WHAT IS...
PSYCHOSOCIAL & PSYCHOANALYTIC RESEARCH?

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PSYCHOSOCIAL & PSYCHOANALYTIC RESEARCH

Wants to understand the concurrent dynamics of the internal mind interacting with the external social world of individuals and groups

What goes on inside the mind and body as the social self moves in the world?

Psycho - the internal world that each of us populates with our thoughts and feelings, our fears and fantasies, motivation and volition that drive our thoughts, feelings, and behaviors
The uttered and the unuttered, and the unutterable
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**Psycho** - the internal world that each of us populates with our thoughts and feelings, our fears and fantasies, motivation and volition that drive our thoughts, feelings, and behaviors
The uttered and the unuttered, and the fantasized but perhaps unutterable

+ **Social** - the external context within which we live, in dyads, in groups, in multiple and concurrent collectivities, and the interactions within and between the collectivities within which individuals think, feel, and behave
PSYCHOSOCIAL & PSYCHOANALYTIC RESEARCH

• Assumes that thoughts, feelings, and behaviors co-occur in the individual’s unconscious and conscious minds
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• Seeks to understand social, cultural, political, and other influences that affect individuals’ thoughts, feelings, and behaviors

• Perceives responses to these influences, or stimuli, as mechanisms of defense to sustain/protect ego.
PSYCHOSOCIAL & PSYCHOANALYTIC RESEARCH

The psychoanalytic research tradition is vast and spans over 100 years...

This brief, introductory talk will focus particularly on a theoretical framework that draws upon (amongst others)

• psychoanalytic
• feminist
• sociological

constructs and concepts
PSYCHOSOCIAL & PSYCHOANALYTIC RESEARCH

The psychoanalytic research tradition is vast and spans over 100 years...

The first studies were by Sigmund Freud and colleagues...

In the literature of clinical (psychodynamic) psychology exists a long tradition of the single subject case study [earliest examples of psychological female subject case studies include Breuer and Freud’s Anna O (Freeman, 1994; Freud, 1976/1910; Ellenberger 1972) and Dora, (Freud, 1963)], wherein method of treatment and treatment outcomes of a single individual can be extrapolated in consideration of a larger population exhibiting similar constellations of thoughts, feelings, and behaviors (Kazdin, 1998).

Robinson, 2007:32
There is a growing interest in both psychoanalytically informed theory and practice in the social sciences. Psychosocial studies and psychoanalytic studies address serious social and political issues through a critical welding of sociological and psychoanalytic perspectives. This raises the question: how do we actually use this form of analysis in the practical research environment? In this article, the author seeks to outline a psycho-social research method - in other words, how we do it - and to introduce the reader to both the advantages and problems of doing psychosocial research. This is framed within the context of a research project in which the author explores racism in higher education.
Theory and Practice: Psychoanalytic Sociology as Psycho-Social Studies

Over the past few years there has been an increasing interest in the use of psychoanalytic ideas within a sociological framework. These ideas have been largely developed within sociological theory rather than practice. There does, however, seem to be a new frame of thought and practice emerging which we could term psycho-social studies, perhaps even a new discipline in its own right. In this article I will discuss the development of the use of psychoanalytic ideas around sociological issues, explore some of the tensions that have arisen and evaluate the implications for methodological practice.
The role of recognition in the desistance process: A case analysis of a former far-right activist

This article explores the intersubjective dynamics that foster desistance from crime. It explains that the concepts of ‘identifications’ and ‘recognition’—as defined by Jessica Benjamin—illuminate how psychic change can come about despite social continuity within offenders’ lives. The value of Benjamin’s approach is illustrated through the analysis of the case of a former far-right activist. The article shows that in order to desist from crimes that involve a symbolic ‘othering’ (e.g. hate crimes) offenders have to reclaim the psychic parts of themselves that are projected onto victims. The article concludes that when those deemed ‘other’ are able to withstand and survive hostile projections the possibilities for psychic change among desisting offenders are enhanced.

