

A Psychoanalytic Dialogue with a Commentary by Jean-Paul Sartre

This "Psychoanalytic Dialogue" is the actual transcript of a tape-recorded psychoanalytic session. The patient, referred to here as B, had been under analysis from the age of 14 to 28. Finally, in this interview, he pulled out a tape recorder in the middle of the session (the recording begins at this point), and in general turned the tables on his long-time analyst, referred to as Dr. X.

The transcript was originally published—after considerable dispute among the editors—by Les Temps Modernes of Paris. The commentary that follows it is Jean-Paul Sartre's defense of its publication and his assessment of its significance. Both the dialogue and the commentary were translated by Dr. Paul Augst, professor of Comparative Literature at the University of California, Berkeley. Both are abridged.

B There is something I want to have clarified. Up to now I have followed your rules, now you must try . . .

DR. X If you don't mind, we are going to stop right here.

B Are you afraid of the tape recorder then?

DR. X I don't want it. I won't go on.

B But why? At least tell me that much. Are you afraid of the tape recorder?

DR. X I'm cutting this off!

B You're cutting this off? That's quite interesting. You're going back to the "cutting off." A while ago you were talking about the cutting of the penis; now all of a sudden it's you who wishes to cut something.

DR. X Listen! We're finished now with this tape recorder.

B I think you're scared. I think you're scared, and it's a mistake because what I came to do is for your benefit. No joke. I'm taking a big chance, and I'm doing it for you and for a lot of other people. I want to get to the bottom of this mystification, and I intend to keep at it.

DR. X Fine, then . . .

B No, Doctor! You're going to stay there and you're not going to touch your telephone. And don't try getting

me locked up.

DR. X I won't have you locked up if you'll leave the room.

B I am not leaving the room! I have some accounts for you to settle, some important accounts, and you're going to give me some answers. And I'm not only asking in my name, but in the name of . . . Come on, be nice and sit down. Don't get mad. I'm not trying to screw you up. . . . You don't want to sit down? OK, stand up. Fine! Now then, "the cutting of the penis." That's it, isn't it? My father wanted me . . . No? What was it again?

DR. X Listen. You are in no condition to talk.

B But it's you who won't talk. You're the one who's not fit.

DR. X I asked you to put away your tape recorder.

B But my tape recorder isn't a prick, you know! It's an audience which listens to us with a great deal of benevolence.

DR. X I was in the process of explaining something to you . . .

B Yes, well, go on!

DR. X And rather than trying to understand, you . . .

B Because you wanted to just drop something crucial which you had been cramming into my head for years, and I simply wouldn't want you to try and get out of it by evading the problem—that is, the problem once again of your responsibility.

DR. X Yours!

B What?

DR. X Right now you want to make me responsible for things that are your responsibility.

B Not at all! I'm doing some work at the moment. Some scientific work!

DR. X That's possible.

B Fine, let's continue. You know that things go a lot better when scientific work is recorded. That way we are free; we don't have to take notes. We will make some progress.

DR. X It's not a matter of scientific work!

B Of course it is! I thought I was dealing with a man of science! At any rate I placed my trust in a man of science, and I would like to know precisely what science we are dealing with, because I'm no longer convinced that this "science" is not quackery.

DR. X I have the right not to speak in front of a tape recorder.

B Of course you have the right, and you don't fail to assert it. . . . You feel indicted, and you talk like an American who won't talk except in the presence of his lawyer . . . Sit down! Now, why were you going to make a phone call?

DR. X I didn't want to have you committed, but . . .

B You couldn't have me locked up, you know! Because if there is anyone who should be locked up, it would be you—if it were determined which of us is unbalanced. But listen, I like you, I don't want to harm you. This is lots of fun. Although I wish you would stop being afraid.

DR. X I'm not having fun.

B But you are afraid. And the libido—what are you doing with it? Do you think I want to cut off your weenie? Don't worry! I've come to give you a real one; a real . . . This is great! Oh well. You've had this little party coming to you for a long time! Listen, admit that you're getting yourself out of this mess in style. Doctor!!! Doctor, I wish you well, but you—you don't wish yourself well. I wish you well but—but I find that you take advantage. Yes, you have greatly taken advantage of me. I would even say that you swindled me a bit, if we had to look at things from a legal standpoint, because you didn't fulfill your obligations. You didn't cure me at all, because you don't know how to cure people; you only know how to make them a little crazier. All you have to do is to ask your other patients—that is, your "patients," those whom you call "patients," those



Target

who come to you in search of a little help and don't get any, who get only the expectation . . . Come on, sit down! Relax!

