The Unbearable and the Emergence of Disillusioned Tolerance

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Tolerance is sometimes formulated in soft optimistic terms such as “containing differences,” "co-existence despite disagreements", and "containing the mistake and the mistaken other." All of these terms are suffused with the humanistic values of universal solidarity and the gracious expansion of one’s “Us” group by inviting and including people who represent the “Them” group as one’s diametric opposition.

Tolerance requires resilience and hope: the hope that constructive and benevolent coexistence with controversial others is indeed possible and benevolent to all. Hope is directed at the future and at a better future. I choose to formulate the hope associated with tolerance in terms of Winnicott's transitional space (1958). I suggest that the transitional space becomes a possibility for the inclusion of inter-personal differences. One can live with contradictions and the frustration they evoke, without losing closeness in relationships. Relationships in which there are two attitudes without one imposing itself on the other may survive possible tensions and may become mutually inspiring. In that sense, tolerance is a consciously chosen and active presence that may guide groups or individuals that represent disagreements and differences of attitudes, beliefs and behaviors.

Intolerance, on the other hand, is a personal or group position that involves resisting attitudes that oppose those of the group and sometimes even willingness to use force against those holding such opposing views. This force might include denial of civil rights, deliberate discrimination, exclusion and even personal harm and ostracism by state institutions. In situations of social conflict, intolerant attitudes may reflect Freud's description of Le Bon's mob behavior (1921) and the social aggregation within it (Hopper, 2003).

The disillusioned tolerance I address in the current chapter recognizes the threats and dangers of intolerant attitudes and strives to cope with them. Disillusioned tolerance takes into account the danger of the collapse of tolerant transitional space and the difficulty of preserving hope. I suggest that disillusioned tolerance is that which survives a crisis.

Disillusionment: Tolerance in Crisis

Psychoanalytic and group-analytic observation acknowledges the crucial unconscious intrapersonal and interpersonal processes that determine the meaning and expression of tolerance. The conscious intention of tolerance and its attribution to the self may turn out to be a simplistic position based on an archaic wish for harmony, as experienced in the benevolent aspect of the mother-child relationship. The encounter with interpersonal reality as it is might shatter this wish and recast it as an illusion.

Illusion, according to Winnicott, is a crucial aspect of the transitional space. The mother supports the baby's illusion:

> Initially the mother gives the baby, by almost one hundred percent match, the opportunity for the illusion that her breast is part of the baby [...]. The role of the mother is, in the end, to gradually bring the baby to disillusionment, but she has no hope to succeed in this, unless she has been able to give him a sufficient illusion opportunity first. (1971, p. 44).

As opposed to Winnicott's optimistic view, disillusionment might be the shattering of the dream. I suggest that it may also involve a traumatic experience in one's overall engagement with dreams, visions and hope. This includes being disappointed by people and, sometimes, even experiencing a profound rupture in one's belief in humanity and humanness or an experience of loneliness and offence that evokes paranoid fears. The word disillusionment indicates that there had once been an illusion, which has now given way to some painful truth. Illusion might be considered as a dangerous deviation from normal reality-testing. From this point of view, illusion is denounced, while disillusionment is encouraged as it restores one's connection with reality and keeps one out of danger. Indeed, one of the entries in Webster's Dictionary reads "freedom from illusion." In other words, illusion might be seductive and dangerous.

Disillusionment can result from being exposed to intolerant attitudes and behaviors. Devastating encounters with exclusion, disregard for rights, racism or exploitation of weakness, instances such as men's violation of women's bodies and minds, abuse of minorities, or deprivation of the right to social mobility might destroy a person's optimistic hopes for reciprocal tolerance. We can assume that one's disillusionment and the painful (sometimes traumatic) experience that had led to it result in emotional turmoil dominated by feelings of disappointment, fear and anger. This emotional jolt can eradicate a person's tolerant intentions, even if these have been formed over many years and have become a cherished attitude.

