Countertransference and Understanding Workplace Cataclysm: Intersubjective Knowing and Cultural Knowledge in Interdisciplinary Applied Anthropology[1]

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Abstract:

The description of an interdisciplinary interaction (nurse-educator applied anthropologist) shows the value of exploring the subjective response (countertransference) of the applied anthropologist as crucial data about the other, and in turn about workplace cataclysm and wider cultural dynamics. Such concepts as projective identification (Klein, Bion), transitional space (Winnicott), and reverie (Ogden) are discussed in relation to an applied anthropologist's experience in work-relationships. An extended case study from an interdisciplinary encounter illustrates the operation of countertransference in the ordinary work of an applied anthropologist.

Introduction

Nowhere is the conjunction of the problem of understanding and the problem of being understood more obvious and more urgent than in intergroup communication over problem-identification and task-completion. The work of applied anthropologists on interdisciplinary projects is ripe for misunderstandings – even when the problem of "translation" occurs in the same national or market language. When we have interdisciplinary disagreements or conflicts (a branch of intercultural ones), what are they all about and how do we find out? They are, of course, about what participants claim they are about; the manifest, explicitly stated issues. But they are often about other, more elusive -- often unformulatable -- yet powerful matters: undercurrents that influence collaboration and accomplishment of tasks. This paper offers an approach to beginning to identify what these deeper disagreements and issues are about.

This paper addresses epistemological questions via the process of learning from interdisciplinary misunderstandings, even if – and precisely when – they seem unbridgeable. I begin discussing some broad conceptual and methodological issues, then present a detailed case study that "brings to life" these issues.

I show how transference and countertransference (that is, emotion-laden unconscious forces in all participants) enrich and complicate the dynamics of knowing and being known in human interaction. Uunconscious roots of misunderstanding exist in even the best intended interdisciplinary (and more broadly, intercultural) situations.A crucial, and often denied, link exists between our inner emotional life, and our ability to know. That is ultimately what "countertransference" is about: that foundational source of knowing in the self of the knower.

Sometime in 1997, Professor Phillip Bock and I had a conversation on the subject of methodology in anthropology. He said something to the effect that we as anthropologists (not just "psychological" ones) need to become explicit as to how we make our interpretations and come to our conclusions. We have shared methodological code-words such as participant observation, naturalistic observation, open-ended interviews, controlled comparison, reflexivity, countertransference, experience-near ethnography, and so on. But how we get from these discipline-defining shibboleths to our actual narratives has a "magical," presumptuous, quality. It is as if -- and I am still paraphrasing – by uttering these magical formulas, we eventually arrive at valid and reliable accounts of the people whose lives we attempt to understand. We need more detailed, painstaking, principled accounts of how we come to know what we know. He wondered whether we might (or at least whether I might) consider this a sub-text or *basso ostinato* for our conference.

His question resonated with much of my own work, and with the legacy in anthropology of George Devereux (1967), Weston La Barre (1978), Melford Spiro (1979), L. Bryce Boyer (1993), among those most influential in my life. My contribution in this paper is an exploration of this central issue of knowing and knowledge through an examination of ultimately the only instrument we can fall back on: ourselves. The paper is a study of how we proceed from our contertransference (which is our total experience of any situation) to knowledge of human society. I shall rely upon one exceedingly, but necessarily personal, vignette. It, together with the discussion I offer, will, I hope, help advance the ongoing discussion about the

relationship between interior and external, self and otherness, intrapsychic and external reality (see Oliner 1996). My current image on countertransference can best be rendered by that wonderful "intersubjective" account of William Butler Yeats (1974, 1931), who wrote in "Among School Children:"

> O chestnut tree, great-rooted blossomer,
> Are you the leaf, the blossom, or the bole?
> O body swayed to music, O brightening glance,
> How can we know the dancer from the dance?

In applied and ethnological anthropology alike, the problem of knowing and the problem of being understood are entwined. All social science is haunted by such epistemological questions as: How do we know what we claim to know? How do we bridge individual and group (cultural) process? How do we validate our interpretations of group life? What and where is "cultural" knowledge? This paper explores the question of the source, the "location," of our very data. It is "in" others, "in" ourselves (observers, applied social scientists), and "in" our emotional response to others. This paper attempts to map the interior world of that process. I shall argue that subjectivity is in fact inter-subjectivity, and a conduit to elusive objectivity in understanding and working with others. How one feels while working as an applied anthropologist is a crucial part of the "field data" about the organization or ethnic group with whom one is working.