DR. X Now let me go, this situation is dangerous.

B Dangerous?

DR. X You're dangerous.

B Not at all; you're just saying that! You won't stop trying to make me believe that I'm dangerous, but I'm not at all.

DR. X You're dangerous because you misjudge reality!

B But what is "reality"? We have to understand *each other* first. I know one thing—from the point of view of your reality—and that's that you are really furious. You're having a hell of a time containing yourself and you're going to burst for sure. You're going to blow your top; you're going to collapse for sure, and it's for nothing. I don't want to harm you. I've no reason; I am not your father.

DR. X You have a tape recorder with you!

B I am not your father!

DR. X I don't want this kind of interview.

B Say, do you want a spanking?

DR. X I told you, you are dangerous!

B Of course not, I'm asking you a question, if you would stop acting like a little brat.

DR. X I'm telling you that you're dangerous.

B And I am telling you that you're acting like a little brat!

DR. X Let's stop this here.

B We have some accounts that you must settle!

DR. X You see, you are dangerous!

B I am not dangerous; I am merely raising my voice. But you can't take it. Does it scare you to hear someone scream? If you hear a scream, you don't know what's happening; it's frightening; it's awful; it's daddy who's screaming.

(For the past few moments the two speakers have been standing about one foot from each other.)

But I, Billyboy, I only scream to show that this time it's not serious. You see now, you're already getting over your fear. There! You see, it's not that bad: I am not your father.

DR. X Are you trying to imitate your father at the moment?

B Of course not—yours! The one I

see in your eyes.

DR. X You're trying to play the part . . .

B I don't want to play a part with you; I only want to free myself from your agonies! You're the one wetting your pants at the moment. No doubt about it! Look at that: why are you crossing your arms like that? You're the one who's trying to defend himself! You really think that I am going to hit you! I'm too smart for that! I'm restraining myself; I don't want to do to you what you want me to do. It'd be so much simpler: I'd hit you. It'd be my fault. I'd have started it. I'd have committed an act which would give you the authority to . . . I don't know . . . to be a doctor, to play the part of a doctor . . . a psychiatrist. If I am dangerous, I'm not dangerous for the little Billyboy; I'm dangerous for the doctor, for the sadistic doctor, not for the small Billyboy. He too has suffered; I don't feel like hitting him at all . . . But the doctor, the psychiatrist, the one who's taken the father's place, that one—he deserves a kick in the ass. Now, let me explain something to you.

(He points to the professional couch.)

It is not possible to be cured on that thing! It's impossible. And you yourself aren't cured because you spent too many years on that. You don't even dare look people in the face. A while ago you started by saying that one must "face one's fantasies." I could never have *faced* anything; you had obliged me to turn my back. That's not the way to cure people. It's impossible, since, in fact, to live with others is to know how to face them. What did you want me to learn on that couch? The opposite! You had me forget the desire even to try to live with others or to confront anything. And that is what *your* problem is! That is the reason why you want people to stay in that position. It's because you cannot face them, and you cannot cure them; you can only unload your own father problems that you can't get rid of. And from session to session you drag victims along with just that—the father problem, hmmm. You understand a little of what I'm trying to say? I have had a great deal of difficulty understanding it, getting out of it and turning my back on it. Of course, you had me do mental exercise—at least a little. But admit

that it was a bit expensive. If only that were all! But there is worse: with promises you made me forget how to face things and I trusted you—except that as I could see you, I couldn't imagine when you were going to give me what I had come to get from you. I was waiting for your permission. That's right! You'd have been pretty stupid to give it to me, don't you think—to set me straight, to free me—since I was feeding you, you were living at my expense, you were sucking me. *I* was sick; you were the doctor. At last, you had turned around your childhood problem of being the infant up against the father. You had the right, well, the right to lock up, for example, not necessarily me, but you do have the authority to have other people locked up . . .

DR. X I was calling the 609 to make you leave—the 609, the police—to have you expelled.