As fear and anger lead tolerance in opposite directions, I will first discuss the fate of tolerance when feelings of fear are dominant. Being intimidated by intolerance can evoke fear to the point of traumatization. The fear that may arise upon exposure to injury may, as mentioned, lead to "identification with the aggressor" (Ferenczi, 1933/1980), a notion that describe the psychodynamics of blurring the distinction between tolerance and submissive over-adaptation. According to Ferenczi, abuse or oppression may evoke the victims' dismay and helplessness and "compels them to subordinate themselves like automata to the will of the aggressor […] completely oblivious of themselves they identify themselves with the aggressor" (p. 162). In other words, the experience of fear and terror may lead one to placate the aggressor. While Frankel (2002) argues that placating behavior can be a defense mechanism, as it appeases the aggressor and inhibits his dangerous response, I believe that appeasing the aggressor, especially when it results from identification with the aggressor, may create tolerance-like attitudes and behaviors, that sometimes are unconscious frightened flattery. In other words, identification with the aggressor breaks the victim's spirit and harms his or her reality-testing and inter-personal judgement. Moreover, it may lead to the emergence of subjugator-subjugated relations. Drawing on Ferenczi's (1933/1980) concepts of *alloplastic reaction* (designed to change external reality), and *autoplastic reaction* (designed to change oneself), I think that such appeasing over-adaptation is the result of an inwardly-directed change. Thus, people who, overwhelmed by fear, feel unable to change external reality may unconsciously direct the need for change at themselves, while exempting others from it, including those who perpetrated the injustice.

Just like fear, anger and vengefulness also threaten to eliminate tolerance, but if a different way. Anger might transform one's once-hopeful tolerance into hostility.

Unlike the submissiveness that results from fear and identification with the aggressor, anger seeks out company and might lead to the establishment of a hostile alliance within the "Us" group. The most dangerous development, however, is the formation of collective anger-based vengeful wishes. In these cases, people who once hoped that tolerance would be answered by tolerance may become active enemies. The schizo-paranoid position might take over, dividing the world into good and bad, friends and enemies.

Traumatic disillusionment might interfere with social activism or even bring it to a halt. Sometimes, the optimism of one's idealistic periods turns into despair and cynicism. Disillusionment might lead to withdrawal, driving people away from the social sphere and shrinking their inter-personal world down to their most intimate friends – those who have not let them down. I propose that some of those who now limit themselves to being mere bystanders are people who have undergone a process of disillusionment.

It seems that the crisis that causes disillusionment might be a vulnerable and fateful moment that requires special attention. As therapists, we ought to respond empathically to the experience of rupture that accompanies disillusionment. By providing a therapeutic space for the crisis, the therapist may facilitate its transformation into disillusioned tolerance, rather than discouragement. Since disillusionment is accompanied by a potent sense of reality, its elaboration may result in creating realistic hopes.

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I have elected to share with my readers the following personal experience, which entailed an experience of the intolerable and a subsequent painful disillusionment. While some disillusionment events are highly personal and private, I found myself focusing on a personal-political event that had unsettled me as well as many others in my circles. It involves the assassination of a leader and grizzly acts of terrorism. In reviewing existing literature relevant to this chapter, I have found that many authors attribute the quality of 'unbearable' to traumatic social-political events. Consider, for example, the nuclear bomb dropped on Hiroshima (Bataille, 1991), Covid-19 and racial unrest (Adams, 2021), terrorism (Akhtar, 2017), suicide bombing (Altman, 2008; Gerson, 2016; Stern, 2003). It seems that the sense of helplessness in the face of the

danger and threat posed by others creates the experience of the unbearable, which in turn leads to disillusionment. The breakdown of faith in interpersonal safety, mutual trust and co-existence through reciprocal tolerance might lead to life- and personality-altering crises. Turner (1984), on the other hand, suggests that one may be able to "wrestle creative meaning out of an unbearable anxiety that causes disillusionment" (p. 120).

