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Who's Responsible? Our Mutual Implication in Each Other's Suffering

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In this paper, I examine the social and psychological roots of what I call neoliberal subjectivity, a version of contemporary subjectivity marked by a repudiation of vulnerability that has arisen from the social, economic, and political milieu of the past 30 years. The defense mechanisms involved in such a repudiation cause a decline in empathic capacities and in the capacity to experience ourselves as responsible and accountable for the suffering of others. I look at the way conflicts in the area of accountability and responsibility are lived both within our patients and within the interaction between patient and analyst. I argue that contemporary definitions of empathy normalize the repudiation of vulnerability and thereby foster an experience of empathy in which one can sustain a safe distance from the suffering other and not hold oneself accountable. A two-way version of empathy that counters neoliberal trends requires that we examine the ways we seek refuge in identifications that distance us from vulnerability, and it requires us to recognize the harm we inflict when we do so.

In a scene in Sarah Schulman's (1992/2006) *Empathy*, a novel originally published in 1992, Anna O., the protagonist, comes to Doc, a *very* lay street psychoanalyst, for treatment:

> "I also believe in good and evil," Anna said. "Things are falling apart in this country with great rapidity and everyone wants to pretend that they have nothing to do with it. That no one is responsible. Now, I happen to be a happy person, Doc. I like *my* life the way it is. But when I look around for one minute I get … ideas. Ideas about structure."
>
> "You mean politics?" he asked wistfully.
>
> "Well I do know that there are other things going on out there besides *my* happiness, if that's what you mean by politics."
>
> "How strange," Doc mumbled and overtly made a note.
>
> "What is it, Doc?"… . What's wrong with me?"
>
> "You're suffering from *empathy*," he said. "You must have some unresolved past experience." (pp. 51–52)

Schulman's Anna, although suffering from empathy, is nevertheless able psychologically to make a fairly clear separation between her happy personal life and a country that is falling apart—perhaps not as great a separation as the one made by her countrymen, who, it is suggested, do not suffer from empathy. But the capacity to make that separation is part of what I want to look at here. For I've been troubled recently by what I experience as a failure of accountability, a failure to take responsibility not only for the things we sign on for personally but also for things that my country,

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the U.S., has signed on for. And I believe this has to do with a failure of empathy, which, I argue, entails a failure to recognize the ways in which our identity investments and disidentifications implicate us in the suffering of others. I want, then, to consider some possible connections between empathy, responsibility, and accountability in contemporary U.S. culture. I begin with an analysis of the current U.S. socio-political climate. I then examine the kind of psychic dilemmas about responsibility and accountability that this climate creates for U.S. patients and clinicians alike. To explore this further, I offer some thoughts on the intrapsychic and interpersonal damage that ensues when a culture accepts as normal huge discrepancies between rich and poor, and when it, further, normalizes discourses that make vulnerability and need shameful states. When public institutions abandon their responsibilities toward their citizenry, I argue, there is a pressure to create ever more individualistic identities that repudiate the vulnerable and needy parts of the self. This, in turn, blocks awareness of the ways that we are mutually interdependent. Gender, class, racial, sexual, and national collective identities are mobilized to mask vulnerability and to perform the psychological and cultural work of distinguishing ourselves in whatever ways possible from those more vulnerable than ourselves.

THE FATE OF ACCOUNTABILITY AND EMPATHY IN A FREE MARKET CULTURE

Attempting to account for the increasing income inequality in the U.S., the ever-widening divide between rich and poor, Paul Krugman (2002) has written persuasively that the period of greater equality that occurred between the New Deal and the 1960s was an anomaly in U.S. history—a short span sandwiched between the gilded age of the late 19th to early 20th centuries and our contemporary gilded age. In *A Brief History of Neoliberalism*, David Harvey (2005) suggested that the inflation, surging unemployment, and crisis in capital accumulation that occurred in the U.S. by the late 1960s led the upper classes to panic about their loosening hold on power and wealth. That panic eventuated in the repudiation of Keynesian principles of government intervention in the economy, and led to the embrace of a neoliberal, free market ideology that ended the postwar compromise between labor and capital, broke the back of unions, deregulated public services, and generally made “big government” into a villainous term (even as budget deficits in the U.S. currently soar).

In *The Culture of the New Capitalism*, Richard Sennett (2006) wrote about changes that these events have wrought on political and social institutions. Sennett argued that political institutions have modeled themselves on “cutting edge” corporate cultures that have increasingly centralized power, leaving less possibility for subordinates to interpret directives and exercise even a modicum of autonomy. Simultaneously, corporate and political cultures have become increasingly less accountable for the negative effects their policies have on workers/citizens. Since the 70s, when changes in monetary policy freed capital to be invested globally and gave more power to shareholders who wanted immediate profit, corporate bureaucracies have come to valorize “flexibility” and innovation over stability and craftsmanship. The consultant, Sennett argued, is the new ideal worker. The consultant model discourages long-term attachments, rewards risk taking and shaking things up, has little regard for the historical knowledge older workers might have, and valorizes knowing things superficially rather than in depth. In this system, the idealized self, Sennett wrote, “publicly eschews long-term dependency on others” (p. 177). Workers in the “cut-

ting-edge" business move around from project to project, which also discourages attachments, and they tend to perform tasks in nonlinear sequences. Indeed, Sennett found that workers who were demoted or reprimanded generally were those who spent too much time tending to relational issues in the workplace, for example, providing too much customer service.

