SAMPLE CHAPTER
With Culture in Mind

Psychoanalytic Stories

Edited by Muriel Dimen
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## Introduction

**Muriel Dimen**

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The aim of this fascinating and successful collection of diverse clinical writings is to open up the space wherein individual psyches and psychoanalytic dyads are infused and delimited by discursive systems. More than a shifting series of stage sets, the discursive practices that are illuminated in these chapters are parts of selves, as crucial to the interactions as any other part-selves that engage in the analytic dyad. We now see how so much that appears to happen against the backdrop of this “social third” (Altman, 2009, p. 61) is actually constructed by its shapes and shadows—that even if we are able to see around and beyond it, we cannot undo its powerful staging effects because they are the very stuff of which our meanings and intentions are made.

At times this exposure of effects is stunning, at other moments more a confirmation of what was suspected or familiar, but in every case beyond what we could have discerned and articulated minus the supposition that, as Eyal Rozmarin (Chapter 5) eloquently puts it, “the entire grid of meaning onto which we plot our subjective experience is anchored in … collective discourse.” This supposition, this awareness, changes what we are able to see and how we strive to imagine what we cannot see or glimpse only darkly.

These chapters are so rich. Deciding where to insert my own thoughts and questions amid this array of possible stories and analyses is daunting. The choice may itself be revealing, but since I must begin somewhere, I shall. Each of these chapters, condensed as it may be, deserves a discussion of its own, but I am going to have to sacrifice some of the particularity to the general and highlight some themes. I believe it’s my mission here, which I have chosen to accept, to highlight what is gained or lost or made more troublesome by admitting...
the intensity of interpellation our psychoanalyst authors allow themselves to experience.

What Are Mommies (Little Girls) Made of?

I’m going to start with the “mommy stuff,” precisely because it is familiar, endlessly discussed, yet in some way elusive for each mother and each analytic couple who pursue its outlines in the fog. I want to suggest that the interpellation described by M aura Sheehy (Chapter 1) confronts us with a dilemma that is insoluble in its own terms. But this insolubility could plausibly be seen in two ways: either in terms of the interminable psychoanalytic dilemma of being (or having) a “bad mother,” or in terms of the adage, “a woman’s work is never done.” Never being good enough could be linked to a profound sense that in our unsafe society children can never be protected or given enough to make them safe, as Lazarre (1991) described in Worlds Beyond My Control. But why should mothers, or anyone, be able to guarantee this safety to children in a life in which we are all subject to a variety of slings and arrows? We suspect that the heightened expectations of provision may enter our minds more by channeling our baby selves, baby fears, and desires (e.g., unconscious fears of environmental failure, annihilation, abandonment), than merely by dint of social inflation and competition. Yet the confusion of good enough mothering with the ability to protect children and give them a perfect life (“his majesty the baby,” as Freud [1914] already delineated in the discussion of narcissism) seems indeed a cultural discourse, an artifact of what Lasch (1979) dubbed the “culture of narcissism.” The direction of effects is doubled: discourses into which we are interpellated have, as psychoanalysts insist, origins in specific infantile or childhood fantasies.

Thus, the question of the nature of Melissa’s badness as a mother, and her analyst’s badness or inadequacy, remains open. The question is not why women as mothers can’t get a grip but why they think they should have one—and such an omnipotent and perfect one at that? Which baby is calling that shot, and what anxiety dictates that mother should keep her Cheerios in the bag and be as efficient and buttoned up as Mary Poppins? Or, put differently, what is inside the
bag? What logic of demand was previously obscured by its cover, by that foggy feeling of “not good enough” mother or analyst? Beneath or besides this guilty sense of lack, what other discourses are lurking? Behind the perfect mommy imperative, for instance, is there a powerful discourse of gender? One in which perfect little girls never feel good enough, have to be more and more perfect in their bodies, their behavior, their scholarship, their skills in the girl group, and so on?

