

The War on Error:

How an Outcome-Hungry Society Activates Defenses and What Role Psychoanalytic Thinking Can Play

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Yet, by a trick of hegemony and power, men could turn their psychic vulnerabilities...into what we define as human and desirable. (Chodorow, 2015)

The Hoffman report detailing the involvement of the APA in torture proceedings came as a shock to many of us in the field, APA members and non-members alike. The collusion of APA staff with the Department of Defense (DoD), the government agency that operated Guantanamo Bay where, according to the International Committee on the Red Cross, conditions tantamount to torture prevailed, seems unthinkable. There had to have been powerful dynamics at play that allowed these events to happen, and as far as I can tell, these dynamics parallel those that often emerge in the treatment of trauma survivors. Fraught with destabilizing projections, these treatments are frequently characterized by oscillating identifications with victim and perpetrator. As Alla Volovich, a former supervisor of mine, put it: “the nouns can change but the verbs don’t”—the “verb” placeholder being occupied by synonyms for “attacks,” “controls,” or “punishes,” as if in a perverse mad libs. The psychotherapist is vulnerable to collusion with the perpetrator object, which may surreptitiously stand in for the subject of the therapist and thus create the sentence: perpetrator attacks patient. Without the therapist’s efforts to understand the mechanisms behind this sentence’s construction, the ensuing dynamic represents a problematic reenactment.

As a nation, we were traumatized by the attacks on 9/11, and one can easily see how the “attack” verb has been preserved on a large scale in attempts to cope with this trauma. Neil Altman (2008) outlines how we became wrapped up in the “vicious circle of humiliation and violent response” post-9/11, citing the invasion of Iraq and the torture of detainees at Guantanamo Bay as efforts to regain a sense of power and control by perpetrating, rather than being the victims of, violence (p. 661). In addition, I contend that the preoccupation of American culture with concrete outcomes, rather than fluid processes, further lubricates the path toward reactive violence, constructing a psychological overpass to circumvent the congested intersections of emotions, ethics, and morality. Navigating through this murky territory is seen as the role of the victim, while achieving a desired outcome, even by force, lies within the perpetrator’s purview. Because our society values concrete outcomes and fears complex emotional processes, we are sent unconscious messages that it is preferable to be associated with the action-oriented perpetrator rather than risk becoming a victim, who must acknowledge the painful experiences of sadness and loss of control. As such, engaging in torture (and thereby identifying with the perpetrator) is more easily justified, as this cruel yet potentially “effective” action is juxtaposed with an image of helplessness and impotence.

The emphasis on “getting results” obscures the process entailed in getting from point A to point B and promotes the attitude that failure is not an option (which in reality, of course, it is). As long as processes are only valued in terms of their outcomes, moments along the way that

do not adhere to an image of success, as defined by our cultural ideals of power and control, are considered errors. These “errors” then become intolerable sources of humiliation and shame and propel people into more desperate and drastic action in order to achieve the sought-after outcome. If the desired outcome is not achieved, then no value can be derived from the process, and so the feeling of having failed is redoubled. The dialectic between error and outcome persists in ever-widening pendulum swings with no checkpoint in between. In my view, the cultural convictions that processes are only as valuable as their outcomes and that error is unacceptable lend themselves to the dangerous mentality that the end justifies the means, even if the means constitute torture.

I do not mean to imply that outcomes are not important, only that when there is tunnel vision surrounding said outcomes, we are vulnerable to losing sight of ourselves along the trajectory connecting our starting point with the outcome. In the vein of Heisenberg’s uncertainty principle, we know where we are going (or trying to go), but not where we are. The Hoffman report exposed this principle in action. Though glaring ethical conflicts saturated the APA’s process of delineating their involvement in interrogation tactics, denial apparently pushed these troublesome red flags out of awareness. Even if they were seen superficially, they could not have been truly felt by the decision makers; such recognition of the brutality they were implicitly allowing would have put them in the victim’s position. They would have had to resonate with the emotions that a victim feels. To avoid this inconvenient discomfort, metaphorical pain-cancelling blinders were affixed so that the goal of gaining dominance could be attained and the powerful perpetrator role assumed. Leaders of the charge only saw the desired outcome, not what was actually happening.

