of the poverties of his youth in his success neurosis conceptualization, thus, began a pattern of silence about the psychodynamic meanings of cultural factors. Silence has persisted. Its meanings are many, including an identification with the idealized father of our analytic community.

There are other reasons for silence about the psychodynamics of community factors. For example, as psychoanalysts, we, too, are subject to divisive forces in our psychoanalytic communities that are not in keeping with the high purposes to which our psychoanalytic cultures call us. I believe we are particularly prone to identifying with capitalist values that are practiced in an exclusionary way to protect the privileged few. Such an identification can contribute to our having blind spots about our patient's emotional pain from and complaints about how they are unfairly denied opportunity in their communities. They have experiences of being denied opportunity on the bases of

their race, class, gender, sexual orientation, religion, country of origin and/or religion, just to name common characteristics for which the loftiest principles of our civilization espouse inclusion, but our practices often vehemently promote exclusion. In the most recent Presidential election in our country, mainstream Democrats and mainstream Republicans were stunned that a man considered by many to be a demagogue—that is, one who appeals to the common folks on the basis of their desires and prejudices—would win election to the Presidency. Could Mr. Trump's victory be explained in part because the politician-mainstreamers, on the left and on the right, the supposed bastions of our civilization's value to work for the wellbeing of all, have miserably failed the masses? They, too, have become intoxicated by their own narrow, materialistic leanings. The "little guy"—Black, White, and Latino—have been "othered." The "little guys" have had enough. So, those who voted to elect Mr. Trump as the 45th President of the United States expressed their disillusionment with our founding principles being realized in the hands of traditional politicians. I believe those who did *not* vote in sufficient numbers to elect the more traditional politician were also expressing their own disillusionment.

This view of how we came to elect our new President is intended to argue, as Freud did, that man's baser tendencies often force in ways that create discrepancy between our civilization's lofty ideals and what is practiced in our communities. For the purposes of this paper, I name those ideals, the pursuit of them, and inherent flaws in the ideals, our "American Identity." Becoming a psychoanalyst is a goal and a process of taking on an analytic identity. Our psychoanalytic identity also contains ideals, one of which is that we are a radical, liberating profession, in which we use our powerful tools to help our patients progress from bondage to freedom. To do so, our patients use the analytic process to upset the freedom-denying influences within their internal communities, that is, within their minds. However, as is the case for all of us in general in relation to what I am calling our American identity, we as psychoanalysts also fall short of accomplishing our analytic goals when we, too, can come under the sway of our baser tendencies. When we do so, we fall silent, do not hear, and do not intervene to help our patients free themselves from *all* bondage—including

the ones they experience directly in the communities in which we/they live. Community-based bondage impedes day-to-day lives and inner lives as well.

As psychoanalysts, we are called upon to acknowledge and work with all means by which our patients have become the complexly constituted and wounded folks they are. So, we are required to be attuned to those factors that derive from the common family-based neurotic and characterological influences we focus on the most, *and* those that derive more directly from the injuries they have received in the communities in which they live (e.g., in schools, churches, social groups, and jobs). Psychoanalysis still struggles with these matters, individually, and collectively. That there is a lack of collective will to focus on these issues is very obvious. The American Psychoanalytic Association has just begun to address this matter by organizing a Diversities Division within its Department of Psychoanalytic Education which is advisory to the field at large. However, to date, no accrediting body within psychoanalysis has set standards that analytic institutes must meet to address the personal meanings and harm associated with breakdowns in the community, or in what I have called in this paper, breakdowns in American Identity. I have written about this organizational inertia and silence in relation to racism in the past (Holmes, 2017)—which I consider to be a breakdown in our American Identity.

I propose that it is necessary for us as analytically-oriented clinicians to understand and to attend to all community issues, considered together, that harm individuals and the community collectively, and which represent a breakdown in the covenants that are supposed to guide our larger community actions. One such superordinate community covenant in our civilization is the Declaration of Independence in which it is writ:

> *that all men are created equal*; that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness; that to secure these rights governments are instituted among men, *deriving their just powers from the consent of the governed*.