In psychoanalytic terms, these discourses are collective curative fantasies, elaborated by each individual, of redeeming herself or others by being perfectly maternal and giving, or perfectly accomplished and balanced. The redemptive fantasy of the omnipotent mother who can be all-giving is one I’ve (Benjamin, 1994) considered in depth because it seemed to me so prevalent when I was in Maura’s situation. Maura herself has to recognize how, still hostage to this fantasy, she has to give it up to help her patient. This is a lovely example of the theme common to many in this group of relational narrations: that the analyst’s self-recognition is so essential because the analyst is struggling with the same thing as the patient. And therefore her breakthrough—at times shared dramatically as in this case—is essential to the patient’s. This is a point that time and again has been made in relational writing about enactment: Patient and analyst are implicated in the enactment through a shared (unconscious) fantasy. But as Maura’s vignette illustrates, this point is more subtle than might at first glance appear. The act of disclosure—as in, oh yes, I’m messy, as Cheerios reveal the not-so-cheery side of juggling career and motherhood—is more than a revelation to dispel the illusion of perfection.

It changes the terms of psychoanalysis because it is more than a disclosure; it is an invitation to face reality together, a most powerful instantiation of surrendering to the third, to “life as it really is, not as we wish it to be.” To negate our simple subjection to the shared fantasy—with the challenge, Who says it’s easy for me?—involves enlisting our patient as an analytic subject who can engage the “secret” truth together; it is calling upon the space of intersubjectivity to share a third that is in fact not unconscious. Rather, this third is a deliberately created alternative to our unconscious submersion in the
unquestioned realm of the ideal. This third dissolves the idealization of what could or should have been, including that of an analyst who should or could be the “real thing”—the thing that is never reality. A different kind of ideal object, one that might be lovable in its imperfect reality, survives. Fantasy that persecutes with its redemptive demand gives way to a piece of more authentic conversation; that moment of interaction, a piece of enacted play, begins to create an intersubjective space as an alternative to unquestioned unconscious submission and fantasy substitutes.

It strikes me as incredibly apt that Maura is talking about reclaiming the subjectivity and desire not only outside of the house (not just when she puts on makeup and goes to the office) but also in motherhood. There is thus a parallel between the mother’s longing for intimate closeness with her child (wanting to get inside each other’s minds, share secrets) and between analyst and patient. How much can we recognize, own, make use of our analytic desire to have an intimate relationship with our patients, based on knowing and being known? Because, after all, we indeed share such vital raw aspects of the human condition together even when we don’t expose them so concretely by spilling the details of our version.

**Down in the Dumps of Good Gayness**

Interestingly, the dyad Stephen Hartman (Chapter 2) describes with Darren seems to me the example most closely allied to Maura’s experience of looking for goodness. This linkage appears doubly, in the frustrated desires for intimacy as a mutually constructed issue in the treatment and in the obstacle to that intimacy posed by redemptive fantasies of perfection or having it all. Stephen’s conclusion that brings the two, analyst and patient, up against the wall of shattered hopes for overcoming one’s “othered” identity is that we can’t be good boys, either in hetero or homo sense, in either alternative or straight discourses of goodness. We can be neither ideally wildly “bad” nor fit for normative *New York Times* good-boy-hood. Stephen’s paper lights up the shadows of gender as melancholy, a position of denying one’s love that Butler (1995) so powerfully articulated: the search for love denied that takes the form of hating what one really is, longing
for what one can never have or be. In Darren’s history, not being able
to light up his father, lacking the longed-for connection of homo-
erotic identificatory love, has led to a rather confused form of ideal
love. Here I refer to the idea (Benjamin, 1988, 1995) that, absent a
parental mirror, response to the excitement and love in such identi-
fication leads a child to confuse the yearning for the denied love
with submission. More specifically, the confusion in his redemptive
fantasy was amplified by the contradiction in the primary parental
couple he grew up with. Is the marital bliss Darren fails to achieve
constituted by being what his mother was to his father? (A further
confusion given that he can’t decide if father was the man hiding
out in the basement or the one banging his mother on the party
wall?) Or does bliss lie in being its opposite, an exhibitionistic gay
hero who is only protected by, but not deadened and reduced to, the
patina of a normalized partnership?

