



BOOK FORUM

The Dream of Psychosocial Thinking

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Abstract

This essay is a response to four peer reviews of *Unseen City*, touching on the key ideas showcased in each: the move in community psychoanalysis from an authoritative scripting of the cure to elaborations of care; the role of the public clinic in the global city; the post colonial uncanny; the contribution of literature to the psy-disciplines.

Keywords: Inner-city psychoanalysis; race; free clinics; Sigmund Freud; Rawi Hage; Latife Tekin; Aminatta Forna; MUS (medically untold stories); lay counselors; war trauma

The writing of *An Outline of Psycho-analysis*, which bears on its opening page the date July 22, soon after Sigmund Freud's arrival in London at the beginning of June 1938, was interrupted by a serious operation in September, and he did not return to it. Arguably, it is an unfinished but not incomplete work; it is also a work of metaphysical yearning. It begins with the psychical apparatus, both its bodily organ—the brain and the nervous system—and acts of consciousness. “Everything that lies between is unknown to us, and the data do not include any direct relation between these two terminal points of our knowledge,” Freud states in a summative fashion.¹ What is the psychical, he goes on to ask: is it just one or the other sequence of phenomena or is it broken sequences, a process unconscious in itself? Freud compares the psychology of consciousness to chemistry and physics. Unknowable as the processes may be ultimately, it is possible to establish the laws that they obey and to arrive at an understanding of the “natural phenomena in question.”² We make our observations through the

¹ Sigmund Freud, “An Outline of Psycho-Analysis,” *The Standard Edition of the Complete Psychological Works of Sigmund Freud Volume XXII (1937–1939): Moses and Monotheism, An Outline of Psycho-Analysis and Other Works* (London: Hogarth Press, 1940), 145.

² Freud, “An Outline of Psycho-Analysis,” 158.

medium of a perceptual apparatus same as that used by science; we fill in what is omitted by making plausible inferences and translating it into conscious material. Freud terms this process “technique.”

If the psychical can be described as an apparatus, neuroses and psychoses are the states in which, Freud states, “disturbances in the functioning of the apparatus come to expression.”³ Neuroses are the subjects of study for the psychological methods he has developed, but neurotics shade off into the normal, and there is hardly any state recognized as the normal that doesn’t have neurotic traits. “Why is it, then, that they live so much worse and with so much greater difficulty and, in the process, suffer more feelings of unpleasure, anxiety and pain?” Freud wonders.⁴ The answer, he ventures, lies in quantitative disharmonies. The human mind is irreducible to biology or society, but it is formed by a reciprocal action between “innate dispositions and accidental experiences.”⁵ A particular instinct may be too strong or weak innately; a particular capacity may be stunted or insufficiently developed in life. External experiences also make different demands on different people: what is manageable by one person’s constitution is an unmanageable task for another.

The disorders of the ego that Freud terms “neuroses” are acquired in early childhood, even though the symptoms may not appear until later. In the linking of childhood neuroses and development, *An Outline of Psycho-Analysis* throws up ambivalent as well as contradictory ideas of civilization as well as the primitive. While, and I quote Freud here, “the little primitive creature must turn into a civilised human being,” the psychic content of human beings is phylogenetic (evolutionary) material, which structures ontogenetic (individual) experience.⁶ As he writes in the *Outline*, the archaic heritage bequeathed to the child is influenced by the experiences of ancestors, including myriad generations in the species history they have not met. The differences between “savages” and Europeans, however, are far from absolute. In fact, civilization, with its prohibitions and punishments, is among the key determinants of neuroses. As Celia Brickman observes in *Race in Psychoanalysis*, “The familiar colonial tale of the primitive as a member of the evolutionarily prior, darker races” is supplemented in Freud’s works such as *An Outline* and *New Introductory Lectures* by a view of primitivity “as a psychological dynamic produced by a particular set of power relationships.”⁷ I evoke Freud’s last work here as it encapsulates the principles of psychoanalysis *Unseen City* specifically engages with. “An Outline of Psycho-analysis” testifies to a discourse that is mixed, self-questioning, refusing to stand still and be museumized as it seeks to find expedient methodology. It is this constitutive self-doubt of Freudian discourse that I yoke in my examination of psychoanalysis through the exigencies of the postcolonial

³ Freud, “An Outline of Psycho-Analysis,” 183.

