

PSYCHOANALYTIC APPLICATIONS IN A DIVERSE SOCIETY

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There is considerable tension within psychoanalysis regarding the place of social context in the individual's inner life. In recent years, applications of psychoanalytic theory have extended to contexts outside of the therapeutic setting, and psychoanalytic scholars have increasingly attended to issues of race and culture within the therapeutic setting. The present article focuses on applications of psychoanalytic theory in clinical and community contexts, with an emphasis on racial and cultural diversity. The author proposes an approach to clinical and community interventions that integrates multiple theoretical perspectives (e.g., psychoanalytic, community, multicultural) to advance practitioners' and consultants' engagement with issues of diversity, and considers how practice with racially and culturally diverse populations can inform existing psychoanalytic theory. Two case examples, one from psychotherapy and the other from a community intervention, are presented to illustrate the ways in which psychoanalytic theory can benefit therapeutic work and consultation across sociocultural contexts. Implications of the experiences of minority individuals and communities for psychoanalytic theory, research, practice, and education are discussed.

Keywords: psychoanalytic theory, community, race, culture

In his paper "Wild Psycho-Analysis," Freud (1910) cautioned against the loose interpretation of psychoanalytic theory and technique, as he offered a glimpse into a broader usage of psychoanalytic ideas by those not formally trained as psychoanalysts. Inherent in his critique was a cautionary statement about the analyst's interpretation of psychoanalytic ideas, and an emphasis on self-discovery by the client without the analyst's imposition. The notion of loose interpretation of psychoanalytic ideas is complicated. On one hand, psychoanalysis itself has been interpreted differently in some important ways within different schools of thought, such as ego psychology, the British school of object relations, and relational psychoanalysis. If psychoanalysis were not subject to interpretation and

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modification, then these schools of thought would not have as much to offer as they do today. On the other hand, broader interpretations of psychoanalytic principles may still be experienced as precarious, particularly in the way that psychoanalytic ideas may be applied to understandings of diversity within clinical and nonclinical contexts (e.g., community-based interventions). In some cases, the integration of concepts from other perspectives, such as multicultural and community psychologies, in practice and consultation may be viewed as diluting psychoanalysis.

In a way, this dilemma concerning the looseness of interpretation raises questions about who decides what psychoanalysis should look like in theory and practice. I believe that this dilemma is especially relevant to contemporary times, as we have experienced unprecedented changes in demography in the United States and elsewhere, and globalization characterized by rapid exchange of ideas through the media and Internet. This dilemma is also current in that psychoanalysis continues to face challenges to its scientific legitimacy, or at least the public awareness of this legitimacy, despite evidence for the effectiveness of psychoanalytic psychotherapy (Shedler, 2010). Additionally, questions about the elite status of psychoanalysis and its relevance to helping clients remain largely controversial.

This article addresses some important ways in which psychoanalysis can be interpreted through broader and more inclusive lens as a way of moving toward a more complete understanding of racial and cultural diversity across clinical and community applications. This type of reshaping departs from the ways that psychoanalysis and other Euro-American theories have historically been applied to racially and culturally diverse communities, either through neglect of issues of diversity or through oversimplified modifications of existing psychoanalytic ideas. An example of the latter is the application of the concept of Oedipus complex to non-Western cultures that lacks a consideration of indigenous narratives of family dynamics (Tang & Smith, 1996). This has essentially been a colonizing approach (Altman, 2010), rather than an approach that considers multiple subjectivities and indigenous narrative. From the perspective of a 1.5-generation Indian American (born in India and immigrated to the United States as a child) female psychologist, the present article considers a psychoanalytic perspective that interfaces with multicultural psychology and community psychology frameworks, with the aim of addressing the complexity of racial and ethnic diversity within individual- and community-level interventions, and of considering how practice across settings (e.g., psychotherapy, community work) informs how social context can be addressed in psychoanalytic theory.