In this paper, I explore the emotional undercurrents in anthropological fieldwork and in the application of anthropology to work in the world, the methodological bridge between countertransference, social theory, and the work of applied anthropology. Specifically, through a case example, I hope to answer the questions, "How do we know?" and "How do we learn?" – "How, exactly, do we *use* the self of the observer or consultant in applied anthropology? I have come to embrace my *Meshugasse* (Yiddish for madness, craziness) as if my life, as well as my knowledge, depended on it. It is not a side issue for me – and, I presume, for many others in our science. Who we are, whom all in ourselves we have access to, is part of how we know, what we know, and what we dare *not* know.

Pascal, Bion, and Embodied Knowing

In this spirit I wish to invoke Blaise Pascal in a discussion of human knowing and knowledge. Far less famous and influential in the philosophical ideology of the West than René Descartes, Pascal gave us that wonderfully ante-Freudian aphorism that "The heart has its reasons of which reason knows nothing" (*Le coeur à ses raisons que la raison connaît point.*) The task of psychoanalytic training, of therapy, and of ethnographic learning is to expand and extend our official, conscious Reason's access to the often disturbing, unconscious Reasons of the heart (or liver, gall bladder, or abdomen). In truly psychosomatic fashion, my organism often knows something long before it enters the realm of language. The language of my body signifies my disturbance. The non-verbal and the pre-verbal are crucial forms of communication between ourselves and within ourselves. The intellect follows the lead of the heart. I have learned to rely on these organic cues as if my ethnographic knowing and my life depended on them. At times, they are all I have to "go" on. (Boyer 1993; Ogden 1989). They are "embodied" knowing: what we know with, or from, is inseparable from what we know (or fail to know).

Wilfred Bion addressed this issue in his work on group dynamics. Bion (1959, 134) argued that the group observer's countertransference response (emotional reaction) is a vital source of data about the group. Often that "countertransference" – the emotional sensations in the observer or therapist -- offers the only knowledge available. My point of departure – at once phenomenological, methodological, and theoretical – is a seminal passage by Bion in *Experiences in Groups*. Although he speaks from the context of group treatment, his insight extends to the broader horizon of all understanding of other people. He inquires into the evidential basis for interpretations and directs the reader's attention to "interpretations for which the strongest evidence lies, not in the observed facts in the group but in the subjective reactions of the analyst" (1959, 134). He continues:

> [I]n group treatment many interpretations, and amongst them the most important, have to be made on the strength of the analyst's own emotional reactions. It is my belief that these reactions are dependent on the fact that the analyst in the group is at the receiving end of what Melanie Klein (1946) has called projective identification, and that this mechanism plays a very important role in groups. Now the experience of counter-transference appears to have a distinct quality that should enable the analyst to differentiate the occasion when he is the object of a projective identification from the occasion when he is not. The analyst feels he is

being manipulated so as to be playing a part, no matter now difficult to recognize, in somebody else's phantasy – or he would do if it were not for what in recollection I can only call a temporary loss of insight, a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation without recourse to recondite explanation of their causation. ... I believe ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state is the prime requisite of the analyst in the group. . . . (1959, 134-135).

This ability is equally a prime requisite of the anthropologist, especially of the applied anthropologist who is overtly or subtly supposed to *do* something. In this paper I describe my experience of frequent; 1) "temporary loss of insight," accompanied by; 2) "strong feelings," and; 3) my belief in an objective, external, source of these feelings. I come to feel as if I am "going crazy," beside myself, that I am "possessed" by alien thoughts and feelings that are not mine, that at such moments of invasion I am literally "gone out of my mind." I have come to rely on these uncomfortable, often terribly frightening, experiences as crucial guides to interpersonal and organizational reality, and in turn, to culture itself. Because those with whom I am interacting (as co-worker, supervisor, subordinate, or consultant) *disavow* that they are doing what I know they are doing, I must rely on my often-violent internal emotional responses as a guide to what is taking place. I must learn to watch myself and listen to myself not only *while* I watch and listen to another person (or to a group), but *as a means of* doing so.