Like perfect motherhood lost in confusion, perfect partnership
relates to a cultural narrative that can make Stephen feel as undone
as Darren—“We’re both fucked!” But there’s an added dimension of
explicit envy and desire in this story that complicates the moment of
sharing the third, the realization of what it means to be a gay man
subject to the laws of a homophobic society. Stephen represents not
only what Darren feels he can never be but also what he can never
have. Yet, in my take on the erotic transference, Darren needs a
chance to feel he can both be and have Stephen just enough—enough
to love himself rather than hating himself compared with the ideal
self he projects outward. Is the question how will he, or can he, get
enough identificatory love from Stephen to make up for what he didn’t
get from his father? Or is it how will he move from melancholy to
mourning what he didn’t get? As long as Darren believes Stephen has
“It” and envies it, he can’t mourn. So what must Stephen do or be to
address Darren’s desire? Perhaps something crucial is (unavoidably?)
elided when Stephen shifts voice in his narration from Darren’s wish
to surrender to a more abstract statement of his limit: “Imagine being
able to tolerate binding the most degenerate sex with the surest love?
Darren can’t. We haven’t. I am, for Darren, married, and he is, for me,
a patient.” Are those the obstacles?
I find myself wondering. What causes the analyst to back off here; what really underlies the failure of imagination? Surely plenty of analysts and patients have imagined being married, but imagining the surest love coupled with most degenerate sex—is that excessive, too hot to handle, what the discourse in fact won’t allow or contain? Or is it too confusing to couple submissive accommodation (you can do what you will with me) with secure attachment? At the very least the failure to imagine combining attachment and sexual heat is key: Perhaps the height of sexual melancholy for straight and gay is that the discursive practice of monogamy and marriage simply doesn’t hold or create space for the transgressive aspects of sex; it can’t take the heat. Is this lack of a social container for desire the reason that the analyst is left simply too alone trying to handle it by himself, while handling it with the patient is too hot? Perhaps Stephen’s example pushes us to recognize the point at which a shared third joined around resistance to a regulatory discourse in which one’s desire is delegitimized—sighing over the Times—is just so much easier to bear than the third that joins us in that desire. In other words, desire may frighten us simply with its otherness: The dyad is challenged at the point of restrained and contained revelation of dissociated yearnings for the surrender of love mingled with the vulnerability of innocence and transgression.

Facing the Unspeakable Losses

On the other side, sometimes even the freedom to resist normativity appears foreclosed. Resistance to what traps us in acceptance of our socially defined abjection as other, the dehumanized identity of other to the same, is not so easy to muster, as Olga Pugachevsky (Chapter 4) discovers. The actual dehumanization of illness, the determining reality of her patient’s loss of agency, its crippling function, can appear simply objective. As such it would seem to override the domain of subjective freedom and thus lull or overwhelm the analyst into submission. The dangerous thread of passivity in abjection that can be erotized by Darren is no less seductive, if perhaps more lethal, for Mariana. Her illness appears as the manifestation of lost agency and not merely its cause, and this appearance threatens Olga with a guilty sense of blaming the victim. She finds herself marshalling her mental
forces to pierce the fog of illness, but the enactment that might invite Mariana to know her struggle, which could be seen as a struggle between different part selves has not yet manifested. Olga must sidestep the temptation to collude in Mariana’s stigmatization and lack of agency but must do so from the uncomfortable position of being part of the healthy world that is spared such abjection. The reality seems bleak: In addressing the phone call she cannot simply be the other to the part of Mariana’s self that wishes to avoid, deny, escape her condition. She must address the condition in which the self that wants to live is really at the brink of facing a terrible helplessness to fulfill that wish, ever, in this life. Yet the self that can live, the one that wants to give in to passivity and be saved from outside, suffers equally, feeling victimized, ashamed, and resentful.