One of my most painful moments of disillusionment happened in the midst of my intensive social involvement period. During the 1990's, I was an adamant advocate of rapprochement through tolerance. Together with some of my colleagues, I established an organization called "*Besod Siach*" (translatable to 'in intimate dialogue'), which sought to bring together people who normally avoided each other and rejected any possibility of mutual understanding. The name was inspired by the title of Martin Buber's book which, in turn, alludes to the Jewish Hassidic tradition which depicts a state of being "In intimate dialogue with holy angels."

The assassination of former Israeli Prime Minister Yitzhak Rabin was the ultimate crisis for my hopes for tolerance. It sharply disrupted my experience of the tolerant co-existence of different peoples. For me, the murder of a peace-seeking prime minister in my own country was horrible and unbearable. My red lines had been crossed. And I was not going to keep quiet about it. In an assembly meeting of the Besod Siach organization, I announced that I refused to share this space with anyone who saw Rabin's assassination as justified. The right-wingers present at the meeting were astounded. Not only had they not expected such radical exclusionary statements in the inclusive tolerance-promoting organization we had co-founded, some of them – as I found out at the time – did view the assassination as justified. Indeed, I suspended my activity in the organization for an extended period and only gradually renewed it after I discovered a new meaning for tolerance – the meaning I hereby present as disillusioned tolerance.

Not long after the assassination, while we were still licking our wounds and Israel was still engaged in efforts to achieve peace, Palestinian terrorists launched a series of attacks against the Israeli people. Suicide bombers blew themselves up on buses and in restaurants, scattering body parts all around them. One bus exploded in my childhood neighborhood, killing dozens and traumatizing many others, including myself. Something was broken in my peaceful belief in tolerance as I had previously understood it. For me, from that moment on, Israeli supporters of Rabin's assassination

and the suicide bombers and their supporters belonged in the same category – the bottom of humanity's garbage can.

My experience of the *unbearable* was a powerful and indelible one. In the presence of empathic witnesses and surrounded by the fraternity of others who shared my feelings, the unbearable experience could be formulated and shared, eventually reaching mutual recognition. The understanding that crossing people's boundaries of what is bearable causes rifts was illuminating. It helped me understand the radicalization of the political views of the Israeli (and, naturally, the Palestinian) public and explained crises that arise in relationships everywhere, whether in families or organizations.

The Unbearable

I will now address the intrapsychic aspect of disillusioned tolerance and its consequences for interpersonal relations. I suggest that the emergence of disillusioned tolerance may stem from a defining moment characterized by a subjective emotional experience that I call *The Unbearable*. This term suggests a subjective experience of excess, of "too muchness", an overwhelming accumulation of distress. This experience brings the individual to their subjective limit, beyond which their long-standing adaptation comes to an end. It marks a limit to tolerance by introducing the counter-balancing aspect of intolerance.

Relations between unbearable experiences and disillusionment are discussed in the psychoanalytic literature and so is the challenge of tolerance, in its intrapersonal aspects. Difficult emotions such as despair and guilt may be experienced as unbearable and challenge a person's ability to bear them (Steiner, 1987). Tillman (2018) sees suicide as a possible result of such a painful process. While, as the psychoanalytic discourse about it suggests, the experience of the unbearable may originate both internally and externally (see, for example, Aguayo, 2018), this chapter deals with the experience of the unbearable as caused from the outside, by an external object and within an *inter*personal relationship.

The experience of the unbearable is indicative, especially within the context of a slow and continuous course of personal growth (often with the help of psychotherapy), of one's nascent subjectivity. Being able to experience something as unbearable means that she is coming closer to recognizing her own feelings, opinions

and preferences in a different, more personal way and in a stable and continuous manner. While identifying with the aggressor involves breaking the victim's spirit and damaging their sense of reality, the experience of the unbearable restores it. Self-blame diminishes and might be replaces by anger at the injustice. As subjectivity becomes more stable, independent and reliable, one's observations about intimate others also become more distinctive and intentional. Frightened and undifferentiated placation gives way to an expectation for reciprocity. A selfhood that includes such growing clarity facilitates the emergence of an inner perception of entitlement (White, 1963), including knowing one's rights and looking for partners who share the same feelings and opinions.