Sennett (2006) further pointed out that in our increasingly individualist meritocracy, a few people are recognized as truly talented, and the rest are relegated to the non-special status of a disposable mass. The untalented masses come to feel that they have only themselves to blame for being not special. Along with the self-esteem and harsh super-ego issues that this obviously would produce—it is no surprise perhaps that self psychology, with its focus on self-esteem regulation, develops during this period—Sennett found that an important consequence for individual psychology is that people feel anxious not so much about failure as about being found useless or redundant. New institutions, he wrote, "breed low levels of informal trust and high levels of anxiety about uselessness" (p. 181).

Howard Stein (2000) has also written compellingly about what he calls our new feelings of "disposability." His work on the traumatizing ways that workers are fired when deemed redundant or when their jobs are outsourced illustrates how vulnerable white-collar workers and professionals have become. And his organizational data well support Sennett's contention that new bureaucracies are marked by a decline of accountability. In Sennett's words, "The new institutional order eschews responsibility, labeling its own indifference as freedom for individuals or groups on the periphery; the vice of the politics derived from the new capitalism is indifference" (p. 164). And Harvey (2005) related the decline of accountability to conflicts in responsibility as follows:

> As the state withdraws from welfare provision and diminishes its role in arenas such as health care, public education, and social services, which were once so fundamental to embedded liberalism, it leaves larger and larger segments of the population exposed to impoverishment. The social safety net is reduced to a bare minimum in favour of a system that emphasizes personal responsibility. Personal failure is generally attributed to personal failings, and the victim is all too often blamed. (p. 76)

Indeed, in the past 8 years alone, tax cuts for the wealthy, corporate welfare, and the costs of a terribly unpopular war have decimated public services, leaving most of us on our own to fend against very real anxieties that we will end up without healthcare, without pensions, without social security.

In the field of psychoanalysis, Rachael Peltz's (2005) article, "The Manic Society," traces some of the psychic effects of public indifference on the professional middle-class patients she treats. Peltz, too, argued that when the government abdicates responsibility for containing anxiety and for "holding" the vulnerable and the needy, dependency becomes more and more shameful. As Peltz elaborated, many of us have accepted as normal a state in which we daily run ourselves ragged; we feel virtuous when we can fit 100 activities in the shortest amount of time and we feel like lazy slobs when we cannot. Like the patients Peltz described, most of my patients (and friends) have dutifully shaped their subjectivities in accord with dominant norms that, even more so than in past eras, unlink the social from the individual. And so they consistently rail against themselves when, for example, their small businesses fail or when they are unable to balance career and child care. They think that there are stronger, special others who can do it all and that if only they weren't weak, inferior beings, they, too, would succeed. They have successfully made themselves solely responsible for their so-called failures.

Peltz's case vignettes indeed suggest that those who strive to make it in this system become in certain ways overly responsible and self-reliant, defending against shameful need with the manic activity necessary to deny how very close we *all* are in the U.S. to falling through what is left of the safety net. Yet, it seems to me that, in other ways, as citizens, people have become less responsible. The individualist individual fostered by neoliberalism is ever more split from the citizen or social individual, which causes a crisis in empathy, responsibility, and accountability. Indeed, government and corporate abdication of responsibility for their citizens and workforce, and the privileged classes' colluding but understandable response—to disavow vulnerability and escape into manic activity—have together brought about a marked decline in social solidarity, the concern and empathy for the vulnerable and for the stranger that characterized the welfare state. On the level of government bureaucracy, a pragmatic and calculating approach to dealing with the vulnerable in society has replaced empathy for fellow citizens. Solidarity toward the stranger, the foundation of the welfare state, has devolved into what sociologist John Rodger (2003) called an "amoral familism," the tendency to feel accountable only for yourself and those in your immediate circle. Perhaps the most dramatic current instance of amoral familism is my—and many people's—sense that were there a universal draft in the U.S., were the middle and upper middle classes' children vulnerable to being sent to war, there would be no, and likely never would have been, an Iraq War. The volunteer army allows most of us to deny our own vulnerability and our complicity with a government that sends some of its most vulnerable off to die. In our current climate empathy appears as a state in which we are at best concerned by the suffering of certain others, but not implicated in it.

In the U.S., empathic capacities have no doubt been affected as well by the backlash against the social movements of the 60s to 70s. Indeed, this backlash began as soon as blacks, women, and gays made social gains. But I think that the backlash *also* has something to do with the rise of neoliberalism. By the mid-70s, both elected Democrats and Republicans had begun to share the same neoliberal economic worldview, and by the end of the 70s, debate over redistribution of wealth had virtually disappeared from public discourse. Cultural issues, the so-called culture wars, became the only issues open to public debate. Dina Georgis (2007) described the way attachment to collective identities can operate to make loss tolerable, and it just may be that the economic losses and dislocations we have experienced—and neither rebelled against nor mourned—have led many of us, in Georgis's words, to "find consolation in separation from others" (p. 254). Libidinal attachments to ethnic, racial, and class identities offer many psychological comforts, among which is "safety in an insecure world" (Bauman, 2001). But such attachments are easily manipulated for political purpose by those in power. Just as the neoliberal "revolution" had begun to take place, in the run up to the 1980 election, Reagan and his Republican operatives successfully encouraged many poor whites to disidentify with poor blacks and to identify instead with whiteness and white privilege. Black "welfare queens," for example, were deemed unworthy of white empathy. Such machinations contributed to the near disappearance of empathy for the native U.S. poor by the 80s, which paved the way for such tragedies as Hurricane Katrina. But it is in the "culture wars" that one can perhaps see even more clearly how, once difference becomes distinction and common vulnerabilities are denied, empathy narrows not only to a state in which we cannot imagine ourselves to be implicated in the fate of others but to a feeling which can be given or withheld according to political agendas.