Key words: desistance; hate; psychoanalysis; racism; recognition; subjectivity
Research Entanglements, Race, and Recognizability: A Psychosocial Reading of Interview Encounters in (Post-) Colonial, (Post-) Apartheid South Africa

Psychoanalysis has become increasingly concerned with issues of race and class and the ways in which they play themselves out in the therapy room. Alongside other psychosocial scholars concerned with the interleaving of the self and other, the psychological and the social, I argue that psychoanalysis is a valuable resource, particularly, as demonstrated in this article, for thinking through how we might theorize and “read” race and class in interview contexts when conducting qualitative research. Interview moments between myself, the researcher—a White, middle-class, educated, South African woman—and the researched—Black, working-class, lesser educated, South African men—are subjected to a psychosocial reading drawing specifically on Lacanian psychoanalysis which emphasizes a critical, tentative approach that aims to disrupt understanding.
‘It’s Not Easy to Know Who I Am’: Gender Salience and Cultural Place in the Treatment of a ‘Delinquent’ Adolescent Mother

This article explores meanings of subjective gender and cultural place of a biracial, bicultural, unmarried 15 year-old mother with a substantial trauma history and court involvement. The treatment, which took place in a church-run maternity home, addressed oppositional behavior and anger and evoked profound questions of gender and culture. These clinical data are discussed from a multidimensional model of gender, race, and ethnicity; cultural meanings; psychological trauma; and power. Remarkable for examples of ego strength and insight, material in the case study provides some understanding of a profoundly traumatized yet resilient girl who has struggled through her experiences—and in her treatment—to keep making sense of her life.

Keywords: female delinquency; feminist psychology; adolescent mothers; child trauma; juvenile justice
Introducing justine

RESEARCH QUESTION:

What are meanings of subjective gender—in the context of objective gender (Chodorow, 1996)—and cultural place of a biracial, bisexual, and bicultural 15 year-old mother who presented in court-mandated therapy with mild anxiety and dysphoria—general unease with her body and psychological state—to address issues of oppositional behavior and anger?
Introducing justine

‘Justine, head bowed and body lost in baggy and dark androgynous clothing, pushes her baby boy in a worn stroller toward me, sashaying down the steely-blue tiled corridor of the church-run maternity home. She is African-American and British, 15 years old, unmarried, homeless, in trouble with the courts, has a substantial trauma history, has lived with and been rejected by her mother in the U.K. and her father in the U.S.’ (p. 31).


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‘Psychoanalytically-oriented psychotherapy lasted only six months before she was suddenly and punitively discharged from the maternity home at which I saw her, yet the substance of our exchange evoked profound questions of gender and culture that are the subject of this paper. To further describe her, I note her small stature, often diminutive manner, and quiet voice. Because her physical characteristics belie her ego strengths and, subjectively, her life’s remarkable achievement to date—to survive—this image of Justine is intended to keep both at the forefront of the discussion. In so doing, I recognize and respect the child she was not allowed to be. As Pepi (1998:87) notes, it is strengths-based therapy that so effectively explores competencies and locates them at the center of short-term therapy and long-term planning.’ (p. 32)
Introducing justine . . .

‘who spent much of her early life in care and protection in her birth country—the United Kingdom—and after life course events pushed her back and forth between the U.K. and the United States, was adjudicated delinquent by a court in the U.S. In my role as a psychotherapist in a Roman Catholic Church-run maternity home, I treated Justine for six months, working mostly with techniques of psychodynamic psychotherapy, an apt approach to her trauma history and many life challenges (see, for example, Shengold’s work on “soul murder,” the profound effects of child abuse, 1999 and 1989), addressing these in a conceptual model of childhood fears, after Anna Freud’s work with children in wartime (Freud, 1946). In this approach to therapy, the clinician works with what is at the surface of the client’s unconscious, keeping track of what patterns and material have surfaced before, and formulating an understanding of the client’s thoughts, feelings, and behaviors by studying the client’s defenses, that is, ways of coping with conscious and unconscious conflicts. This method of therapy may also be called psychoanalytically-oriented...Clinical data are discussed from a multi-dimensional model of gender, race, and power, the construction of which follows.’ (p. 32)
Anna Freud
Three Basic Fears of Childhood

1. Fear of loss of love object
2. Fear of loss of love from the love object
3. Fear of annihilation
Two essential differences locate the variable experiences of traumatized individuals:

- basic constitutional differences, and
- differences of experienced pain.