B The police! Daddy? That's it. Your daddy is a policeman! And you were phoning your daddy to ask him to come and get me. Listen, this is really getting interesting. Why did you want to call the police? You would have missed the whole thing. Admit, anyway . . .

DR. X You are a doctor of Law.

B . . . that I was right to stop you . . .

DR. X When someone doesn't want to leave your house, you call the police.

B Look at the way you've reacted. What a nutty story! You get yourself all upset, all excited, because someone takes out a small machine which is going to let you understand what's going on here. It's ridiculous. Besides, you haven't been able to explain why you don't want a recording. Don't you even want to tell me why you're so angry? It's because all of a sudden I was taking over. Until now, you were used to being in complete control of the situation, and suddenly here there's something strange that gets in, that moves in your place.

DR. X I am not used to physical violence.

B What do you mean "physical violence"?

DR. X It is a violent act to take out this tape recorder now.

B Physical violence!

(Extreme surprise)

DR. X Besides, you know it very well . . . all you have to do is to see where my

phone is to see that it is physical violence.

(The telephone is indeed on the floor from the initial incident: "You won't touch the phone . . .")

B But listen: are you serious? Do you get some pleasure from saying what you just said?

DR. X You ought to listen to yourself again.

B Undoubtedly, and you too, listen to your silence . . .

DR. X The time I had reserved for you has run out; you must leave. Listen, now, there is someone who is waiting for me.

B I don't care! The next victim is in no hurry.

DR. X I care.

B *(Categorically)* We won't leave this room as long as things won't be clearer about what happened. Please don't speak of physical violence, because it's you who, by forcing me to get back on the couch, initiated physical violence. You twisted me; you are the one who put my head upside down. You falsified the conditions, don't you realize that? Don't you realize that you are ridiculous all of a sudden? There is something that goes beyond the present moment! There is something shameful in your present behavior, something childish!

DR. X You see that you are dangerous; I told you that you were dangerous.

B Doctor X, you are a clown! . . . you are a sinister clown! You are dodging . . . How many years did I come to see you two or three times a week, and what did I get out of it? If I am mad and dangerous as you say now, you'll only harvest what you sowed, what you invested with your misleading theory. You must realize that. And actually you might get out of this pretty well, with the little fear you have at the moment and the little thinking I am asking you to do. It's a little duty that I impose on you—a tiny duty; it's not so bad! It doesn't hurt! Come on, smile; don't make such a face! It's important, you know, to occupy yourself curing people, to be a doctor. And psychoanalysis—many books have been written on that subject. It's worth thinking about it and worth trying to understand each other frankly and to understand what happened between us, because perhaps we can get something out of it for

other people. And I am not dangerous, so don't keep telling me that all the time, because you are trying to confuse us! You benefited from the prevalent situation: you came after Freud, someone paid for your studies, and you managed to put a plaque on your door! And now, having the right to do so, you are bugging a lot of people and you think that's enough. You're a flunky and you won't do anything with your life except unload your problems on other people . . . OK . . . Well, now that's all over, you understand! You'll be very glad for what I made you go through, because I am not doing anything to you at all, nothing at all.

DR. X Yes, I have to suffer your presence.

B I am not forcing my presence on you; I would like you to sit down.

DR. X Physical violence! Physical violence!

B Not at all; I would like you to remain seated.

DR. X Physical violence!

B Sit down, won't you.

DR. X Physical violence!

B *(Fatherly and reassuring voice)* But no.

DR. X Physical violence!

B No, it's like in the theater.

DR. X You are imposing physical violence on me.

B Not at all; I am not doing anything violent to you.

DR. X I gave you a chance to explain yourself.

B Now I would like you to explain yourself.

DR. X Now the interview is over.

B No kidding! I dare you! I say that it isn't! So? Who is going to take the first step towards physical violence?

DR. X You are doing it right now.

B Not at all, I like it here! I am like a Southern senator who won't move from his desk.

DR. X You are really dangerous, yes, you are obviously ver . . .

(The doctor goes to the window, loud noise of the shutters being opened)

B Are you going to jump out the window? That's fantastic! You're really going to do that?

(Shutter noise again, as B closes them, while laughing)

You see that this is really like theater.

DR. X It's going to end badly.

B It's going to turn into a melodrama!

A bloody melodrama! Blood is going to flow!

DR. X There is going to be blood for sure.