Countertransference: From Examined Projective Identification to Cultural Knowledge

This brings me to projective identification. The observer or consultant's examination of projective identification (Tansey and Burke 1975) is emotionally akin to being able to handle a very hot potato one is tossed, but without being burned to incapacitation! One must be able to hold it long enough to be able to feel what it is like to be burned. Despite the continuing elaboration of the concept of projective identification (Klein 1946), it consists essentially of; 1) unconsciously splitting off an undesirable aspect of oneself; 2) projecting it onto, and attempt to force this part into, another person (or group); 3) perceiving as if one's disembodied part were inherent to this other person (or group); 4) behaving toward this other person (or group) so as to provoke the expected

behavior, and; 5) having one's projection, now successfully identified with by the other, "confirmed" by the other. The applied anthropologist can use these uncomfortable "deposits" from others in interdisciplinary settings as vital information about the culture(s) of those who are making the deposits. In the vignette to follow, I extend a disturbing interdisciplinary moment into an understanding of culture.

I will highlight perceptual and behavioral facets of this process:. Via the *motivated **perceptual** distortion* of projection and projective identification, the victim, who is the container for the persecutor's own badness, comes to be experienced as persecuting. At the conscious level persecutor and victim are reversed: the persecutor is certain that he or she is (or that they are) the innocent victim. The unconscious story, and the unconscious guilt and shame in turn, can be utterly denied.

The distortion is further confirmed, and the brutal relationship perpetuated, via what might be called the *motivated **behavioral** distortion* of the victim. One acts toward the other person as if what must be false about oneself must certainly be true about the other. The victim, the vessel for the oppressor's own disavowed affects, fantasies, and wishes, must be provoked or goaded into living out those unacceptable parts. Via identification, the victim must embody them and "confirm" their reality in actual. The victim must "prove" by his, her, or their behavior, that the persecutor is right in fearing the victim. A kind of symbiotic dance of death takes place at the level of work-team relations, family relations, organizational behavior, and international relations (Stein 1982).

In a recent paper on the relationship between African Americans and Jewish Americans, Maurice Apprey and I (1999,116) described this projective dance of death in the poet W. H. Auden's metaphor of urgent/voluntary errands. The description equally conjures the emotional inferno of workplaces that run on projection:

In appropriating this metaphor from the poet W.H. Auden we see that what is "urgent" is the oppressor's demand that the victim surrender or submit to some poison without being permitted to acknowledge that it is poison. What is "voluntary" is the determination by the victim as to how the historical grievance must be transformed. The idea of an "errand" is a necessary one to draw our

attention to what conscious or unconscious destructive project or mission the transgressor wills in order to precipitously hasten the demise of the innocent other. Knowing what is "urgent," knowing what is "voluntary," knowing what motivation subserves the transgressor's errand altogether constitute knowing at a deeper level one strategy that is capable of transforming humans.

In interdisciplinary teams, in corporate and clinical workplace cultures as in ethnic, national, and religious ones, projection is part of a larger, mostly unconscious, story line – one that becomes part of a conscious ideology and agenda. *A person – from worker to executive, from anthropologist to chemist -- is sent on an urgent errand that cannot be acknowledged. It becomes one's voluntary act to cope with what must not be said, but which must be carried out; a "job description" that cannot and must not be put into words, but which must be embodied.* The anthropologist's ability to hold onto and examine countertransference (projective identification) *while remaining in the situation,* is part of the difficult process of transforming raw emotional experience into (inter) cultural understanding.

In a discussion of one type of projective identification, relevant to the case below, Frederic Kurth portrays the unconscious mission of the relationship for the one doing the projecting. For Kurth, "ontological hate" is part of the self-other relationship in "violent projective identification:"

> This ontological hate refers to a negative condition of being set against the sources of life. Put another way, this hate does not allow life to come into being. It positions itself behind life in order to shut off the wellsprings. This hate primordially repudiates any idea of being "behind" someone in the sense of supporting and nourishing and protecting and comforting. On the contrary, to be "behind" someone . . . means completely to enter into and take over (1975, 325).

In a discussion of Kurth's ideas, Maurice Apprey writes:

> Kurth's notion of "violent projective identification" is . . . about total annihilation of the other, hence the description "violent" as opposed to "massive." Kurth went on to suggest that besides the infusion of ontological hate in violent projective identification, other motivational factors intrinsic to

the use of this psychical mechanism included "consuming love." In other words, one can perish by love or freeze with hate. One can annihilate the other as much by *smothering* the other, as by maliciously hating the other. This violent form of projective identification which includes ontological hate and consuming passion "*annihilates by choking off the life of the object before it ever comes into being*" (1975, 326 [emphasis in original]; Apprey 1993, 2).