On a broader level, the terrorist attack on the World Trade Center translated to a national attack on linking in the Bionian sense. The emotional extent of the horror we had experienced could not be borne, let alone thought about. The easiest way to escape psychic pain was to react, and so our country went to war. Likewise, the link between our victimization on 9/11 and our reactive alignment with the role of violent perpetrator could not be thought about. Knowledge of the classic, interchanging victim-perpetrator dynamic of trauma was unavailable to our collective consciousness. The humiliation associated with our country’s conception of victim-hood is intolerable in our society, making the acknowledgement of our role in the trauma dynamic a threat to our ego. Unable to metabolize our humiliation, we sought an outcome that reaffirmed our physical strength to psychically undo our victimization. Perpetration of violence was our self-prescribed cure for our sense of defeat in the absence of the capacity to think. This moment in history highlighted a dynamic that I believe is part of our larger cultural configuration: the persistent overvaluation of outcomes that feed one’s sense of power and control and the devaluation of energy put toward understanding one’s larger emotional picture. The former circumscribed product is viewed as a success, while the latter nebulous process is deemed inane without “results.”

If success is defined so narrowly in our society, then one’s sense of self-worth is inevitably fragile. Yet rather than deriving value from such things as abstract thought and a-directional dynamic processes—a task that would go against the cultural grain—the common strategy for bolstering self-worth appears to be a strengthening of a defensive attachment to outcomes. This attachment in turn fuels a need to stamp out the existence of unachieved results.

To accomplish this feat, a cognitive maneuver of selective amnesia is employed to kill the aspects of our consciousness that hold thoughts incongruent with our desired results, thoughts that threaten to introduce a margin of error around our successes. We are, in effect, waging a war on a part of ourselves, on our own processes, which are implicitly denigrated in our culture. The defensive splitting of outcome and process renders the former an object of idealization and the latter a mistake, a sign of weakness, a waste. To dwell in a place of uncertainty would be to betray our allegiance to outcomes. It would feel almost unpatriotic, as achieving outcomes is a symbol of our country's ideals of strength and independence. Ironically, it is the *dependence* on outcomes to feel strong and valued in our society that I view as pathological.

I imagine that psychologists in this country are particularly vulnerable to developing this dependence because the value of mental health providers in our society has fallen into question. In the minds of many Americans, psychological insight is considered pointless, or, at the very least, has little utility (after all, insight does not a tangible outcome make). Exploring one's emotional processes is not widely considered a worthwhile endeavor. If anything, such a diversion might be considered shameful. At its extreme, stigma puts psychologists in a symbolic category with lepers; they, belonging to the same social caste as our messy internal processes, are not to be touched. Subtle messages to this effect add to our insecurities about not producing concrete results for the world to witness. When patients progress and succeed in life, clinical psychologists are rarely credited with this favorable outcome by any source other than their own intuition, if at all. Unlike in the world of a surgeon or hairdresser, for a psychologist to claim responsibility for someone else's outcome would be to contradict the importance of the relationship and shared process that takes place in meaningful treatment, conveying little else than an assertion of power and control over the patient.

In a culture that has largely expunged the variable of process from its equation of societal value, how can psychology assert itself as a valuable industry? It appears that the APA's choice to be involved in Guantanamo Bay was one attempt at affirming psychologists' value to this country. Yet in this act of collusion, the Department of Defense represented just that—a defense. Specifically, it offered a defense against society's dismissal of psychology's most powerful tool, the source of its efficacy, i.e. the healing *process*. As such, partnering with the DoD presented a refuge for psychologists to escape an emasculating feeling of inadequacy. Following this logic, the DoD would take the APA under its wing, and psychology would become powerful and important by association. Then, despite its meager appraisal by society, the field of psychology would suddenly be endowed with value. Therein lay the manifest content of the APA's American dream.

More than forty years ago, Nancy Chodorow (1971) described an enduring phenomenon that seems to shed light on the latent content underneath the APA's collusion with the DoD. In her chapter in *Woman in Sexist Society*, she elucidates the notion that men have to establish their identity by “doing,” while women can just “be.” The United States' patriarchal valuation of achievement and outcome-producing action puts the APA staff's actions into context. In this country, the social pressure to “do” eclipses the importance of “being” such that insecurity in one's self-worth is likely to mutate into a pull toward action. In effect, our patriarchal society could be compared to a demanding parent who disrupts its citizens' “going-on-being,” to borrow from Winnicott (1960), and replaces this modus operandi with a prescription to “go-forth-and-

do.”