This is an overwhelming dilemma, in the face of which Olga must summon all her strength. The analyst’s dissociated self-state parallels the patient’s, necessitating a reflection on the intersubjective “we” who have failed to deal with her fear of action. Unlike Stephen’s “we” who haven’t dealt with the desire for surrender or the wish for normalcy, this dyad must tread more carefully at the edge of mourning, facing the fear of collapse and death. The ideal has not been named; the desire to live is itself, perhaps, too dangerous to even spin a fantasy that could be relinquished. In this constellation the analyst is simply struggling for life, for a place in her mind that can face how dissociated we become in the hopelessness of a loss that is dehumanizing not only because of its discursive aspects. What would it mean to face this trauma of losing a body that works in the world as well as the lack of agency it induces? Yet in this struggle Olga has to free herself from something within, a revulsion or fear of identification that is generated not only by illness per se but a cultural discourse in which vulnerability is abjected. The therapist is alone with her patient, abandoned by any social third, facing the patient’s inevitable enmeshment with her mother as socially, not just psychically, constituted. To come to any truthful action requires consciousness of the burden she carries because the social world leaves her alone with Mariana: another aspect of the victimhood that such a social world generates. Olga and Mariana
share this unspoken abandonment, in the face of which Olga, too, struggles to find voice and agency.

Sharing Our Stories: The Therapist’s Use of Her Own Trauma

Our patients give us very different ways of facing trauma with them, of allowing us to enter their world, depending in part on their own sense of what repair will actually mean. By contrast to Mariana, Li-an (Chapter 3) seems to have a steadfast belief in her own agency, which never falters. For all the burden of badness and responsibility that was heaped upon her, she was expected to take an active role in dealing with disaster. This demand for action in the face of traumatic loss of homeland and social belonging as well as her parents de-idealization and harshness played a large role in Li-an’s development. Interestingly, the need for agency in the face of trauma was consistently undertheorized, even scotomized by the early psychoanalytic discourse despite obvious experiences documented by those such as Anna Freud (Freud & Burlingham, 1943) during World War II. The helplessness of those original hysteria patients who succumbed to the demand for passivity and inaction, such as Freud described, contrasts sharply with the efforts at restorative action taken (but not supported) by both Dora and Anna O. As I’ve described elsewhere (Benjamin, 1998), Anna O, Freud’s pseudonym for Bertha Pappenheim, pulled herself together by becoming a feminist activist on behalf of women captive in sexual slavery or impoverished and outcast.

Unlike Pappenheim, Li-an encounters an analyst willing to look at herself and support Li-an’s activities on her behalf. Her activity, her self-reflective narration of her story, drives the treatment forward and eventuates in a conflict Glenys Lobban must solve not only by recognizing cultural difference but also by encountering her own past. In a way, this is the most dramatic encounter of the analyst with herself that a patient can bring about—a reversal that earlier analysts were not capable of, as they shunned their own traumatic war experiences and objectified the patient.

The conflict between Li-an and Glenys adds a new twist to what I’ve said so far about fantasies and idealizations that are so often shared, discursive phenomena, which function like objects of melancholic
attachment. Generally, the analysis of these objects, when it becomes part of an intersubjective process of affectively meaningful communication including mourning or pleasure in self-discovery, is part of what we think of as healing. But it does not exclude conflict, nor do we necessarily have the same idea as our patients about how such reparative fantasies should be re- or dissolved. Li-an doesn’t want to give hers up, and Glenys is the one transformed in this story by Li-an’s insistence.