B No, no, there won't be blood; it won't end like that! It's going to end very quietly! We're having lots of fun.

DR. X It's going to end with physical violence.

B No, it won't end with physical violence.

DR. X Let me open the door and leave.

B But you're afraid? You're starting all over again?

DR. X You see, you are dangerous.

B And moral torture! What do you make of that?

DR. X You are acting on the physical level.

(It should be added that B, leaning against the door, occupies a strategic position.)

Well, I'm serious now: time is up.

B What do you mean?

DR. X I have to see other patients.

B It's time? But how? It's time to settle accounts! Surely the time has come.

DR. X I am very sorry.

B What do you mean, you're sorry? Just a minute! I'm the one who's sorry. You don't understand! You made me crazy; you made me crazy for years. For years! And you want to leave it at that?

DR. X Help! . . . help!

(From now on the doctor screams a dozen times, louder and louder, with a voice that sounds like a pig being slaughtered.)

Help! Murder! Helllp! Helllp!

B Shut up and sit down.

DR. X Helllllp! Helllllp!

B Shut up or I'll tie you up!

DR. X Helllllllp!

(Screams again)

You see, you are dangerous.

B Of course not, I am not dangerous.

DR. X Helllllp!

B You're afraid I'm going to cut off your weenie?

DR. X Helllllllllp!

(That's the most beautiful scream of them all.)

B That's a funny recording!

DR. X That's going to be very funny indeed! Help! Help! Help!

(This time it's the sinister and final scream of a puppet losing its stuffing, like a dead animal—followed by a long silence.)

B Come on, my good man, pick up



Charade (Lithograph)

your glasses.
 DR. X They're broken.
(That was not true.)
(Pause)
 B Well! I sure didn't expect you to behave like an ass like that! I sure didn't! You are really childish! You're the one who started the fight. Sit down. You're a man of science! Some science! That's something; Freud would really be happy! I bet he never got into an insane state like that.
 DR. X Now, if you don't mind, let's call it off. People have been warned outside. You'd better leave.
 B I'd be delighted if you could go till the end of it.
 DR. X You are chancing being locked up, but it won't be my fault.
 B Very well—delighted. I'm waiting for it; I'm curious to find out if you'll have the nerve to go that far. We are in the process of writing an excellent chapter in psychoanalysis.
 DR. X What else do you want me to tell you?
 B Let's sit down and wait for the police—Daddy's arrival. Sit down; quiet down; you are terribly upset, Doctor Jekyll . . . He . . . Mr. Hyde is never very far, hmmm . . . When I think that I wanted to help you . . . *(Pause)* I am not dangerous, I am very gentle.
 DR. X Certainly, believe it.
 B No, no . . . we are now going to begin the indictment of psychoanalysts and we are going to find out what's going on in the offices where they're alone with their patients. We are going to see, and I think it's going to be a fascinating discovery, to find out just who has his bean upside down. What, you want to go away? You want to scam? Coward!
(The Doctor can be heard a little farther away talking to his wife: "Lulu, please call 609!")
 B *(Imitating the Doctor's voice and intonation)* Please hurry. OK, I'm leaving . . .
 DR. X Next time . . .
 B Yes?
 DR. X I won't say anything else today. I don't mind talking to you again, but today I'll only speak in front of people who can restrain your physical violence.
 B Very well!
 DR. X I am ready to explain myself to you without a tape recorder and in front of people who can restrain you.
 B Fine! You have nothing else to add? It's over? We are cutting it off then? We are ending the session?
 DR. X Yes!
 B Very well, the session is ended. It's the first one. See you next time. Good-bye, Doctor.

Commentary by Jean-Paul Sartre

FIRST OF ALL, A FEW WORDS to avoid a possible misunderstanding: I am not a "fair-weather friend" of psychoanalysis but a critical companion, and I have no desire—and no means—to ridicule it. The preceding dialogue will make people smile: it is always entertaining to see Guignol punch the commissioner. But personally I don't find it funny—either for the analyst or for the person being analyzed. Of course the latter has the best role and I'll explain later on why I find him exceptional. The doctor pulled through the affair without glory (who could do better) but without disaster: he said nothing.