⁴ Freud, “An Outline of Psycho-Analysis,” 183.

⁵ Freud, “An Outline of Psycho-Analysis,” 183.

⁶ Freud, “An Outline of Psycho-Analysis,” 185.

⁷ Celia Brickman, *Race in Psychoanalysis: Aboriginal Populations in the Mind* (New York: Routledge, 2018).

present, bringing race, class, and cultural difference to bear on its sovereign referents.

Unseen City builds on a half-forgotten idea, that of the free clinic, or the dream of free mental health care, which came from Freud's speech act in 1918 at the 5th International Congress of Psychoanalysis in Budapest. "The poor man should have just as much right to assistance for his mind as he now has to the live-saving help offered by surgery," Freud had said, drawing attention to maladies of the soul that are life-threatening but remain unseen.⁸ A notable feature of the Vienna Ambulatorium, one of the first free clinics, was the lack of distinction of class or even illness in the patients registering for its services, "from the lovelorn factory worker with uncontrollable blushing to the nymphomaniac patient who masturbated with a knife," as Elizabeth Danto observes in *Freud's Free Clinics*.⁹ Although the free clinic model, developed by Freud with Otto Fenichel, Erich Fromm, Wilhelm Reich, and others, combined psychoanalytic work with social context, it was still rooted in the clinic, a specific location where repeated encounters could take place between distressed patient and the listening analyst. The consulting room became the model of psychoanalysis conceived as a treatment. *Unseen City* takes the clinic outside of the clinic—to therapeutic gardens and communities, makeshift kiosks, hospital wards and outpatient departments, and homeless shelters. The parameters of clinical practice and methodology are radically changed in the process: the timing and frequency of the sessions, the two-person focus, the attention to language, and the implication of the psychoanalyst in that live encounter.

Hannah Zeavin's astute response to *Unseen City* begins with "a dream of a soft liberation of the spirit of psychoanalysis, as much as, through the censors of my waking mind, I could imagine it." The analysts and healers I have discussed in *Unseen City* similarly strive to liberate their practice from what Zeavin identifies as the "enclosure that binds analyst and analysand." They acquiesce to the sober realization that people trapped in chronic poverty and state-sponsored violence need physical rehabilitation into collaborative and socially dialogic modes of living more than the dialectical structures inaugurated by classical psychoanalysis. As I have elaborated in the book with reference to the analysts Neil Altman and Aisha Abbasi, this mode of clinical practice breaks out of what Abbasi calls "a kind of therapeutic cocoon, where the analytic dyad analyses, while life goes on outside."¹⁰ In this context, it is also worth mentioning the clinical treatment pioneered by the GIFRIC group—the Interdisciplinary Group of Freudian Research and Cultural Intervention—who acknowledge the insufficiency of any universal and generalizable theory to

⁸ This idea was repeated in papers published soon after. See "Lines of Advance in Psychoanalytic Therapy," SE 17, trans. James Strachey (London: The Hogarth Press, 1918–1919), 157–68.

⁹ Elizabeth Danto, *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918–1938* (New York: Columbia University Press, 2005), 96.

¹⁰ Ayesha Abbasi, *The Rupture of Serenity: External Intrusions and Psychoanalytic Technique* (London: Karnac Books, 2014), xvi.

the experience of the clinic and what Robert Hughes and Kareen Ror Malone call its “irreducibly singular savoir.”¹¹