An important corollary to this claim is Greenacre’s observation, cited in Anna Freud’s *Comments on Trauma* (1967), of the inevitability of revisiting the trauma, especially vis-à-vis revisitation of the original event in the face of similar stimulus, as well as the recapitulation of traumagenic after-effects. (p. 36)
Shengold. (1989) *Soul Murder*

- Terror of abandonment exceeds the terror of the abuser
- The possibility of a void left by a lost love object prolongs attachment
- Even as abuse, or threat of abuse, continues, the child clings to the familiar object of love
Gender, according to Chodorow (1996), is objective in the sense of documenting, empirically, prescribed and proscribed behaviors and characteristics, and the meanings of both, according to male or female identification.

Normative markings of gender identification, then, presume a rather mechanical process of physical observation and categorization of how the individual looks, speaks, behaves in company, what the individual chooses for work, whom the individual chooses for love. . . (p. 33)
Feminist Theory and Psychological Treatment

Chodorow (1996) shuns essentialist characteristics as foundations for clinical gender, while Miller and Stiver clearly embrace women’s proclivity to nurture and be in relation, through biological and cultural imperatives.

Their work comes together, however, in the emphasis each places on rejection of a psychological model that endorses one normative path of development, and recognizes—and privileges—the breadth and impact of differential experience as the core of the individual’s psychological self. . . (p. 33)

A subjective assessment of gender, on the other hand, assumes, in the most liberal sense, not much, i.e., deterministic, essentialist, and socially imbued meanings of gender are relinquished in favor of individualistic meanings. Experience and personal characteristics are privileged in an ongoing evolution of gender meaning, for that individual.

While, as Chodorow points out, generalities and universalisms disappear with this approach, patterns of meaning and experience emerge as markers of relative indicators of gender, creating, what seems to me, a continuum of gender definition, with male and female as the terminus labels.
bell hooks introduces the concept of counter-hegemonic cultural practice in her work on race, gender, and cultural politics, and the yearning for new paths to autonomy and insight (1990). In writing about radical black subjectivity, she proclaims the use and practice of traditional ways of black folk in the public, white-dominated social context to be self-strengthening and healing for those who are disparaged or worse for not conforming to normative modes of relating, speaking, praying, healing, etc. She sees the oppression of African-Americans as having produced a colonized mentality, and remarks:

Lately I say often that mental health is the important field right now, a central revolutionary frontier for black folks, ‘cause you can’t effectively resist domination when you are all messed up (1990:218).

Her message is considered here, literally and metaphorically. (p. 35)
bell hooks: 
Counterhegemonic cultural practice

Literally, hooks’ admonition for African-Americans ... to use particular cultural devices and means toward self-advancement—individually, psychologically—may suggest that there is one traditional black way, and moves perilously close to essentialist thinking.

Created as a continuum, however, as the models of gender described above, hooks’ work becomes, metaphorically, immediately relevant and important to the development of a psychotherapeutic model of concurrent matters of race, gender, connection, etc. Counter-hegemonic cultural practice becomes a metaphor wherein traditional psychoanalytic models of development and treatment, and the dominant community that practices and preaches them, are the hegemony.

Counter-hegemonic culture in this metaphoric construction, then, is the creation of continua of gender, of social meanings, of cultural experience, including that of being the racial “other,” whichever “other” that may be. Rather than reducing absolutes to relativistic terms in a way that weakens understanding, this creation of concurrent experiential matters strengthens the connections within individuals...to analyze and work through concurrent issues in their lives. (p. 35)
Lukes (2005) proposes a model of power that conduces to three dimensions that include:

- decisions as choices consciously and intentionally made by individuals between alternatives, where conflict is observable;
- latent conflict and non-decision-making;
- values and beliefs.
- Lukes’ model is explicated from evidence of larger sociopolitical phenomena than those of intrapsychic dynamics, but the elements hold as one accepts the inescapable effects of gender and race on individuals, and the power differentials inherent in a pluralistic social network.
A psychosocial framework to address the question...

