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Sarah Kathleen Brady
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ABSTRACT

Clinical social workers face an ethical imperative to work with a range of clients, some of whom will undoubtedly espouse views and confess to violent behavior that will differ, sometimes profoundly, with the worker's own personal moral compass and the values of the social work profession. How are clinical social workers to navigate the potential impasses that arise from such encounters? This theoretical thesis explores the dilemma of engaging with a client whose morality is experienced by the worker as untenable. It draws on two bodies of theory, moral anthropology and relational psychoanalysis—both of which emphasize contingency, circumstance, and the role of social phenomena in shaping an individual's subjectivity and identities. These bodies of theory are applied to two cases set in apartheid and post-apartheid South Africa (Gobodo-Madikizela, 2003; Straker, 2007a). While these cases focus on the extremes of human behavior in a particular historical and cultural locale, they also offer a paradigm of what it means to face a client whose morality profoundly differs from one's own and how one might overcome the impasse precluding empathy for the client's subjectivity and recognition of his or her human dignity.

THE CHALLENGE OF MORAL DIFFERENCE: A THEORETICAL INVESTIGATION

OF ENCOUNTERS WITH A CLIENT'S CAPACITY FOR VIOLENCE

A project based on an investigation, submitted in
partial fulfillment of the requirements for the degree
of Master of Social Work

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CHAPTER I

Introduction

I am human, I consider nothing human alien to me.

— Terence

Whatever cultural conditioning we may do, we must remain cognizant of the fact that human beings who have been trained and conditioned to be nonviolent retain the capacity for violence; as constrained as that capacity may be in certain contexts, it can come out in others. It is subdued, reduced, dormant yes. But it is never abolished. It is never nonexistent. It is always there.

— The Tangled Wing: Biological Constraints on the Human Spirit (Konnor, 2002).

Clinical social workers through the course of their careers will likely encounter individuals whose views and actions conflict, sometimes profoundly, with their own personal moral compass and the values of the social work profession. For example, social workers may work with clients who hold racist, sexist, or homophobic opinions; these clients may act on behalf of these views thus contributing to the violation and harm of oppressed populations. Social workers in prison and rehabilitation settings may work with persons convicted of such crimes as murder, rape, torture, child abuse, and hate crimes, among others. The perpetrators of such acts may have been guided by particular beliefs and values. In global contexts, social workers in refugee camps may be asked to assist individuals who have committed heinous offenses in the name of civil war and related political conflicts. How are social workers to uphold the National Association of Social Workers (NASW) Code of Ethics that forbids

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discrimination based on a client's beliefs when those beliefs contradict one's own moral compass and the mission of the profession? A non-discriminatory stance, respecting the inherent dignity and worth of all clients may seem possible in hypothetical terms; it might be a much more difficult feat in practice particularly when one comes face-to-face with a perpetrator who believes his actions were justified.

The following questions guide this project and represent dilemmas with which I grapple in my development as a clinical social worker: What transpires when a clinician encounters an individual who has perpetrated a morally atrocious act—an act that the clinician personally and professionally might consider to be evil? How do we, as social workers, hold in mind the latent humanity of such a person? How do we struggle to empathize with the thoughts and feelings motivating his or her actions? How do we conceptualize the role of the social environment in shaping one's actions? How do we conceive of separating the person from the act? How do we uphold the ethics of the profession when we experience moral revulsion?

In addition to the requirement to respect the inherent dignity of the person, the NASW Code of Ethics (2008) specifies the need to honor diversity across groups and individuals. The Code states:

> Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

Differences in morality are likely connected to an individual's multiple identities, and are perhaps "as fundamental as those more common categories of difference" (Suchet, 2007, p. 167). It is essential to explore the relationship of moralities and identities—not as theoretical and

hypothetical constructs, but as lived realities. A person's morals and values, when considered at all, are typically seen as the choice of the individual. How might they be understood as the sequelae of multiple phenomena embedded in a particular sociocultural environment?

Lastly, understanding the moral motivations behind violence as it is perpetrated at the hands of individuals is important for meeting the social work profession's obligation to the broader society. The Code states, "Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class." This task requires delving into and facing the psychological underpinnings whereby some individuals and groups dominate, exploit, and discriminate other individuals and groups. As social workers we cannot dismiss or shy away from both sides of the oppressor/oppressed dynamic. If we are to effectively help those who have been caught in this relational dynamic with the hope of preventing future repetitions, then we need to be able to work with victims and perpetrators alike. In addition, clinical social workers have a public obligation to "challenge denigrating myths and stereotypes by presenting narratives that both affirm the universality of the human condition and describe clients in all their complexity" (Miller & Schamess, 2000, p. 56).

Apart from the NASW ethical commitments, there is also a therapeutic ethical imperative for clinicians to find it within themselves to honor the subjective experiences of their clients in service of offering effective clinical care. This entails struggling "to gain access to that which is culturally dissociated, to that which feels unbearable, unsymbolizable, and beyond reach, in both patient and ourselves (Suchet, 2010, p. 167). This process of understanding and recognition of an *Other* may destabilize the clinician as it often involves "psychological turmoil, and moral confusion" (Jackson, 2002, p. 257). Jessica Stern's (2003) on-the-ground research to understand religious terrorists offers a glimpse at the seemingly impossible task of seeing the world through

the Other's eyes, those times when we must suspend judgment. Prior to her first interviews with terrorists, Stern was advised to immerse herself in their world:

> You won't be able to explain terrorism to others until you can completely empathize with the pain and frustration that cause it. You need to picture yourself joining the groups you study. This can't be a superficial feeling...At least during the period you are speaking to them, you need to feel yourself ready to join their cause. You need to sustain that feeling—go into it completely—but at the same time trust that you will recover yourself at the end of the conversation. (p. xvi)

Stern adopted the stance that "no matter how abhorrent the view of the other, it represents a logical possibility for oneself" in other circumstances (Jackson, 2009, p. 244). What allowed her to conduct meaningful research was a nuanced understanding of the daily issues and decisions affecting her subjects—their *local moral worlds* (Kleinman, 2006)—and her use of self to shift her own internal perspectives. Stern was able to accept that she, as do all humans, holds the capacity for violence. Psychoanalyst Martha Bragin (2007) writes: "Exposure to extreme violence is so terrible that we want to shield ourselves from it, to emphasize the 'not-me' " (p. 235). It is understandably unsettling, even terrifying, when we see the dark sides of ourselves in others. Socially and psychically avowing the parts of ourselves from which we would rather create distance helps prevent those parts from being acted upon.

In this thesis, I will apply concepts from the theoretical traditions of moral anthropology to understand the local moral worlds of perpetrators and clinicians and relational psychoanalysis to understand the internal unconscious processes involved in the intersubjective encounters between clinicians and clients who hold conflicting moralities. I stumbled upon moral anthropology through the work of psychiatrist anthropologist Arthur Kleinman who has

specialized in issues of global mental health among other topics. His scholarly writings speak to me because of his non-pathologizing stance that emphasizes the everyday ordinary experience of individuals in context. Relational psychoanalysis, like anthropology, posits that context is always relevant. I have been long been drawn to its integration of social forces with unconscious processes in contrast to earlier trends in psychoanalytic theory. Moral anthropology and relational psychoanalysis considered in conjunction offer an enhanced perspective of the relationship between the many facets of the social environment and the singularity of an individual's life and internal world.

Moral Anthropology

Moral anthropology is a burgeoning sub-field of sociocultural anthropology that "deals with how moral questions are posed and addressed or, symmetrically how nonmoral questions are rephrased as moral" (Fassin, 2012, p. 4). It explores the moral categories via which we apprehend the world and analyzes moral issues and moral debates at an individual and collective level. It is predicated upon the notion that any idea of morality and ethics is culturally and historically inscribed. The leading anthropologist in this area, Didier Fassin (2014), writes: "All human activities are grounded on moral assumptions—often so much taken for granted that they are not perceived as moral any more" (p. 5). Moral anthropology strives to bring attention to the moral aspect of human experience, which is always positioned historically, culturally, and socially.