Now we know that from the beginning, this covenant was violated in that the meaning of "all men" was concretized to

include only men, and Blacks were excluded on the basis of being classified as chattel. It took a Civil War and several civil rights movements to bring everyone into the fold, and still we have found escape hatches from full adherence to what we have declared. Despite wars and movements, we still are determined collectively in our governing practices to honor, protect, and support fewer and fewer men in the pursuit of their happiness, not the happiness of "all men." Mr. Trump played on that harp to a fare-the-well, inciting the passions of the disenfranchised.

I believe that our founding principles, such as the Declaration of Independence, are real principles that we hold earnestly. So, too, are our patriotic songs. For example, the song "America" written in 1831 by Samuel Francis Smith, a Harvard educated Baptist minister with abolitionist leanings. The title to this paper is a play on the first line of the first stanza, which goes:

> My country, 'tis of thee,
> Sweet land of liberty,
> Of thee I sing;
> Land where my fathers died,
> Land of the pilgrims' pride,
> From ev'ry mountainside
> Let freedom ring!

As we know, the Rev. Dr. Martin Luther King, Jr. used the last two lines of this stanza towards the end of his "I Have a Dream" speech. Our principles and their use in our patriotic songs bind our hearts and inspire us. They are important elements of our American Identity, but that identity contains other factors, such as hidden but real constrictions in the principles themselves (men equals white men only; Black men are not men but chattel; women don't count). In addition, unfettered living by our principles is hampered by our elemental tendency to hate.

What are the clinical manifestations and implications of the society-wide breakdown in adherence to our ideals and correspondingly, to our American Identity—a breakdown that is evidenced in massive disillusionment, hard-to-fathom Presidential election results, and massive anxiety? Immediately following the recent Presidential election, I experienced one

clinical phenomenon unique in my now 49 years of practice. Specifically, without exception, all of my patients expressed strong and unsettling personal reactions to the Trump Presidential election in its immediate aftermath, and for some, for weeks thereafter. This fact was unique in that in no prior instance of national or international disaster, tragedy or even atrocity, were all of my patients able or willing to access their experience, feel it and process it.

Breakdowns in our American Identity are often evident clinically. That is, the significant gaps between what we aspire to as a nation and what we actually do, often with no conscious recognition of the gaping disparity between the two, constitute a psychological breakdown that is observable clinically. In the examples to come, I endeavor to show that the kinds of impairment that stem from exposure to chronic community dysfunction is as worthy of treatment as any of the ordinary intrapsychic problems we customarily treat. We live in a civilization that practices community-wide dissociation between its ideals and its practices, in which we engage in many practices, often hate-filled practices, that are a debasement of our ideals. The failure to recognize and own the breakdown makes a cauldron in which all manner of inhumane practices can take place. The wise opinion on why such practices continue—offered by a man with deep sensibilities on the divides in our country, but who was not a psychoanalyst, namely, James Baldwin who wrote:

> I imagine one of the reasons people cling to their hates so stubbornly is because they sense once hate is gone, they will be forced to deal with pain. (1983, p. 101)

Clinging to hate has its consequences, of course, as reflected on by the Rev. Dr. Martin Luther King, Jr., just before he traveled to Sweden to accept the Nobel Peace Prize. He said that segregation "scars the soul of the perpetrator as well as the segregated."

Segregation and its corollaries such as institutional racism and discriminatory laws such as SB4 scar the psyche of the perpetrator as well as the psyches of those against whom they are leveled. I hope that these conceptualizations on why

we stubbornly cling to our dehumanizing practices through our various forms of othering may be aided by two metaphors. One is a meteorological term, "white out" and the other is a brand name for correctional fluid, i.e., "Wite-Out." Let's start with the meteorological condition.

