

## **Power and the Origins of Unhappiness: Working with Individuals\***

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### **ABSTRACT**

Evidence that the 'ultimate repressed' in our understanding of emotional distress is *power* can be gleaned even from Freud's writing. This is a form of repression which community psychology is well placed to lift. Impossible though it is to stand outside the 'apparatus of power' (and, therefore to give a *complete* analysis of it), we cannot achieve an accurate account of the causes of human unhappiness without taking its operations into account as fully as possible. The psychological therapies do have an implicit notion of *will* power, but this serves only to distract our attention from the external, material nature of power. We have to be careful, moreover, not to 'psychologize' power by trying to turn it into an internal attribute to be 'switched on' by an essentially mysterious process of 'empowerment'. We need to specify empirically the types of power that contribute to 'clinical' distress and give an account of 'therapy' in terms of the powers to which it has access (recognizing also that these are limited).

*Key words:* power; psychotherapy; psychoanalysis; community psychology; will power

### **THE REPRESSION OF POWER**

It is presumably not necessary to spend a great deal of time justifying the idea that the origins of unhappiness should be of fundamental concern for clinical psychologists, psychotherapists and others concerned with the care and 'treatment', for want of a better word, of people in emotional or psychological distress. The focus of this paper is on the importance to this concern of the workings of *power*.

\* Based on a paper presented at a conference entitled 'Power and the Origins of Unhappiness', forming part of the Merseyside Psychotherapy Institute's 1995 series of workshops on the theme 'Psychotherapy and Social Context'.

By 'power', I mean *the means of obtaining security or advantage* and it seems to me that this is more basic to social creatures like ourselves than just about any other factor we tend to concern ourselves with. Power, in fact, is the medium of our social existence, the dynamic which moves the apparatus of our relations with each other. We have to deal with aspects of power—the power others wield over us, the power we need to influence them—from the very instant we emerge from the womb, if not before. It is the power of others which either hurts or supports us, our own power which enables us to establish an at least precarious perch from which to survey and deal with the world.

And yet the extraordinary thing is how little, with one or two notable exceptions, mainstream and orthodox psychologists and psychotherapists have concerned themselves directly with the theoretical and empirical analysis of power. The most obvious exception to this is Michel Foucault, and even he, though he started out as one, is not considered to be a psychologist so much as a philosopher and historian. Sociologists, of course, talk a lot about power, but on the whole psychologists have very little to do with sociologists, so that, from the wider cultural perspective, it looks as though power is something which does indeed move societies, but which *individuals* have very little to do with; something we can study at a distance, so to speak, but not something we need seriously attend to as a crucial element in our own personal lives and relationships.

Power is the real repressed, that aspect of our relations which we veil most discreetly—far more so than sex, for example, with which, as Foucault (1981) argues persuasively in his *History of Sexuality*, we have always displayed a much more overt concern, even in Victorian times.

In this respect it is instructive to observe how the principal theorist of repression, during the very period when he was bringing the fundamental concepts of psychoanalysis into existence, failed to notice the theoretical importance of a concern for security which his own anxieties repeatedly betrayed. The relevant form of power underlying this concern is 'economic capital' (Bourdieu, 1984): no doubt the principal means of security in the modern Western world, and certainly one which constitutes a persistent theme through Freud's correspondence with his friend Wilhelm Fliess (Masson, 1985a). Could it be that the shape taken by psychoanalysis was affected by Freud's need to make a living?

Let me offer some evidence. The following quotations are selected for their poignancy; there are in the correspondence many other instances of Freud's anxious preoccupation with the means of earning his livelihood.

In his letter of 2.1.1896, for example, Freud expresses worry about 'the state of my practice this year *on which my mood always remains dependent*' (my emphasis in this and subsequent quotations).

Things have improved somewhat by 6.12.1896, 'after having for once enjoyed the full measure of work and earnings *that I need for my well-being* (ten hours and a hundred florins) . . .'