Although GIFRIC was started in 1977 by Willy Apollon, Danielle Bergeron, and Lucie Cantin on the basis of Freudian metapsychology and with a Lacanian orientation, their work at the “388,” a clinic they run in Quebec for the treatment of young psychotic adults (schizophrenia and manic-depressive psychosis), has made them rework the definition of *transference*, the work of the analyst, and the very conception of the psychotic crisis. It is an approach to psychosis, Cantin states, where its logic is rethought in the clinic “from the structure of the subject’s experience.”¹² Psychoanalysis, in this redefinition, affords the space where the psychotic can develop their own subjectivity and interiority and rearticulate themselves to the social. In the portable clinic, the psychoanalyst may be redefined as a clinical “intervenant” or clinical speaker, as in GIFRIC—professionals trained by GIFRIC for long-term psychoanalytic follow-up. In *Unseen City*, I have traced the singular ways in which these agents and extra-mural activists, who are given names such as lay counselors, mobilizers, barefoot researchers, or community champions, work toward creating a bounded space in busy community and public settings, where a flow of interrupted conversation may be started and maintained, and where the reciprocity between patient and care provider can still be identified as variants of psychoanalytic practice.

Psychoanalysis, Zeavin states, has been invested far too long in “a homogenizing of the psyche—a proto-algorithmic sorting and reading of what might be happening to and for any given patient or to and for any given analyst in their countertransference.” The literary and clinical examples I have used in *Unseen City* move us from this authoritative scripting of the cure to elaborations of care. For instance, I dwell in the introduction of *Unseen City* on the figure of a faith healer in Latife Tekin’s Turkish novel *Berji Kristin: Tales from the Garbage Hills*. One of the tales shows the child Sirma in the throes of a hysterical episode after one of the many cycles of rebuilding and demolition the precarious Flower Hill populace endure. There, among the “broken and scattered belongings,” Sirma stands trembling before the ruins.¹³ She struggles and kicks, tearing out handfuls of hair. The women in the neighbourhood tie her hands together, sprinkle water on her face, and stuff a rag in her mouth to prevent the teeth locking together. She is brought to Güllü Baba, a prophetic savant, for succor. Güllü Baba is blind in both eyes, and the slum dwellers believe that his tears of empathy have magical healing powers. “Seeing” Sirma’s affliction, he “too was seized by grief” and cries

¹¹ Willy Apollon, Danielle Bergeron, and Lucie Cantin, *After Lacan: Clinical Practice and the Subject of the Unconscious*, eds. Robert Hughes and Kareen Ror Malone (New York: SUNY Press, 2002), 4. In this work, GIFRIC uses the term *savoir* to describe “the singular knowledge that comes out of the experience of the clinic” (31).

¹² Cantin’s comment can be found in this interview: <https://www.museumofdreams.org/treating-psychosis-in-quebec>.

¹³ Latife Tekin, *Berji Kristin: Tales from the Garbage Hills*, trans. Ruth Christie and Saliha Paker (London: Marion Boyars, 1993), 20.

copious tears.¹⁴ He talks to, not at, her: “Don’t cry, little dove, they’ll free your hands; go and gather tin,” he says.¹⁵ Sirma calms down, her hands are untied, literally and figuratively, and she begins to gather the tin with which to rebuild, albeit a future mound of bulldozed rubble. Güllü Baba, who is summoned to recite healing prayers, is presented neither as therapist nor Imam but an ad hoc and androgynous mixture of the secular and religious ministering of souls expected of each role.

Avishek Parui’s review, “Minding the Metropolis,” addresses the global city, which is “a state of production as well as precarity, sometimes simultaneously.” If, as he remarks, the city in my study is a “mutable palimpsest of iterations and identities, encoding and effacing the same across an asymmetric distribution of care and coercion,” this could be traced to *Unseen City*’s shadowing of restive, migrant city walkers, reclaiming the city while uncovering the hidden memory of its atrocities, past and present. The fictional walkers in Teju Cole’s *Open City* and Rawi Hage’s *Cockroach* are analyst and analysand, respectively, not city planners or cartographers. The narrator of *Open City* is a Nigerian-born psychiatrist (in training) living in New York while Hage presents an Arab neurotic, an unsettled migrant in Montreal. Julius’s peregrinations in New York lead him to make unexpected connections to slavery. He also questions the politics of strategic seeing and unseeing fostered by the practice of psychiatry, describing the work of psychiatrists “as a blind spot so broad that it had taken over most of the eye.”¹⁶ Why then is the shrink the stand-in for the author in the novel? Can the Black analyst, standing at the spreading edge of psychiatry and psychoanalysis in a global city, see otherwise? In the course of the novel, Julius learns to connect better his monadic intelligence at high vantage points with the unrealized worlds beckoning from below.