Contemporary psychoanalytic perspectives hold the potential for privileging individuals' and communities' subjective experiences over theoretical principles that have been defined under a cultural lens that either diverges from or devalues individuals and communities that vary in significant ways from mainstream cultural context. This approach is not counter, in fact, to the way that Freud and his contemporaries engaged in extending the practice of psychoanalysis to individuals and communities who were marginalized along social class lines. Such efforts culminated in the establishment of free clinics in Vienna and other parts of Europe, where psychoanalysis was made accessible to students, laborers, factory workers, farmers, domestic servants, and several others who were unable to pay for their treatment (Danto, 2005). As Elizabeth Ann Danto (2005) recognized in her notable book, "Freud's Free Clinics," many early psychoanalysts, such as Erik Erikson, Melanie Klein, Anna Freud, and Eric Fromm, although known today for their theoretical revisions of Freud's theories, saw themselves as "brokers of social change" (p. 4) who challenged political conventions of their time.

Psychoanalysis indeed has revolutionary roots, not to mention a history of persecution and exile. The history of exile that is part of the psychoanalytic movement in England and the United States has marked a retreat from these efforts centered on social justice. It is only recently that psychoanalysts have written about exile and its impact on the psychoanalytic movement outside of Europe (Danto, 2005). Just as this part of psychoanalytic history has been disavowed for decades, contemporary times demand that we reexamine history and social context and revisit the notion of social change when we conduct practice. In the following sections, I review recent developments in psychoanalytic theory concerning diversity, applications of psychoanalytic theory in community intervention, and then describe two vignettes, one from psychoanalytic psychotherapy and one from a community intervention. This will be followed by a discussion of the applicability of psychoanalytic ideas across settings, and of how psychoanalytic theory can be informed by practice and consultation with racially and culturally diverse individuals and communities.

Psychoanalytic Theory and Attending to Diversity

Over the past 15 years, psychoanalysts, particularly those using the lens of object relations theory and relational psychoanalysis, have written about internal representations of gender, race, culture, sexual orientation, and social class. For example, scholars have described the importance of the therapist confronting his or her own feelings of the racial other in order to address cross-racial and similar-racial interactions effectively (Altman, 2010; Bonovitz, 2005; Leary, 2006, 2012; Yi, 1998). Emotional insight in psychotherapy, within their perspectives, lies in the conceptualization of therapeutic interaction as co-constructed by the therapist and client, and the ability to tolerate ambivalence, anxiety, sadness, guilt, and shame as negotiated within the therapeutic dyad. These perspectives emphasize attachment, separation, and related mourning as essential components of the individual's growth process, where the client and the therapist are changed by virtue of relating to one another (Mitchell, 1988; Stolorow, 1988).

Psychoanalysts have also explored intrapsychic and interpersonal changes in the context of immigration. Akhtar (1999, 2011) described the many challenges of the mourning process for immigrants, including regression into earlier stages of development, culture shock and discontinuity of identity, disorganization, and a third separation-individuation process. Various aspects of immigrant adjustment and identity, such as bilingualism, pre- and postmigration character, challenges with acculturation, and the role of fantasy about country of origin and adoptive country, have been described in the psychoanalytic literature (Ainslie, 2009; Akhtar, 2011; Eng & Han, 2000; Foster, 2003; Tummala-Narra, 2009a). Additionally, in recent years, issues of spirituality (Aron, 2004; Roland, 1996; Tummala-Narra, 2009b), sexual orientation/identity, and gender identity (Drescher, 2007; Suchet, 2011) have been recognized as central to individual development. Indeed, there have been considerable advances in the psychoanalytic understanding of diversity within the context of the therapeutic relationship.

Psychoanalytic ideas on diversity have been further developed by scholars who would consider themselves as psychodynamic feminist thinkers. Scholars who integrate perspectives from psychoanalysis and multicultural psychology have approached psychoanalytic concepts such as culturally and racially based transference in the therapeutic relationship with an emphasis on the role of power, privilege, and social hierarchies in interpersonal and intrapsychic experience (Comas-Diaz, 2006; Greene, 2007; Tummala-Narra, 2007). These developments in psychoanalytic perspectives and diversity are largely influenced by

multicultural and feminist frameworks, which have been instrumental in raising awareness of the unique experiences of gender, racial, and cultural groups and related structural power dynamics inherent to mainstream society. The influence of multicultural psychology in particular is evident in research, practice, and training guidelines that emphasize psychologists' awareness, knowledge, and skills in effectively working with individuals from diverse sociocultural backgrounds (Sue, 2001; Vasquez, 2007).