Often the unbearable experience is raw, regressive and unformulated (Stern, 1997) and it evokes spontaneous, sometimes uncontrollable behavior. It may be non-communicative in the beginning and requires subsequent processing and verbalization. While some people manage to reach necessary insights on their own, it seems that, for most people, such processing requires an intersubjective connection with another who is willing to become an empathic witness to the emotional storm that is raging. Such an intersubjective connection is sometimes essential for achieving insight and verbally formulating thoughts and feelings. Indeed, one’s reaction to the unbearable experience may be a moment of conscious decision-making followed by change: a cessation of something (including suicide in extreme cases of unbearable suffering), changes in relationships or separation from people and places.

Before moving on, I would like to note the significance of the *absence* of the experience of the unbearable. In the absence of such an experience, the autoplastic adaptation to external and interpersonal reality predominates one’s life. This bias might result from the triumph of oppression, from one’s inability to bear conflict, to stand up to injustice or to stop a hurtful pattern or moment in a relationship. At such moments, the blurring of the difference between tolerance and adaptation is at its peak. People who feel this way often ask for help.

The Unbearable Experience, Disillusionment, and Group Affiliation

Dina is a 45-year-old woman who works as a school teacher. She is married and mother to two teenage girls and a boy of ten. She has been in therapy with me for several years. She chose me as a male therapist out of hope and fear. She hoped that, as a man, I would

be able to help her be better oriented in the hostile territory of men-women relations; and she feared that she might once again be hurt. After a year in therapy, she shared a painful and shameful memory – it was the first time she had ever dared tell it to a man.

When she was twenty-two, she worked as a secretary at an advertising agency. One evening, her boss drove her home after a presentation to some potential clients. Their presentation was well received and Dina and her boss were quite happy with themselves. Feeling an equal partner to this success, Dina spoke freely and loosely with her boss, who was twenty years older than her. She felt friendly and close to him and even prided herself on that, when he suddenly reached his hand and started stroking her thigh in a way that she experienced as surprising and alarming. She instinctively pushed his hand away. He began stroking her tight again and she was able to find the words to ask him to stop. He was hurt and offended. To the best of her recollection, he told her that she should be grateful that he has asked her to join the meeting with the potential clients – this is an opportunity for promotion and she is in danger of missing it. To emphasize his words, he reached his hand to her tight for the third time. He refused. He then stopped the car and told her to get out. She got out and he drove off, leaving her on an inter-city highway. In an anxious haze, she had no choice but to hitchhike and it took almost an hour until someone pulled over. A truck driver noticed her and stopped on the side of the road – she was completely at his mercy. But the man was fatherly and kind, which saved her from what might have been a life-catastrophe. The next day she went back to work. She and her boss never spoke again and she left the agency six months later.

A few years after that, she shared the experience in an emotional conversation with her friends – all of them women – who responded by exchanging distressing memories of similar events. One woman told of a friend's friend who showed up at her apartment, stuck his foot in the door and entered forcefully. He almost raped her but then she convinced him to let her go. She told him she was pregnant. Another woman shared a memory about her drama teacher who demonstrated emotional openness and expressiveness by stroking her buttocks in the classroom. Thus, they huddled for a long time. They shared fear and pain and anger. They took comfort in saying that not all men were like that. When they were exhausted, the conversation waned. They felt embraced and relieved. However, they did not launch a public campaign.

The change that took place in Dina, because of which she came to treatment, began with a social revolution. Dina felt that she was moved by the #MeToo movement:

her sense of belonging to a women's movement empowered her, calmed her fear of losing herself in front of a man and helped her enter into therapy with me.

Following the exposure of widespread sexual-abuse allegations against Harvey Weinstein in early October 2017, the #MeToo movement began to spread virally as a hashtag on social media. On October 15, 2017, American actress Alyssa Milano posted on Twitter: "If all the women who have been sexually harassed or assaulted wrote 'Me too.' as a status, we might give people a sense of the magnitude of the problem." The phrase "Me too" was initially used in this context on social media in 2006, on Myspace, by sexual harassment survivor and activist Tarana Burke. At a certain moment, sexual harassment became unbearable for many women. When communicated, it resonated with many other women. It stopped short their over-adaptation to oppressive behavior patterns and replaced it with a new-born intolerance to an intolerant situation.