A couple of months later things are even more promising (8.2.1897):—

I now have ten patients in treatment, including one from Budapest; another one from Breslau is due to arrive. It is probably one hour too much, though otherwise I feel best precisely when I am working a lot. Last week, for example, I earned 700 florins—you don't get that for nothing. Getting rich must be very difficult.

In one of the most interesting letters (21.9.1897) in the collection—that which announces to Fliess the beginnings of a shift in Freud's theory of neurosis from seduction to fantasy—there is a continuous theme of financial insecurity running alongside his reasons for abandoning some of his previously key contentions (e.g. that fathers could so often be involved in 'widespread perversions'). The letter opens with Freud's observation that he is '... impoverished, at present without work', and acknowledges later on that: 'The expectation of eternal fame was so beautiful, as was that of certain wealth, complete independence, travels, and lifting the children above the *severe worries that robbed me of my youth.*' Towards the end he regrets that 'it is a pity that one cannot make a living . . . on dream interpretation!'

Perhaps most revealing is the confession which, among other things, discloses Freud's evident habit at this time of referring to rich patients as 'goldfish'. It is made in his letter to Fliess of 21.9.1899:—

A patient with whom I have been negotiating, a 'goldfish', has just announced herself—I do not know whether to decline or accept. *My mood also depends very strongly on my earnings. Money is laughing gas for me.* I know from my youth that once the wild horses of the pampas have been lassoed, they retain a certain anxiousness for life. Thus *I have come to know the helplessness of poverty and continually fear it.* You will see that my style will improve and my ideas will be more correct if this city provides me with an ample livelihood.

Jeffrey Masson, in his account of this period of Freud's life (Masson, 1985b), suggests that Freud's retraction of the seduction theory and substitution of it with the idea that sexual events in the patient's past were fantasy, represented a failure of moral courage. But maybe one can see other, more tangible, more material, factors at work here. Could it be that Freud's gradual shifting of the burden of blame from the fathers and uncles of his 'hysterical' female patients to, eventually, themselves (via, incidentally, the lower orders in their household—the servant girls), might have been something to do with who was paying his bills?

Is this an unworthy suggestion? One which arouses feelings of indignation? But is it not precisely outrage, indignation and accusations of unworthiness—the idea, in short, that some things are just too tasteless to suggest—which accompany and shield the operations of repression?

What seems to me particularly significant is that a psychologist focally concerned with our most basic fears and motivations, one, moreover, famously given to self-analysis, should not find a fundamental place in his theoretical structure for factors '*on which my mood always remains dependent*', which he feels '*I need for my well-being*', and which created '*the severe worries that robbed me of my youth*'.

This is revealing, then, but not surprising, and what it reveals is not a shameful flaw in Freud's character, but the extent to which we all manage to avoid reference to the way our actions are governed by our interest; the way, that is, we need always and everywhere to struggle with and adjust to the demands of power. And 'avoiding reference to' is precisely what is meant by repression, as Freud himself made very clear (Freud, 1915).

In a social world where we depend for our survival on our ability to influence and persuade others of the validity and legitimacy of our needs and demands, and where we have also to negotiate the needs and demands of others, it seems obvious that the means of our manoeuvrings—that is, the operations of power—must be veiled by, at

the very least, a certain reticence, if not kept as far as possible in complete obscurity. To refer overtly to the methods by which we seek to obtain advantage at the very moment we are employing them would simply not be sensible; it would be like chess players giving their opponents detailed accounts of their strategy every time they made a move.

The avoidance of reference to the operations of power is, then, the ultimate repression, and one which, because behind the exposure of every motive there must lurk another motive, can perhaps never be lifted. But the fact that one could in principle never give a complete motivational account does not mean that psychologists should cease to concern themselves with motivation, and we are scarcely likely to understand our social dealings with each other, let alone the sources of our unhappiness, if we do not accept the absolutely fundamental importance to them of the operations of power. It is precisely the readiness of community psychology to face up to issues of power which opens up real possibilities of advancing our understanding of how emotional distress is generated.