Is this primarily a matter of decentering from one’s own cultural context in which such social reparation would seem a mere dream? Or is there, as Glenys asks at the end, another read possible? What struck me on first hearing this story was how Li-an’s desire to repair her parents paralleled the therapeutic endeavor that brings us to try to heal our patients (how many times have I heard supervisees slip and call them parents?). In this sense the cultural and individual level are not so distinct: Glenys not only hails from and was hailed into a less reconciling culture and a historical time when the trauma of being a soldier was occluded, but she also has a specific experience of failure that finally surfaces: Her hope that she could heal her wounded Dad on the fateful trip to England was dashed. In other words, did she fear reliving the disappointment and pain that was dissociated on that trip through Li-an’s story? Had it occurred earlier, would such a recollection of her lost experience have changed her ability to hope for Li-an to succeed rather than anxious need to protect her from a similar fate? I am struck by the fact that similarity, rather than difference, joins Glenys and Li-an across culture: the wish to repair their parents. This common longing links therapists and patients, perhaps more deeply than we can often be aware. Li-an’s striving to face and repair her parents’ losses liberates Glenys to know her own losses and perhaps to mourn her father’s in a very different way than before. The limitation Glenys faced is not simply cultural differences in attachment to one’s family and tribe; it is also the old psychoanalytic discourse according to which the therapist is not meant to intrude with her own story. Thus she less quickly brings to bear her own story, but when she does it becomes apparent just how enriching it is to the therapeutic dyad.
How Well We Know Each Other: Therapist and Patient in the Grip of the Same History

Eyal Rozmarin’s patient (Chapter 5) confronts him head-on with the narrative of exile, redemption, and exile that is common to more than one generation of Israeli, but his story leaves me in suspense. I am waiting not for the arrival in the promised land—fortunately, we are told, the patient has given up creating his new utopian community for the now—but awaiting the moment when the loss of that promise is known in a new way. What will Eyal, his patient, and I, too, do when we truly know that it is gone, lost, sacrificed to the very desire that gave birth to it? As I know from my own history, revolutions devour their own children, and the sons who are sacrificed to maintain the promised land leave it not merely to save themselves but because something terrible and unnamed has occurred.

The appeal of an epic, apocalyptic narrative is splendidly evoked by Eyal’s narration of his shared story. As Muriel notes, we are as much drawn to discourse as we are driven, we are facilitated in the emergence of our subjectivity and not merely oppressed. In other words, discourse does not merely interpellate by force, it compels, seduces, fascinates, and then perhaps betrays us. Indeed, Eyal’s vignette makes vivid what I have already said (Benjamin, 1994) about redemptive fantasies regarding eros or motherhood—but with the difference that this fantasy is explicitly collective, and that is part of the salvation it promises and fascination it holds. There are so many known elements: The idea of returning to a home, creating a home, sacrificing what you already have, saving a chosen few.

Analyst and patient are swimming in the same sea, literally and figuratively. They are in it up to their necks. “Life needs to be more,” says Dori, by which he means that life without that collective narrative loses a meaning, an intensity, a purpose that he was raised to need and fulfill. To regard the process of taking part in the collective as a melancholic compromise, Eyal shows us, may be too simple. It does not take account of the need to belong, to be part of a collective story, to own our shared unconscious in a consciously relational and collective way. What Dori’s story hints at, and the ending I am in some sense still awaiting, is an articulation of the magnitude of
having and then losing a life that is based on belonging to something larger than oneself. If this is an experience that is barely known and thus even less mourned than most in our North American society, what does its absence mean? As someone who grew up with such a collective life and identity but must mourn and abandon it because it has become corrupted, untenable, sacrificial, does one have a different experience from those whose redemptive fantasies never achieved social realization, for whom such ideals are always already lost? The gap left by such a loss strikes me at times as something unbearable, more so because it is a loss simply unknown and unintelligible to our individualist society.