The combination of affiliation and belonging are essential to such social change. The female sisterhood, with its empowering conceptions of entitlement, has evolved over many years and especially in recent decades, with the spread of feminist protest. At a certain moment, a member of the larger group like Tarana Burke formulates the collective experience of The Unbearable. This moment entailed taking a crucial risk in the face of the dominant and powerful patriarchic culture. I would like to suggest that any stable group affiliation reinforces the experience of entitlement for its members. Group processes of resonance, mirroring and exchange relations (Foulkes, 1948) rehabilitate the individual’s and the group’s matrix.

I would speculate that few of us would describe the position of those young women, who shared their harrowing stories of sexual harassment two decades ago, without organizing in opposition, as “tolerance.” However, we should recognize that adaptation, and especially over-adaptation, can be presented as tolerance. Over-adaptation depicted as tolerance may characterize both sexes. It might serve as a consolation for the helpless, whose dignity is trampled in abusive and denigrating ways. The term "tolerance" may be invoked by some privileged groups to pink-wash the experience of choice to whom choice had been denied.

Dina says "I can no longer bear the humiliation...". Another patient says of his wife's outbursts of rage: "I can't go on like this. I suffer too much..." He goes to sleep in the living room because the Coronavirus lockdown compels him to remain at home.

And someone else says of his partner, who arrives one evening in the wee hours of the night: "Sorry. That's not what I meant. We talked about giving each other freedom. But this is not freedom. It's loneliness. Not his. Mine. So that's it. I told him we have to split up." But, wait. They are not yet separated. Often, as a result of disillusionment and the experience of the unbearable, mutual influence is created, followed by negotiation and reparation that allow the construction of a new and better space. If that does not work, there may be a breakup.

Disillusionment does not occur by itself. It is predicated on an inter-subjective encounter that is grounded in overt and painful sharing, on the one hand, and the position of an empathetic witness, on the other. Yet, empathic witnessing may not be enough and, quite often, friendly and devoted yet *confrontational* otherness is crucial for eliciting an appropriate response to a suffering person's impaired judgement. The disillusioned hope is the one that had met reality, survived the disappointment and preferred the more appropriate other. Hope, empathic witnessing and the unbearable experience come together to create this change.

Disillusioned tolerance is based on the distinction between people with whom mutual recognition can be established and those with whom it cannot be. I suggest that precisely as a result of the formation of disillusioned tolerance, and within the limits of mutual recognition, a person's ability to bear disturbing differences and to feel empathy for the pain of others increases. Moreover, disillusioned tolerance does not exclude compassion or deny it; it facilitates it as a choice and rescues it from the threat of identification with an aggressor.

The Unbearable Experience in Psychotherapy

The experience of the unbearable may indicate the beginning of the transition from adaptive autoplastic behavior to alloplastic behavior. In this sense, it concerns the chance for transformation – from adapting to external reality to affecting it. This transformation is potentially life-changing: it enables self-fulfillment in the inter-personal world; it entails interaction and negotiation; it may involve standing up to an aggressor, which, when done right, can stop externally caused suffering. Such transformation may sometimes include ending a relationship or changing its dynamics. When properly worked through, it may lead to relationships that involve mutual recognition and concern, in which personal opinions are voiced without placating the

other, in which contrast becomes conversation. This is the habitat in which disillusioned tolerance thrives and thus it is the focus of this chapter.

I suggest that, as the patient transitions from adaptive autoplastic relating to initial attempts to affect their external environment, the first external environment they will seek to affect will be the therapist. It is therefore vital, in my view, for the therapist to acknowledge that, at a certain moment, he may become such an external environment for the patient. This means that something needs to happen for the therapist to be positioned outside the patient's omnipotent control (in Winnicott's terms) and that, if this positioning does not take place consciously, it might occur in the form of enactment.