To illustrate, I briefly mention work in progress by Cynthia Burack (2006), who studies homophobia in Christian fundamentalist groups that have developed what she calls compassionate

pedagogies. Burack noted that when gay rights activists accuse these groups of being hate-filled, they get nowhere politically, because the groups don't see themselves as hating. Indeed, they see themselves as full of empathy and love. But what Burack points out is that they have carved up the world into who is deserving of empathy and who is not. In this case, those who wish to be rid of their same-sex desire deserve empathy for their struggle, and those who act on such desires do not. Compassionate pedagogy criticizes Christian failures to care adequately for ex-gays, but

> *does not* implicate its subjects in destructiveness toward others. It does not acknowledge, for example, histories of targeted violence, police harassment, family rejection, and harmful therapeutic interventions. Instead, it carefully positions Christian conservatives as purveyors of God's law on sexuality and exonerates them for harm-doing against lesbians and gay men. (pp. 19–20)

As the aforementioned suggests, empathy, like all affects, is a social as well as an individual state, subject to political struggles over how it is to be defined and experienced. In the current era, empathy seems to have been dominantly redefined as something we accord only to people who are most like us, most near and dear—or to very distant suffering strangers, such as tsunami victims in foreign lands. Carolyn Dean (2004) has documented the many social critics who decry an "exhaustion of empathy" in a world in which we are daily bombarded with images of suffering. But perhaps this "exhaustion of empathy" has something to do with neoliberalism and the way that empathy is defined in several dominant discourses. As Paul Hoggett (2006) has pointed out, liberal moral philosophy defines empathy as a one-way state in which the empathizer is figured as separate from the person who suffers, safely distant from the sufferer's pain. To illustrate, he points to Martha Nussbaum's argument that you cannot experience the other as other if you REALLY feel the other's pain.

This argument has a counterpart in mainstream U.S. clinical discourse as well. Indeed, the history of the term *empathy*, both inside and outside of clinical discourse, reveals that one axis along which its definition has always shifted has to do with its adherents' level of comfort with or anxiety about degrees of fusion and/or separateness from the suffering other. The question of how implicated we are in a patient's suffering has *always* been a point of contention in the definition of empathy. Many psychoanalytic schools' versions of empathy give the impression that the better we are at not getting stirred up by the patient's behavior, the more successful we are at sustaining an empathic stance—as though being stirred up indicates a failure of empathic capacity. There are, of course, counter-discourses, both inside and outside the clinic, that contest one-way definitions of empathy (see, e.g., Bolognini, 2004, and Orange, 2007). But in social conditions such as those I described earlier, where fear is constantly stoked, yet vulnerability is deemed shameful, it is unlikely that empathy *would* be experienced as a two-way state, that is, a state in which the one who does not seem to suffer would feel called upon to acknowledge some complicity in or commonality with the suffering of the other.

I'd like now to turn to some ways in which these issues show up in the clinic. What are some of the conscious and unconscious conflicts around responsibility, accountability, and empathy for the other that emerge for the divided individual/citizen that neoliberalism fosters? The following vignettes are from my work with patients who are in their early 30s, and who thus grew up in the period in which the shift to neoliberalism occurred. The first, a female executive in a heavily male-dominated, high-paying field, has mentioned several times that she does not read the news because it makes her feel as though she'd have to do something. A good representative of how the painful issues that emerge from the individualist/citizen split are lived, this patient

already feels overwhelmed by responsibilities, many of which were imposed on her by parents who, we have discovered in treatment, repeatedly put their children in difficult or even dangerous situations. This very highly paid patient feels that if she were more aware of the injustices in the world, she actually might be able to do something about them. Her choice until recently has been not to know. "I'm so tired," she often says. One day she came in feeling devastated about a very low offer someone had made to buy a property she had developed. She had become solely responsible for handling this property for her firm. There were numerous legal and other issues that had made this a very onerous project, one that had given my patient many sleepless nights. She had worked tirelessly putting out fires in the previous year. The deal that the prospective buyer offered bore no relation to what he had previously said the property was worth. The patient said to me, "I'd be happy to be a partner in their investment firm, but I'll never do this deal." When I asked what she meant, she said that of course you try to get things for as little as you can pay, but knowing the sweat and tears she had put in over the past year, she felt humiliated and devalued by the offer. She knew, as she put it, that to make money you look for people in desperate straits and try to take advantage of them, but she felt lousy being on the exploited side of the table. A similar issue had come up earlier: although she had entered analysis with some awareness that her manic activity was depleting her and might be contributing to what seemed an inexplicable sadness, and although she eventually decided to stop working 24/7 so that she could have time for herself and for her relationships, at some point she realized that the only way she could ALSO continue to make a lot of money was to require the people she managed to work 24/7. Indeed, she would get quite angry when her underlings would show the kind of vulnerability that she tends to interpret as an inability or unwillingness to "power through." She misses a bit the adrenaline highs of her days of powering through, but basically she has come to enjoy a life that has space for relationships and reflection. After at one point referring to herself as hypocritical, I offered that, judgment aside, it seems that part of her felt badly about putting people in situations she could no longer tolerate herself.

