
EDITORS' INTRODUCTION

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This issue of JPCS contains, among other articles, papers that represent two intersecting special topics, one on ethnography and psychoanalysis and another on the psychic and the social in the clinical encounter. In April of 2002, the Human Sciences graduate program at George Washington University, Washington, D.C., sponsored its eighth annual conference. The focus was to examine relationships among psychoanalysis, culture, and ethnography. Academic scholars from California, New York, Belgium, China, and elsewhere, gathered with many local analysts from the Washington Psychoanalytic Institute to hear keynote talks by Christiane Hartnack, Vincent Crapanzano, Paul Verhaeghe, John Kafka, and Elisabeth Young-Bruehl. We are delighted to publish some of the contributions from that conference, including papers by Daniel Rancour-Laferriere on Russian icons, Jan Jagodzinski on body-building, Kimberly Chabot Davis on psychoanalysis and the Birmingham tradition of audience studies, Shannon May on trauma and Chinese cinema, and Ricardo Ainslie on the repercussions of the murder of James Byrd.

Ainslie and Brabeck's piece, in which they interview residents of Jasper, Texas (where Byrd was killed) to understand what factors play into the heightening or containment of racial tensions, is also an excellent contribution to the declared special topic for this issue: the psychic and the social in clinical work. The papers we have assembled for this special section illuminate two aspects of this topic. First, there are a number of articles and notes that illustrate some of the ways that psychoanalytic understanding can be applied to social situations and group experiences. Among these are the articles by Ainslie and Brabeck and by Julie Oxenberg, about a project in which she worked with children of Nazis and children of Holocaust survivors. This aspect

of the psychic and the social is also illustrated in the international notes by Linda Robinson, who writes about the Middle East and compares Sharon and Arafat's impasse to an impasse she experienced with a couple in treatment, and by Andrew Samuels, who writes about a clinical activist group he co-founded in the UK. While all of these authors are clinicians, their focus is not on the work they do in their clinical practice but rather on how they have applied psychoanalytic thinking to larger social concerns.

Susan Van Zyl's paper, which suggests that public antagonism towards psychoanalysis has something to do with the enormous differences between the kind of speech and behavior that is expected of the patient on the couch and the kind expected of the citizen on the street, provides a bridge between the two different aspects of the relation between the psychic and the social we present here. As Andrew Samuels points out in his piece, the psychoanalytic left has been far more wont to apply psychoanalytic thinking to the social world than to interrogate the social in the clinical encounter itself. There are many implicit and explicit taboos about bringing socio-historical reality into the consulting room, and for most clinicians, the family is the largest social context they allow to surface in an individual treatment. If we take seriously some of the academic theoretical breakthroughs of the past ten or fifteen years, however, for example Judith Butler's work on gender, Homi Bhabha's work on race, Pierre Bourdieu's work on class, and we look at the construction of identity as a process that in part occurs by splitting off parts of self associated with abject others, then we must at least begin to wonder how individual suffering is related to whatever individuals have split off to take their "proper" social place, even if the individuals themselves are completely unaware that their racial identity, sexual

identity, class identity—and the way these get bound up with the staples of clinical work, such as dependency, independence, and emotional vulnerability or constriction—are part of what is oppressing them.

Andrew Samuels' piece also questions clinicians' hesitancy to introduce political events into the treatment. Philip Cushman (whose *Constructing the Self, Constructing America* is reviewed in this issue by Ronald W. Wright) has in fact made a compelling case that the social surround is in every treatment an important third, usually ignored because of the complicity of psychoanalysis with dominant individualist ideology, but potentially available for the clinician's use. As Samuels says, bringing such things as political events into the consulting room may be considered bad practice today, but the history of psychoanalysis shows that today's bad practice has more than once become tomorrow's good practice. The papers we have assembled here, then, must be appreciated as true outliers in the clinical field, that is, they are not part of any longstanding tradition in which clinicians consider the way that the social enters treatment. Even those early analysts who were part of a Marxist tradition, for example Otto Fenichel, rarely applied their societal critiques to actual case studies.

Because clinicians are not terribly used to bringing the social into their clinical work, then, it is probably no accident that our call for papers produced several pieces that centered on Sept. 11, an event that barreled its way into the lives and consulting rooms of many

clinicians, whether or not they were theoretically prepared to deal clinically with social and political events. Papers by Elisabeth Young-Bruehl, Mark Borg, and Doris Brothers center on the way Sept. 11 traumatized them and their patients, calling forth reflection on annihilation anxiety, defenses against uncertainty, and the way social traumas are experienced through the filter of one's individual trauma history. All of these papers also center on the rather unusual demands that the events of Sept. 11 put on the patient-analyst relationship. Chamorro's paper, which concerns the inevitable self-disclosures that occur when the therapist speaks a language other than English and carries a non-Anglo name, also takes up contemporary debates about self-disclosure and about the patient's ongoing analysis of the analyst's subjectivity. Indeed, almost all of the clinical papers we present here, as well as book reviews by Richard Ruth, Robert Samuels, and Jason B. Jones, are marked by two things—the focus on the analytic relationship and the subjectivity of the analyst, an emphasis most often found in the relational analytic tradition, and the placing of familial wounds and traumas in a larger social context. While the authors hail from a variety of psychoanalytic schools, we hope that the focus on clinical process will give non-clinicians some idea of what actually goes on in the consulting room, an encounter with some of the ways that psychoanalytic technique is currently thought about and practiced.