Anthropology, broadly speaking, is well suited for contributing to social work with its ethnographic practices embedded in the phenomenology of lived experience. Kleinman's (2006) concept of *local moral world* is useful for understanding how individual actors grapple with the ethics of their actions and how some individuals come to commit atrocities. Kleinman defines an

individual's local moral world as the ordinary, everyday space of lived moral experience, often influenced by fear and power. This concept gives weight to contingency and circumstance, which I believe are essential in resolving the dilemma of engaging with an Other whose morality feels untenable.

Relational Psychoanalysis

The unconscious processes that arise in the challenging encounters with such an Other are best approached through the lens of relational psychoanalysis, which posits that relations between people with their many contours and contradictions are the fundamental element of psychological development and being-in-the-world. Relational psychoanalysis is also interested in the relationships individuals have with their thoughts and fantasies, their culture, and their identities. This body of theory, like moral anthropology, acknowledges that "persons cannot be seen in isolation from the society and culture that have played a part in forming them" (Samuels, 2006, p. 20.). In addition, relational theorists critique the norm of unlinking the individual from his or her social context (Layton, 2006; Walls, 2006). Such unlinking "may operate as mechanisms of a culture's dominant ideology to produce and maintain political, social and economic inequalities" (Walls, 2006, p. 119).

Relational psychoanalytic theory also adopts a perspective of the normal *multiplicity of selves* (Bromberg, 1996). We all have many different self-states that are elicited in various emotional contexts. This notion of multiplicity makes space for the many identities and local moral worlds we embody: "Individuals hold multiple, complex and cross-cutting social group identifications...[that] are also fluid and shifting" (Suchet, 2004, p. 431). We disavow and dissociate from some self-states when they threaten deeply held identities and ways of being in the world. Identifications with privilege and oppression emerge and converge intersubjectively

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in unconscious processes of projection and introjection as various self-states are avowed or disavowed (Altman, 2010).

Relational views on aggression suggest that it is a natural predisposition influenced by social circumstances, such as the threat of humiliation. As a psychotherapy technique, relational psychoanalysis offers possibilities of how to clinically use unconscious process as it comes into focus. The field considers clinical questions such as, "How do we find a way to an ethical stance in what feels like a quagmire of complex competing loyalties, competing identities and political and personal conflicts?" (Suchet, 2007, p. 169). Lastly, relational psychoanalysis has brought to the forefront the clinical importance of the clinician's subjectivity and her history of identities (Suchet, 2004).

Conclusion

While the relational turn in psychoanalysis has embraced a perspective that considers the role of social and cultural forces, there has been a noticeable absence of recent dialogue between relational psychoanalysis and anthropology. My thesis aims to create a dialogue between these two discourses. In the following chapters, I will offer an overview of salient concepts from moral anthropology and relational psychoanalysis and then explore in detail, through two cases set in South Africa, what it means to encounter a person whose actions suggest a perverse sense of morality and a capacity to inflict violence. While these cases focus on the extremes of human behavior in a particular historical and cultural locale, they also offer a paradigm of what it means to face an Other whose morality—his or her sense of what is justified—profoundly differs from one's own and how one might overcome the impasse precluding empathy for the Other's subjectivity and recognition of his or her human dignity.

CHAPTER II

An Encounter with an Other's Capacity for Violence

Through two cases set in South Africa, I will explore what it means to encounter another person whose actions and beliefs are experienced as morally repugnant. In this chapter, I will describe the phenomenon as it is illustrated in Pumla Gobodo-Madikizela (2003) and Gillian Straker's (2007a, 2007b) writings. In the final chapter, I will revisit these cases, consider them through the lenses of moral anthropology and relational psychoanalysis, and link the phenomenon to clinical social work.

In *A Human Being Died that Night*, Pumla Gobodo-Madikizela (2003), a South African psychologist who grew up in a black township, recounts her experience interviewing Eugene de Kock, otherwise known as "Prime Evil," the commanding officer of state-sanctioned apartheid death squads serving a 212-year sentence in prison for crimes against humanity. She was inspired by two widows who forgave de Kock for killing their husbands: "The image of the widow reaching out to her husband's murderer struck me as an extraordinary expression—and act—of empathy, to shed tears for not only her loss, but also, it seemed, for the loss of de Kock's moral humanity" (p. 15). Over time the profound divide in their respective subjectivities and moralities comes into view: "He had belonged to a world that created violence, I to a world that was the object of his violence; he belonged to a world where morality meant the same thing as hate, and I to a world that knew the difference" (pp. 19-20). Gobodo-Madikizela, in moments that shock, discovers herself recognizing de Kock as a human being and not only as the

perpetrator of extraordinary atrocities. Gillian Straker (2007) coined the term a *trauma of*
morality to describe the internal sense of disorientation that results from experiencing tension
and conflict in one's sense of what is right and wrong. The trauma of morality that occurs for
Gobodo-Madikizela entails her fear of "intimate complicity" in feeling empathy for de Kock –
the same man referred to as "Prime Evil" (p. 46). She realizes that in order to see him as human
she must face her own demons with their potential for hatred and aggression and also hold in
mind the psychological, cultural, social, and political forces that molded de Kock's identity and
capacity for violence.

Gillian Straker (2007a), also a South African psychologist, in her article, "A crisis in the
subjectivity of the analyst: The trauma of morality," describes her work with Stanley, a black
freedom fighter in the liberation struggle against apartheid. He saw value in telling his story and
found enough credibility in Straker to meet with her for over 10 years. One particular session
haunts Straker two decades later: Stanley recounts to her in riveting detail the killing of a
woman, Maki Skosana, accused of spying for the apartheid government. This woman was the
first to be killed by necklacing, a horrific torture method used to terrify those who might be
tempted to become informants. Stanley confesses to Straker, not that he participated, which he
did, but that he felt fearful as he engaged in his first murder. He expects Straker to condemn him
for his cowardice. Straker feels paralyzed as she listens to him. She wonders how she could
"come to terms with the atrocity he described as well as his reaction to it, a reaction that
embraced excitement without remorse," especially in light of the context, a liberation struggle
she supports (p. 159).

In a similar process of reaching a space for understanding as did Gobodo-Madikizela,
Straker comes to understand Stanley's social and political positioning relative to her privileged

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and protected position as a white South African. They both consider the question of "What kind of social conditions must avail and what kind of history must a people have internalized to make them lose capacity of seeing the other in his or her humaneness?" (Hage, 2003, p. 85). In both encounters, all participants, Gobodo-Madikizela, de Kock, Straker, and Stanley, were "challenged to look at how much [they] could really tolerate the otherness and subject status of the other" (Straker, 2007a, p. 162). In this challenge, each engaged with the Other in such a way as to see themselves in each others' eyes. Morality was not an abstract concept, but a lived reality. Straker and Gobodo-Madikizela acknowledge the powerful pull to dissociate, split, and project badness onto the Other. In their face-to-face encounter with evil, they strove to overcome these forces in order to preserve their humanity and restore humanity to the Other.

According to the moral anthropologist Didier Fassin (2007), "It is never superfluous to demonstrate interest in the Other" (p. xii). He describes how political anesthesia denies the relevance of the Other; in the case of acts of violence, such anesthesia manifests as the essentialist view of a bad person doing bad things. Members of a society fail to own their complicity in the construction of violent individuals when attempts are not made to understand the complex psychological and social phenomena that create circumstances for individuals and groups to perpetrate violence. As Straker (2007a) argues, there is no such thing as existential innocence: "Individuals are always enfolded in discourses that precede and shape our drives, desires, and decisions" (p. 163). She affirms that while there are indeed innocent victims, violence always has a historical context. Intellectual, emotional, and moral retreat from otherness is an option, yet one not without significant consequences.

While the examples described above are set within the context of apartheid/post-apartheid South Africa, I believe, as do Fassin, Straker, and Gobodo-Madikizela, that "the South

African history sheds light on many realities beyond South Africa" (Fassin, 2007; p. xx). The two cases probe the extraordinary situations of murder and torture; however, there are many encounters in clinical work where recognition for the Other's subjectivity is similarly threatened by the challenge of moral difference.