Indeed, one thread of our work has involved taking note of the contradictions that keep emerging between her allegiance to accumulating wealth and her allegiance to treating people the way she would like to be treated. We look at why she is so very tired, the toll it has taken on her to bear so much responsibility, the conflict between feeling accountable and needing to distance herself from feeling accountable to make money. I am aware that the treatment could, in the end, enable her to feel more at ease being less accountable; for example, at times she says that what she needs is to feel more comfortable with the position of boss, more comfortable recognizing that the rules for bosses and employees simply don't have to be the same. The identification as boss then would successfully block identifications with and thus empathy for her employees. But I wonder what will happen as she increasingly recognizes that what she calls "optimizing" time and money is at odds with what she deems best for her soul and for her relationships with others.

Another patient with similar issues and of a similar age reveals how these dilemmas regarding responsibility might connect with gender issues, particularly with ways of experiencing dependence and independence. This patient, also in a high-paying and very male-dominated field, also used to working at a manic pace, recently attended a party, and was talking with a male colleague about their newborn babies. While talking, the man's boss came near, and he then said loudly enough for his boss to hear: "If you want to talk about this girly stuff, you should give my wife a call." My patient told me that she "whipped out her penis" and made a cutting retort. As we analyzed her feelings further, she realized that he had made her feel "girly," and that she, like he,

equates "girly" with something weak and loathsome. So she responded by colluding with his devaluation of women.

Indeed, this patient isn't so sure she likes what for her, since pregnancy, are new feelings of dependence on her husband. For she, like many other professional middle-class women in their 20s and 30s with whom I've worked (Layton 2004b), has fashioned and has long lived an identity that largely repudiates dependency. The repudiation is rooted in her disidentification with a mother who, in her view, incarnates helpless dependency on a charismatic, dependency-denying, and extremely controlling husband. But the disidentification is nurtured by the psychic demands of the space in which contemporary patriarchy and capitalism meet. Traditionally the two have come together to split and gender relationship female and autonomy male; now, a new form of splitting enables privileged women to inhabit the psychic structure of traditional masculinity. Meanwhile, professional middle-class women such as my patients inherit all the problems that go along with living a version of autonomy that denies its embeddedness in relationship and manically repudiates dependency and vulnerability. In the traditional male version, male dependency was hidden in the care-taking functions of the wife; one way women such as my patients distance from having to be aware of dependency feelings is by purchasing relational services—personal assistants, nannies, housekeepers, and cooks take on the relational work for which the professional classes have less and less time. Numerous television shows in the past 10 years have legitimized this "I don't need anyone" version of middle-class femininity, shows whose female protagonists repudiate or have no time for the intimate and caretaking functions that marked the relational female idealized in the previous era (Layton, 2004d). Neoliberal subjectivity is now available both to males and females of a certain class, but it is a form of subjectivity that promotes manic activity, devalues caretaking, and denies both dependence and interdependence.

Another patient, a white man who was very poor as a child but is now quite comfortable financially, was despondent after seeing the film, *The Pursuit of Happyness* (Muccino, 2006). He felt that he was living his life all wrong, buying all the latest gadgets and defending against old feelings of inadequacy by always having to buy the best. His girlfriend tried to console him by saying, "You shouldn't feel guilty; you worked hard for what you have." He experienced her statement as profoundly unempathic with what he was feeling, for, at that moment, he strongly felt that nobody deserves what he has when people are standing in lines every night waiting for shelter. One of my many reactions was to be surprised that the girlfriend, who herself is quite strapped for money, was not more empathic with my patient's feeling. But he explained to me that when you're poor you tend not to be empathic with poverty; rather, he recalls that his family's attitude toward people in similar struggling circumstances was: "Stop complaining and get on with it." Was this view idiosyncratic to his family of poor laborers? A universal sentiment among the working poor? Or did this reflect the beginnings of the decline in social solidarity wrought by neoliberal union busting, a fraying social safety net, the encouragement for poor whites to identify as white and not as poor, and the reprise of a pull yourself up by your bootstraps mentality in the 80s?

For the patient, the feeling of living his life all wrong surfaces only intermittently; much more salient is his anxiety that he could easily fall from being a winner to being a loser (see Ehrenreich, 1989; Stein, 2000). Perhaps the guilt he expressed after seeing the movie was less about having too much than about not wanting to give up what he has (Altman, 2006)—in his case, giving it up threatens to thrust him back to where he came from, the shameful place of being a kid on welfare in the 1980s. Perhaps the issue will recur; but if part of my job is to attend to his development as a

citizen who recognizes his implication in the suffering of others, and I think it is, then I need to listen carefully for moments where the conflict emerges and might be further explored.