### **WILL POWER, SOCIETAL POWER AND COMMUNITY PSYCHOLOGY**

Though on the whole the traditional orthodoxy within psychology and psychotherapy has very little to say directly about power, it cannot, of course, avoid reference to it at least indirectly or implicitly. This has usually been, however, in a very limited or narrow context. Psychoanalysis, for example, considers the play of biological power in sex and aggression as well as the operation of competition within families. Most other forms of individual, and indeed even group, therapy, similarly limit themselves to a consideration of the individual's struggles with his/her immediate environment and the 'significant others' who populate it. Central to pretty well every form of psychological treatment, furthermore, is a notion of personal will power, though once again this is virtually never directly acknowledged.

In order for therapy to have a credible rationale (and thereby to provide its practitioners with the necessities of life, which are no less important to us than to Freud) we must posit a dynamic of change which allows our clients to make use of the insights they gain. We must, that is to say, believe in the power of human agency somehow to be able to alter states of mind or feeling. With the possible, and partial, exception of the behaviourists (who deal with the problem of agency principally by ruling it out), psychologists have not really thought of a name for this power, which is in fact indistinguishable from the popular notion of will power, but their leaving it unspoken by no means undermines its centrality to their theories. In the end, they believe even if they do not say, it is 'up to the patient' to change, to 'take responsibility' for his/her life, to act on the insights gained therapeutically, presumably through an act of will.

Not the least difficulty about the notion of will power, however, is that it diverts attention from the operation of the kinds of social power which otherwise exercise such sway over our lives. Will power is a different order of thing from the mundane forms of influence and coercion which most of us have to battle with most of the time. It is purer, more sublime, and springing from a mysterious moral source deep within our being, somehow rises above the grubbiness of the everyday world, reflecting instead the lofty potentialities of the human spirit, etc. So as long as

psychologists and psychotherapists concern themselves, even if tacitly, with the liberation of such a potent spiritual force, it might seem practically in bad taste for us to turn our attention to the vulgar operations of interest. And yet the fact that we shy away from referring to will power by its customary name, and that we know full well the limitations of expecting people to 'pull themselves together', suggests that we are far from easy with it.

And of course psychologists and psychotherapists *have* tried to get to grips with the issue of social power and influence, but in doing so, so it seems, have relegated themselves to the margins of their discipline. Even though the names that spring to mind may be well enough known to us, they do not occupy the mainstream, are rarely taught in undergraduate courses, and their ideas may very well be unknown even to practitioners of long experience. One thinks, for example, of Alfred Adler, perhaps the first to dissent from what he considered to be an unduly non-social account of neurotic unhappiness. The trio of Fromm, Horney and Sullivan is familiar enough—but how many of us have actually read their works? Then there's R. D. Laing, of course, dismissed now by his own profession as a kind of sixties hippy who went slightly crazy and drank too much.

The growth of community psychology may be the most hopeful sign at the present time of a possible revival in the fortunes of the societal approach to 'clinical' distress, but even here there is a danger, which I have written about elsewhere (Smail, 1994), that rather than developing a comprehensive theory of the way powerful influences shape individuals' experience and cause their unhappiness, together with an empirical study of how this happens, we shall slide instead into 'psychologizing' power as an internal, personal attribute. We may well be tempted to suggest, for example, that individuals are 'empowered' (and we do talk a lot these days about empowerment) not by modification of the actual material influences which bear down upon them or are available to them, but by forms of psychological exhortation or manipulation which somehow encourage them to tap supposed internal resources of optimism and determination (will power in one guise or another). There is the further danger that we may become seduced from a consideration of the real, material powers which shape people's lives by the academically attractive notion that power is a matter of relative 'discourses', a question merely of language and ideas (see, for example, the Special Issue of this journal, Henwood & Parker, 1994).