The vignette to be presented illustrates both "violent" and "massive" projective identification. The "massive" form refers to "the obliteration of boundaries between self and other, the confusion of one's identity with that of another, the blurring of geographical boundaries between self and object" (Apprey 1993, 1). It is the more usually understood and described form projective identification takes. "Violent" projective identification involves the denial, the splitting-off, the fantasized relocation, and the perception in another, of one's own imagined death and deadness. It is as if in order for one to live, another must die – one must kill off that dread self as it has come to be embodied in another. The task of the "target" of this projective identification is to be at once alive and dead, in the least to be on the brink of dying.

In the vignette to be discussed below, I experienced acute death-anxiety as my medical colleague and I discussed downsizing and managed care. What did not make "sense" to me at the emotional level pointed to what the conversation (and dispute) was about. What my colleague could not tell me directly, she told me via projective identification, that is, by my emotional reaction to her.

Potential Space, Reverie, and Organizational Understanding: Lessons from Winnicott and Ogden

In this section I want to extend Donald Winnicott's (1953; 1967; 1971) understanding of "transitional space," and Thomas Ogden's uses of "reverie" (1997a & b) from the psychoanalytic situation of analysis to; 1) that of understanding interdisciplinary relations, workplace organizations, and larger cultures, and to; 2) that of understanding the dynamics of interdisciplinary relationships in applied anthropology. There is, I believe, a natural sequence of understanding which builds from countertransference, to projective identification, to Winnicottian understandings of intersubjective space (transitional, potential, persecutory, playful) to Ogdenian understandings of

reverie. From Winnicott (1967; 1971) we learned that human creativity can be situated in the transitional space between persons and in the mind. At its best it is "potential space," and at its worst it is "persecutory space" intruded upon if not violently filled. Play, including the real-world play of organizational *work*, requires free access to the imagination and the ability to try on numerous as-if solutions to questions or problems. When persecutory anxiety intrudes upon play, it can no longer be playful, and becomes instead a highly rigid, ritualized, emergency routine.

In this paper, interdisciplinary understanding becomes the medium of play in the transitional space of the workplace. I shall illustrate what happens to play, and to playfulness in interdisciplinary work, when that potential space comes to be infused with hatred. The writing of Erik Erikson (1963) on children's play disruption, on how fluidity comes to be frozen under the influence of trauma, terror, and catastrophic fantasies, comes immediately to mind. The feeling or fantasy that occurs in me, one that takes place in the transitional space of work relationships, is neither strictly "mine" nor "theirs," even though I am the author. Intersubjectively, it is "ours," or them-in-me, as I have processed that presence. It becomes data for an ethnographic document, not only an "expression" of my own inner state.

A logical, and psychological, extension of our understanding of the way understanding takes place in potential space is the process of reverie. What Ogden (1997a) describes for analytic understanding in dyadic therapeutic relationships holds, I believe, for organizational, and wider, ethnographic understandings as well. Ogden writes that "I believe that the emotional disequilibrium created by reverie is one of the most important elements of the analyst's experience with which to get a sense of what is happening at an unconscious level in the analytic relationship. Reverie is an emotional compass that I rely on heavily (but cannot clearly read) to gain my bearings in the analytic situation" (1997a, 571). Ogden's images of "compass" and "gaining [one's] bearings" tells us that we are still in the emotional realm of Winnicottian intrapsychic and intersubjective space. Sense of identity is inseparable from sense of place.

While careful to evoke rather than to linguistically imprison the notion of reverie, Ogden describes reverie as "a jointly (but asymmetrically) created unconscious intersubjective construction" (1997a, 569). He holds "a dialectical conception of the analytic interaction"

(ibid.). "Reverie . . . seamlessly melts into other psychic states" (ibid.). Examples of reverie include "our ruminations, daydreams, fantasies, body sensations, fleeting perceptions, images emerging from states of half-sleep [Frayn 1987], tunes [Boyer 1992], and phrases [Flannery 1979] that run through our minds, and so on" (1997a, 568). "Reverie is an exquisitely private dimension of experience involving the most embarrassingly quotidian (and yet all-important) aspects of our lives" (ibid.).

Ogden cautions that we should not "dismiss any reverie as simply our 'own stuff,' i.e., as a reflection of our own resolved conflicts, our distress regarding events in our current life (however real and important these events might be), our state of fatigue, our tendency to be self-absorbed. An important event in the analyst's life, such as the chronic illness of a child, is differently contextualized by the analyst's experience with each patient, and as a result becomes a different 'analytic object' (Bion 1962; Green 1975) in each analysis" (Ogden 1997a, 570). The organizationally- and interdisciplinarily-rooted insights I describe below are in turn rooted in reveries that occurred "in me" during the course of everyday teaching, research, and consulting.