In fact, such moments occur quite often, but not in the sphere of citizenship. This patient has tremendous insight into his thoughts and feelings, but he has had some difficulties acknowledging his implication in the suffering of his intimates. In interpersonal difficulties, he generally prefers to inhabit the position of unfairly treated victim, and yet, even when he moves into that somewhat vulnerable position, he rarely expresses his sense of victimization in terms of his own vulnerability; rather, he tends to express it by taking the moral high ground and accusing the other of bad behavior. Like my female patients discussed earlier, he has nothing but disdain for dependency, and this disdain sometimes limits his capacity for empathy and accountability.

DISTINCTION: IDENTITY AND THE MUTUAL IMPLICATION IN EACH OTHER'S SUFFERING

As the above vignettes suggest, the difficulty experiencing ourselves as interdependent with our fellow human beings and as implicated in their joys and sorrows has something to do with how, in any given historical moment, we constitute our identities—how, for instance, dependence and independence, shame and guilt, become interwoven with class and gender identifications, how we are encouraged to split off, disidentify with, and repudiate certain ways of being human. In my 1998 book on gender, *Who's That Girl? Who's That Boy?* (Layton 2004c), I proposed a model for thinking about gender identifications that I thought could account both for the narcissistic wounds incurred from living in a sexist culture *and* for the kinds of gendered and nongendered experience we all have that make us feel good about being men or women or something in between. I called it a "negotiation model," because I wanted to capture the way we constantly negotiate gender and other identity elements both from what Jessica Benjamin (1988, 2004) has referred to as doer–done to relations—where we are treated as objects—and from relations of intersubjective mutuality, where we are treated as subjects. Each of us, if we are lucky, grows up with some predictable experiences of mutuality in relating. But each of us as well is vulnerable to the shaming assaults that arise from being treated as objects in accord with the mandates of cultural hierarchies of classism, racism, sexism, and heterosexism—each of us knows what it means to be a "good" boy or girl, a "respectable" member of our class or race or gender or sex. The wounds inflicted by doer–done to relational experience split our psyches in various ways.

Although I do not share the prevalent poststructuralist view that identity categories are inherently coercive and oppressive, I do think that cultural hierarchies, which confer power and exist for the benefit of those with power, pull for defensive splitting. Such hierarchies tend not only to idealize certain subject positions and devalue others, but to do so by splitting human capacities and attributes and giving them class or race or sex or gender assignations. The culturally desirable attributes go to the dominant group, the ones the culture least rewards to the subordinate. In certain historical conditions, it is masculine to be rational and independent, feminine to be emotional and dependent. In certain times and places, blacks are considered lazy and dependent, whites industrious and independent. What psychoanalysis adds to this historicization of a primarily poststructuralist account is a sense of how the cultural demand to split off capacities such as vulnerability, assertion, empathy, and connection is lived.

Splitting, as we all know, causes all kinds of psychic anomalies. Because cultural hierarchies split and categorize *human* attributes and capacities, whatever is split off—assertion, dependence, vulnerability—continues to haunt the psyche. The split polarities that result from the shaming instantiation of oppressive social structures such as racism or sexism, proliferate in the dark—as Freud (1915/1964) said of what's repressed—and become inhuman versions of what they might have been had they not been split. As we saw in my clinical examples, a version of autonomy that repudiates its embeddedness in connection is a version that condemns its perhaps very productive avatar to a life of loneliness and aridity. Although such disconnected achievers suffer, they nonetheless defend tenaciously against exposing relational longings, clinging to the pleasures afforded by what Bourdieu (1984) referred to as "distinction," the cultural cachet that marks them as superior to others and as removed as possible from need and vulnerability. Recall the way my female patient's colleague tried to ally with his fantasy of what his boss would deem properly masculine by distancing himself from things considered feminine.

Feminists, cultural theorists, relational analysts, and Bourdieu as well generally share a view that identities are constructed in relation to other identities that circulate in a culture. The relational complications of cultural mandates to split are thus important to understand—for therapists no less than for social scientists. To be proper subjects worthy of love and esteem, members of the dominant group are pulled to split off what the norm disavows and project it onto abject subordinate groups. We might describe this crudely as shit rolls downhill, but it is important to keep in mind that it rolls back uphill as well. For as Bourdieu has shown, abject groups often make a virtue of the psychic space they are left to inhabit, and they find ways to distinguish themselves as superior to the powerful. Beverley Skeggs's (1997) research offers a fine example of how this works: Skeggs studied the way a group of working-class women who seek upward mobility by enrolling in care-giving training programs create a collective identity in opposition to the upper-class women for whom they work. These women claim a kind of respectability for themselves based on what they consider to be their superior capacities to give care, capacities they find wanting in their self-absorbed, always busy female employers who "shop out their kids" (p. 71). At the same time, for Skeggs's subjects, becoming respectable also means disidentifying with the ways the female working-class subject is typically figured in upper-class valuations—as slutty, less moral in general, and wanting in sophistication and taste. In the norms of dominant culture, it is the middle-class female who holds the claim on respectability that these working-class women covet, appropriate for themselves, and attempt to redefine in their favor. Yet, as Skeggs showed, in a world in which the middle class has more social and economic capital than the working class, these women never do quite feel securely respectable. Skeggs's work highlights several important issues. First, it shows that collective identities are forged in particular historical conditions and in relation to other identities. Second, it shows how psychological structures such as respectability, dependency, reason, vulnerability, and emotion become gendered, raced, classed, and sexed in relationally complex ways. Third, it demonstrates that recognition is not simply an interpersonal experience that operates outside of power relations. Rather, every culture produces *norms* of recognition, norms that dictate who will be recognized as human and how they will be recognized (Butler, 2004). Finally, the work reveals that in conditions of class and gender oppression, one dominant way of forging collective identities involves distinction—oppressed groups turn against each other rather than contest the inhuman power structures that keep both groups oppressed.