I came upon these two cases a few years ago and have kept them in mind throughout my training to become a clinical social worker. The challenge of helping a client for whom on some level we resist feelings of empathy fascinates me on many levels—intellectual, pragmatic, and ethical. What draws many to the field, I believe, are a natural curiosity about peoples' lives, an innate ability for empathic connection, and, perhaps above all, a desire to help. These three qualities often align when working with clients. However, we cannot always choose with whom we work and even if we could, I believe something would be lost from not examining why there are certain individuals with whom we would prefer not to engage, understand, and potentially help. There is also the possibility of discovering a client's moral transgressions after a treatment is already underway and in which an attachment has been established, similar to the situation in which Straker found herself. I have wondered who those individuals are for me: Rapists? Murderers? Child abusers? I certainly believe I would be challenged to work with clients who professed to acts that fragrantly violated the normative standards of ethical human conduct, but I cannot say that the reasons for the challenge are necessarily obvious. Would I not believe they are deserving of clinical help? Would I find it vicariously traumatizing to listen to their stories of perpetration? Would their behaviors morally repulse me to the point I could not be an effective clinician? Or would I not want to face the reality of their lives that led them to commit such behavior? For if I did face how their lives were shaped by a multitude of social and psychological forces, I might have to examine the alarming perspective that "given a similar

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history and background [I] might find [myself] in the other's place" (Hage, 2003, p. 87).[2] How might I move past such distressing reactions? I have not yet had sufficient clinical opportunities to answer these questions in vivo; however, I am inspired by the efforts of Gillian Straker and Pumla Gobodo-Madikizela in their respective cases because they pushed themselves to examine what it truly means to listen to and attempt to understand a person each experienced as morally compromised. Gobodo-Madikizela poses and considers the unsettling question of, "What does it mean when we discover that the incarnation of evil is as frighteningly human as we are?"

I believe that we, as clinical social workers, owe it to our future clients regardless of who they may be to probe what it means to train "one's imagination to go visiting" (Arendt, 1982, as cited in Jackson, 2009, p. 241). Facing the dark places inside ourselves may be just what is needed to connect to those we would rather avoid.

CHAPTER III

Moral Anthropology

Introduction

Moral anthropology, a specific yet broadly encompassing sub-field of cultural

anthropology, is well suited to address social work's curiosity about the role of the social

environment in shaping an individual's morality and actions. The recent "ethical" or "moral

turn" within the field attends not to debates of universalism versus relativism but to "the

everydayness of the moral experience" (Zigon & Throop, 2014, p. 3). This approach focuses on

the micro contexts of an individual's daily experience while fully acknowledging the role of

macro phenomena including the historic, economic, and political conditions. According to

Kleinman (1999), "Experience is moral because it is the medium of engagement in everyday life

in which things are at stake and in which ordinary people are deeply engaged stake-holders who

have important things to lose, to gain, and to preserve" (p. 362). Clinical social workers

routinely listen to and seek to understand what is at stake in their clients' lives. A theoretical

framework of moral experience thus has clinical relevance.

Zigon and Throop (2014) in their introduction to a special issue of *Ethos* on "Moral

Experience" lament that much social science theorizing about morality and ethics has occurred at

an abstract level while neglecting "the nitty-gritty complexity of actual persons interacting with

one another, as well as other objects and beings, in relations of intersubjectivity" (p. 1). It is here

that moral anthropology establishes its niche. Concepts and methods germane to moral

anthropology can help clinical social workers conceptualize the role of social forces in shaping an individual's actions.

Ethnography: Moral Anthropology's Method of Inquiry

Similarities between the methods of ethnography and clinical social work demonstrate why anthropology as a discipline offers a relevant perspective on concerns within social work. Biehl (2005) sees anthropology's value in "its openness to theories, its relentless empiricism and its existentialism as it faces events and the dynamism of lived experience and tries to give them a form" (p. 15). Such relentless empiricism is brought to life by the long-term grounded immersion in others' lives—in their *local worlds* (Kleinman's (1999) concept for the micro-context where everyday life occurs). Ethnography, when conducted thoughtfully, does not reduce the complexity of human lives to mere abstractions. Instead it attends to the detailed "empirical evidence that emerges when people express their most pressing and ordinary concerns, which then open up to complex human stories in time and space" (Biehl & Petryna, 2013, p. 19). It requires knowledge of other forms of communications and openness to unfamiliar symbols of meaning and interpretations of experience. Clinical social work and ethnography draw on similar sensibilities of curiosity and inquiry. To understand another person's experiences to the best of our ability, clinical social workers should be open to shifting their internalized framework of understanding to embrace emergent and perhaps unfamiliar ways of being-in-the-world.

Kleinman brings the similarities between the two fields closer to the surface when he highlights "the ethnographer's self-reflective criticism of her own positioning and its limitations; her hesitancy to prescribe interventions, at least until their human consequences can be better understood; her newly emergent readiness to make a commitment not just to study others, but to

engage them and to witness their problems" (Kleinman, 2014, p. 259). He goes as far as to suggest that ethnography may help with "sustaining empathy and engagement" (p. 259-260). While acknowledging the impracticality of clinicians actually conducting ethnography in order to better serve their patients, he does advocate developing an *ethnographic sensibility*. An ethnographer, like a clinical social worker, is " 'called' into the stories and lives of others by the moral process of engaged listening and by the commitment to witnessing" (Kleinman, 2014, p. 260).

Moral Anthropology

Within moral anthropology, there is limited consensus on definitions of terms, notably around the very term *moral*, and yet there are clear themes that cut across the theorizing and fieldwork of this group of scholars: A dissatisfaction with traditional conceptions of ethics/morality based in philosophy, a distinction between morality and ethics; the everyday ordinariness of moral life; a self-reflexive perspective acknowledging one's own situatedness; and a phenomenological emphasis characterized by detailed accounts of individuals' experiences and their meaning in relation to each other, their community, and their larger social positioning (Fassin, 2007; Kleinman, 2014; Lambek, 2010).

Kleinman's (1999) intuitive distinction between *ethical* and *moral* can be usefully applied to clinical social work. He describes ethical discourse as the production of codified values carried out by an elite professional class. He argues that:

> Modeling ethics as a person's individual choices, which in turn are supposed to be based in deep philosophically and psychologically informed reflection shaped by religious and secular standards that seek universal application, simply does not account for the social processes of moral life. (Kleinman, 2014, p. 258)

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The processes that shape one's moral horizon include the forces exerted by economics, culture, relationships, politics, and work activities. Kleinman captures the always-unsettled complex social qualities of ordinary life through his use of the word moral to signify *what matters* or *what's at stake* in one's local world. What matters may include "relationships, resources, ultimate meanings, one's being in the world, one's being unto death, and transcendence among many other things" (Kleinman 1999, p. 362). What matters is always rooted in social conditions.

Ethical discourse in this sense would apply to the NASW Code of Ethics. It is a compilation of codified values determined by elites in the field of social work. A focus on ethics within social work that is limited to a reading of the Code of Ethics or to conventional ethical dilemmas overlooks the moment-by-moment moral experience that is embodied, enacted, and spoken reflecting what is at stake for the client and the clinician.

The local moral worlds of perpetrators. Much of moral anthropology is concerned with acknowledging individuals' struggles to live a good life, but the field would be remiss not to consider the unethical and immoral as just as crucial for capturing the panoply of human experience. I agree with Kleinman (1999), who argues that "from an ethnographic perspective what is at stake, what morally defines a local world, may be, when viewed in comparative perspective, grotesque, even downright inhuman...moral experience may be unethical, just as the ethical may be irrelevant to moral experience" (p. 365-366). Moral experience (with its speech, affects, actions, and belief systems) may reflect a striving to do good, but may also reflect efforts that harm. Dangerous conditions may result when our identities and the values we associate with them are threatened as humans will defend and protect what really matters at almost any cost. The range of choice may be constrained in such moral circumstances.