Vignette: From Projective Identification and Dissociation to Cultural Insight

In this section, I describe an event that became for me a kind of "seed crystal" in a supersaturated solution of "data." It brings to life the concepts of countertransference, projective identification, persecutory space, and reverie as discussed in the earlier sections. It was an intercultural, interdisciplinary moment. It provided the opportunity for the method of countertransference-based learning to take place in me with frightful clarity. To use a different metaphor, it was a moment of understanding that condensed -- as in dream-work -- many strands in my life and work.

The specific occasion was a seminar/workshop I conducted with nurses and nursing students in late 1998. An invited speaker to a conference of nurses, I had just concluded a three-hour seminar/workshop on current social calamities such as managed care, downsizing, restructuring, reengineering, deskilling, and culture. I had argued for the viewpoint of situating economic or business explanations within cultural ones (e.g., Allcorn et al. 1996; Bertman 1998), rather than placing medical economics as the "driving force" of all

healthcare culture. I depicted the cultural destructiveness and self-destructiveness in these ostensibly business strategies. I explored the contrast between the official economic ideology of "the bottom line," and the commonplace experience of these catastrophic changes in the language of the Holocaust (the Nazi war against the Jews). One of my chief goals in the talk was to help prepare these practitioners for a "market" world in which holism was devalued. Many of the nurses, themselves veteran practitioners, told stories during the conference that corroborated my own observations, interview data, and material from workplace consultations.

The conference organizer, who had invited me to make the presentation, had known me for several years. A nurse-educator, she is a senior academic healthcare professional and administrator. Over several consecutive years she had generously invited me to speak at nursing conferences that she had planned. The interdisciplinary facet of our relationship is that despite the fact that we both are anthropologically trained, she is also a nurse (that is, a trained and licensed clinician) and I am not. Further, most of my clinical work is with physicians. She was familiar with a number of my publications. Prior to the conference, she had assigned to the participants the chapter on managed care in my recently published book, *Euphemism, Spin, and the Crisis in Organizational Life* (1998). She had also read the book. Throughout my presentation, she seemed unusually quiet. Afterwards, when everyone else had left, she came to the front of the room, where we proceeded to talk for about a half-hour. Time stood still, as in a tomb.

Even before she spoke, something felt ominous. She seemed sullen, somber, at a loss for words, as if she were transfixed, in a trance. She looked as if she were moving and speaking in slow motion. I felt as if I were an iron filing in the presence of a strong magnetic field. I felt overpowered, menaced. I felt in danger, that I had to resist – but resist what? I must add the obvious point that this narrative is reconstructed after the event. If many details are changed or lost and some distorted, I believe that the intersubjective atmosphere is accurately evoked.

She sat in a chair in the front of the auditorium perhaps six feet away from me, behind a large table. For a while it seemed as if she were staring at me. She began to speak as if doubting that she was talking to me: "If I didn't know you and hadn't seen you at these conferences for years, I wouldn't think you were the same person who had written that book. It didn't sound like you. I've read articles and books by you before, such as your book on Oklahoma culture, and they sounded like you. But this . . . [silence]." She left long silences between each sentence, between phrases. I felt alternately curious and alarmed. I paid deliberate attention to the content of her words. She continued: "I found the book overwhelming, overpowering, pessimistic, hopeless," she said with heavy pauses between each word. "I found the comparisons of managed care and the Holocaust overdrawn. I'm not Jewish, but the Holocaust is the most horrible event in human history. Downsizing causes terrible suffering, but it is nothing like the Holocaust, which is without comparison. I just couldn't see how you could think that way."

I felt dazed, as if I had just been struck. She might be right, I told myself – and probably was. I was trying very hard to think of our conversation, and of her words, as a kind of collegial feedback, intellectual sparring, even as literary criticism. I remember haltingly saying that I'd like to think about her comparison about how I sounded in earlier writing and in this book, that in this book I was not making *comparisons* between downsizing and the Holocaust but quoting many workers and managers and executives who used Holocaust language and images to depict their experiences of downsizing. It required great effort for me to speak at all, as if she were exerting some colossal force on me. As I listened to her content, and considered it seriously, I started to pay attention to what happened to me, how I felt, as she spoke. Something else was going on, and I did not have words for it. More than being right or wrong about a book felt to be at stake. I observed her and myself to discover other answers.