Where I differ with Bourdieu's and most poststructuralists' accounts is in my belief that the use of identity categories to distinguish oneself as superior to the other and/or to repudiate otherness is not inherent to identity categories themselves, but rather to the way that power hierarchies deploy categories to sustain the status quo—and, in turn, to the way individuals deploy them defensively, to keep themselves safe from criticism and pain. At the outset of treatment, nearly all of my patients experience difference as marked by inferiority and superiority. But through the work they do in therapy, they inevitably begin to experience their differences as mere differences, neither inferior nor superior. Thus, I think it is worth considering whether the wide currency that Bourdieu's concept "distinction" has garnered in recent years might, again, have something to do with the rise of neoliberalism. For "distinction" happens to describe very well the particular ways neoliberalism's effects have mobilized attachments to collective identities that are marked by a denial or disavowal of vulnerability.

Norms are rarely internalized without conflict, and alternative category definitions always circulate in a culture. To a greater or lesser degree, these counter-definitions and counter-identifications are available to challenge the dominant definitions that depend on splitting. In *Who's That Girl?* (Layton, 2004c), I discussed a patient whose very authoritarian and macho father regularly ridiculed him for clowning around; his father would disparagingly say, "Do you want me to dress you as a girl?" Although this patient came to see himself as a deficient male with shameful desires to cross-dress, he began, in the treatment, to talk about an identification he had made with Patrick Stewart's character in *Star Trek*, a different model for masculinity that helped him find a way to be male with less self-hatred. In the clinic, and in our lives, we find unceasing conflict between those unconscious processes that seek to maintain the splits and those that refuse them. I have called those that support rather than contest the splits mandated by cultural hierarchies "normative unconscious processes" (Layton, 2002, 2004a, 2006a, 2006b). Repetition compulsions are the place where the struggle between coercive normative unconscious processes and counter-normative unconscious processes are enacted, and repetitions tend to be stirred up and played out in relation, particularly at moments of heightened vulnerability. Because the result of splitting is to keep what has been split off near, because we project what we repudiate onto others, the ways in which WE have been wounded will inevitably stir up the wounds of those with whom we seek intimate contact. In the clinic, then, we are likely to find patient and analyst engaging regularly in enactments in which the therapist is either unconsciously pulled by the same norms as those pulling the patient, or herself pulled by the conflicts that are a legacy of living within a system of oppressive norms. It seems to me that in order to counter the splitting that power hierarchies mandate, and to understand how we replicate in the clinic and elsewhere norms that sustain social inequality, we must become as conscious as possible of the ways in which we defensively use our own investments in class, race, sexual, and gender hierarchies to distinguish ourselves as superior to others.

In the clinical material that follows, I illustrate what I mean by normative unconscious processes that involve relational repetition compulsions in which patient AND therapist take refuge in distinction. In these next two vignettes, we can see how shameful vulnerabilities that emerge as the price of inhabiting certain identity positions are split off and return in enactments that sustain inequality and obfuscate awareness of the ways we are implicated in each other's suffering. The vignettes make it clear that when the therapist defends against exposed vulnerability every bit as tenaciously as the patient, empathy devolves from a state of mutual implication to a state in which the empathizer keeps a safe distance from the sufferer.

VIGNETTES

I became aware only over time that a gay, male, Asian American patient with whom I worked had ascribed whiteness and all the desirable attributes that go with whiteness to me (see Layton, 2006b). It wasn't so much that he was actively idealizing me, but that he was idealizing whiteness and I was feeling very, very securely white. When something I read about minority attempts to inhabit a fictive whiteness (Eng & Han, 2002) made me finally realize that I had assumed that position in the treatment, I began to explore what whiteness meant to him and lo and behold, what it seemed to signify was a position of invulnerability, which, had he possessed it, would have guaranteed that he never would have to feel the pain of humiliation again—humiliation associated with his race, his masculinity, his homosexuality. So long as I was putting myself in that invulnerable place, I imagine I must have been acting somewhat superior, which probably enabled me to tolerate his envy and idealization, and to empathize with his feelings of inferiority. But I did not realize that I was in some ways re-enacting the very scene of humiliation by sustaining a superior stance. Indeed, while I well know intellectually that "whiteness" is a fiction, a cultural ideal created by repudiating undesirable attributes labeled non-white, I unconsciously held onto the privileged position because it enabled me to keep a certain distance both from my own ethnic vulnerabilities and from the pain racism, not to mention homophobia, caused this man. In holding on to this position, however, I was in fact enacting racism.