A white out is a condition of diffuse light when no shadows are cast, due to a continuous white cloud layer appearing to merge with the white snow surface. No surface irregularities of the snow are visible, but a dark object may be clearly seen. There is no visible horizon. What is the applicability of this phenomenon to what we encounter in psychoanalysis? My answer is that on the subject of race, more often than not, patient and analyst, implicitly agree, that is, are in cahoots to maintain a view of whiteness as diffuse light. Whiteness itself is not to be differentiated. No irregularities in or about it can be observed. Interestingly, in a white out what can be observed are dark objects. As this applies to race, persons of color stand out against the horizon. The contours of those objects are considered mostly in terms of irregularities that are considered to be undesirable. What is "irregular" within whiteness is not observed. Rather it is externalized onto the dark objects seen outside oneself. So, let's proceed to "Wite-Out." All of us have used it as a quick fix for mistakes we wish to cover over. As to race, we are inclined in the treatment situation and generally, to cover over all things racial, as if they are simple mistakes. We treat our mixed cultural history of racial atrocity and continuing abuses, rich racial heritage and contributions, ongoing racial tension, failures, aspirations, and triumphs as if they can all just be wited out. What happens on a piece of paper if you use Wite-Out, either too thickly applied, and/or over a large surface area? Yes, it covers up whatever you're trying to cover up, but it also makes a mess.

To date, as psychoanalysts, we have made one big mess in our collective, longstanding tendency to create white out conditions and cover-ups/Wite-Outs in the treatment of race—in our conceptualizations, teaching, supervision, and consultation room. Can we do better, are we doing better? "Yes!" The regular appearance of racial topics in many local and national presentations speaks to some advance, which reminds me of another metaphor of "dark clouds" which I take from the reg-

gae song made popular in 1972 by Johnny Nash, called, "I Can See Clearly Now," which includes the following lyrics:

> I can see clearly now, the rain is gone
> I can see all obstacles in my way
> Gone are the dark clouds that had me blind
> It's gonna be a bright, bright, bright, bright
> Sun-Shiny day.

The challenge for psychoanalysis to meet and resolve resistance to a full consideration of race is only partially met by having programs on race. Programs alone are too much like evangelical meetings by which you are stirred, but with too little follow-up to sustain commitment. The deeply rooted cultural and individual commitments to whiting/witing out race are too strong to be resolved in this manner alone. Our field is showing some enlightenment in this matter in that programs often go beyond speeches alone, to include intensive, sometimes day-long, interactive programs.

What else must we do—in our institutes, when we are on the couch as the analytic patient, when we are the practicing analyst, when we supervise, and when we are performing our duties in local and national organizations? In all of these places and experiences, we must demand of ourselves and others that the subject of race be included among all of the factors considered important for self-understanding and wellness. Otherwise, in the ongoing cultural and societal ups and downs regarding race, we will resist, again and again. We will always resist, but less so and less damagingly so, if we include racial considerations in what we do, just as we have learned to do by broadening and deepening ourselves on so many other aspects of psychoanalysis—e.g., in our deeper, clearer understandings of how we regard gender, countertransference, enactments, sexual orientation, and our theoretical models. Here, I am adding that considerations of race must go beyond our focus on blackness. Whiteness, too, must be examined. What is it beyond its claim to racial superiority and concomitant feelings of empowerment and/or guilt, and/or shame? How often is it examined conceptually and clinically? In what ways are we all in cahoots to treat whiteness as if it cannot be seen or dif-

ferentiated, like in a white out condition? In what ways do we cling to a sanitized view of whiteness, with ethnic histories and characteristics wited out? How much is racial hatred by whites towards others a manifestation of envy of the ways in which other races claim and celebrate their racial and/or ethnic aspects, as in Obama being affirmatively and proudly Black? Gone unexamined, I offer that disavowal of whiteness contributes to a weakening of individual and collective white identities and becomes a source of the breakdown in our adherence to higher principles and nobility; it contributes to inhumane treatment of whites towards those they "other." Undoubtedly, how those in other races treat whiteness is also limited by the white out and Witing Out processes common in our culture.

A particularly malevolent aspect of the inhumanity evident in whites clinging to whiteness, as in white supremacy, is the motivation to amass huge materialistic gains by and for a small segment of society. This intent and practice is an example of "trickle-down economics" is tantamount to a collective characterological dysfunction that makes some individuals mentally sick or sicker. This narrowly based and applied acquisitiveness is another way to use the white out metaphor, in that poorer whites, for example, have identified with the corrupt practices of those who seek and maintain their material gain at the expense of poor whites and of the larger society. One of President Trump's most strident critics during the campaign, Governor Mitt Romney, himself a moderate Republican, showed wisdom about the dangers of the demagoguery shown by then candidate Trump. I believe the following quote from a 2016 Romney interview shows a deep understanding of how demagoguery harms the character of a nation and the American Identity of us all.