Given that difference, we must also ask how intelligible Dori’s experience would be to an analyst who grew up with nothing more collectively shared than a baseball team. We could circle back and imagine how Glenys might have experienced Li-an’s aspirations differently in terms of collective versus individual. What if she could have more fully identified with the passion that lies in a fantasy of healing not merely the parents, but the collective, the society? I ask this not because I am seeking a pedestrian solution to the problem of analyst and patient working from different cultural standpoints but rather because I am interested in what is intelligible to us, available given the limits of our experiences of the social. How can what is not immediately intelligible to us become so? To see one’s life as “a manifestation of a complex collective fantasy” is one kind of experience; to see one’s life as a manifestation of some individual set of social and personal intersections is quite different. For one thing, the former constellation might mean that individuals are far more quickly recognizable to each other, accessible to identification, than in other instances. To manifest a fantasy that is readily intelligible as collective, one that is meant to embody socially mediated sacrifice and redemption on behalf of a greater whole seems to me different, though not entirely so, than to embody a set of passions, intentions, hopes, and dreams such as motherhood that are culturally shared but individually realized on behalf of just one or two beings. Isn’t it interesting that Eyal recognizes his shared reality with Dori immediately, whereas Maura must work through a plethora of differences to come to her obvious commonality with Melissa?
In general, it might be important to recognize the difference between, on one hand, an interpellation involving racism, homophobia, normative heterosexuality, or perfect motherhood and, on the other, a set of ideas that position you as a hero, a founder of utopia, a defender of your community. The burden of sacrifice involved in being someone meant to save your people—one I can recognize having been raised to serve the people of the oppressed classes—is one side of such a shared narrative.* The other side, however, is the greater assurance of collective belonging and having an impact. My thoughts in reading Eyal’s paper after the others was to wonder what kind of difference there is between mourning one’s own inability to fulfill a ideal one has embraced as curative but discovered to be impossible and mourning a “god that failed,” a system that reveals itself to demand sacrifices while betraying the ones who sacrifice for it.

Colliding or Colluding in the Shadow of Oppression

The thread of mourning I have followed from chapter to chapter becomes more entangled in the complexity of Orna Guralnik’s vignette. As she writes about the effects of colonialism and racism, she unpacks the loss of intelligibility to oneself that occurs when the picture of oneself as other has been swallowed and incorporated, as when her patient has received an indigestible dose of hatred that becomes self-hate. Thus, there emerges what Layton (2006b) has described as an impoverishment of the mind caused by de-linking individuals from their socio-political contexts. This de-linking activates dissociative dynamics (Guralnik, 2007); it denies linguistic signification to ordinary experiences that might rattle the social order. Instead, melancholically foreclosed into the world of the abject, individuals lose their ability to feel fully present and personified. In the process of immigration and becoming a Black among Whites, one kind of intelligibility is lost, which necessarily engenders melancholy. And how can this melancholy be dealt with in psychoanalysis when what

* This narrative is in turn part of a larger web of narratives: European Jewry divided itself between those who embraced religion, Zionism, and socialism in the late 19th century.
has been lost was both a real world, lost through emigration, and a status that is created by the othering action of a discourse that cannot be individually resisted?

Ede’s efforts at collective resistance turn out to be self-defeating, and Orna’s efforts to educate her about the laws of the society she resists only intensify her spiral into loss of agency and fantasies of restitution. Not only is Orna representing the “Whiteness” from which Ede is excluded, but in this Black and White constellation Ede loses access to a part of Orna she desperately needs but perhaps does not know or hope for: a framework for action, for justice, that involves a viable lawfulness rather than the restitution sought in a helpless victimhood that despairs of any law but that of power (expecting the world to set right its wrongs). Perhaps this reflects my own theoretical predilection, but I confess I was most gripped by the moment of manifestation at which Orna seeks to bring the issues of economics and power, law and lawfulness into the smaller arena of the therapeutic relation. The law was so differently perceived, interpreted, intelligible to each of them, so differently privileging, yet they are able to negotiate these different realities in the arena of the third.