- trauma can throw normal character development off track because the child can be flooded with too much fear or anxiety or pain at once and cannot successfully defend herself psychologically.
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- Sociological theory supports this claim as well, in the theoretical frameworks of symbolic interactionism and social exchange, which explore how the individual develops social meanings from experience, internalizes them, and then utilizes them back in her social context to make sense of her interactions with others, which informs her behavior, revises the meanings, and so forth.
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- The intrapsychic and the psychosocial conjoin in an understanding of the world, the individual’s place of the work, the profound influence of the external on the internal, and the revisions of traumatic meaning. Recognition that trauma actually occurred may come much later in the traumatized child’s life, as familiarity with social norms increases. As the traumatized child develops awareness of and internalizes understanding of right and wrong, social rules, etiquette, fairness, and other norms, tolerance for the trauma may increase or decrease.
Justine’s history

- Justine was born in the U.K., in a town where a university is the hub of local life. Her mother was Caucasian and British, her father an African-American man stationed nearby on military duty. Justine’s father left the U.K. before his daughter was born, and the parents did not maintain contact.
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- Justine lived with her mother until the age of two, when child protective services removed her from her mother’s custody because of severe abuse and neglect reports by nursery school teachers; the abuse was perpetrated by the mother’s boyfriend, who beat Justine, burned her, and attempted to drown her by holding her by her ankles with her head in a toilet bowl and flushing the toilet repeatedly.
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- Justine went to foster care, and lived with a stable family with two other children until age six, when her father called her mother and requested permission to bring her to the States to live with him, his wife, and their new baby. He came to the U.K. to fetch Justine, and she returned with him to the States. Over the next six years, she lived with her father and his succession of wives and live-in lovers, until he married a woman who, reportedly, did not want to care for the child. When Justine was twelve, then, her father sent her back to the U.K., to her mother, who at that point was in methadone treatment and living on disability support.
Justine’s history

- Justine stayed with her mother, going to school “about half the time” and using a lot of drugs, mostly marijuana and hashish. Her mother would often share drugs with her daughter, but otherwise spent little time with her. When Justine was 13, her mother took her on a week’s holiday to a seaside amusement park resort, where Justine “had a fling” (her words) with a 20-something-year-old man who worked the amusement rides.
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- Two months later, Justine discovered that she was pregnant. She ran away from her mother’s house shortly after this discovery, stayed in town for a few weeks, and tried to cash in the return portion of her roundtrip ticket to use the money for an abortion. When she could not cash it in, she used the ticket to return to the States. She was not certain where she was headed, but decided to go to the city in which she had lived with her father—the only place she had known in America. A few weeks after her arrival, living in the subway, and occasionally finding a place to stay, someone who knew her father spotted her on the street and called him. He reported to police that she was back in the city, and the police soon found her and held her in juvenile detention as a runaway.
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- While in detention, her pregnancy was noted, and at her court hearing, the determination was made that she would be placed at a church-operated maternity home for the duration of her pregnancy. A petition was filed against her father for abuse and neglect, and pending investigation of the complaints, she became a ward of the court.
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- Following oppositional behavior—mostly resistance to treatment—she was adjudicated delinquent and the Home continued to be her court-determined placement. Justine remained at the Home for the duration of her pregnancy, and wanting for any resolution of her case, the judge assigned her to remain there following the birth of her son. Justine gave birth at age 14 to a fair, blond, blue-eyed child, like his father, for whom Justine had only a name. She named her son for significant figures in the Islamic holy book, the Qur’an.
**RR:** (following on the vagaries of the neglect system and her placement)...and what do you want them to do with you?