Rawi Hage’s *Cockroach* is a paean to the displaced millions from the global refugee crisis, and Parui’s description of otherness “as a psychological as well as a spatial condition” is apt here. The protagonist thinks he is half-cockroach and scuttles around wretched and hungry in an icy city in Canada. He reminds the reader of David Cameron’s description of migrants trying to reach Britain through Calais in 2015 as a “swarm,” the dispersed populations converging on Europe seen as mutant, viral carriers of disease. The narrator of *Cockroach* has fled his Middle Eastern home. We learn that he had tried to commit suicide, was sectioned briefly, and is now ordered by the state to visit a therapist every week. The narrative alternates between the phantasmagoria of the protagonist’s waking and dream lives—his tortured memories and fantasies, his thieving, his social milieu of émigré hustlers and con artists—and his deadpan exchanges with an uncomprehending therapist. The wily cockroach is not interested in correcting the racist city; the most vivid and poetic parts of the novel can be found where he describes his escapades underground. It is here, with the “crickets, crocodiles, muddy rivers ... and troops of roaches receiving signals,”

¹⁴ Tekin, *Berji Kristin*, 21.

¹⁵ Tekin, *Berji Kristin*, 22.

¹⁶ Teju Cole, *Open City* (London: Faber and Faber, 2011), 239.

that he roams freely, conspiring to take over the world.¹⁷ Literature throws up two emancipatory possibilities of excavating the city: excavation in the sense of retracing steps, as Julian does, and in the sense of digging deep, as in the effluvial fantasies of the cockroach.

Parui relates Andy Clark's theory of the "situated brain," or the brain comprehended in its bodily, cultural, and environmental niche, to the embodied and embedded forms of psychoanalytic thinking and praxis discussed in my book. Psychoanalysis too can aspire to the condition of a "situated psychoanalysis," as is evident in the translations and adaptations of the discipline by Girindrasekhar Bose, who founded the Indian Psychological Society in 1922. As the case studies in *Unseen City* show, "situated brain" entails more than the task of understanding the patient's unconscious in context: the analyst's self-situation and revisions of self-understanding are crucial too. Ayesha Abbasi, a Pakistani-born psychiatrist and psychoanalyst working in Detroit, uses kinetic and spatial metaphors to describe the analytic process. "This book was written as a life is lived," she says of *The Rupture of Serenity*.¹⁸ Hers is a journeying through cases over time and across cultural intertexts. She refutes prevailing theories of transference, which argue that in its positive form, transference is established between patient and physician when their psychological biases do not differ too widely. However, she reimagines touch and contact in immigrant psychoanalysis as "intrusion" instead: intrusions, for instance, in the form of sadistic feelings patients show toward their Muslim analyst in the shadow of 9/11. Abbasi learns to detect feelings of exclusion and devaluation in the patient's behavior: a patient's sadistic fantasy of his therapist being viciously searched at airport security checkpoints had not only to do with rage but a wish to find his way into Abbasi's life.

Similarly, in *Analyst in the Inner City*, the psychoanalyst Neil Altman's despatches from inner-city public clinics, he argues that the ego deficit does not lie in the racial minority or the slum poor, but in the playbook whose norms are derived from the structurally advantaged to keep the structurally disadvantaged in their place. Altman reminds us that it is not just the demonized poor, raced patient who poses the risk of messing up the transference relationship, but the analyst as well, their projections and interjections determined by social difference. Altman questions situations where he has too readily classified a patient as helpless or self-sabotaging—when a re-examination of the evidence showed that the patient had been feigning dependence despite a marked improvement in her material conditions because she was anxious she would lose her therapist if she revealed her actual worth and resourcefulness.

Noor Asif's review, which focuses on *Unseen City*'s exploration of the post-colonial uncanny, is also about minding the metropolis and the city "visible but unseen," which is not an imaginary city but one that is willfully ignored. I have argued that Freud's idea of the uncanny—a psychological avoidance mechanism—could be used to understand the way in which visibility is negotiated and

¹⁷ Ravi Hage, *Cockroach* (London: Penguin Books, 2010), 250.