In his book *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger*, Kleinman (2006) recounts the story of a World War II veteran, Winthrop Cohen, who struggles with guilt and remorse for atrocities in which he was complicit during the war. For Kleinman, Winthrop Cohen represents "the despairing idea that society can impose on us a way of living that unleashes our anger and aggression in a thoroughly inhuman way" (p. 27). He tells Kleinman:

> I lost my humanity as those around me did the same. You don't have any answers. Nor do I. Save to live with it. To realize I did the worst is to understand how ordinary men do bad things. How ordinary Americans were so anti-Semitic at that time. How ordinary Germans did what they did during the Holocaust. How all of us are capable of murder. In the midst of war when all hell breaks loose and you are empowered to act with impunity, you can do horrors and be decorated for it. (p. 35)

What is at stake for Cohen is the existential reality of his moral imagination—he had done what he could never accept and becomes preoccupied with his own moral responsibility. His story leads Kleinman to ponder where such responsibility lies. An ethnographic sensibility toward Winthrop Cohen's story considers what matters and what has mattered to him in different contexts—his lifetime spent inhabiting a range of local moral worlds. Such a perspective considers the historical circumstances of the war, the implications of decisions made under fire, the presence of a culture that glorifies military prowess, but belittles mental suffering in its wake, the realities of survival that only those in the theater of battle have to face, and to the particularities of Winthrop Cohen's own life before, during, and after the war that gave shape to his moral strivings, failures, and never-ending struggles.

Conclusion

What can Kleinman's narrative of Winthrop Cohen's local moral world offer to clinical social workers working with perpetrators? It highlights the particularities of the lived experiences of individuals who have committed unethical actions. Winthrop Cohen grapples with his own positioning within a socio-cultural-historical context. The unforeseen, unimagined, and unpredictable aspects of his experience at times called for spontaneous action that incurred serious moral implications. A moral anthropological approach to understanding the perpetrators of violence thoroughly investigates an individual's location with respect to social structures and creatively imagines the moment-by-moment experience in which the range of moral choice became narrowed allowing transgressions to take place. This is precisely the task of clinical social workers.

If moral anthropology with its ethnographic methods prioritizes and privileges the singular and particulars of lived experience, then such an approach must also consider the unique psychology of the individual and the unique intersubjective psychological processes between persons as they are inescapably entangled with the realm of social experience. Relational psychoanalytic theories offer a bridge between the seemingly isolated terrain of one's mind and the tangled web of social complexity, anthropology's area of expertise.

<center>**CHAPTER IV**</center>

<center>**Relational Psychoanalysis**</center>

Introduction

In the previous chapter, I presented Kleinman's idea of *local moral worlds* as a useful concept representing what might be at stake for an individual within the "highly contextualized conditions of human experience" (Kleinman, 2013, p. 258). Kleinman argues that moral experience is always shaped by social processes of which one may be only partially aware. I believe that such social processes interact and overlap with psychological forces, which must be considered to more fully appreciate one's lived moral world. The psychoanalytic notion of the unconscious is helpful for probing what may lie within partial awareness or even outside of awareness. The "relational turn" within psychoanalysis, in contrast to the field's Freudian antecedents, recognizes the importance of social processes and has the tools to understand unconscious processes. Theorists within the relational tradition offer constructs that "neither reduce the psychic to the social nor reduce the social to the psychic" (Layton, 2007, p. 146).

Relational Psychoanalysis

Relational psychoanalysis grew out of the object relations tradition, self psychology and interpersonal psychoanalysis, and draws on developments from infant attachment research, feminist theory, social constructivism, and post-modernism. While those who identify as relational psychoanalysts represent a heterogeneous group who borrow from other psychoanalytic traditions to varying degrees, common themes across clinicians and theorists

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include an integration of intrapsychic and interpersonal dimensions of experience, the co-creation of meaning, the centrality of social relationships and intersubjectivity in development and in the clinical dyad, and recognition of the importance of culture and the broader social environment in shaping both conscious and unconscious processes. Many foundational concepts in psychoanalysis, such as transference and countertransference, the repetition compulsion and aggression, remain relevant but are reinterpreted from a relational perspective.

Broadly speaking, contemporary psychoanalytic thought has shifted on a clinical level from a focus on infantile fantasies to an elaboration of the patient's sense of personal meaning, and, on a metatheoretical level, "from a representation and reflection of the underlying structure of the patient's mind to a construction, an interpretation of the patient's experience" (Mitchell, 1993, p. 67). The shift in metatheory was motivated by the rise of a hermeneutic/constructivist perspective that posits that we only come to know reality through our experience of it, which is "inevitably organized in terms of our ideas, our assumptions, our wishes" (Mitchell, p. 57). From this angle, human experience is fundamentally ambiguous; "its meaning is not inherent or apparent," but rather "lends itself to multiple understandings, multiple interpretations" (Mitchell, p. 58).

Theoretical developments from relational psychoanalysis offer a frame to understand the psychological motivations underlying aggression and violence to assist clinical social workers who are faced with an Other's moral transgressions. They also offer valuable insights into how clinicians might make use of unconscious process in clinical encounters—the client's, their own, and what arises intersubjectively. The view within this tradition is that "psychotherapy is not a procedure performed upon one person by another; it is a dialogue between personal universes, and it transforms both" (Atwood, 2015, p. 152).

Relational Psychoanalytic Views on Aggression and Violence

Stephen Mitchell, a founder of the relational tradition, offers an integrative perspective on aggression that is emblematic of the field. Aggression is one of the most controversial topics within psychoanalytic history and not without reason. According to Mitchell (1993), "How one understands the origins of aggression determines one's positions on many of the most problematic features of life: historical, philosophical, political, and theological" (p. 152). He argues that the issue of aggression's nature and origins is not simply an intellectual exercise, but also a framing of our individual experience:

> How one thinks and experiences the roots of evil and cruelty, the darker passions, is an
>
> important part of the shaping of the personal self...Where does one place oneself within
>
> one's own life historical events? How does one understand one's own motives? Explain
>
> one's own cruelties and betrayals? (p. 152)

Mitchell traces two lines of psychoanalytic contributions—aggression as a drive and aggression as a secondary reaction—before reaching his relational perspective that makes space for both views.

Aggression is characterized as a biological "individually constituted, pre-wired potential" that is "evoked by circumstances perceived subjectively as threatening or endangering" (p.161). In Mitchell's view, feelings of endangerment are universal to the human condition and are always a subjective experience regardless of the validity of the threat. Any assessment and reaction to threatening stimuli is unavoidably subjective because it is rooted in an individual's biological predisposition and object relations (the psychological landscape shaped by the internalization of early relationships). This subjective component does not negate or diminish the reality of the external conditions that may be more or less likely to elicit aggression and

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violence. Instead this perspective implies that "aggression is never simply reducible to external causes" (p. 167). The external conditions do however impact how rational and appropriate an aggressive reaction appears to an outside observer.

A feature of aggression and its enactments is that they can always be justified because the person or group who feels rage, anger, or destructiveness can identify reasons for their reaction. To understand those who appear to be chronically aggressive, it is helpful to consider the social factors that shaped their early internal object world and how they might manifest in a repetition compulsion. This phenomenon explains how "we all selectively find and sometimes induce the patterns we anticipate, and although they may be highly selective, our interpretations of these situations are always compelling and plausible, at least to us" (Gill, 1982, in Mitchell, 1993, p. 167).

If, as Mitchell argues, aggression implies the presence of threat (real and/or imagined), this threat may be to one's physical integrity or to one's sense of self, identity, and dignity—in other words, to threats of humiliation and annihilation. Violent revenge on a personal and collective level is often carried out in the name of redressing past insults and to an on-going experience of endangerment.

Neil Altman (2010), a relational analyst who emphasizes the racial, cultural, and class identities of client and therapist, as well as the institutional context of their work, has applied psychoanalytic theory to understand the dynamics of terrorism including suicide bombing and the United States government's "enhanced interrogation techniques" carried out in the wake of 9/11. He writes, "Violence is the effort of last resort to restore an unlimited sense of control, to dispel humiliation...Recourse to violence ultimately reflects human unwillingness to accept powerlessness and vulnerability, a large portion of which is inherent in the human condition" (p.