B calls this a "psychoanalytic dialogue"—an ironic title. He wants us to see that, as Merlin says, "One who analyzes another is often analyzing himself." Thus DR. X is seen as projecting his own "childhood problems" onto B. This interpretation, however, concerns only B. For us, it is in any case not the problem; even if a mistake was made, this isolated case cannot be an indictment of psychoanalysis.

If this is so, why was I so fascinated by this dialogue? Well, because it brings out with overwhelming clarity the intrusion of the *subject* into the analytic setting, or rather the reversal of the one-sided relationship between the subject and the object. By "subject," I do not mean the self or Ego, that quasi-object of reflection, but the one who *acts*, the *agent*. In this brief adventure, B is the subject in the same sense in which Marx refers to the proletariat as being the subject of history.

Let us understand: B admits that he "needed help"; he criticizes DR. X for not having "cured him" and for having held him at his mercy by "promising" to give him some day the "authorization" to get better. DR. X, he claims, has aggravated his case. B does not, therefore, present himself as a completely free and healthy subject (who is?), but rather as a wounded

subject or, to put it differently, as the subject of his wound, the tormented unity of overwhelming problems that he is asking others to help him solve.

This said, what does he accuse DR. X of? Let him speak: "One can never be cured on that [he points to the professional couch]. . . . You don't dare look people in the face. A while ago you began by talking of the need to 'face one's fantasies.' I could never have *faced* anything! You forced me to turn my back. You can't cure people that way. It's impossible because . . . to live with others is to know how to face them." Does B question the method, the couch, the studied silence of the professional listeners? Yes and no. For years he did his best to express himself, to expose himself, not unaware that his words, apparently free and random, referred back to an obscure text that he had to elaborate. But in this striking metaphor, to "face," to "turn one's back," he presents to us his profound experience: that by his mere presence, the silent and invisible witness to his speech transforms, in the very mouth of his patient, the words into objects. This is true for the simple reason that there could not be any kind of reciprocity between this turned back and this man sitting, invisible, inaccessible.

Of course, the "patient" must free himself; it is for him by degrees to discover *himself*. The trouble, B tells us, is that it is understood *from the start* that he will discover himself as a passivity, through the intermediary of this gaze which assesses him and which he cannot grasp. This man with the tape recorder is convinced that the path which leads to independence (facing his fantasies and other people) cannot be achieved through total dependency—through transfer and frustration, the promise, at least implicit (I'll cure), the expectation of a "permission." He is disappointed—it's true. He is mad at his analyst and some will call it a poorly resolved transfer. But what

should B be told if he says that the cure of the “patient” must begin with confrontation, face to face, and become a joint enterprise where each takes his risks and assumes his responsibilities? Was he castrated? So be it. He doesn’t mind being told that—but face to face. Such an interpretation should be proposed to him, to *him*, B . . . in the course of a long adventure in which two are taking part; it should not just “befall” him anonymously, impersonally, like words of stone.

In the “Psychoanalytic Dialogue,” the roles are reversed. But because the analyst now becomes an object, the encounter of man with man is thwarted once again.

This is violence, DR. X claims. This is undoubtedly true. But is it not rather a counter-violence? B puts the issue very well: this “interminable psychoanalytic relationship,” this dependency, this transfer, counted on and provoked, this feudality, this long childbirth of the man prostrated on the couch, returned to his childhood, mumbling, breechless—isn’t this the initial violence? I am sure that, had the tape recorder not been there, DR. X would have answered him in the following manner: “We never use force, anyone can come and go as he pleases; when a patient wants to leave us, we may try to dissuade him—because we know very well that this break is harmful for him—but if he insists, we yield.” This is true and, as far as I am concerned, this is not an indictment of the analysts. But B would not give in so readily. He tells us: setting the men aside and considering only the situation, the weekly or bi-weekly abdication of the person being analyzed in favor of the analyst becomes an increasingly imperious necessity. That is to say that the condition of being an object has advantages; the violence is always concealed and surreptitious. To be a subject is tiring, and, on the couch, everything invites the patient to replace with the anonymous society of external impulses the agonizing responsibility of being alone.