Not the least of the community psychologist's problems is that, once again like Freud, s/he will be dependent for a living on a salary or grant which is very far indeed from the kind of no-strings patronage which might conceivably enable the disinterested pursuit of truth. Those of us who work in the British National Health Service, for example, will be well aware of how 'R & D' has become increasingly directed by central policy-making and hardly at all by the engagement and enthusiasm of the individual practitioner (poor old Marx may be out of fashion, but Soviet-style totalitarianism is as lusty as ever). Even if we can identify influences which are damaging people, therefore, we may very well not be able to say so, or to spend any time acquainting ourselves more thoroughly with them.

Power, including that available to the individual for, so to speak, his/her personal use, is external and material, not internal and spiritual. It is something we acquire from outside, not something we find within ourselves. The powerful and advantaged have always been inclined to mistake their powers as virtues, the extreme being the essentially fascist belief in the special qualities of blood or breeding which

supposedly give one the right to distinguish oneself from others as inherently more valuable.

Power, as, as I have suggested, the means of obtaining security or advantage, comes in an infinite variety of forms. Sociologists (e.g. Mann, 1986; Runciman, 1989) tend to concur in distinguishing three fundamental kinds of power: coercive, economic and ideological. These often are but need not necessarily be correlated, and there is of course an infinite variety of sub-categories of power. At the one extreme one may be affected by the economic power of the board of a multinational business, the political power of a nation state or the military power of a totalitarian dictatorship. At the other extreme, we as individuals may have recourse to no more than the isolated powers afforded by our own embodiment: the sexual power of seduction or the muscle power of violence, the raw biological demand of the baby's cry. No living being, perhaps, is entirely without any form of power, but the disparities in power can be so great that very often the power of one group or individual over others is to all intents and purposes irresistible.

The work of Pierre Bourdieu (1984) has been especially useful in drawing our attention to the resources of power available to people and the forms they take. For example, Bourdieu develops concepts of educational and cultural as well as straightforward economic capital, and indicates many of the ways in which possessors of such capital seek to maintain, defend and augment their stocks. Work such as this reminds us that much of what we might take as features of an 'inner world' reflecting some kind of personal virtue may more accurately be seen as advantages conferred on us from the outside by, for example, a good middle class education. This is of course a vital shift of emphasis, transforming the principal sphere of operations of the psychologist from the 'self' to the environment and from the personal to the political—which is precisely the route beckoning community psychology.

## POWER, INDIVIDUAL DISTRESS AND CLINICAL PRACTICE

So far, I have tried to establish the case that the operations of social power should be of fundamental concern to clinicians. I would like to focus more directly now on what a more central and explicit concern with power might mean for clinical practice with individuals.

Traditional clinical psychology and psychotherapy have, as again I suggested earlier, for the most part concerned themselves with the operation of the more 'proximal' powers in which we are entangled, that is, those which are most obviously deployed in our personal dealings with each other as parents and children, brothers and sisters, lovers and spouses, teachers and pupils, employers and employed.

What has bedevilled our work in this respect, in my view, is the fact that the powers with which we negotiate our personal relations are not necessarily, indeed may very rarely be freely selected by and somehow under the control of the protagonists, but form the proximal end of a network of influence which is controlled by far more potent distal factors. If, therefore, we want to give anything like a complete account of why people act as they do and to trace the roots of their unhappiness, we need to look well beyond the immediate events of their lives and the motivational accounts *they* give of them so that we may understand more clearly

why it is that they seem so often to be unable to do anything about them, and to seek with them possible ways they may improve their lot which do more than simply invoke acts of will.

Take, for example, Mrs A., an all too familiar 'case' of chronic agoraphobia. Born three years before the end of the Second World War, she comes now to see a clinical psychologist for the first time as the result of a constellation of influences to do with encouragement from a tranx survivors' group, the failing patience with her condition of her rather dominating husband and the arrival at the health centre on the estate where she lives of a new GP who is mildly enthusiastic about 'cognitive behaviourism'. She has been severely agoraphobic for as long as she can remember. She did manage a part time job serving in her local corner shop for a number of years, but had to give that up as well a year or so ago.

Mrs A is wary of her encounter with the psychologist and far from optimistic about its likely outcome—understandably, in the light of her past experience of the mental health industry. For many years she was patronized with fatuous advice by her GPs and 'treated' by a psychiatrist, now dead, whose main recourse was to feed his 'neurotic' patients escalating doses of Valium.