> I don't want to see trickle-down racism, I don't want to see a president of the United States saying things which change the character of the generations of Americans that are following. Presidents have an impact on the nature of our nation, and trickle-down racism, trickle-down bigotry, trickle-down misogyny, all these things are extraordinarily dangerous to the heart and character of America.

Before proceeding to clinical illustrations, I want to propose a policy to be adopted by national psychoanalytic organizations to address the breakdown in American Identity. The policy would need to have the following elements. It would:

1. Publicly denounce the disparity between our founding principles and our recurring systemic tendencies to govern in ways that dishonor those principles, and that create traumatizing effects.
2. Acknowledge that the chronic failure to recognize the disparity, or to dismiss its significance, is psychologically unhealthy, that it leads to intrapsychic, characterological and behavioral abnormalities in those who continue to perpetrate it and those on whom it is imposed.
3. Affirm the necessity of working therapeutically with the clinical manifestations of the disparity in psychoanalytic treatments.
4. Support ongoing psychoanalytic scholarship and research on governing practices and their underlying psychodynamics that create the breakdowns in American Identity.
5. Require that education and training in psychoanalysis, including training analyses, address American Identity issues in order for practitioners to develop competence to work with their patients on those issues in the consultation room.

I believe that this proposed policy is needed at the highest levels of psychoanalytic organizations to establish ourselves in our communities as a legitimate discipline. That is, we need to formulate such policy if we are, with any authenticity, to help troubled people, given that they come to us every day having been gravely harmed by what is happening to them in relation to chronic destructive community actions that create a white out and a Wited Out condition. By calling on the leadership of psychoanalytic organizations to provide a policy and values frame around community issues, suggested revision: it may be possible to correct the long history of silence.

Clinical Cases

These three vignettes illustrate the importance of we/them tensions in the treatment situation. In the first case, of Mr. R, socio-economic factors are prevalent. In the second case, Ms. S, class and race factors were prevalent. In the third case, of Dr. T, the patient suffered identity diffusion in several areas: race, sexual orientation, and work, though the offered vignette is about race.

The treatment considerations for all of the cases include usual notions that can be thought of as "inside" community variables (for example, the community of forces in the mind, whether those be traditional structures such as id, ego, or superego, object relations, and/or aspects of self), and for the purposes of this paper, I will give some emphasis to the larger "outside" community. I will consider how as such it impacts the patient, and the aspects of that impact that become internal—that is, evident in the clinical space and in the minds of the patient and analyst.

The Case of Mr. R

Mr. R is a 72-year-old retired skilled laborer and representative for his union shop. He is married, and the father of two well-functioning adult children, both college graduates. He consulted me because he wondered if he was "narcisstic" (sic) based on his tendency to be "antagonistic" by which he meant that it was hard for him to let his point go in discussion. Mr. R, a White man, grew up in a Rust Belt state, the younger son in a family of four children. He had an older brother and sister, and a younger sister. His intact family was ruptured when at age nine, his father died suddenly due to complications of diabetes which allegedly he badly neglected. The family was of meager means before the father's death and struggled even more so after his death. His father had been a gambler who often gambled away resources needed by the family. These impoverished and impoverishing conditions of his youth produced massive instability, including unstable hous-