Psychoanalysis has the potential to provide depth and meaning to various aspects of diversity (e.g., race, culture, social class, sexual orientation, dis/ability) within the profession of psychology. Indeed, psychoanalytic literature has increasingly recognized the need to attend to social context in the therapeutic dyad. For example, Flores (2007) noted the importance of "a mode of psychoanalytic listening" (p. 255) that involves the psychic and social aspects of the therapeutic dyad. The decontextualization of individual experience in psychotherapy has been thought to be as a dissociative process that interferes with therapeutic work (Bodnar, 2004). Smith (2006) noted that psychoanalysts work with the specifics of clients' intrapsychic lives, and, as such, the analyst should consider the specifics of experiences with diversity and how they shape the psyche. He further cautioned that we have to be in a position to recognize the specifics in order to "analyze what is manifest or infer what is unconscious" (p. 9). The alternative to this, of course, is to disavow relevant aspects of our clients' and our own identities, and render these dimensions of the psyche invisible. Unfortunately, this has been the case for a good part of psychoanalytic history, as evidenced in Freud's ambivalence toward and rejection of cultural specifics, reducing cultural dimensions to neurotic adaptation (Akhtar & Tummala-Narra, 2005; Altman, 2010).

Psychoanalytic Theory and Community Intervention

Psychoanalytic concepts have been increasingly applied in community-based interventions over the past decade. Some theorists have integrated concepts such as transference, enactments, defense mechanisms, and working through to understand their experiences of working with clients in community interventions (Borg, 2004; Darwin & Reich, 2006; Miller, 2008; Twemlow & Parens, 2006). Borg (2004) described a project with a low-income community in Los Angeles in the aftermath of the riots following the Rodney King verdict in 1992. In this account, he noted the shared emphasis on collaboration in community empowerment theory and interpersonal psychoanalysis, and emphasized the importance of addressing tensions related to conflicting points of view within this collaborative approach. Borg coined "community character," which "reflects unconscious internalization" of patterns of behavior and unspoken rules that help the community cope with anxiety (p. 151). In the case of the riots in Los Angeles, he conceptualized the relational patterns of community residents as characterized by racial, ethnic, and gender stereotyping, and hostility toward outsiders, reflecting both actual relationships with significant others and the broader social context (Borg, 2004). Relatedly, King and Shelley (2008) drew connections between community psychology and psychoanalysis, highlighting Adler's (1966) valuing of social context and community feeling as essential to the individual's adjustment to communal life.

Twemlow and Parens (2006) further described the overlap between psychoanalysis and community psychology, including the use of a developmental perspective, respecting and privileging all sides of conflict in the working through process, the importance of holding and containing, appreciation of subjectivity, and assessing for a sufficient level of

anxiety to motivate change. They suggested that psychoanalytic knowledge is critical for community-based work and advocated for an actively supportive community psychoanalytic method with less emphasis on interpretation. This approach (Twemlow & Parens, 2006; Volkan, 2001) involves several features: establishing a point of similarity between participants allowing for tolerance of differences and negative emotions; collaboration, developing personal relationships such that the process becomes humanized; establishing mutual respect for differences that can trigger racial, religious, gender, and ethnic stereotypes; developing a common language for better communication; accepting that the process requires ongoing maintenance; understanding that collaborative nonblaming promotes change; and the adoption of a neutral position of the facilitator who encourages mutual problem solving. Such an approach may pose challenges to the psychoanalytic practitioner's sense of identity, as it requires an integration of multiple theoretical perspectives in a nonclinical context.

Several psychoanalytic practitioners have written about how their experiences of working in community settings, many of which suffered considerable trauma, raised questions about their psychoanalytic identity. For example, Miller (2008) described his experience working with a New York City firehouse in the aftermath of severe loss at the World Trade Center on September 11, 2001. In his account, Miller recognized his role as requiring flexibility to best suit the needs of the community. In one example, he noted potentially conflicting roles, as he questioned whether his identification with the traumatized members of the community interfered with his sense of neutrality. In a different account, Granatir (2004) described how his personal experience as a Jew and minority helped him identify with and relate to boys and girls in a school-based program in Washington, D.C. He noted how his training as an analyst prepared him to listen with openness, curiosity, and acceptance of differences across people. In each of these examples, psychoanalytic practitioners point to the ways in which their personal and professional identities expanded through their efforts with integrating psychoanalytic perspectives beyond the clinical setting.