At another moment in this treatment, I thought that I was being empathic with my patient's difficulty in knowing whether or not he was too deferential to others or, alternately, whether he was adhering to an ethic of politeness that was a norm of his culture. As he saw it, being polite was superior to the norms of a more selfish Western culture. Yet, the situations he described often reminded me of Benjamin's (1988) analysis of domination and submission in gender relations, and one day I told him that if he were a female describing the situations he described to me, I'd have thought that he was indeed assuming a submissive position. I did add that the difference in our cultural norms made me more perplexed about whether this was really submission or something else. What I was not conscious of until I tried to understand why he responded with a hostile zinger aimed at my femininity, however, was that the very mention of a female submissive position was to this gay Asian male a wounding white cultural stereotype. Why had I framed it in those terms? Was I perhaps unconsciously enacting my own dissociated racism and homophobia? Was I imposing my own struggle with sexism, a vulnerable area for me, on his painful struggle with Orientalism and homophobia? What did it stir up for me to sit with a man who didn't assert himself in ways I associate with masculinity? As in the racial enactment, we see the way my own conscious and unconscious identity investments were in part formed in repudiating relation to those of non-whiteness, masculinity, homosexuality. In the first vignette, my patient and I colluded in disidentifying with the attributes associated with non-whiteness. In both vignettes, my investments were deployed to sustain my distinction, which made empathy for the patient something I could only arrive at after inadvertently wounding him, being wounded back, and then thinking about how my own defenses against vulnerability discouraged the identifications that would have made empathy possible.

This example illustrates why empathy has to be understood as a two-way event—not in the sense that the patient has to empathize with the analyst, though that will also be a likely outcome of treatment, but in the sense that the analyst is so implicated in the pain of the other that the recognition of the multiple ways this is so must lead to a hard-won, slow accretion of empathy that trans-

forms not only the patient but the analyst as well (see Bolognini, 2004, Orange, 2007). Although in this particular case I was working with someone who had different cultural, racial, sexual, gender, and ethnic investments from mine, my broader point here is that our histories of racism, sexism, and classism make it so that, in every treatment, *my* psychic investments are likely to come into conflict with those of my patients. Paul Hoggett (2006) has argued that empathy involves identifying "with the point of suffering in the other *and* with the frightened and destructive forces that this suffering unleashes" (p. 156). My vignette suggests that sometimes, perhaps often, it is we who unleash these forces, particularly when we cannot give up fantasies that we are invulnerable, that we speak from a place of certainty, and that we are separate from the other's pain.

My last vignette gathers together the themes I've explored here: neoliberal subjectivity, responsibility, accountability, empathy, identity investments, and the way these are all shaped by social norms that radically separate the psychic from the social; it centers around a dream that one of my white, middle-class female patients had a week or so after Hurricane Katrina. The dream reveals, I think, the unconscious ways we are implicated in each other's suffering—and the ways we currently deny it. Like many of my patients, this patient had not mentioned Hurricane Katrina at all in sessions immediately following the event. Here is the dream:

> *I'm watching this dream unfold: there's a black woman who feels ill. She seems to get progressively worse. Her friends dig up a pit in the dirt and with water make it into a mud bath. They have her in it, rolling her around, back and forth, making more mud all the while. I'm worrying that they might be intending to put her under water. I don't want to be watching and not doing anything; I have to hope they have her best interests at heart and that they know what they're doing. The woman is in a delirium. When just her head is visible, her daughter, who has been watching, cries out, "That's my mama," and rushes closer to her to hug her. I don't remember seeing her submerged or getting better.*
>
> *In the next scene, however, there's a whole crew of people escorting her to a tv show where she was supposed to be going on, but they were filling in for her because of her illness. Not only had she recovered, she looked absolutely stunning, glamorous: reminiscent of Oprah. Her friends were rushing ahead and there was commotion as they were letting the tv people know that she was coming and to plan for her to come on.*

When I asked for her associations, she first said that it seemed to her the dream was about the personal transformation that she was undergoing, one that held great excitement and promise but also great risks and anxiety. And then she said, "I don't know why the people were black." I asked what came to mind. She said it made her think of Hurricane Katrina and all the poor, black people. She said she was very upset about what was going on and then went on to speak disparagingly about "them," those horrible people in the Bush administration and in New Orleans who didn't think about how poor people without cars were going to get out. I was struck by the part of the dream where she says "I don't want to be watching and not doing anything," and where she *hopes* the people in charge know what they are doing but fears they don't. So I asked her if she perhaps felt complicit in some way. She said she did not; she'd never let such a thing happen.

Shame had set in, and I realized only later that addressing the complicity rather than the helplessness had likely suggested my own refusal of complicity, as though I somehow was able to stand outside as the curious, but NOT HELPLESS onlooker. And I think this prevented me from finding a way to explore with her the richness of this dream, a richness that goes beyond its obvious transferential aspects. I might have drawn on a pact this patient had made with her parents, who were quite critical and quite sure their way was the right way. The silent pact she

had made was to do what they told her to do but to take no responsibility for any outcome, positive or negative. We might have talked about her hope that people in charge on all levels, including me, know what they're doing, and the fear they don't—and what do you do when you're pretty sure they don't? We might have talked about her associations to the daughter who cries out, "That's my mama." Perhaps then we would have been able to connect emotionally to the way that the dream and associations suggest a relational unconscious in which we are all interimplicated and interdependent—"that's my mama," while they simultaneously point to a contemporary social reality whose discourses deny interdependence and therefore deny complicity. As I have been arguing, social discourses and norms pull for us to experience the psychic and the social as separate, and for the individual to see him- or herself as responsible only for the self and not for others. Thus Schulman's Anna, like so many of us, can live a happy life while feeling somewhat uneasy about the fact that "things are falling apart in this country with great rapidity." At the same time, you can see how the patient's dream about Katrina captures an underlying feeling many people currently have that they are on their own and responsible for either sinking or swimming.