Often between utterances, she just sat there, frozen, looking at me – like a cross between Michel Foucault's "gaze" and catatonia. I felt like an alien, foreign object, to her, and to the room. I felt myself physically distancing myself from the book I had written. I assured her that it was not my last book, that I am not symbiotically fused with my writing, that I enjoy thinking aloud in conferences. Words, words. As she spoke, as we spoke, as we sat there, I felt increasingly dissociative. Suddenly I knew what it felt like to dissociate. I could feel it was happening to me in a very "normal" academic discussion. In the vernacular, I felt as if I were going "out of my mind," "crazy," *"Verrückt."* I could feel myself separating, one part pushing another out of it. Part of "me" was becoming

"not-me," some entirely "other" entity. I felt like screaming, like running, but I was frozen there. I could not move. I could feel two distinct selves begin to take shape: one of them, the person who wrote the book and who my colleague did not like; the second, the person who was having the conversation with her, and who wanted her to like him, and to invite him back to the conference. Slowly, my interior response to her changed from unformulated (unformulatable) to formulated experience, from dissociation to integration and differentiation, from the sense of physical dread to a reclaimed imagination (Stern 1997). I felt that I had regained my-self again.

I realize here as I write that I am vacillating between "third person" and "first person." I felt like I had to distance myself from the book, if not repudiate it altogether, if I were to regain her favor. I started to feel that another person, a second Howard Stein, had written that awful book. The experience of distinct, multiple conscious, selves, often-termed "multiple personality(-ies)," became phenomenologically plausible to me. It became unbearably frightening. Splitting and dissociation, my becoming a distinct "not-me" (something else, somebody else) were the price of admission to shared humanity with her.

Some part of me, I am grateful, was able to observe and take note of this bizarre process, and gradually gained the upper hand. I (or do I call that part "he"?) became ethnographer and analyst of my own intersubjective dance with my colleague. I watched myself; I watched her. After a long silence, she qualified herself by saying: "There is a lot of good analysis in the book, and we agree on most things you said in the book. But I just cannot understand how you could make so much of the Holocaust symbolism. How could you think *that* way?" We were at an impasse. (I was not about to argue that *I* had not imposed Holocaust imagery on people who were describing their attempt to come to terms with downsizing and managed care, but rather that the images were *theirs*.) She sat there -- again -- staring at me. I "saw" and "heard" echoes of my mother in her, and in the current interaction: how could I be *her* son, and still think or act *that* way? In this reverie, I recognized foreignness to myself in myself. If I felt alien; I wondered what my colleague had alienated from herself? I did not try to defend myself, to explain myself. We sat there, wordlessly. She stared at me. It felt like many minutes went by. As we sat there, I felt like a condemned man who had committed an inconceivable, unforgivable crime. I simply let it

unfold, and continued to listen and to observe. I wanted to give her (and us) more room.

As if out of the air, she began to speak, now softly and pensively, her words more connected than before. "Of all professions," she began, "I don't understand why *nurses* don't resist the downsizing and deskilling (that is, the firing of traditional nurses, and their substitution by workers trained exclusively for narrowly focused tasks) of our own ranks. Managed care has hit us hard. Don't we know our own worth? Why don't we speak up for ourselves? Hospital executives who replace us say all we do is 'hand hold' with patients, and who needs all this training and pay just to do that? Why don't we fight back and tell them that we design discharge plans, individualize treatment, and we're often the only ones to know the patient in the hospital and in the home? We just sit back and let it happen to us, let them do it to us without protest. It's terrible to watch. Why don't we put up resistance? It's so sad and disheartening."

Interestingly, in the last part of my own presentation, I had called for a conscious resistance to this onslaught against caring. This resistance, I said, begins with an acknowledgement of what is really taking place. It begins when one can break with the secrecy and deception perpetuated by the language of downsizing, reengineering, and managed care – a language one might have already made one's own (internalized).