The question of whether there was a law that could regulate Ede’s and Orna’s relationship is answered by Orna with the description of a negotiated deal that involves responsibility and agency on both sides, hence a nascent form of mutuality: We show up, you pay, I accept what you give. This is an attempt to restore lawfulness, responsibility, to set up a moral third that creates boundaries and structures that could only be further destabilized by righteous acts of transgression—the kind that in the past left Ede disregulated. If I understand this sequence correctly, there is a consensual reality that can be embraced: Ede needs to pay; Orna needs to clean up her billing.

Before asserting this third Orna, we should emphasize, first—and I would say necessarily, inevitably—falls into what she describes as a failure, a lapse into judgment, lack of ability to understand Ede’s relation to the system. Fair to the core, Orna suggests the limits of both her and Ede’s view of the law, the bind they are in reflecting a truth about the system: It is corrupt, but it also corrupts and contaminates many an effort at resistance, which seeks to undo it. This is the fundamental dilemma in helping anyone to step out of victimhood.
would hold that Orna’s task is not uncommon to any therapy involving trauma: Maintaining that most tenuous balance between representing in the enactment both the perpetrator who can admit the crime and the one who witnesses the crime and its acknowledgment. Being both the representative of that white society that needs to know what it has done to the Other, and the one who can identify with the intense pain of that other is a specific, intense version of a larger dilemma.

The perversion of the third, in the sense of third as social order or law, poses a specific problem for the therapist beyond what may be (and I am not so sure of this in Orna’s case) her acceptance of a privileged legal and color position. As I (Benjamin, 2006) have elaborated on other occasions, the analyst’s awareness of her failures in recognizing the hurt and reinflicting of old wounds causes her to have to struggle with self-regulation, with shame and guilt. I would argue that Orna’s dual role, like that of any psychoanalytic therapist who unavoidably reactivates a patient’s traumas and wounds, is of being witness as well as representative of the perpetrator. Holding both positions, standing in that space between, is a crucial part of cleaving to the moral third. Yet to witness as White places a different stress, a different kind of identification as perpetrator, and thus an even greater challenge to the therapist’s efforts at self-regulation.

Thus, this dyad has many specific challenges posed by interpellation that compel a kind of guilt and struggle for the therapist of a specific kind. In her witness function she must do what the bystander mothers and women in Ede’s family could not, insist on some kind of law. But at the same time, she must not fail as the White world does to recognize the injuries it inflicts. We learn that there is another issue related to law and lawfulness, another structure to contend with, that Orna tries to hold in mind: patriarchy, the exploitation of women as a fact of Ede’s society of origin and not only her adopted colonial or White society. Orna needs to be a double witness, and accordingly she allows Ede to direct her most vehement and fierce outburst to an ambiguous You, who have let “the men” rape and deny me, treated me as garbage, and prevented my mother from speaking out to protect me.

This leads me to wonder if, without a shared consciousness of colonialism and patriarchy, a discursive awareness shared despite their differences, Ede could articulate this double oppression and betrayal.
by her own people as well as Whites, one that she could formerly only dimly, dissociatively endure. Without a consciousness of patriarchy, a sense of law that goes against the grain of race and with the grain of gender, in other words without the consciousness regarding incest and exploitation that feminism has brought about, Orna and Ede might have lost all bearings—and would surely have lost a crucial ingredient of the moral third. Perhaps Orna might have drowned in her Whiteness and Ede’s victimhood without having any compass but guilt to feel her way through the differences in their lives.

This last remark on feminism returns us, not exactly full circle perhaps, to the matter of what kind of experiences are shared, mutually intelligible, rooted in collective fantasy. Even with this disparate pair, Orna and Ede, the goal of mutual intelligibility must be striven for, if not attained, precisely with the help of recognizing discursive practices and our cooperative efforts to resignify them. It is this tension between what is intelligible, resignifying, and meaning-giving on one side and what is oppressive and normative on the other that we struggle to bear in mind with these amazing and complex depictions of therapeutic consciousness of the role of discourse in their own and their patients’ lives.