THE REVERSAL OF ROLES IN THIS dialogue clearly shows that the analytic narration is in itself violent, regardless of what pair of doctor and patient is considered. In fact, when violence reverses the situation, the analyst immediately becomes analyzed, or rather subject to analysis. The power move and the doctor’s powerlessness put him artificially into the situation of neurosis. B calculated his move well. Listen to him: “Up to now you were accustomed to completely controlling the situation and suddenly something odd seems to overcome you. . . .” And the analyst’s answer proves that suddenly he has turned “patient.” His words must now be deciphered: “I am not in the habit of employing physical violence.” What a strange sentence; why not simply say “violence”? Is *moral* violence, then, a regular norm for him? And why is it that he gives as an example of physical violence the mere action of “setting up this tape recorder now?” I don’t intend to take advantage of these few words spoken understandably enough in a moment of confusion; I only wish to explain that violence disrupts the discourse and that the meaning of each word becomes magnified, because it means either too much or not enough.

DR. X’s sudden change—from subject of the analysis, the agent of therapy, into an object—creates in him a crisis of identity: how is he to recognize himself? This explains the strangeness which he suddenly experiences and the desperate resistance with which he opposes B: he will not speak in front of the tape recorder. The explanation of this should be sought

first of all in professional standards. But is that enough? Does it account for his abhorrence of the tape recorder? Doesn’t he discover, just like the object of an analysis, that the words with which he was so miserly and which fly away so lightly in the silence of his office (a “patient” is not a witness) will be recorded forever? They were but the whisper of his supreme thought; they threaten to become its petrification. Lifeless, they will testify. This tape recorder exasperates the most gentle of men, because it corresponds to the warning of British Law to the accused: from now on, everything you say may be held against you.

DR. X makes a last attempt to intimidate B, to deal with him as if he were an object, to remind him of his dependency: “You are dangerous because you misjudge reality.” But he gets this most ingenious answer: “Reality, what is it?” Indeed, what is reality when analyst and patient are facing each other, when, with the help of violence, the analyst can no longer decide by himself and from a position of authority what is real—in other words, when he can no longer select a privileged conception of the world? What is reality when the patient refuses to leave? When in a farcical reaction of antagonistic reciprocity each man psychoanalyzes the other, or rather when they apply the same schemas to one another: it’s your father you’re imitating, no, it’s yours; don’t be childish, you’re childish. When the analytical language, re-doubled, repeated in echoes, anonymous, seems to have grown insane?

Such a limiting situation—and I should add that other analysts have found the same situation and that it is one of the risks of the profession—allows us to raise this question: is it necessary to choose between psychoanalysis and the subject-being of the patient? Observe the man with the tape recorder (whether he made a mistake or not is unimportant). Notice how he has elaborated his scheme in his head, plotted his move, how he executed it; listen to him speak, notice his irony and also his anguish (“I must have a lot of nerve to pull something like this . . .”), and his poise when he plays with the concepts that have been applied to him for so long. Now I ask you, *who* is he? Who is this B who is talking? A blind, objective psychological process, or the transcending of this very process through an action? I have no doubt that even the most minor of B’s words and actions can be interpreted analytically—but this can be done only at the cost of returning him to the status of analytical *object*. What will disappear along with the subject is the inimitable and singular quality of the scene—in other words, the action as such. And don’t tell me that it is a “patient” who is organizing the scene. I grant you that; I agree that he organizes it as a *patient*. But he does it nonetheless. The analysts can explain motivations for B’s “acting out.” But the action itself—which at once internalizes, transcends and preserves the morbid motivations by use of a single tactic—that they don’t bother to account for.

In England or Italy, B would unquestionably have found what he was seeking: a new generation of psychiatrists trying to establish a tie of reciprocity between themselves and the persons they treat. Without abandoning any of the tremendous gains made by psychoanalysis, they respect in each patient the freedom to act as an agent, a subject—a freedom which has somehow been thwarted. It doesn’t seem impossible that some day the “pure” psychoanalysts will join them. Meanwhile, I offer this “Dialogue” as a benign and beneficial scandal.



THE BESTIARY

NUMBER 13

The Red Snapper

(Tyrannasaurus lox)

So called because of its habit of snapping at anything with a reddish tinge, the Red Snapper is leader emeritus of a school of 450,000 fishes. Thanks to the Snapper's peerless leadership, these fish have 575 million clams buried under the ocean bed. The only trouble is they haven't figured out a way to get their teeth into them. They are in fact among

the poorest fish in the sea. The Red Snapper, however, continues to thrive.