**Justine:** Independent living, so I can get my life back on track. But they’ll probably put me in foster care and I’ll figure it out from there. I want to finish regular high school and go to college, go on someday to be a psychologist. I don’t like most psychologists and I’ve met a lot, but I’d like to be one and help people. I think I could do that. I think I’d like to do that. I think I’d be good at it. But that’s a long way off. I have to get through ninth grade first! I’m going to (public high school, rather than the Home’s school) next semester...As long as I get out of this place!

**RR:** What’s that about, Justine?

**Justine:** Ugh! I hate this place! When they first said I was coming here they said that it was the place where unwed mothers go and they told me about it and it sounded okay. But then I came here and it’s awful. It’s like jail. It’s all rules and you’re supposed to be learning to be responsible about all this adult stuff but then they have all these rules and treat you like a little kid. And the rules don’t make sense, most of them. I hate it here. I gotta get out soon.

**RR:** You and (your little boy)?

**Justine:** I don’t go anywhere without my baby. Yeah, me and him. Are you supposed to be helping me with that?

**RR:** I’m supposed to help you with whatever you think you want to work on. Things that would help you to get yourself clear and together. What might those be?

**Justine:** Well...(pauses and stares off into space, then refocuses and looks me directly in the eyes). Here’s what I think I want to work on. I want to learn to control my anger, and I want to learn to have more patience.
• Justine: Maybe I could become a therapist. That sounds like a good job. I’d be good at that. I have a lot of problems myself, but I’m still good at listening to other people and helping them figure stuff out. But I want to do it with art, too. My father said that if I’m gonna be a psychologist I should be an art psychologist, work with people with drawings and stuff.

• RR: You like to draw. Maybe it helps you figure out your feelings.

• Justine: Yeah. It does, or at least to get out my frustration. Probably that, more. My mother did that sometimes.

• RR: I hear you sounding really concerned about your mother.

• Justine: Yeah, well, she’s been on drugs most of her life, and all the needles and junk she’s done to herself really messed up her body. And now she has her leg cut off and they might have to cut off the other one, too. And they won’t tell me what’s wrong with her.

• RR: She won’t tell you what’s wrong with her.

• Justine: She must be really sick to have her leg cut off. And she’s still on methadone. I’m afraid...look at that guy over there hitting golfballs!
• RR: Afraid of what, Justine?

• Justine: Afraid? What? (looks down and averts my eyes) What. (mutters)

• RR: Afraid she might die.

• Justine: Yeah, I guess. There’s nothing I can do about it. She’s over there and I’m here and I can’t go back and she can’t come here and there’s nothing I can do about it.

• RR: Sounds like you feel powerless about this.

• Justine: About almost everything now. About being here. About everything. Is it okay with you if I have a cigarette now? I only had one today so far...if I can take care of my baby I don’t know why she couldn’t take care of me. I really don’t remember anything good. She was always stoned. I liked nursery, though. (goes on for a bit about nursery school). I don’t know.

• RR: And maybe you’re afraid that because your mother let you go and your father let you go that I’m gonna let you go, too.

• Justine: Well, yeah, wouldn’t you be? But you come when you say you will, and that’s something. At least that’s something. Look at that guy with the golfballs.

• In this exchange, secondary process—that is, adaptive, higher level—thinking predominates, but regresses to primary process—more primitive, closer to “gut” emotion—where her rage toward her mother breaks through in graphic imagery of the amputation, and retreat to two references to a man with (golf)balls, hitting the balls, even as she is describing the power of releasing frustration through visual images. The man hitting the golfballs was African American. Justine was sitting with her Caucasian female therapist as she watched him and spoke her wishes, fears, and pain.
The ‘social’ part of psychosocial in the case of Justine

- Race and racism, ethnicity, and belonging (identity and attachment)
- Child abuse and child neglect
- Foster care
- Residential care
- Court-mandated psychotherapy
- Substance abuse by parents and effects on their children
- Immigration/migration and legal standing
- Juvenile courts, jurisdiction
- Child in Need of Services or adjudicated delinquent?
- Adolescent pregnancy
- LGBT identity and adolescence
- Homophobia
- Statutory rape
- Sex for drugs
- Adolescent homelessness
- Children of young teen mothers and special needs
- Religion and identity
- Female delinquency and gender-informed care