As she begins to relax and talk more freely about herself, it emerges that Mrs A is a warm, intelligent, immensely perceptive woman who has a great deal of interest and value to say about her experience of life and the conclusions she draws from it. She has three children who all went to university and a husband who, though he certainly seems to lack imagination about the nature of phobia and can be quite psychologically undermining, is also a great practical support to her, and all in all she seems well able to handle him. She has a very demanding and slowly dementing mother to whose welfare she has to pay huge amounts of attention, much to the relief of her sister and brothers, who also, incidentally, live quite nearby.

Mrs A's parents were poor, and to make matters worse both her father and her sister, at the time Mrs A was growing up, were ill with TB. Both her parents worked, when health permitted, virtually non-stop, at as many low paid unskilled jobs as they could hold down at any one time. This meant that, at the tender age of about ten, Mrs A had a colossal load of responsibility placed on her as necessity meant that she had to look after her nine-years younger brother while her mother went out to her various cleaning jobs (her older brother was at work and her sister in the TB ward). Nobody, of course, had time to care about her education, even when she herself had the time to go to school. As she remembers all this, she spontaneously traces the origins of her panic attacks to the terrible responsibility she used to feel at having to look after her baby brother. She has, absolutely rightly, no inclination to blame her parents for this state of affairs, indeed she appreciates and respects the crippling efforts they made to provide their family with the basic necessities of life.

It is surely not necessary for me laboriously to draw out all the possible lessons about the influence of social power from this sketch. What is very clear, I think, is that, while there is plenty of 'proximal' material to focus on, in particular Mrs A's relations with her husband and, more significantly perhaps, her mother, no account of the reasons for her troubles would be complete without reference, for example, both to the medico-social context in which they had for most of her life been addressed and, probably a good deal more important, the socio-economic context in which they originated.

As I have spelled out in greater detail elsewhere (Smail, 1993), what we need is a psychology which tries to establish the relative weight and importance of the various

proximal and distal influences which bear down upon us and the extent to which they are amenable to change, that is to say, to counter-influence. It is obvious that psychotherapy is likely to concern itself with what is most readily to hand in the consulting room (as was indeed the case with Mrs A, who benefited significantly from a consideration of how to conduct herself with those closest to her), but it makes a huge error if it concludes that what it can do is all there is to do or confuses the factors it can pragmatically handle with the causes of people's difficulties.

One particularly obvious danger is simply to mislocate the reasons for patients' difficulties in the immediately proximal sphere of their personal relations rather than seeing that they originate in the more distal reaches of societal influence. It is partly this error which leads us to be surprised when we experience a run of patients all complaining of the same, hitherto fairly unusual, difficulties. For example, the triumph of the Business Culture and market economics has problematized 'gender relationships' in a way which people *experience* as to do with each other's sexual idiosyncrasies and the hostility and intransigence they give rise to, and it takes the genius of Ivan Illich (1983) to give an account of this (almost before it happened on anything like its present scale) in societal terms. The lesson for clinicians is of course that it is as sensible to expect people to be able to take charge of their personal relations in circumstances like this as it would be to suggest to city dwellers that the way to avoid exhaust fumes is to breathe more responsibly.

The spatial dimension of power—the closeness to or distance from us of the influences which affect us—is not the only one which complicates our ability to make a difference to our lives. There is also the time dimension: *when* we were affected by important influences. Many approaches to psychotherapy have a kind of magical disregard of space and time, as though it were possible for us to nullify the effects of powers we cannot see (and may not even know about) and reverse the influence of events which took place years ago. I suspect, however, that it is very much more difficult than most therapeutic theories imply—and often even impossible—to put right damage that was done, for example as we were growing up. The anxiety-laden, hyper-conscientiousness which Mrs A learned as a pre-pubescent girl are as much a part of her character now as her knowledge of English or her ability to ride a bike, and neither more nor less easy to modify.