ing, often in barely habitable structures, and numerous school transfers. After his father's death, extended family members attended to the material needs of Mr. R's family. They supplied food, clothing, and shelter as needed. Mr. R remembered his extended family's kindness and gifts with gratitude. He also remembered the hardships in his childhood, particularly his father's brutal disciplining of him, including "whippins" and what he remembers as his father's penchant to believe anybody's bad word about him. He gave as an example a time when he was tossing small rocks at a telephone pole. One, according to Mr. R, inadvertently hit a truck that was passing by. The truck driver reported the mishap to Mr. R's father who then whipped him, despite his apology and statement that it had been inadvertent. Mr. R entered military service after graduating from high school as his best option to make a living for himself and to send home money to help support his mother and younger sister. His course in the military was not smooth though he was honorably discharged. In his own words, "in the army, I tended to buck authority." Following military service, he entered the work force in an industry that was thriving near his home town. He soon married and began raising his family. By any objective measure, he was successful. He was offered a union leadership role, thrived in it for a number of years, but then returned to factory work when he could make more money there. He made one attempt at a different job path when his older brother asked him to join him in the brother's small business, promising Mr. R that in due course, they would become partners. According to Mr. R, despite his hard and effective work, the promise was never honored. Mr. R. felt gravely disappointed and betrayed. Throughout his adult years he has suffered periods of binge drinking and has struggled with moderate obesity, and more recently type 2 diabetes. At the time of initial consultation, through a boot camp program, he had lost 40 pounds and had been able to reduce his reliance on medications for diabetes. Also, he had suspended drinking all together.

Mr. R's chief complaint—his questions about whether he was "narcisstic" and whether he was antagonistic in discussions—became clarified as his having a thin skin when he felt he was not being heard or listened to. This was particularly problematic for him with his wife on any subject that he might

want to bring to her attention, and with friends and neighbors, particularly on larger community issues such as social welfare. Whenever he felt slighted, he would become slightly agitated and persistent to the point of becoming all transmitter and no receiver. This approach often resulted in impasse situations, with provocation and hardened positions being passed back and forth. He reported numerous experiences in which people tried to convince him that welfare recipients just wanted something for nothing. The family history determinants of his style became clear in our work, including his having felt unheard and disrespected by his father who was quick to corporally punish him without giving him any chance, in words, to account for himself. Furthermore, once his father died, he was surrounded by women—his mother and the two sisters who remained at home. He experienced them as a close-knit group from which he felt excluded. He felt that his mother strongly favored his sisters over him.

It is garden variety psychodynamics to understand Mr. R's narcissistic vulnerability in terms of sibling rivalry, loss of love of mother, loss of love and of the love object in terms of father, and possibly some identification with the aggressor, his father, in terms of his quickness to cut others off aggressively and quickly in conversations to make his points. These are all important ways to understand Mr. R, and all of these ways of understanding Mr. R were clarified and interpreted to him, including helping him understand why he said "narcisstic" rather than "narcissistic." Once we worked on the ways he felt excluded by his *sis*ters, and he came to recognize, re-experience, and understand his anger about that exclusion, he could see that his mispronunciation was not a simple error of speech but was symbolically an act of retaliation in which he left his sisters out, as he had felt left out by them.

An important question is whether these ways of understanding Mr. R are sufficient. Undoubtedly, there are other standard psychodynamic ways to understand him. In addition, I offer that there is a larger community dynamic that also needs to be formulated in this case. Specifically, when Mr. R's father died, the family was poverty-stricken. His mother applied for and for several years, received government Social Services. She swore the children to secrecy about this support, never quite

explaining why, according to Mr. R. However, he surmised that his mother was trying to protect him and his sisters from public scorn and their own sense of shame. The prevailing view in his working-class community was that families needed to be self-sufficient, and that those not so were held in contempt. Here, I ask you to consider that there are those among us who are paranoidly fixated on the point of view that social welfare is a "get over" scheme, and social welfare recipients *in general* are shiftless and deplorable.

By "paranoidly fixated" I mean that there is a strong trend among many to project into those in need of public support despicable characteristics. In my clinical experience, these projections often become internalized and adhesive in those on the receiving end of the projections. Such projection deserves to be the focus of our psychoanalytic work, just as much as the standard fare on which we are well trained to focus, some particulars of such work I spelled out above for Mr. R. How do we include in our clinical work those pathogenic aspects of the larger society which become internalized in the patient? In the case of Mr. R, I was able to gain access to this kind of internalization in relation to his history of having been a welfare recipient. The surface for the work was the fact that among the many heated discussions the patent got into with neighbors and friends was one about poor people. Keep in mind that the middle-class retirement community in which the patient lived was made up of many with profiles like the patient–self-made folks who worked their way to comfortable middle-class existence in retirement. However, in contrast to himself, a middle of the road Democrat, Mr. R reported that most of his neighbors were social and fiscal conservative Republicans.