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295-296). As an example he describes how child abuse often occurs "when an adult who needs to feel in control, but is rendered helpless by a tiny little child, resorts to the one sure-fire element of superiority that he has, physical force" (p. 299). While not every victim "turns the tables" and becomes a perpetrator, it is not uncommon for a perpetrator to have been a victim at some point in time. In a qualitative study of 43 death row inmates, Lisak and Beszterczey (2007) found that a history of multigenerational childhood abuse was endemic. Trauma research has revealed if child abuse survivors can talk and think about ("mentalize") their traumatic experiences, they are less likely to abuse their own children.[3]

Altman writes, "One of the central insights from psychoanalysis has been that emotions are most likely to be acted out when they are not formulated, verbalized, thought about, integrated with the rest of our psychic capacities" (p. 300). When cognition is split off from emotion, dissociation is present. Insufficient tamping down of emotional dysregulation by the pre-frontal cortex leads to our irrational emotions overpowering the capacity for more rational mental functioning. He argues that when there is a conflict between fear and helplessness on one hand and moral ideals on the other, it is imperative to hold in mind the emotional dynamics of the situation so that feelings of aggression to ward off the fear do not override the capacity to make a choice regarding how one acts. This is just as true for the clinician as for the client in clinical encounters: "As long as forces of which we are pointedly not aware determine our behavior, our ability to choose our course of action is pre-empted" (Walls, 2006, p. 120).

Psychoanalytic Considerations of the Socio-Cultural Context

Just as the personal meaning of experience is mediated by an era's "broad historico/cultural trends" (Stern, 2012), expressions of aggression and violence are also mediated by the context. Altman (2010) acknowledges the difficultly in keeping in mind the mutual

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interactive matrix of the personal and the social, but emphasizes its importance: "The impact of one's social position is always experienced through the prism of one's personal meaning-making system, and...one's personal meaning-making system is saturated with social influence" (p. 290). Endemic to any environment are social hierarchies, the nature of which will depend on the local and historical specificity. Psychoanalyst Lynne Layton (2006), borrowing concepts from post-structuralism, has described how hierarchies exert coercive damaging effects on an individual's subjectivity by requiring "a splitting of human capacities and attributes and giving them class or race or gender assignations" (p. 240). Such capacities include dependency, agency, vulnerability, and reason. The effects of such splitting can be the source of feelings of humiliation as well as those of superiority. She coined the concept of *normative unconscious processes* to describe the dissociative processes that maintain the splitting determined by social hierarchies and "pull us to repeat affect/behavior/cognition patterns that uphold the very social norms that cause distress in the first place" (p. 242). The assignment of human capacities to certain social groups and not to others "can cause narcissistic wounds that organize the desire to belong to one group rather than another" (p. 242). In clinical encounters, the presence of social hierarchies can become the site of unconscious enactments.

Altman (2010) suggests that the defensive processes of projection and projective identification operating on a collective level are in part what creates and maintains "an impoverished, left-behind group of people in our society" that is "experienced as other, whether by virtue of race, social class, or culture" (p. 281). Like Layton, he argues that "the acts that create and maintain this group of people in their status as underprivileged and other operate unconsciously, for the most part seemingly without anyone's intention" (p. 281). Individuals and groups are who "othered" by those in the mainstream may see themselves "in the public eye, in

the media, and in personal contacts" and develop "an internalized poor self-image" (p. 281-282).

In contrast, those who can "identify with the image of the mainstream...disavow a variety of

psychic qualities and locate them in images...of the 'not me' group of people" (p. 282). He

writes, "These processes serve defensive functions for the mainstream psyche in terms of

enabling a disavowal of the pervasive exploitation and violence throughout our society" (p.

282).[4]

Returning to the issue of aggression and violence, a consideration of the influence of the

social environment can be applied to Altman's (2010) emphasis on the role of early family

history in the shaping of one's internal world:

> The sense of personal destructiveness in relation to internal objects, for example, can
>
> evolve under the influence of a competitive and exploitative socioeconomic matrix as
>
> well as under the influence of a particular sort of early family environment (which itself,
>
> of course, is influenced by the cultural matrix.) (p. 286)

In political contexts of occupation, the psychological circumstances are often those of

extreme humiliation. The occupier-occupied relationship is one of complete dominance and

complete submission (Benjamin, 1988). Those who suffer the "pernicious effect of repeated

small humiliations" within a context of occupation may feel a "nearly unbearable despair and

frustration, and a willingness on the part of some to do anything, even commit atrocities, in the

belief that attacking the oppressor will restore their sense of dignity" (Stern, 2003, p. 62). It may

be that those who seek revenge by committing atrocities, such as terrorists, have a particular

structure of destructive internal object relations that when coupled with humiliating

circumstances result in a morality that endorses the extreme acting out of aggression. To

consider the converse, why is it that some do not resort to violence under the same

circumstances? What internal and external circumstances might manifest in protective

psychological structures that shape a sense of morality that inhibits the impulse for violence?

Clinical Applications: Multiple Selves and Recognition of the Other

Relational psychoanalysis, as a two-person psychology, emphasizes the clinical situation

"as a shifting context of reality constructed by the input of two people" (Bromberg, 1996, p.

516). It has also brought to the foreground the clinical significance of who the therapist is with

her history of identities, experiences, and traumas (Suchet, 2004). Client and clinician alike are

always immersed in social discourses that can lead to socially stereotyping one another. Such

immersion in varied and shifting socio-cultural contexts combined with our own unique

intrapsychic worlds results in the paradox of multiple realities—the multiplicity of selves each

with its own interpersonal implications. As Mitchell (1993) writes, "all of us have multiple,

conflictual perspectives, many of which are unconscious" (p. 53). Relational psychoanalysis has

shifted understanding of the human mind away from the notion of a solitary self toward a "view

of the self as decentered, and the mind as a configuration of shifting, nonlinear discontinuous

states of consciousness in an ongoing dialectic with the healthy illusion of unitary selfhood

(Bromberg, 1996, p. 511).

Healthy psychological functioning entails communication and negotiation between self-

states. In Bromberg's (1993) words: "Health is the ability to stand in the spaces between realities

without losing any of them—the capacity to feel like one self while being many" (p. 166). When

certain not-me self-states become too threatening to hold in mind, disavowal takes place hiding

the dissociated parts of ourselves. Shame and guilt are often embedded in these parts. An

essential element of effective clinical work is the clinician's personal journey to better understand

herself with her many identities and self-states, especially those which have been disavowed. If

the clinician fails at this task, the client, through projection and projective identification, "comes to carry all that is unconsciously disowned in the self" (Suchet, 2004, p. 432). To create space to honor the client's "otherness" requires a "similar receptivity towards our own internal otherness or our 'other' selves" (Suchet, 2010, p. 170).

Suchet (2010), a Jewish analyst, grappled with this very dilemma in her work with a Lebanese woman who strongly identified with the Palestinian cause. The question that loomed over the treatment was, "How does recognition take place when the other is perceived as a threat?" (p. 163). Fundamentally, recognition occurs at the moments when "the therapist is making an internal adjustment to the patient; the therapist is registering the imprint of that patient's state even while striving to preserve personal integrity and equilibrium" (Pizer, 2008, p. 289). Preserving integrity and equilibrium can be exceedingly challenging when faced with a client whose identities and self-states are experienced as threatening and elicit parts of ourselves we would rather not face.

Conclusion

When there is space for recognition, two people come to see each other as subjects and not objects. Challenging encounters can involve a collapse of space in which it is impossible to acknowledge and work with the difference between points of view. In such a moment only one viewpoint or feeling can prevail. Suchet, by noticing the subtle shifts in her self-states, gradually developed an awareness of the parts of herself that she had dissociated, including identification with the aggressor. By acknowledging the existence of these parts and how rooted they were in her intergenerational history, she was able to create a space for deeper understanding of her client, allow for the client's dissociated parts to emerge in the treatment, and for her client and herself to view one another as subjects. Suchet (2007), in summarizing what she learned from

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this treatment writes, "We must struggle to gain access to that which is culturally dissociated, to that which feels unbearable, unsymbolizable and beyond reach, in both patient and ourselves" (p. 168).

In clinical work with perpetrators, treating the client as simply evil denies him recognition, treats him as an object instead of a subject, and likely is a result of our own inability to identify a psychic link with the client's aggression. However, as Altman (2010) makes very clear, "a psychic link with people who do horrible things is in no way inconsistent with absolute condemnation of the deed and a determination never to engage in such an action oneself" (p. 309). Holding in mind the tension and perhaps paradox between thought and action, similarity and difference, is essential for preserving one's own selfhood and personal integrity while empathically connecting with a challenging client.

CHAPTER V

Discussion

This chapter combines the theories presented in earlier chapters with the purpose of painting a more complex picture of how clinical social workers navigate the impasses that arise in working with perpetrators of violence who believe their actions are morally justified. Clinical social workers will at some point encounter individuals whose views and actions conflict with their moral views and the values of the social work profession. Reaching a place of empathy and understanding, while simultaneously condemning the behavior and demanding accountability, is immensely challenging in such cases.