The patient's experience of the unbearable and its alloplastic expression may appear like an 'act of freedom' (Symington, 1983) and, when it is moderate, both therapist and patient may feel that there has been a breakthrough. However, since this transition involves the patient being extricated from their identification with the aggressor, this act of freedom might become imbued with rage, which had been dissociated for many years. Therefore, the patient's alloplastic response towards actual people in their life might be particularly harsh and its impact might unsettle the therapy and the therapist. We will shortly return to Dina and become acquainted with her experience of the unbearable and its intense expressions. Dina feels that, this time, she is not going to sit silent and is set on ragingly confronting the person she perceives as a wrongdoer. She also feels that she is protecting her daughter and refusing to compromise or hold back. This response becomes enmeshed with the unformulated experience of fighting for the emotional survival of the girl she herself once was, who was forced to keep silent out of fear. This early experience becomes confused with a later wish to take revenge on the person who has stirred up these feelings.

As mentioned, the patient's chaotic experience of the unbearable is potentially unsettling for the therapist as well, who might get sucked into the emotional turmoil raging in the therapy. The emerging rage might put the patient and their environment in danger. The therapist might be truly concerned for the patient's wellbeing: their rage seeks discharge, but can they be trusted not to cause real harm? While respecting and recognizing this as a step in a very new direction – where is this actually headed? Will they know how to stop before it is too late? It is suddenly made clear that identification with the aggressor is not the only thing that impairs reality testing – the excessive experience of being freed from its grasp might also unsettle, to some extent, the

patient's sense of what is real. Will the patient be able to trust herself to keep the situation from escalating beyond a strictly verbal exchange? I would like to present this moment as entailing a professional dilemma which does not have a clear-cut answer that puts our minds at ease – a dilemma that each of us will probably end up facing alone, despite our books, papers and supervisions.

On the one hand, the therapist's anxiety about the unsettled patient may bring them closer to the latter's experience of danger and the price they might have to pay. But the patient may seek to come to know the therapist's subjectivity, which is hiding behind their overt statements (Hoffman, 1983; Aron, 1991), and might end up feeling that the therapist thinks that they are better off retreating back into their own little autoplastic world, causing them to give up hope of tackling interpersonal challenges. And indeed, this interpretation on the part of the patient diminishes their chances for transformation. On the other hand, the therapist's eager recognition of the patient's groundbreaking act may be construed by the latter as granting them permission to act indiscriminately. To this, one might add that the therapist's own experience of taking a risk might become a burden and it might be difficult for him to maintain his neutrality and objectivity in these situations. Perhaps knowing that all this is taking place and experiencing it as an active party can allow the therapist to approach a more reflective psychoanalytic stance.

The therapist's inner faith, concerning the patient's ability to contain the emotional upheaval involved in the transition from adapting to their challenging environment to confronting it, is present in the therapy. One imagines that the therapist would feel that the patient is taking too great a risk in their transition to the alloplastic world. In that case, if the therapist's intuition is correct, he might say something that could help the patient stop or wait, thus being of great help to the patient. However, if the therapist's intuition is clouded by excessive identification with the patient's fearful aspect, he might come to delay the latter's transformation. The therapist's faith must be grounded in awareness and recognition.

I will now return to Dina's therapy. As our work progressed, it became apparent that Dina had suffered a kind of oppression as a child, due to her mother's often aggressive need for control. As a child, Dina had no way of attributing her mother's displays of anger and domination to her qualities as a woman and a person. She solved this riddle by developing a critical notion of herself, which made her feel like a disappointing and ingrateful failure. Her mother's need to be represented in the world

through a successful daughter was manifest in her demands for utter obedience in all aspects of life – from what Dina ate or wore, to her manners and choice of friends – in a way that dissolved Dina's capacity for spontaneous play as a child. Her father, who did very well in the outside world, was completely forbidden to interfere with internal family relations. When our work focused on analyzing her adaptation to this situation, Dina shared: "I remember that, when I was 14, I tried disagreeing with my mother about something for more than five minutes. With a menacingly calm voice, she said, 'do whatever you want then.' And I knew I had to give up." Dina realized that her mother's so-called permission was a veiled threat that she would stop loving her – and that was all it took.