Our modern notion of 'psychology' is almost synonymous with the idea of the individual as self-creating and self-modifying, and psychology becomes the study of the extent to which people can control themselves, and up to a point each other, through processes of insight and acts of will. I think this is a profound mistake, and disconnects psychology from a tradition which considered the psyche as the product of social and environmental influences, following instead a line which can be traced most clearly in traditions of magic and religion, in which the transformation of the self could be brought about by inspiration, revelation or the intervention of especially gifted practitioners of esoteric or supernatural arts. Keith Thomas's *Religion and the Decline of Magic* remains a fascinating source of insights in this respect (Thomas, 1973).

To recognize power as the fundamental dynamic not only of our social relations, but also of our experience, is not merely a theoretical game, but has sweeping implications for the way psychologists could seek to understand the nature and origins of so-called 'clinical' distress and unhappiness, and for the practical procedures with which psychotherapists and others might help to alleviate them.



My separation here of psychology and psychotherapy is quite deliberate, mainly because in the past, it seems to me, they have so often been fused into a seamless approach to people's problems which makes no distinction between cause and cure—which assumes, that is, that the identification of cause leads automatically to prescription of cure. (This happens, I think, at least partly because of our tacit belief in the power of 'will' to put right what it sees to be wrong.) We shall arrive at a more realistic understanding of what is therapeutically possible (even if a more sober and modest one) once it becomes clear to us that neither we nor our clients have unlimited access to power, indeed often have no access at all to control over the kinds of powers which so often shape our characters and damage our relations with each other. It is important that community psychology does not repeat this error by confusing what it can explain with what it can achieve.

We need to develop an empirically based account of what kinds of environmental forces determine the form of our relations and experience, and how these are transmitted and transformed through the chains of influence which run from distal to proximal. We need, further, to develop an understanding of the ways in which influence can be modified by counter-influence—what, for example, it is and is not possible for individuals and groups to do to prevent or repair the kinds of damage which are done by, at root, powers at a considerable distance from them. We need to establish the significance of the effects of power becoming *embodied*, especially in early life, such that an expectation that people can somehow change themselves, even perhaps through quite arduous processes of learning or training, may well be misplaced (to put this another way, we need to develop a clear and accurate account of the extent to which, and how, *character* is modifiable). By making social power the *explicit focus* of our deliberations, we would throw a great deal of light on broadly 'psychological' concerns and processes which tend at present to be obscured by ideology, wishful thinking and mistaken assumptions.

Clinical practice with individuals, from this point of view, become a process involving both the *analysis of power and the provision of support-through-solidarity*. As things are, accounts therapists give of the processes through which 'therapeutic gain' is achieved (if indeed there is such a thing) could scarcely be more confused, ranging from pretty wild claims about the transformative nature of the 'therapeutic relationship' *per se* to the more guarded observation of some psychoanalysts, for example, that their activities have no therapeutic aim at all.

It might clarify things quite a lot to view the therapeutic relationship as *in itself* the provision of a form (albeit limited) of power. The issue of long versus short-term therapy and the vexed question of clients' dependency on their therapists are just two examples of dilemmas we agonize over endlessly (often invoking both moral and economic arguments) but which seem to me relatively easily resolved through an assessment of the relative importance to the client of a source of personal solidarity (in the form of a professional helper).

When it comes to, so to speak, the technical content of 'therapy' (i.e. the actual procedures for which the 'therapeutic relationship' provides a setting), the analysis of power has two important aspects: first, the negotiation of an accurate account of how the client has come to occupy his/her present predicament, and, second, a careful consideration of the powers and resources available to him/her to make a difference to the factors constituting the predicament. The first aspect may well have the merit of 'demystifying' the processes leading to patients' unhappiness and

distress by removing from them all the elements of shame and blame which people tend to attach to being what they see, and are often encouraged to see, as 'abnormal'. The second removes all the doubtful moralism attached to ideas such as 'taking responsibility', and provides a sober, even relatively dispassionate, analysis of what it may and may not be possible for people to achieve.

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