Clinical social work and other mental health professions have theorized about how we contend with differences with regard to gender, sexuality, race, age, and class, but I would argue that those of morality and values are often overlooked. Our various intersecting social identities inform our moral perspective and may even lead to multiple moralities depending on which aspects of our identities are salient given the intersubjective context. For example, psychoanalyst Melanie Suchet (2010) describes how her Jewishness, with its political and moral history, came to the forefront when she worked with a young Lebanese woman. In a treatment with a client identifying as black, Suchet (2004) finds her white South African identity most clinically salient. Morally infused emotions such as guilt, shame, and innocence emerged as the various identities of client and therapist came into focus in the intersubjective matrix. In these two cases, the clinician and the client experienced alternating oppressor/oppressed,

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victimizer/victim dynamics as their social identities embedded with unconscious historical and political material interacted. Identities are always related to values—some of our own choosing and others that have been projected on to us by dominant groups.

Moral anthropology focuses attention on the values assigned to the sociocultural contours of an individual's identities situated as they are locally, globally, and historically. It eschews the grand theories of moral philosophy in favor of the phenomenology of everyday moral life. The concept of local moral world is particularly useful as it hones in on—not what is right or wrong in the traditional sense of the word moral, which can be remarkably hard to pin down—but rather what is at stake or what matters. Beliefs and behaviors defined by one's local moral world are emergent and not simply predetermined by one's ethical codes. In fact, they may be at odds with one's ethics. Take for example a soldier's experience of war-time morality. In his local moral world survival at all odds is what matters, even if that entails violating his ethical code of not taking a human life. When the contradiction between moralities (using the term to encompasses both concepts: local moral world and ethics) becomes unsustainable, the result is a trauma of morality. A related concept has been described as a *moral injury* in the psychological literature on trauma reactions in veterans (Boudreau, 2012; Litz et al, 2009).[5]

Relational psychoanalysis highlights the ever-present role of the unconscious without neglecting the context of lived experience. A consideration of the unconscious offers a glimpse of the meanings of experience often hidden beneath awareness and thus helps with understanding the roots of behaviors, thoughts, and fantasies. In contrast to earlier trends in psychoanalysis, it also turns its gaze toward what arises intersubjectively in the clinical dyad by acknowledging the mutual influence of two individuals with their respective personhoods, histories, and unconscious process. The concept of normative unconscious processes helps explain how social

positions, identities, and the values assigned to them are internalized; how we unwittingly maintain social hierarchies.

There are identities that we seek to embody and others from which we recoil often unconsciously. The latter are often associated with emotions that may feel unbearable such as guilt and shame. Relational psychoanalysis believes in the multiplicity of selves—not in the sense of multiple personalities—but rather that we have many different self-states, some we disavow and dissociate when they threaten deeply held identities and ways of being in the world. Relational views on aggression suggest that it is influenced by internal factors (predisposition, object relations, self-states) and external conditions (political climate, threats, etc.). Aggression can be an "effort of last resort to restore an unlimited sense of control [or] to dispel humiliation" (Altman, 2010, p. 295). The lengths we will go to maintain a sense of ourselves, some coherence of identity in the face of real and projected threats is a moral issue. Relational psychoanalysis, as a psychotherapy technique, offers possibilities of how to clinically use unconscious process as it comes into focus.

Moral anthropology zooms in from macro to micro and puts what matters to individuals and their communities into perspective. Relational psychoanalysis emphasizes the multi-directional influences of the unconscious with our past and present social environments and formative experiences. Both theories are inherently contextual. In the next section, I will apply concepts from these two theoretical traditions to Gobodo-Madikizela's and Straker's cases with the goal of better understanding how one might navigate the moral upheaval of clinical work with perpetrators.

Revisiting the Cases

Gillian Straker and Pumla Gobodo-Madikizela, both South African psychologists, share much in common in their scholarship, advocacy, and clinical work. In the spring of 2013, they conducted a workshop together on reconciliation and forgiveness in New York City. However, their written work, to my knowledge, has not been considered side by side. Gobodo-Madikizela's book and Straker's article provide a counterpoint to one another elucidating different aspects of a related phenomenon.

Of the many parallels between the texts, one of note is the writers' early disclosure of witnessing psychologically transformative events in the fight against apartheid. These events critically shaped their future encounters with de Kock and Stanley. For Pumla Gobodo-Madikizela, the event was the capture of an apartheid government agent[6] who was suspected of attempting to overthrow the leader of a black political organization. She was in the crowds and cheered as it was announced that the agent had been "captured." Only later did she learn that the agent had been mutilated and killed. She realized that she "had been party to the killing of another human being" (p. 11). To her, what was relevant was not whether or not she could have intervened to stop what occurred, but simply that she was present, "celebrating" (p. 11). Gillian Straker witnessed the burning of a woman on live television. Maki Skosana, was set on fire as a crowd of black youth attacked her. She later learned that this woman was accused of being a spy for the apartheid government. Straker (2007a) describes feeling horrified and haunted as she watched the killing transpire on the screen (p. 155).

Gobodo-Madikizela in her role in the Truth and Reconciliation Commission (TRC) later came face-to-face with the widow of Captain Duli, whose husband's murder she had celebrated a few years earlier. Mrs. Duli testified before the TRC to share her personal history of trauma

during apartheid. In that encounter, Gobodo-Madikizela felt the conflicted internal pull of identifying with the aggressor and the victim. Her interaction with Mrs. Duli haunted her as she struggled with her emotional reactions following interactions with de Kock.

After the killing of Maki Skosana, Straker, in her role as an activist, began working clinically with traumatized youth who had been arrested and mistreated by the police amidst an uprising that followed her death. It was in this context that she met Stanley and later learned that he was implicated in the very event that had horrified her so.

Both Gobodo-Madikizela and Straker face an Other with whom they experience emotionally-complex and morally-imbued reactions. Gobodo-Madikizela in her meetings with de Kock struggles to reconcile her own implication in a murder. Straker in her meetings with Stanley struggles to reconcile her belief in his goodness with her abhorrence of his participation in a heinous crime. She admired Stanley for his bravery as a resistance fighter and wonders how she could "come to terms with the atrocity he described as well as his reaction to it, a reaction that embraced excitement without remorse?" (p. 159). Gobodo-Madikizela struggles with the converse. How could she come to terms with the empathy she felt for de Kock witnessing his feelings of deep remorse, convicted as he was for crimes against humanity? She writes, "Part of my own struggle in my visits with de Koch stemmed from my fear of stepping into the shoes of a murderer through empathy" (p. 120).

Straker and Gobodo-Madikizela experience a crisis in their sense of themselves as they encounter aspects Stanley and de Kock that shock and disrupt them. Straker becomes "a witness to gross inhumanity in way she had not intended" (p. 160). Gobodo-Madikizela becomes a witness to humanity in a way she had not foreseen. They both become moral witnesses to the

far-reaching and unexpected impact of apartheid and the fight for its demise. For this, they experience a trauma of morality.

Applied Moral Anthropology

The local moral worlds of clinicians and perpetrators. What was at stake for the individuals in these two cases? What did their local moral worlds entail? I believe that for Gobodo-Madikizela, hers was organized around a deep belief in the power of forgiveness and healing potential of processing trauma—for herself and her community. Part of her mission included a desire for intellectual understanding of how evil came to be perpetrated by fellow humans, not unlike Hannah Arendt's (2006) work on the Eichmann trial. The real subject of her visits with de Kock was "to understand the inner mind of evil, to follow its thought processes and to expose myself to its human face striped of media stereotypes and the easy distance of hatred" (Gobodo-Madikizela, 2003, p.123). However, she was also moved by witnessing victims forgive perpetrators, even when they seemed morally undeserving. Her openness to exploring these phenomena, while exposing her at times to moral and emotional confusion, ultimately transforms her.