¹⁸ Abbasi, *The Rupture of Serenity*, xv.

manipulated by the infrastructure in global cities. The porosity of the term *slum* —“an informal space outside of, but tightly intertwined with, formal governance institutions and property markets,” as Liza Weinstein puts it—lends itself to the anxiety we associate with the uncanny.¹⁹ The uncanny, much like the Mumbai slums, is an interstice between the familiar and the domestic, the concealed and the hidden. The home and the unhomey are an anxious dis-identity, each term needing the other to make sense, as reflected in *National Geographic* master shots of Dharavi, that composite overview purporting to confer momentary control to the teeming and chaotic life of the slum.

“Drawing on Mukherjee’s formulation of the uncanny in the context of Mumbai slums, what might the uncanny aesthetic reveal if we were to deploy it in a critical reading of one of the most famous stories about the Partition of India,” Asif asks, proceeding to offer a rich and nuanced siting of the asylum space in Sadaat Hasan Manto’s short story, “Toba Tek Singh.” In the immediate aftermath of a blood-soaked partition, the governments of India and Pakistan have decided that their asylums need to exchange patients according to religious affiliation. The Lahori patients are utterly confused about this place called Pakistan, an echo of the disorientation that Manto himself felt after leaving Bombay for Lahore in January 1948. The colonial asylum, much like the postcolonial slum interstice, becomes “a container of colonial society’s political, social, and economic conditions in their most saturated and excessive form,” Asif states. What is uncanny in this literary representation is that the “lunatics” incarcerated in the asylum provide the most lucid articulation of the unreason of the partition of the subcontinent and its senseless human cost.

Mrinalini Greedharry also touches upon the preternatural prescience of literature, a prescience that could be yoked to decolonize psychoanalysis in a rigorous and sustained fashion. Speaking of postcolonial writers, Greedharry comments that “rather than reading their writing as supplements to the psy disciplines, however unsettling, it might be time to follow their theories through to the other side of psychoanalysis.” I agree, and this is why the literary and critical chapters have preceded the clinical ones in the structuring of the book. In *Unseen City*, I read novels by Aminatta Forna—*The Memory of Love* and *Happiness*—that are scathing in their critique that Western conceptions of trauma and trauma cure do not sufficiently acknowledge their affinity to racist colonial neuroanthropology. In *The Memory of Love*, we see Adrian Lockheart, a British psychologist, arriving at Freetown in 2001. The therapeutic scene after the civil war (1991–2002) is dire, with 99 percent of the population suffering from PTSD. When Adrian shares this statistic, precipitately generated by a visiting medical research team, with Attila Asare, a Ghanaian psychiatrist working in Freetown, Attila says: “You call it a disorder, my friend. We call it life.”²⁰ Fiction such as Forna’s forces us to reckon with singular forms of suffering as well as resilience associated with political disappearances, trafficking, torture, homelessness, the

¹⁹ Liza Weinstein, *The Durable Slum: Dharavi and the Right to Stay Put in Globalizing Mumbai* (Minneapolis: University of Minnesota Press, 2014), 45.

²⁰ Aminatta Forna, *The Memory of Love* (London: Bloomsbury, 2010), 319.

refugee crisis, or anti-Black violence in the United States. A clinical counterpart to this would be the Program for Survivors of Torture at Bellevue at New York's Bellevue Hospital, which functions as a free clinic for the poor and where physicians offer ethnoculturally supportive group therapy for survivors including the Rohingya with sarcoma of the bone, the Tibetan monk fleeing the Chinese government, West African Muslims whose limb amputations were categorized into "short sleeve" (up to elbow) and "long sleeve" (entire arm), slaves from Mauritania, and Bosnian women raped by Serbian soldiers in detention camps. The therapy is oriented toward adaptation—restoration of capability and psychological functioning—more than emotional exploration.