With the background just presented, I will report a segment from about the fourth month of work with the patient. He started out in a somewhat more self-flagellating fashion than usual, stating, "I can't stand myself." I said, "ouch"; "that sounds so painful," and I asked what had given rise to such a negative feeling about himself. He went on to describe still another edgy discussion with a neighbor about poor people. After stating that the discussion with the neighbor went a bit better than usual, in that he did not become as angry, and he did not persist with multiple arguments about people getting

stuck in poverty. He said, "I'm learning to let the arguments go." After a brief silence, he looked directly at me and asked, "Do you think people want to be poor?"

I recognized that I was a likely transference object for so many from his past—for example, the dismissive and punishing father/neighbor; the mother and sisters from whose eyes he could not get to gleam. Remembering the raw, self-hating state of mind with which he had begun this session, I said, "The obvious, top of mind answer with which I am comfortable is 'no,' but we both know poverty is a very hot topic about which different people have different feelings. How can we develop a deeper understanding of your question and your feelings?"

Mr. R said, "Well, it's a long story in my case." The "long story" became the unfolding of his family's experience with poverty and with the response to poverty of his community growing up—including its beneficence in the welfare support the family received, the mysterious secrecy about it his mother imposed, the larger community's split about it, giving the family welfare support on the one hand, but on the other hand, spewing forth scorn towards them from taking "handouts." The patient's healing came in understanding that his self-contempt (for example, "I can't stand myself") had many determinants—from the family dynamics *and* just as primarily from the community in which he grew up. He came to realize that every engagement with another did not have to be a fight for his own worth or against the limitations of the other. He became more able to recognize and use his internal resources which the internalized demons of the material and emotional poverty of his youth had for years largely decommissioned (e.g., determination, stick-to-itiveness; empathy for the underdog; faithful love of the family he had made as compared to the family from which he had come).

The Case of Ms. S

Ms. S, is a 70-year-old woman in psychoanalysis three times per week. In her session the day after the 2016 Presidential election, she wailed, "My community has let me down, again!" By "community," she meant the larger national community on

which she had been counting to keep her safe, and by which she felt betrayed, given the election results. She came to treatment with a history of community betrayals. By her report, they were: a broken family in which the cast out father abandoned her; an alcoholic mother who raised her allegedly in slipshod manner, and a sense that no one was watching. Or, if any one was watching, they were ineffectual in caring for her, inspiring her, and protecting her. She felt compelled to steal the things she needed (from her mother's purse, literally, and later, from boyfriends), and she subjected herself to sexual abuse (fellatio) in her pre-teen years as "payment" to the keeper of the horses she loved to ride. She was spurned by the Riding Club she wanted to join, allegedly because she was Jewish and her family came from the wrong side of the tracks. Thus, the patient had numerous and very damaging experiences with multiple kinds of community failure and corruption. Memories and feelings of same came gushing forth in the wake of the election.

Effective treatment involved working on all of the levels, treating each as requiring a determination of its importance in her disturbance. For her, it was important to develop understanding with her of how she was counting on the nation's strength to come through with a more noble election process and result. Surely, her massive, undifferentiated response to the election had something to do with over-idealizing what government "of the people, for the people, and by the people" can deliver. Helping the patient to understand this over-idealization and its basis in her search for a "more perfect union" than the one she found in her family and community at large in her childhood was an important part of our work. For this patient, it was just as important in her treatment for her to understand that based on her history of very disturbed relationships with various kinds of communities, she had a special discernment of the dangers of the election process and its outcome. She came to see in it dishonesty, trickery, disdain, greed, and exploitation—factors that bedeviled her upbringing and also came to be aspects of her own character and behavior. This "seeing" helped her realize that just as she had been working to strengthen herself in relation to these attributes in herself, she could, in a de-idealized way, work in her community at large to help herself and others to work for more cohesion between our founding principles and our daily practices.