Straker's identity as a socially conscious white South African was at stake within her local moral world. She gripped tightly to what was good in her and Stanley and in their shared mission for social justice. As her moral world fractured, she found that a clear sense of right and wrong, good and bad was no longer accessible. She came to learn that her "white guilt" had curtailed her capacity to face the full ramifications of apartheid. Her acknowledgment of this "entailed the necessity to relinquish [her] unconscious wish to believe that all was good and right was invested in those in the struggle and all that was bad was located outside ourselves in the

state" (p. 161). She learned "at a very intimate level that there are very few clean hands in a war, although both sides will claim that some hands are cleaner than others" (p. 162).

As Gobodo-Madikizela comes to understand de Kock's life and local moral world, she contemplates how his career as a leader of death squads required he unequivocally believe and act in accordance with the destructive, violent, and oppressive racist ideology under which he had been raised. By not questioning it, he had maintained a coherent identity at the expense of his ethical and spiritual survival. She wonders how his history of childhood abuse may have left him vulnerable to a climate of indoctrination with a reoriented sense of morality. She also examines the insidious and sophisticated theological vocabulary used by religious organizations to "disguise the naked evil" of the apartheid system (p. 59). In the following passage, she considers the moral and psychological implications of living under an oppressive political regime:

> ...in a totalitarian society where power structures exert a tremendous influence on how and what one thinks, the relationship between personal choice and societal pressure is not straightforward. Add to this a deeply stratified society, such as radically divided South Africa, where starting well before one's capacity even to make moral choices has been tested, one's sense of moral obligation toward others is rigidly channeled along lines of 'us' versus 'them,' and the images of the 'them' depict a group that exists only as objectified others. Then choosing to value or not to value another takes on an even layered meaning. (p. 130)

Under such conditions, it may be impossible to shield oneself from the violence of state-sponsored oppression even as a member of the privileged group. Gobodo-Madikizela bravely

examines what choices may or may not have been available to de Kock and implicitly puts herself in his shoes:

> Should he have resisted such forces as apartheid's legalization of violence and the silent support by a society that benefited from the violence? Of course he should have. But could he have? Did he have the conviction to oppose the system he served? Did he have any of the unique resources that only the morally courageous—the few who have the courage to follow their conscience—possess in totalitarian societies? That one is not confronted with the choices de Kock could have or could not have made, that one was not a member of the privileged class in apartheid South Africa are matters of sheer grace. (p. 57)

However, the possibility of understanding de Kock does not eliminate the need for his moral accountability according to Gobodo-Madikizela. During his prison sentence when he meets with Gobodo-Madikizela, his local moral world has shifted to suffering the burden of his deep and paralyzing moral injuries. In the wake of his participation in the TRC, his remorse is unearthed realigning his previously evil local moral world to one owning up to his moral failings.

Stanley, a politically active young black man, held multiple identities: A "brave, true, and in control" soldier in the liberation struggle and as a brother and son who endangered his family with his activism (Straker, 2007a, p. 156). To those in power in the apartheid state, he embodied "Black Africa...a region that is inert, brutal, uncivilized, in a word, savage (Fanon, 1963, as cited in White, 2007, p. 175). His identities conflict in ways that narrow his local moral world. Maintaining his sense of bravery as a soldier in a male-dominated and group-oriented environment while facing real dangers to his physical safety, left no room for emotional or spiritual vulnerability. His desire to resist the racist identity imposed on him by whites and to

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defend his comrades who had been killed and humiliated overrode other aspects of his identities that perhaps could not justify killing.

Just as de Kock's actions must be condemned as morally reprehensible, so too should Stanley's participation in a necklacing.[1] However, their guilt and agency cannot be understood without acknowledging the social and political context that created conditions for compliance and loss of individual conscience. Moral anthropology with its ethnographic methods helps create an emergent picture of what really matters to a person even when what matters seems to demand unethical actions.

Applied Relational Psychoanalysis

A thorough analysis of these two cases would be incomplete without consideration of unconscious processes. Relational psychoanalytic theory is well suited for this task because of its belief that context – intersubjective and social-cultural-historical – is always relevant. While the apartheid system impacted all under its rule, an individual's subjective experience of it developed to fit the contours of his or her unique internal world. Local moral worlds are shaped by the realities of survival under an oppressive regime, but also by the unconscious forces underlying psychic survival.

Motivations for violence. In a context of extreme social hierarchy such as apartheid South Africa, normative unconscious processes become a potent reinforcement of an "us" versus "them" ideology promoted by those in power. The defensive and unconscious processes of projection and projective identification operating on a collective level are in part what creates and maintains a stratified society with marginalized groups along racial, cultural, gendered, ethnic, and class lines among others (Altman, 2010). Psychological states that are disavowed by the dominant group are projected onto marginalized groups. In turn, such states are internalized

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and embodied through projective identification by those in the oppressed position. One's sense

of personal moral obligations develops within the constraints imposed by these collective

defensive processes.

Given the psychological conditions at work, it becomes clearer how violence against

"not-me" groups occurs. According to Mitchell (1993), aggression implies the presence of a

threat and thus is justifiable in the mind of the offender. The threat may be to one's physical

integrity or to one's identity. Violence may be perpetrated to defend or retaliate against

humiliation and loss of power. De Kock and Stanley represent the possible extremes of violent

behavior in circumstances that allowed each to morally justify their actions. Moral justification

of violence necessarily demands dissociation from one's inherent sense of universal humanity.

For de Kock, violence was a justified means to defend and protect his group's political

standing. As Gobodo-Madikizela learns the details of how de Kock killed repeatedly, she writes:

"There was an absence of awareness, not only of one's surroundings but also of oneself. To

make it work over and over again, this psychological cutting off of one's sense of reality needed

constant justification" (p. 77). He represents how "perpetrators of human rights violations

redefine morality and start believing that they can commit systemic murder and other atrocities

'for the greater good' " (p. 58). Stanley, in contrast, participated in violence to redress the

humiliation and destruction wrecked upon his community. Interestingly, the killing in which he

participated was not against a white enemy, but rather against a woman of his own community

who was believed to have been turned against her people by the state. In this way, the

government manipulated black South Africans to destroy their own.

The idea that aggression is elicited by external causes does not account for the majority

of white South Africans who did not commit the crimes of which de Kock was guilty nor can it

account for the majority of black South Africans who did not participate in violent resistance like Stanley did. Were de Kock and Stanley both deeply influenced by their respective social and political environments? Yes. However, something unique to their personhoods was also at work creating conditions for their respective dark moral worlds where dehumanizing others became possible. For those vulnerable, personal conscience can be drowned out by a group's ideology. Questions of accountability and responsibility become more complex when the social forces influencing someone's psyche come into question.

Recognition of the Other. The moments that shock Straker and Gobodo-Madikizela's local moral worlds are illustrative of important unconscious processes that can arise in clinical work with perpetrators. They provide answers to Suchet's question, "How does recognition take place when the other is perceived as a threat?" (2004, p. 163).

After de Kock informs Gobodo-Madikizela that she had touched his "trigger hand," she wrestles with the implications of her spontaneous act of empathy:

In touching [his] hand I had touched his leprosy...I was from now on infected with the memory of having embraced into my heart the hand that had killed, maimed, blown up lives...He wanted his evil to be real to me because it was still real to him. (p. 40)

The morning after the interview, she awoke not able to feel her own hand that had touched him. Her mind had "split off" that part of her body; she felt "disabled, grounded as if placed on probation for engaging in a prohibited act" (p. 41). She realizes that de Kock had also "split off" his hand from the rest of him by labeling it his "trigger hand" to distance himself from his role in "evil deeds" (p. 41).

In traumatic situations, it is difficult if not impossible to hold onto an integrated sense of ourselves; instead, dissociation occurs as we split off parts of ourselves to protect them from

contamination with the traumatized parts. Gobodo-Madikiezela grapples with what it means to

feel empathy for a murderer and de Kock wrestles with the meaning of being seen as more than

his identity as "Prime Evil." Her relationships in her role in the TRC were with victims with

whom she felt immense empathy; therefore "to experience empathy for someone who has

committed terrible acts against other human beings...puts one in a strangely compelling and

confusing relationship with the perpetrator" (p. 79).

Following Stanley's disclosure of his role in Maki Skosana's death, Straker writes of her

experience:

I felt the ground beneath me slip. I felt sucked into a black hole. At this moment there

was no possibility of saying anything or bringing my subjectivity to bear on the situation;

such subjectivity had been massively disrupted. I felt void and empty. In this state I

offered no resistance to Stanley, who attributed to me his own self-recriminations. (p.