As I discovered in the course of my collaboration with PCPCS, an initiative of the Tavistock and Portman NHS trust in London, the applications of psychoanalysis in the community challenge the hegemony of evidence-based medicine by demonstrating the efficacy of psychodynamic psychotherapy for complex mental disorders.²¹ The service approach is governed by principles such as the centrality of relationships to human development and mental health, the role of transference, the ability to tolerate uncertainty, the focus on the individual and their mental landscape. It is erroneous to assume that because the model is not narrative-oriented therapy, nor predicated on the temporal dyad of speaker and listener, "the urban poor, like all analysands understood in radical traditions, accomplish the cure themselves through their own forms of relationships and inquiry," as Greedharry comments. The complex needs of the impoverished Turkish women who participate in horticulture therapy in St. Mary's Garden include a category titled MUS, or "medically unexplained symptoms," which the PCPCS team prefer to call "medically untold stories." These patients do not map into structures of service provision, remaining within primary care for treatment for years, the intractability of their problems causing vexation to doctors and practice staff alike. The use of the Turkish language by the psychotherapists, the curated toolkit of emotion-focused and experiential psychodynamic therapies they use, and the creation of a safe space for participants are highly instrumental in regulating the outcome measures of patients in the depressed and anxious clinical range to the normal range.

Finally, reviewers have highlighted the contribution of *Unseen City* to humanities scholarship. Edward Said cautioned in *Reflections in Exile* that to think of exile—in the age of the refugee—as "beneficially humanistic" is to "banalise its mutilations."²² Literature on poverty and mental illness has to be wary of similar pieties. The humanism of this humanities intervention is not that of the self-governing subject but one that examines what makes the nonsovereign subject

²¹ PCPCS stands for The City and Hackney Primary Care Psychotherapy Consultation Service, an innovative free mental health service provided by the Tavistock and Portman NHS Foundation Trust. The PCPCS team, based in St. Leonard's Hospital in Hackney, supports general practitioners (GPs, as they are known in the United Kingdom) throughout the London boroughs of City and Hackney in the management of patients with complex needs.

²² Edward Said, *Reflections on Exile and Other Essays* (Cambridge, MA: Harvard University Press, 2002), 174.

governable.²³ The reviews of *Unseen City* by scholars of literature and psychoanalysis, who have brought a wealth of related ideas and aspirations to bear on my book, show that a humanities education that undertakes contextualized, grounded analysis, and eschews the lone genius model in favor of collective creative activity, the common good, and democratic participation, can indeed dream the dream of psychosocial thinking.

Author biography. Ankhi Mukherjee is Professor of English and World Literatures at the University of Oxford and a Fellow of Wadham College. Her most recent book, *Unseen City: The Psychic Lives of the Urban Poor* (Cambridge University Press, 2021), won the Robert S. Liebert Award for outstanding scholarship in the field of applied psychoanalysis. Her second book, *What Is a Classic? Postcolonial Rewriting and Invention of the Canon* (Stanford University Press, 2014), was awarded the British Academy Prize in English Literature in 2015. Mukherjee's other publications include *Aesthetic Hysteria: The Great Neurosis in Victorian Melodrama and Contemporary Fiction* (Routledge, 2007) and the edited collections *A Concise Companion to Psychoanalysis, Literature, and Culture* (Wiley, 2014) and *After Lacan* (Cambridge University Press, 2018). She has published extensively in peer-reviewed literary journals and sits on the editorial boards of several international ones. She has been a research fellow of the British Academy, Visiting Fellow at the Australian National University, and the John Hinkley (Visiting) Professor at Johns Hopkins. Mukherjee is one of 150 world-renowned academics chosen to share their pioneering research on a new educational website and app titled "EXPeditions." Her recent projects include a co-edited volume, *Decolonizing the English Literary Curriculum* (Cambridge University Press), which was published in 2023, and *A Very Short Introduction to Postcolonial Literature*, forthcoming in Oxford University Press's prestigious VSI series.

²³ See Nikolas Rose, *Governing the Soul: The Shaping of the Private Self* (London: Free Association Books, 1989). This study of the history of psychology and psychological knowledge has been very influential in my thinking of the role of the human sciences in producing governable subjects.

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