The dream struck me as perhaps revealing something important about the effects of current social circumstances on the unconscious, for it ends just as every U.S. disaster movie and *Oprah* show end. Her unconscious turned a tragedy in which we were all complicit, a tragedy of class, race, and the indifference to human vulnerability manifest in neoconservative foreign policies and neoliberal monetary and domestic policies, into a spectacle, a story of personal triumph over adversity. Indeed, the magical reincarnation of the *Oprah* show is the very thing that cultural authorities offer in lieu of taking responsibility for the welfare of their citizens. My sense is that this abandonment is breeding a resentment and helplessness that shape some of the kinds of conflicts we see in the clinic. Just as the patient's pact with her parents made her simultaneously too responsible and not responsible, so the government's and corporate culture's pact with its citizens makes us too responsible and not responsible enough for either ourselves or others.

CONCLUSION

In speaking about failures of empathy and responsibility toward others in neoliberalism, Hoggett (2006) wrote that in the place of a politics concerned with common welfare, "we find a 'market for care' emerging which colludes with … omniscient feelings of invulnerability—the culture of a phantasied 'security' which I can buy for me and my family" (p. 153). The "market for care" is where empathy and vulnerability are still allowed to exist in neoliberal culture, and I think that analysts and therapists, part of that feminized market, hold the culture's split off capacities for empathy (Botticelli, 2006). We are perhaps the empathy managers in a culture marked by an "exhaustion of empathy." But, as I have suggested, the *way* that therapists and activists alike hold the culture's split off capacities for empathy is of utmost importance. For one thing, a one-way version of empathy cannot address neoliberal distress. As the vignettes on gender and class suggest, a feature of neoliberal subjectivity lies in the way that identifications are deployed to distance from vulnerability and need. Difference devolves into distinction, which fortifies the polarities of winners and losers, us and them, that neoliberalism encourages. Further, when therapists exclude from clinical consideration the relation between the individual

psyche and the kind of cultural material that I have been discussing, we collude with individualism and amoral familism. We make a devil's bargain, in which the culture outsources empathy to us professionals, and we agree not to raise questions in our offices about the harm done by culture.

There is a strong pull to collude—it has become part of what is considered good practice to separate the psychic from the social; those who broach these topics are often criticized for importing politics into the sacred realm of the clinic. But every clinical choice is in fact political, from the frame to the interpretation to, as I have shown, the way affects such as empathy are lived and expressed. As Andrew Samuels (2006, p. 207) said, yesterday's bad practice has historically often become today's "good or good-enough" practice. In his view (1993), and I agree, the development of the citizen/subject is as integral to mental health as working well and loving well; neoliberal subjectivity, along with new backlash versions of sexism, racism, and classism, is bad for your health. In an earlier paper (Layton, 2006b), I described our way of separating the psychic and the social as an instance of attacks on linking. Perhaps rather than simply treating neoliberalism's effects, we need to re-establish the links that neoliberal discourse so successfully suppresses. An old joke has it that the difference between an M.D. and a Ph.D. is that the job of the former is to make you well and the job of the latter is to make you sick. It may in fact be that when we restore the suppressed links, we will find that it won't be so easy for those of us who identify with Schulman's Anna to be happy and empathic at the same time, to separate personal happiness from a country and world that are falling apart.

There do exist some counters to the neoliberal trends I have been discussing, a few cultural pockets where we find challenges to prevailing views of empathy, responsibility, and accountability.[1] There are, for example, global political movements in which activists construct new collective identities that yoke together anti-racism, anti-capitalism, anti-sexism, and environmental concerns. In clinical psychoanalysis, Jessica Benjamin's (2004) recent work urges therapists to acknowledge the harm they inevitably inflict as they get caught up in their and their patients' repetition compulsions. Other relational analytic clinicians (see, e.g., Davies, 2004, and Stern, 2004) are exploring the clinical impasses that occur when both therapist and patient defend against exposing their vulnerabilities by attacking, withdrawing, or, as I have suggested here, seeking refuge in distinction. In academic conversations, too, we find a recent tendency to highlight vulnerability and claim it as the source of our common humanity. Judith Butler's (2004) recent work, for example, indebted to Levinas, develops a relational view of subjectivity that re-values vulnerability, dependency, and suffering, and makes them the ground of a politics that would differ significantly from a politics based in rights and an autonomous self. Finally, the artists: Sarah Schulman, for example, or Anna Deavere Smith, whose plays on racial conflicts complicate empathy and accountability, and demonstrate the ways we are implicated in each other's suffering. As clinicians, academics, artists, activists, and citizens, it is important that we recognize where, how, and why we collude with the damaging dictates of neoliberal subjectivity. And it is important for us to think about how we might render conscious the pain we inflict and the losses we incur when we take refuge from the gross inequalities of contemporary life in vulnerability–denying distinction.

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[1]This essay was written before the economic collapse and the election of President Obama, who offers a new discourse of collective responsiblity.

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