Operating in a patriarchal system, the threat of emasculation at the hands of society may help kindle a defensive reaction among psychologists to reaffirm psychology’s “manliness.” If such defenses are triggered, leaders in the field may feel they have something to prove, especially in comparison to the field of psychiatry, whose medical credentials afford it many more outcomes in the eyes of the general public. Here, I am reminded of Karen E. Starr and Lewis Aron’s (2013) discussion of the implied hierarchy that exists within binaries. One side of the split is inevitably more highly regarded by society while the other is diminished and subjugated. In my view, the following hierarchically charged binaries are analogous in our culture: victim—perpetrator, process—outcome, woman—man. As I have discussed, loss of control prompts a need to ally with the forceful, action-oriented, “male” sides of these binaries. Apparently, not wanting to be relegated to the implicitly loathed “female” side of the psychology—psychiatry binary, some psychologists sought to identify with the DoD, an organization that typifies our socially constructed definition of maleness (and, incidentally, whose abbreviated name bears striking resemblance to the American name for our primary male attachment figure). This flight into masculinity illustrates a powerful defense against helplessness and impotence, the potentiality for which was already embedded in our culture and which was subsequently catalyzed by the trauma of 9/11.

At this point, I wish to offer a clinical example that illustrates these dynamics as they arose in the treatment of a trauma survivor. Through work with traumatized patients, we all become familiar with the powerful interpersonal currents that threaten to sweep us up if we lose our grip on the lifeline of psychoanalytic thought. In my work with one woman in particular, a survivor of sexual assault and physical abuse in childhood and a long-time patient at a community clinic, the pull of the perpetrator-victim dynamic was very strong. The atmosphere of our initial sessions was tense with vigilance and held breath. Speaking words felt equivalent to throwing punches; every time I attempted to ask a question or offer a reflection of my own, she interrupted with an aggressive barrage of words describing her hopeless fate to live in agony forever. Seemingly impenetrable, her ruminations felt to me like a barrier to be overcome. I felt an urgency to break through the wall of words, a need to force my way through her resistance. I remember saying to my supervisor, “I want to be the one to crack this case.”

My comment revealed both the pull toward reenactment that so often infiltrates trauma work and the sentiment of frustration and aggression often elicited by “difficult” (e.g. defensive/resistant) patients in general. Add to this scene my own insecurity as a trainee; I lacked confidence in my ability to help my patients and feared that my perceived incompetence would be found out. My response was to take refuge in a culturally reinforced quest for results. Operating with hyperopia, I would not have to contend with the difficult clinical issue right in front of me, namely, that my patient did not feel safe. Of course, it was impossible to force her into a working relationship with me, yet my very lack of ability to do so propelled me toward a defensive pursuit of omnipotent control. In retrospect, this dynamic seems readily apparent. In the moment, however, I felt that it was my job—my duty even—to produce a tangible outcome, for the sake of my patient and of proving my value to the field.

Psychotherapists may be vulnerable to collusion in activities involving control of others

precisely because we have so little—if any—control over our patients. As exemplified by my wish to “crack” my hard-to-reach patient, this lack of control can fuel a sense of desperation, which, before it can be recognized and registered as such, gets psychically converted into a drive to take control. Just as a traumatized patient is apt to swing into a perpetrating role, a therapist who is at a loss for how to “get results” is also at risk for turning passive into active. In a culture that prizes visible outcomes and derides subjective analyses of complex processes and “touchy-feely” interactions, therapists may feel the need for a defense against a creeping sense of helplessness. The act of torture can therefore be conceptualized as a form of primitive need fulfillment for a therapist. Torture endows one with the power to systematically “crack” the person in question as well as the ability to punish this person in retaliation for not allowing her or himself to be cracked. Thus, the act of torturing another provides an opportunity to live out the fantasy of having omnipotent control over interactions with others and satisfies the sadistic impulse to make those who do not obey the rules of this fantasy suffer.

Someone colluding in torture has the imagined ability to force people to reveal things, an outcome that would assuage the torturer’s anxiety about being ineffective. In the consulting room, on the other hand, we have to accept the limits of our knowledge of the other. Uncertainty about our patients can cause powerful discomfort, but it is a discomfort that psychoanalytic theory teaches us to tolerate in various ways. Still, this discomfort can feel like a kind of terror, especially when a patient is intermittently suicidal or conveys homicidal feelings. We can feel held hostage by our patients’ opacity; perhaps worse than experiencing a failed outcome, we must live with a set of unknown outcomes, each with infinite room for “error,” looming over our work. I contend that this countertransferential experience of fear heightens the appeal of a setting in which people can be detained and ruthlessly questioned until the desired amount of certainty about the nature of their intentions is reached. In reality, there is no way to reliably discover truths in this fashion, but the contrast between sitting with someone for 50 minutes to unknown ends and actively using violent force against someone until we are satisfied feels quite compelling. Torture seems so easy and straightforward compared to the work of therapy.