159)

She feels she can only perceive Stanley as an object and cannot see him as a person beyond the

heinous act he committed. The presence of vicarious traumatization, dissociation, projection,

and projective identification only came into view afterward. In that moment, she could not

respond, but had she been able she would have wanted to "engage a morality that condemned the

killing" (p. 161). Following the session, she faced the dissociative processes that paralyzed her.

Her "crisis of subjectivity" was the recognition of "how many parts of [herself she] had

previously split off" (p. 160).

Straker began to own what she had previously disavowed: The degree to which she had

projected onto Stanley goodness and hope for the future. He had come to embody her defense

against the immense white guilt that resided in her. Her reclamation of disavowed parts of her

self—her privileged identity as a white South African who had been shielded from apartheid's full force and in fact benefited from it—allowed for a deeper relationship to develop overtime with Stanley. This also entailed acknowledging identification with the aggressor. This was no small feat. In Suchet's (2004) words, "Whites have dissociated the historical position of the oppressor from collective consciousness, due to our inability to tolerate identification with the aggressor" (p. 423). While Straker held onto her moral position that the killing of Maki Skosana was reprehensible in spite of Stanley's sustained belief in its justification, "both of [them] were... challenged to look at how much [they] could really tolerate the otherness and subject status of the other" (p. 161). In working through this impasse, they discovered their capacity to engage in meaningful and challenging dialogue. Facing one another as subjects with different lived experiences and moral worlds required relinquishing their projections of "salvation" onto each other. Gobodo-Madikizela in owning her reaction to the capture of Captain Duli allowed her to connect with a vengeful, aggressive part of herself that ultimately helped allowed her to see de Kock as a whole person. His own feelings of immense guilt, remorse, and regret also contributed to their connection and recognition of one another. The biggest challenge in working with perpetrators of violence is when they remain unwilling to see themselves as responsible for their actions and disinterested in participating in mutual dialogue.

Strengths and Limitations

As mentioned previously, the combined application of moral anthropology and relational psychoanalysis provides a strong and comprehensive approach to understanding the clinical impasses that can arise in working with perpetrators and more generally when the clinician's local moral world differs from the client's. The two bodies of theory in conjunction offer a perspective that considers how social factors influence an individual's moral and internal worlds.

To my knowledge, this thesis represents a unique perspective combining two cases and two theories that have not been considered side by side. In my opinion, moral and value differences between clinician and client have been under-theorized in writings on clinical work. Additionally, the theoretical framework presented in this thesis offers a way to navigate many of the ethical imperatives of social work.

However, this thesis is not without its limitations. A number of theories that I chose not to use would also have offered a rich analysis. Social psychology, collective trauma, critical race, and forgiveness and reconciliation theories would have each offered a valuable perspective. For example, Volkan's (1988) work on psychoanalytic group psychology describes our need to have enemies and allies, which is relevant for understanding how political conflicts develop and impact individuals. I also chose not to emphasize characteristics such as gender and class, which are very much connected to issues of race, morality, and violence. This thesis, in its emphasis on the "ordinary" individuals who come to commit violence under extraordinary circumstances, does not address the research on the small minority of persons who commit violence in knowing pursuit of sadistic pleasure nor those who commit violent acts during a psychotic episode.

There are also the limitations of my own perspective rooted as it is in my identities and my particular social position. I identify as a white American woman with ties to South Africa. I have relatives who immigrated to South Africa 40 years ago and cousins who were born and raised there. I have long been curious about the experience of life during and after apartheid. The choice of cases may seem distant from the practice of clinical social work in the United States; however, circumstances of social hierarchy and political oppression are unfortunately not limited to apartheid South Africa.

Conclusion: Implications for Social Work Practice

This study has important implications for how social workers and therapists can conceptualize their cases. When working with clients who have engaged in behavior that we find morally reprehensible, clinicians can apply concepts from moral anthropology and relational psychoanalysis to examine the impact of social forces on individual lives. Specifically, clinicians should pay careful attention to how their social identities and developmental experiences shaped their local moral worlds and those of their clients.

No one is immune to feeling threatened and fearful. When we dissociate from emotions and the corresponding parts of ourselves, we are more likely to unconsciously enact that which we cannot mentalize. Awareness of how we unwittingly replicate the social hierarchies that as social workers we seek to dismantle, allows for greater capacity to help our clients and promote social justice. When sitting with a client who has shared his participation in behavior perceived to be immoral, it is important to notice and register internal reactions that may foreclose the possibility of recognition of the client's latent humanity. There is an understandable wish to distance from knowledge that alters one's perception of the Other and thus one's perception of oneself. Considering what really matters to the client can help elucidate the motivations underlying the offensive behavior. Clinicians can hold in mind the following questions: What do we do when feelings of moral superiority arise? What is at stake when we acknowledge our privilege? Becoming more aware of internal experience and developing an understanding of unconscious processes can help clinicians navigate the clinical impasses when the client is seen as more object than subject.

Part of this work is owning the parts of ourselves—our identities—that we would rather disavow. From this place, we can begin acknowledging the values and moralities that are

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intimately tied to our identities. While I have argued vigorously for a non-complacent stance of striving to understand oneself, the challenging client, and what might be impeding connection, I also believe it is imperative to be aware of an edge beyond which one cannot go. Despite the best of intentions and desire to push through empathic impasses, there may be someone with whom one cannot work effectively. In such a case, referring the client to another clinician is an ethical act.

While the cases were based in South Africa, one only needs to read our domestic news headlines to conjure clinical scenarios where these methods would prove useful. For example, how would one be the therapist to a police officer accused of racist policing? An anthropological consideration of police culture might help paint a contextualized picture of the officer's local moral world. Working with veterans also invites a similar approach, particularly as they grapple with their participation in violence sanctioned by war (See Boudreau, 2012). Acknowledgment of one's own moral revulsion to unethical actions as well as recognition that no one is impervious to entrenched and insidious social hierarchies would be important to move beyond "othering" the client. It is imperative to understand and shift one's internal world to counter the normative social processes to which we and our clients are exposed.

On a societal level, dialogue with perpetrators, particularly in contexts of widespread violence, "creates the possibility of setting the person's actions, through testimony and witnessing, in the broader framework of the political-ideological context that may have supported and even directed his deeds" (Gobodo-Madikizela, 2003, p.120). Finding the humanity in those who seem morally undeserving ultimately helps restore the humanity in those who have been victims. Through mutual dialogue, peace stands a chance against the tide of revenge.

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FOOTNOTES

[1] South African sociologists Wilfred Scharf and Baba Ngcokoto define necklacing as "the much publicised and controversial process by which a car tyre is placed around the victim's neck filled with petrol, and set alight. It became a form of execution in the townships from 1984 onwards and was used by both pro- and anti-government groups. It is usually the action of an incensed crowd of people rather than an individual act" (Scharf & Ngcokoto, 1990, p. 371).

[2] Hage (2003) in his anthropological approach to understanding Palestinian suicide bombers advocates an "ethics of social determinism."

[3] Lisak and Beszterczey (2007) theorized their results in the context of a culture of masculine socialization in which men grasped "onto extreme versions of masculinity in an effort to restore a sense of personal power and to defend against the very real powerlessness instilled in them through the chronic abuses of their childhood" (p. 125).

[4] In the United States, Altman (2010) writes: "The psychoanalytic perspective, with its elucidation of unconscious processes, dissociation, and projective identification, shows how we maintain the contradiction between the fact of slavery and oppression and the ideology of America as the land of the free, indeed how we could not have the one without the other" (p. 282).

[5] A moral injury is defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (Litz et al., 2009).

[6] Captain Duli was the government agent captured and killed for the suspected attempt to overthrow Bantu Holomisa, the leader of Transkei, a nominally independent homeland within South Africa.

[7] The gendered nature of this necklacing incident is significant. Given the masculine culture of apartheid-era South Africa, the human capacities of betrayal, vulnerability, and shame were gendered and designated as "not me" by resistance fighters and were forcefully projected onto Maki Skosana as a scapegoat. In the Truth and Reconciliation Commission, it was determined that Maki Skosana was in fact innocent of the crimes for which she was killed.