The eeriness (the unreality) I had felt earlier in the conversation now began to dissipate. My prior impressions were now further validated by verbal and non-verbal material. I felt more whole, less psychotic; my feelings were, in turn, intersubjective cues to her state of integration as well. She began to experience and articulate in herself those feelings of identity confusion and annihilation that she had fended off by doubting me. Her very language in describing the state of nursing was steeped in symbolism of the Holocaust -- a language she had questioned and impugned in my work. The very images of passivity, pessimism, and destruction, to which she had objected "in me," she now uttered with her own voice. They were now part of her identity rather than protectively (and projectively) dissociated from it. "How could *you* believe . . . ? Became "How could *I* believe . . . ? Her protest, in essence, that "We are *not* Jews" masked an unconscious identification that "We *are*, in fact, Jews." Disagreement over my book protected her from making the identification conscious. Agreement would feel

unbearable. Much, if not all, of the intellectual disagreement between us served to protect her from feelings of sadness, despair, and the helplessness.

For the moment at least, instead of feeling myself invaded and coming apart, I could sense her struggle with her identity confusion. And for the moment, I ceased to be the enemy, as she encountered her own disappointment and despair.

Discussion

I want to turn the discussion here back to my colleague's and my own emotional state, because it offered a wealth of "cultural" materials. Our disturbance is part of our data. How the interaction felt (like) was part of the interaction itself; it was part of the content (the "data") of the discussion. As she spoke, I felt increasingly "crazy," out of my mind, as if something spatial were occurring to me. I was being forced out of my own skin. I felt as if she were trying to force or press something out of me and into me. The conversation felt like a violent invasion. She unconsciously embodied the very thing she consciously disembodied in her verbal attack on me. What at one level she repudiated, at another level she illustrated.

If what I was saying in my published ethnographic accounts could not possibly be true, then what was happening to her, in her fusion of her personal fate and her fate as a nurse (if not the fate of nursing "itself"), could not be happening. To validate herself (to protect herself from persecutory anxiety), she had to discredit me. There was a deep stake in her disagreement with me. In fighting me, she was fighting her own self-realizations. I believe that, instead of her experiencing an internal (intrapsychic) conflict, she was experiencing a conflict between us (termed "object relations conflict"), expressed in the serious doubt she had about me and about my current book. Under the emotional circumstances of the discussion, I could not rely on her to validate or clarify what she was saying. I could only go on feelings and body sensations that overwhelmed me (Bion 1959).

Let me try to put this process into something of a formula: She could not notice herself; she could only notice herself via me, inside me, as flawed attributes of me. She could only notice me. She could only inspect me. Her knowledge and critique were projective. She was talking about herself (and, by extension, her cultural attachments) in the (projective) guise of talking

about me. The question is why? We make others bear (or at least enlist them) what we cannot ourselves bear.

I decided to study this strange cultural (interprofessional) exchange to make it understandable via my countertransference. I attended not only to the words, but also to the tone and to the harrowing, hollow silences. I did not interpret (If I had wished to do so, the attempt would have been heard as persecutory. Besides, we were not in a therapeutic relationship, but colleagues discussing a "text" and a subject. So what would have been my grounds to interpret?) I did not flee. I listened to myself, to my reverie. Everything I was hearing, seeing, and feeling from her pressed me to mistrust myself; from somewhere inside, I summoned the strength to tell myself that I must trust myself.

I could smell and taste destruction, hers and mine. The "frame" of the context was an academic medical conference, not therapy, and even in therapy the moment would not have been right. I was the "good enough" target of paranoid-schizoid thinking that she utilized in the service of projective identification. I sensed a split between the intellectual or cognitive and the emotional. The subject was catastrophe and the aversion of catastrophe in the guise of academic discourse. I felt terrified as she spoke. I struggled to hold onto our intersubjective reality, to keep listening to her, to learn what this conversation was about, and not to defend my book, the ostensible subject – but in fact, its *metaphor*.

I would characterize this conversation as a bizarre, frightening, interaction, but not an unusual one for me in "field" situations or in the workplace (one of my ongoing field situations). Such an interaction as this teaches me much about the nature and function of culture, and of the place the elusive concept of "selfhood" plays in social life. In the initial part of the conversation, to preserve the relationship and my good graces with her, I felt that I had to question, invalidate, if not annihilate my "real self" (Winnicott 1965) and to substitute for it a "false self" that was compliant, conciliatory, and made in her image. She-in-me, as an object representation, became fused with my self-representation, and substituted for my real (and other) self-representation. I could feel the processes of splitting, dissociation, and introjective identification taking place inside me; I could, in parallel fashion, feel the splitting and projective identification taking place in her. Both were unbearably violent experiences.