One measure of expertise in psychoanalytic psychology is the ability to facilitate a lowering of defenses in our patients and the uncovering of their deepest thoughts and feelings. Psychoanalytic theorists along with our own experience have taught us that fighting against a patient’s resistance will only serve to strengthen it. Torture is a method of overriding this principle, allowing one to use violent force against this resistance until it is broken. One throws analytic principles to the wind and adopts a battering ram-like method, approaching discrete goals in a profoundly un-therapeutic way. Torture punishes individuals for being resistant until they comply rather than working with their resistance to achieve understanding. At no point is the meaning of this resistance considered. Yet, belonging to a field in which good work is rarely tangible and often not easily recognizable, I suspect that psychologists who colluded with the Department of Defense were hungry for a clear delineation of success. With their collusion came the promise of a nationally recognized affirmation of their good work, as the act of torture includes a built-in outcome measurement system.

What is the role of psychoanalytic thought in a world that allows the use of unethical methods in order to obtain desired outcomes and disregards vital principles on which psychoanalysis is based? Further, how do psychoanalytically oriented clinicians safeguard

against defensive acting out under these conditions? From within our outcome-focused culture, it is often hard for others to see the broader usefulness of psychoanalytic thought, but the very fact that its value is largely unrecognized by America's collective consciousness means to me that it is more important than ever for psychoanalytically minded clinicians to maintain faith in the analytic process. Engaging in this process entails feeling the helplessness of our patients, and on another scale, of our government and our fellow citizens in the wake of 9/11 and other traumas. It also entails acknowledging a sense of helplessness in ourselves when we are confronted with our limitations. Rather than view these limitations as failures, a psychoanalytic lens allows us to derive significance from roadblocks and find meaning in helplessness. Such is the mechanism through which psychoanalytically oriented clinicians hold uncomfortable emotions for patients who cannot tolerate feeling impotent. In the same vein, I believe that those of us in the field of psychoanalytic psychology can provide a collective containing function for society at large, a sanctuary of "being" in a world that only knows how to "do."

As I have implied earlier, the shadow-side of our culture's fixation on outcomes is, in my view, a growing fear of emotional discomfort. As a society, we are averse to suspending uncomfortable psychological experiences in the service of therapeutic discovery. Allowing such emotions to remain conscious so that they may be thought about feels too dangerous, as if this process were equivalent to being (re-)victimized. A cultural unwillingness/inability to tolerate difficult internal states leaves us vulnerable to being seduced by the promise of achieving a glorified outcome, despite any ethical pitfalls that may present themselves along the way. As the Hoffman report revealed, psychologists are far from immune to such cultural pressures. There is even another layer to this pressure for mental health professionals, particularly those with a psychoanalytic bent, based on the threat of society's devaluation of our process. For the field of psychology, I suspect that over-investment in outcomes is a tactic in a war on our own terror of having no value.

I agree with Altman's (2010) assertion that "Our ability...to uphold the values that make psychoanalysis liberating and subversive, is at times undermined by our own complicity with efforts to undermine our field" (p. 330). As champions of psychoanalytic thought, we often find our values undermined within our sociocultural climate. Yet if we reactively enter into the rat race for outcomes, we risk compromising our field's theoretical and ethical principles that behoove us to engage thoughtfully in often-challenging therapeutic processes and to refrain from acting out our insecurities. I propose that embracing psychoanalytic values, even though they may often be objects of disparagement and thus provoke our insecurity, will help us extract ourselves from a potentially self-defeating cycle. Psychoanalytic thinking privileges the ability to examine defenses and resistances and does not rely on a concrete outcome measure. Therefore, if we define success in terms of one's capacity to engage in a process of analytic thinking and non-defensive self-reflection, then we are liberated from the need to identify with a perpetrator who forces desired outcomes into existence. Affirming a psychoanalytically informed measure of value would thus help our field develop resilience in the face of threats to our self-worth. In turn, we could further empower our patients and communities at large to safely go on being.

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