The Case of Dr. T

I treated Dr. T in psychoanalysis three times per week. His mother was Asian, and was born and grew up in an Asian country where she met and married the patient's father, a white American. They then settled in the United States. Dr. T entered treatment in his early 40's, married to a woman of Hispanic descent. They had no children. Dr. T was a high level executive in a pharmaceutical industry, having honorably retired as a major in the army where he served as a doctor of pharmacy. He entered treatment because of intense anxiety and moderate depression in relation to identity diffusion related to sexual orientation, his profession, and his race. Symptomatically, he tried to soothe himself through extravagant and impulsive buying of fine things including watches, cars, beers, and motor bikes, to the point of accumulating hundreds of thousands of dollars of debt. All things white were idealized without examination. In these ways, he lived in a white out condition and actively Wited Out any conscious awareness of his identity diffusion and conflict, including his loathsome view of himself racially. His intent was to make up for all of his self-hate with purchases of fine things with various unique and highly prized meanings and value. He came to treatment when anxiety and depression became nearly crippling. Here is an example of how we began to work on his identity issues:

> **Dr. T:** Arabs and rappers buy $200,000 watches just for the status. They know nothing about the value of the watches. My father had a very valuable watch and knew the value of it. In leaving it to me, he asked me not to bastardize it by adding diamonds to its face. [Awkward silence.]
>
> **Dr. Holmes:** I wonder if the awkwardness relates to what you previously told me about this—that your father thought such an addition would be to ghettoize the watch, make it Black, which your father despised. You have previously noted, with pride, that he wanted to keep everything as white as possible. I wonder what that means to you, and meant to him, since he, too, had an ethnic aspect, married your Asian mother, and they created you, half Asian.

Dr. T: You know, I actually envy the Arabs and rappers. They are not reluctant to show off what they have, even if they don’t know the underlying value, and they’re getting back at whites about it—like the Arabs who terrorize the South of France by driving their multi-million-dollar cars down the narrow streets 100 miles per hour. All of this stuff is like a bacteria you can’t treat.

Dr. Holmes: I’m thinking that it’s not just the Arabs and rappers who may be ignorant about underlying value of what they have. Might that apply to you, too, in terms of your underlying racial characteristics—both on the Asian side and your whiteness. What do they mean?

Dr. T: I am one-eighth Polish, and I don’t want to know. I have AncestryDNA.com, but I have not sent in my sample. I don’t want to know.

Dr. Holmes: Perhaps you are afraid that to know will be like exposing yourself to a treatment-resistant bacteria.

Discussions and Conclusions

This paper is a call to us to articulate a third level of intrapsychic experience—namely, the various ways we internalize our community at large—our founding principles, our practices which are designed to execute those principles, and the impact on us of lack of cohesion between the founding principles and governing practices. I have examined what gives rise to the lack of cohesion. Specifically, we, as humans, have the capacity to be noble, to craft civilizations and their requirements on the basis of our finer qualities. We also have baser tendencies, including our tendency to hate, and to use our hate in the service of aims that serve personal goals and disserve the aims of the larger community, and disserve the aims of groups within the community that are deemed unworthy. I have also asked us to examine the deficiencies in our examination of whiteness itself. This paper has been an attempt to show the clinical relevance of what, in its worst expression, becomes a rupture between our civilization’s ideals and our governing activities, with the

potential for severely negative impact on the lives and psyches of many. As we have seen, such disruption can be experienced personally as very destabilizing to our patients, leading to symptoms such as anxiety and depression, and attitudes such as cynicism, even disillusionment.

As one who has studied multiple "isms" for most of my career, I find it important now to state that the breakdowns in civilization I have articulated in this paper constitute fundamentally the breach that allows for the "isms" to occur, and that these breakdowns themselves can be experienced by our patients. I hope the presented cases have shown that such breakdowns in our culture at large are palpable and in important ways can become internalized disturbances in our patients. They are not just distractions from other important clinical foci. As such, they deserve our focused attention in the consultation room, so that we can help ourselves and our patients move beyond regarding such matters as if they are, in the words of Dr. T, "treatment resistant bacteria."

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