Liang, Tummala-Narra, and West (2011) reviewed several psychoanalytic concepts, such as intersubjectivity, transference, enactments, and the role of affect, as highly relevant to community based interventions. They encourage all practitioners and consultants involved in community-based work to actively integrate a psychodynamic understanding of interpersonal aspects of interventions, including racial and cultural conflicts, with a collaborative approach that fosters empowerment and meaningful change. In this perspective, psychoanalytic theory approaches the study of power and social injustice with complexity and multidimensionality, such that community collaborators (e.g., consultants and community members) can more effectively address individual, group, and environmental stress.

Interestingly, although recent psychoanalytic applications in community interventions have raised interest in how best to conceptualize group dynamics in the community setting from a psychoanalytic perspective, few scholars have addressed how community-based work may better inform an understanding of social context within psychoanalysis more broadly (Twemlow & Parens, 2006; Twemlow, Fonagy, Sacco, Vernberg, & Malcolm, 2011). In the following sections, I describe two case vignettes that include components of my work in a psychoanalytically oriented psychotherapy and a community based intervention, both focusing on racial and cultural dynamics. These vignettes are presented with the purpose of (a) illustrating potential applications of psychoanalytic concepts and an integration of multicultural and community psychologies in addressing racial and cultural dynamics in two distinct settings, and (b) considering the implications of therapeutic

practice and community consultation with racial and ethnic minority clients for psychoanalytic theory and identity.

Case Example: Psychoanalytic Psychotherapy With “Reena”

“Reena” is a 30-year-old Hindu, Indian American woman, born and raised in the northeastern part of the United States. She works full time and sought psychotherapy to cope with her increasing anxiety at work. She was referred to me by her primary care physician. She had never previously worked with a psychotherapist. I worked with Reena in weekly psychotherapy for approximately 3 years.

Reena’s parents immigrated to the United States from a northern region of India in the late 1970s, during a time of mounting violence between Hindus and Muslims in the region. Her parents spoke little English and worked in a family business when they first arrived in the United States. Reena has a younger sister with whom she feels close. She described her childhood as feeling “hectic,” with her parents working most of the time and her relatives (aunts, uncles at varying times) taking care of her and her sister. She stated that this experience was mixed in that she felt safe when her parents were there and most of the time with her relatives. However, she did recall that between ages 5 and 8 years, she periodically witnessed her maternal uncle physically abuse his wife, during times when they were babysitting her and her sister. She did not tell her parents about these incidents, as she did not want to upset them and felt as though there was not another alternative. In one session, she told me that she felt scared during these times, especially for her aunt.

Reena spoke in Hindi primarily at home, and in English outside of the home. She and her sister would often translate for their parents outside the home. She recalled this experience as a generally good one in that she felt that she was contributing to her family and that her parents appreciated her help. The family’s visits to India were infrequent, due to limited financial resources. Reena was encouraged to excel academically and took on this role as a shared dream with her parents. She completed her graduate education and feels that she has fulfilled her wishes as well as that of her parents. Reena reported having a closer relationship with her mother than her father, and that she felt sorry for her mother, who carried the burden of working outside the home and taking care of children at home. She stated, “It’s like she never had a break until we left home.” At the time that I met Reena, she had been living far away from her parents’ home, and maintained frequent contact with them by phone and e-mail.

Reena’s school experiences were characterized by considerable anxiety. She recalled having few friends in her school and mostly interacted with friends in her neighborhood. Most of the children in her school (elementary through high school) were from middle-class White European American backgrounds. Reena recalled being teased because of her Hindu background, her brown skin color, and for wearing her hair in a braid and a bindi (dot) on her forehead when she was in elementary school. As she entered middle school, she told her parents that she no longer wanted to wear the bindi. Difference at school, more generally, was considered to be bad. Reena recalled an experience in high school where a Sikh boy was teased to a point when his parents moved to a different school district. She remembered feeling afraid of being seen as different and, at the same time, angry about what had happened to this boy. Reena began to hide her Indian identity when she was around her non-Indian friends in high school, and found partial success in doing this. She felt that she was more included by others, and yet, felt that her Indian and

American worlds were disconnected. In college, she began dating men whom she never introduced to her parents. In fact, she worked hard to keep these relationships a secret from them.