Though the Snapper was just an impecunious sardine when it migrated west from the Baltic during the paleozoic era, it now swims with the big fish. The Snapper is living proof that in America the ocean bed is paved with gold.

—EDWARD SOREL

ILGWU:

Fighting for Lower Wages

WHEN DAVID DUBINSKY, ENTRENCHED ruler of the 450,000-member International Ladies' Garment Workers' Union, retired in 1966 from his 34-year presidency, Time magazine eulogized the "old populist potentate who had done so much to lead the poor and exploited into the different society."

Dubinsky's ILGWU has long been renowned as a model of progressive unionism—scourge of the sweatshops, voice of the disenfranchised, pioneer in health and vacation benefits, housing and social services for its members, founder and until recently the mainstay of New York's Liberal Party. The ILG is pointed to as showing a "third way" to American Labor: it avoids the vulnerability of non-unionized labor, but at the same time it has led all others in combating those "dangerous excesses" of unionism characterized as the "bitterness and class hatred" sowed by Communist union leaders in the 1930's. The ILG is proud of having shown the way for labor to better its lot by working with the employers, rather than against them. It is acclaimed as a model because it has racked up its achievements not with ruinous class strife, but through the mellow socialist idealism of its leaders successfully harnessed to American reality. But the model is a shuck. The ILG's "third way" has proved as illusory and insubstantial as the halo over David Dubinsky's head.

As early as 1910, the late Supreme Court Justice Louis D. Brandeis, dealing with a long, bitterly fought strike of immigrant cloak workers, introduced a formula for harmonious labor relations called the Protocols of Peace, in essence a peace without strike. By the time David Dubinsky won the struggle for the ILG presidency in 1932, he was a devotee of Brandeis' beatific conception of labor-management harmony. In the next four years Dubinsky firmly consolidated his position in the union, purging the Communists and other incorrigibles who insisted that his vision of industrial serenity was mere "class collaborationism." Meanwhile his doctrine was solidly institutionalized through a device—worked out with Maurice Saltzman, president of Bobbie Brooks Inc., the ILG's largest employer—called the joint Labor Relations Committee and designed to take the "crisis" element out of negotiations. And in fact there has been only one brief strike in the union's New York stronghold in the entire 37-year period since Dubinsky took office. The cost of this Pax Dubinsky has been steep, and it is the men and

women of his union who have had to pay the price. In 1947, dressmaking paid an average of 42 cents an hour *more* than steelworking; in 1967, it paid 95 cents an hour *less*. It paid 33 cents an hour more than auto-working in 1947. Twenty years later it paid \$1.17 less.

Five years ago, the ILG and the employers' association hired a research team headed by economist Leon Keyserling, former chairman of the Council of Economic Advisors under Truman, to do a \$100,000 study of the ladies' garment industry in New York. The results were so damaging that they have yet to be released. It was two years before Dubinsky even got around to telling the membership that such a study had been made. To release it would not be practical, he said, "in view of the special and unique nature of the garment industry."

The Keyserling study (which was limited to New York and focused on the 80,000 dressmakers as representatives of the city's 300,000 ILG members) argued that conditions in the industry may be the worst of any unionized field. One of the most startling findings was that, in real terms (i.e., in buying power after adjustment for inflation), weekly and annual earnings had actually *declined* over the preceding decade. This despite an increase in real productivity—the average amount of goods produced per worker—of at least 15 per cent in the same period. The study also revealed the extent to which workers were forced by chronic layoffs to resort to unemployment insurance. At the time of the study, only 3.5 per cent of New York's workers were in the garment industry, yet they drew 24 per cent of all the unemployment benefits paid.

In a sense the low wage pattern of the Keyserling report should be seen not as a defeat for Dubinsky, but as a victory: *suppression of wage levels has in fact been an active policy of his union*. It is a policy that follows from and is bound up with the whole orientation which Dubinsky's leadership has so effectively established. In simplest terms it is this: "Don't ask too much of business, or it will go away and leave us with nothing."

Where will the businesses go? To locations where the labor is cheaper and the union less effective or, more likely, non-existent. And that is exactly what has been happening, because hard as it may be to believe, the New York wages reported by Keyserling are not the worst going. In the year of his study the wage level was lower in Los Angeles (by 23 per cent), Chicago (27 per cent), St. Louis and Fall River, Massachusetts

by Michael Myerson