If I did not become a literal "multiple personality," the dissociation still took and takes an enormous toll. My colleague wished to "disappear" (if I may make it into an active verb) a disturbing part of herself in me, by doubting if not displacing that part of me. I felt as if she were taking an axe and shovel and hewing a part of me out, casting it aside, then filling me up with her substance. During our conversation, it felt like a death struggle to keep alive, to keep the right to stay alive as my-self. I felt a split occur in me between my "good" or valuable self and my "bad" or devalued self, but I was confused as to which was which. She reversed my inner values, and I had to struggle with myself to keep them. The victory was hard-won and is only recent. It has only lately become a tool for understanding.

Over the years, such identity assaults have occurred upon me for "wrong-thinking" in the workplace. As they happen, I feel myself capitulate. I mistrust myself, even install them inside of me as a replacement for the self I have banished. Over time, after such assaults have occurred enough, I disappear, or it feels as if I have nearly disappeared. Peter Gay describes his experiences as a German Jew in the early years of Nazi Germany: "[A]fter three or four years of trying to stand erect in the whirlwind of hate and contempt, the most resilient among us were exhausted by the effort of keeping our defenses intact" (1998, 31) The same words describe my response to the assault on my work and integrity. If "only" symbolically, I fulfill that odious wish of Hans Frank, Governor General of Poland under the Nazis: "My only wish of the Jews is that they should disappear." I now try to understand the wish to disappear and the need to make others disappear – as my colleague unconsciously did in the innocent conference interaction I have just described.

To summarize: in this unexpected interdisciplinary "field situation" in American biomedical culture, I learned much about the process and experience of culture. The teaching tool was projective identification. To invalidate herself and sustain her invalidation, my colleague had to invalidate me, to see my ideas as false and persecutory. I came precariously close to identifying permanently with (introjecting) her projections as true for me rather than as a temporary means to insight about her. That is, I came close to accepting as a (conscious) statement about me what in fact was a (unconscious) statement about her. What she could not bear about me turned out to be what she could not bear about herself and the situation of nursing in the United States. This process shows, at least in part, how culture "works," how and why it is

learned, and why it is so difficult to relinquish – in ourselves and in others as we each "use" each other projectively as containers.

I would *like* to conclude that an understanding of what our countertransference teaches us is no cause for despair in our efforts to be applied anthropologists. But maybe sometimes it is. Maybe it is secure ground on which to begin. Maybe that despair (such as the nurse induced in me in the study above) is not ours alone, but is essential "ethnographic" knowledge of another person (or group) via ourselves. It is essential for us not only to obtain the data we *want*, but also to obtain the more uncomfortable data we *need*. Our countertransference is a vital tool in such a venture.

Conclusions: The Emotionally Unbearable as Crucial Knowledge in Applied Anthropology

This paper has *not* presented an interdisciplinary (intercultural) encounter with an overtly favorable "outcome" in applied anthropology. The vignette explored a misunderstanding between a nurse-educator and an applied anthropologist and the depths of that misunderstanding (or at least different understanding) via the writer's emotional, even physical, responses to the nurse colleague. I obtained painful, yet crucial, data not only about an individual nurse-educator, but in turn also about the culture of nursing, and perhaps even about American culture at this time.

Via a single case study, I hope to have shown; 1) the often unconscious roots of ideological differences between members of interdisciplinary (if not inter-national) teams, and; 2) the examined countertransference of the applied anthropologist as a crucial source of unarticulated (even inarticulatable) data about the other(s) and about the future of the task. Sometimes listening and not defending oneself -- against the person speaking, and against the feelings that are stirred up in oneself -- is the best "work" one can do in interdisciplinary work, at least for the moment.

One lesson in this paper is that sometimes "mere" attentive listening and presence are not only helpful, but constitute the real work being done. In the least, it allows one's interdisciplinary counterpart to feel heard and not rebuked for "contradictions" in argument. In doing so the applied anthropologist pays attention to the entire encounter as it takes place between and within the participants. At best, one's own emotional presence and careful attentiveness prepare everyone

involved for a stage of work less haunted by the past. These constitute applied "work," even if nothing is ostensibly accomplished.

Notes

1. This paper was submitted for possible presentation at the annual conference of the High Plains Society for Applied Anthropology, Estes Park, Colorado, 16-18 April 1999. I wish to dedicate this paper to L. Bryce Boyer, M.D., with admiration and love.

2. Howard F. Stein is a professor in the Department of Family and Preventive Medicine at the University of Oklahoma Health Sciences Center, 900 NE 10, Oklahoma City, OK 73104.

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