In her late twenties, Reena began to feel pressured by her parents to marry an Indian American man. When I met her, Reena had been dating a White American man who was of Italian and French heritage for about 1 year, and she felt increasingly anxious about her intimacy with him. This fear was in part related to her memories of her abusive uncle, and in part to her concerns about racial and cultural differences. She worried about the difference in their cultural background and further separating from speaking in Hindi. However, she felt somewhat more comfortable with his working-class background, as it resembled her own social class background growing up. At the same time, she was upset about what she experienced as racist attitudes of his parents. In one incident, when she went out for dinner with his family, his father made derogatory statements about African Americans. Reena was taken aback and wondered about how he felt about her racial background and her brown skin color. Although she felt as though she loved her boyfriend, she remained cautious about their relationship. She found herself increasingly worried at her workplace as well, having thoughts about others viewing her as inferior in some way. Her concerns at her workplace were especially salient when some coworkers commented on how “exotic” she looked, which she experienced as derogatory.

In psychotherapy, Reena and I worked on better understanding her anxiety both within and outside of the therapeutic relationship. She asked me on two different occasions if I felt that her contact with her parents was too frequent. She spoke with them twice a week by phone and e-mailed them twice a week. I asked her if she enjoyed talking with her parents. She said “Yes, it’s important to me that I talk with them.” When we talked about her questioning herself, she expressed that most of her friends who are not Indian told her that she was too dependent on her parents. I believe that it was important for her to hear that it is fine to talk with her parents as much as she wanted and to be able to speak in Hindi with them. Early in our work, we began to challenge some of these assumptions that were based on Western, European American ideas about parent–child relationships, about which she felt ambivalent.

As our work progressed, Reena expressed concern that I would not approve of her relationship with a non-Indian man, especially one that comes from a “racist family.” In one session, she stated, “You’re probably thinking about why I’m with this guy. I don’t know that I really understand.” When I asked her to say more about what she was imagining about my response, she said, “I don’t know if you would think this is ok, I mean to be with someone not Indian. You are probably married to someone Indian. I’ve wondered about this. Then, I wonder what it will be like to tell my parents, when I don’t even know if I want to be with him.” I responded, “What would it be like for you if I was married to an Indian man?” She stated, “Well, it would be good, I guess. You would be doing all the right things, you know being a professional and marrying the right type of person, bring a good Indian woman.” We went on to explore the “right type of Indian woman” and her feelings of difference from me. Difference was also apparent in the contrast between Reena’s light brown skin tone and my darker brown skin tone. Through our discussions of our skin color differences, Reena understood her fantasy of me being married to an Indian man as reflecting her association between darker skin color and a stronger Indian identification. These discussions about skin color provoked anxiety for both of us, as we had each brought to our interaction complicated histories with race and skin color as Indian American women. For example, Reena felt unsure about what her relationship with her boyfriend and his family would mean for her own racial identity

development, specifically that her racial minority status and her experiences with discrimination would be invisible to them. Memories of my own experiences with racial and skin color discrimination outside of the Indian American community and within the Indian American community, respectively, were elicited while working with Reena. As I identify with a bicultural Indian American orientation and as a person of color in the United States, I recognized that I shared some of Reena's experiences and, at the same time, wanted to help her become more aware of the conscious and unconscious meanings accompanying her experiences with race and ethnicity. Attending to our differences in skin color facilitated an exploration of authenticity as Indian origin women and a sense of belonging within and outside of the Indian American community (Tummala-Narra, 2007).

We further struggled with difference and similarity as Reena later revealed that she felt as though I could understand her Indian American and Hindu backgrounds, but perhaps not her working-class background. Reena imagined that our shared cultural experience was disrupted by the possibility that I am married to an Indian man. I was also aware of the absence of the Hindi language in our work, another point of separation for us. Some of my countertransferrential reactions included feeling rejected by her, as I felt that she had not seen my experiences with social class. I immigrated to the United States as a child and experienced shifts across social class throughout my life. Somehow, in our interactions, Reena had not recognized this part of my life and it disappointed me. Perhaps, I, too, felt distant from her and my own past in these moments. Like Reena, I had struggled with separation from my parents and acculturating to the Western cultural context. At the same time, I recognized that we were both experiencing ambivalence about our relatively privileged positions, with cultural identifications, and separation from parents. My experience was invisible to her, as hers was invisible to her parents, her peers in school, and her boyfriend and his family. Our work evoked questions about the position of the therapist or analyst whose multiple identities are both seen and unseen by the client.