Seeking help with a male therapist happened in her forties, after two previous therapies with women. In the therapy, her transference towards me initially involved the alternation between viewing me as someone irrelevant, who had no chance of understanding her – to the extent that she could barely speak to me; and perceiving me as a man who might hurt her and whose oppression of her was even devoid of that aspect of maternal love she had received from her mother. It took us several years and various crises of trust, which were handled in a good-enough way, for her to begin seeing me as a kind and protective father figure that was aligned with the kind of idealization that was missing from her life.

The #MeToo protest was making waves everywhere and resonated in Dina's therapy as well. One day, she came in very upset after having discovered that her 12-year-old daughter's drama teacher (Him Too) was manifesting his guidance by touching girls without their permission. Her daughter told her this, crying and ashamed, when she came back from school that day. Dina was furious; any hurtful conduct towards her daughter was intolerable for her. The next morning, she drove to her daughter's school and went in to see the principal: she demanded that he investigate the case and notify the parents of the findings of this investigation. The principal, who was not available for a long conversation that moment, sent her to talk to the school counselor and her daughter's homeroom teacher. Both tried to calm her down, which only made Dina angrier. She felt outraged and disappointed at having found nothing but abandonment and spinelessness behind the two women's professional jargon. She even got the impression that the school counselor was trying to educate her, by talking about different styles of teaching and the special 'atmosphere' of drama classes. She also suggested that some of the older teachers came from a somewhat 'different culture.'

Dina found her condescending. She utterly surprised herself with her infuriated response – she almost yelled at the two women: “so why don’t you send your own daughter to study with him, so he could stroke her ass instead of my daughter’s.” Followed by, “this is harassment! It’s sexual harassment and you are protecting him.” It turned into a whole scene and the principal had to come out and talk to her. He decided to meet with her the next day, together with the school counselor and homeroom teacher.

When Dina came home, she talked to her husband in that same emotional turmoil. He suggested that she should calm down (“take a pill maybe?”) and said that their daughter could end up being hurt by all this – the teachers might start discriminating against her, her social status might be affected… Dina suddenly saw that her husband was also afraid and placating; she never even knew he had that side to him. Now she was angry at him as well and, most of all, she felt lonely. To her great surprise, she discovered that most of the people around her reacted with fear and placation. She has been faulting herself for her submission for years and it turns out that they were all cowards just like her, but without a shred of self-scrutiny. That did not matter too much, though. Her disillusionment only made her feel tougher and more certain of the path she must take. The next day, she attended the meeting along with her husband, whose presence she demanded, but she spoke for the both of them and he did not utter a word. This time, the principal was ‘not playing games.’ He informed her that he was going to have a talk with the teacher in question and that such behavior will not happen again. This did not put Dina’s mind at ease; she demanded that the teacher should be fired. She proceeded to rally the mothers of her daughter’s classmates through a WhatsApp group.

Two days after that, she came to our session up in arms: “I can no longer tolerate being humiliated by men,” she said. As she told her story, I realized that I, too, as a male therapist, was being tested. Am I as placating as her husband? Do I, perhaps, secretly identify with those predatory men who come from a ‘different culture?’ I viewed her outburst as an act of freedom. She was rebelling and seemed to have broken out of some psychic prison. Now she was angry and unregulated, sharp, intelligent and aggressive. I found myself uncertain about her wish to get the teacher fired. I was worried that she was going beyond emancipating herself from the bondage of identification with the aggressor and becoming vindictive. Perhaps she was over-identifying with internalized aggressors, blurring the differences between herself and

them. I was worried that she might end up hurting herself, stirring up the anger and criticism of her surroundings and maybe even putting her daughter in a difficult situation interpersonally.

Despite my fears and concerns, I chose to be an unreservedly empathic witness. One of my statements sounded something like – "I understand that this is a 'never again' situation for you and that you are not going to let anyone treat your daughter the same way you were treated. She is not going to stay as defenseless as you once were. You want to remove people like him from her environment – and from yours. And you are also full of rage at anyone who protects him or tries to get you to back off." Dina agreed with me. Our trust was maintained and I felt that our dialogue was able to contain her rage and help her think. I assumed that, sooner or later, Dina may like to know more about my position as a man.

The teacher was reprimanded. He apologized to Dina's daughter, talked to Dina and apologized to her as well. The mothers' WhatsApp group had a moderating effect on Dina, partly because they thanked her and suggested that he should be put 'on probation.' She accepted the teacher's apology and encouraged her daughter to retake her position in class. Dina did not become vindictive, but it was clear to her and her environment that she was going to state her opinions directly and with her own voice. She felt that she was achieving a relationship of mutual respect.

Indeed, that moment proved to be a point of departure for further development in her life. I see this as expressing the emergence of disillusioned tolerance. This unsettling period gradually came to highlight Dina's inner world, giving rise to a torrent of memories. Some of these were difficult, evoking much grief and tears; some, to her surprise, were warm and joyful. One such memory inspired her to look for – and find – a picture of her father, mother, sister and herself in an old album. They were all smiling and embracing each other.

The new reality-oriented, alloplastic changes happening in a patient's life highlight their 'external world' and shift the focus away from introspection. However, the process of deliberating and searching for the right way to affect external reality should eventually involve the patient's intra-psychic experience. One should keep in mind that new life events resonate inwardly, evoking memories, feelings and meanings that were hitherto inaccessible. The patient will encounter their autoplastic world, with its fears and warnings, and their alloplastic world, with its hope. When dissociated parts are reintegrated, these fears and hopes may come to create an equilibrium; the patient's

autoplastic intentions and alloplastic orientation can co-exist in a lively dialogue. The conversation between the autoplastic path, which knows so much about fear and could offer warning, and the alloplastic wishes to confront interpersonal challenges offers the patient an opportunity to practice their own inner judgment.

Disillusioned Tolerance

The inter-personal cultivation of this component of intolerance and the cessation of over-adaptation eventually results in the emergence of disillusioned tolerance. I suggest that disillusionment is a fundamental and necessary experience when encountering the otherness of people from the opposite pole. Disillusionment may involve the feelings of suffering a severe emotional blow, disappointment and despair. When the experience of disillusionment is not elaborated, it may bring an end to one's good intentions and motivations to act. The capacity to withstand traumatic disillusionment experiences cannot be taken for granted. It requires containment, discourse and working through. This process of working through can be significantly supported by therapy. Sometimes it is performed spontaneously or professionally within a group. When such working through is successful, it brings about a change which includes, in my view, a transition from rage and combativeness to an unwavering yet communicable attitude.

The profound meaning of tolerance is thus disillusioned tolerance; the kind of tolerance which had survived the rupture (in the Winnicottian sense of surviving the subject's destructiveness). Disillusioned tolerance consists of an ongoing negotiation between the experience of the unbearable and the effort to come to know the opposing perspective. This negotiation can only have favorable results when the people on the other side are willing to make a similar effort. It is based on the mutual empathic intention of each party not to trample on the unbearable experience of others. Disillusionment compels us to distinguish between tolerance and identification with the aggressor. Otherwise, one may run the risk of responding with false appeasement to actual people and attitudes who have preferred maintaining their privileged position over mutual understanding and negotiation.

I suggest that the prerequisite for tolerance is reciprocity. Tolerance cannot exist in a void; it belongs not to an individual but to a relationship. The search for interlocutors from the other side becomes more pronounced and there emerges a clear and painful distinction between rivals who can still be engaged in dialogue and those

whose views and actions are experienced as wrong and intolerable. Therefore, disillusioned tolerance excludes those who do not embrace mutuality.

In my view, only the combination of disillusionment and hope can validate a vision and bring one closer to its attainment. Disillusioned people, those who have been broken and were able to repair the rupture and move forward, are the most effective proponents of social and inter-personal agendas.

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