In the course of our work together, we increasingly talked about her experience of hiding aspects of her life from important people in her life (e.g., parents, boyfriend) and the experience of talking about these "hidden parts" with me. This discussion of her social context and identity, particularly with respect to culture, race, gender, and social class, helped to create a space in which Reena could more fully explore her racial and cultural identities, an essential component of her conflicts with intimacy with family members, friends, and boyfriend.

Case Example: Community Intervention

As a coordinator for a community-based outreach project in a large city in the northeastern part of the United States, I was asked by an administrator in an urban middle school to help develop psychoeducational group meetings in an afterschool program. The staff and majority of the students at the middle school are African American, and the rest of the students are of Latino or multiracial backgrounds. The staff at the afterschool program had been increasingly concerned about students' exposure to violence in their neighborhoods. Many of the staff members recognized the stress experienced by the students, particularly a few boys who verbally expressed their anger after witnessing two men mugging a young woman. My colleague, a White American woman, and I arranged a meeting with the staff of the afterschool program.

At this initial meeting with the staff, my colleague and I learned that this type of incident was a relatively common experience for many students and that traumatic

experiences were typically not talked about in the family or at school. The staff hoped to find ways to address students' exposure to violence at a weekly discussion group focused on health topics (physical and emotional), which the students were required to attend. During our meeting, an African American staff member also expressed concern about the ability of "doctors from a predominantly White institution" to relate to the concerns of the school, students, and community. When I heard this staff member's response, I was moved by her honesty and, at the same time, felt as though she had not noticed my race or ethnicity. It was as though she was solely responding to my White colleague, who was silent through most of the meeting. I acknowledged to the staff that my institution was predominantly White and asked them to provide more detail about their concerns. A different staff member stated, "We really want to make sure that you all understand the community here, and what our kids go through and what is realistic for them." Other staff members agreed and joined in voicing their concerns about our approach to the afterschool program. It was clear that the staff were understandably protective of the students' welfare and cautious about any negative outside influence that would further stress the students. The staff's concerns reflected previous experiences with health care professionals who had disappointed the school community. One example of this was raised by a staff member who stated, "I'm worried about how many of our boys have the label ADHD, and the parents are just told to give them medicine. Some of these boys just need someone to talk to, not all of these drugs, but this is what the doctors tell them to do." As the staff discussed their concerns, I was aware that many of staff and students had previously experienced institutional racism, and aware of the cultural mistrust toward me, possibly because of a concern that I may have internalized the oppressive culture of these institutions and toward my colleague, who may have been experienced as representing institutions that have discriminated against African Americans and other ethnic minorities. Toward the end of our first meeting, my colleague and I thanked the staff for sharing their concerns, and we requested several more meetings prior to starting the discussion groups with the students in the afterschool program. We felt that this was necessary to establish a collaboration to develop an adequate intervention.

While driving back to our office, I asked my colleague why she had remained silent through this meeting. She shared with me that she felt overwhelmed by a sense of sadness and guilt, and worried that she would enact the situation that the staff and she feared by "taking over" the meeting by talking. She chose to stay silent to cope with feeling simultaneously like an outsider and oppressor. I told her that, interestingly, I felt like an outsider because my race and ethnicity were treated as irrelevant or invisible, and that racial difference had been conceptualized around Black–White lines, as they typically are in mainstream American society. My colleague stated that she felt surprised by my reaction and that she had seen me as an insider because of my Indian background. Indeed, the consultants had felt "othered," and, at the same time, we wondered whether we had "othered" the staff in some way. We were also aware of being outside of the comfort zone of our offices and potentially imposing ourselves at the school. It was clear that my colleague's feelings of White guilt and my feelings of invisibility, which were connected with long-standing racial dynamics concerning Black–White lines and the ambivalent position of race and racial identity among Indian Americans (Tummala-Narra, Inman, & Ettigi, 2011), contributing to racial dynamics among professionals from African American, Indian American, White American backgrounds that are typically unexplored.

Toward the end of our second meeting, an African American staff member asked me where I was from. I replied by saying that I was born in India and grew up primarily in the United States. She then stated that she knew that I was not from the United States. I

responded by saying, "I'm Indian American. Where did you grow up?" She then told me that she had been raised in the local area. In the coming weeks, during the periods between our meetings with staff, I wondered if I should interpret what I had repeatedly experienced as being "othered" because of my non-Black and non-White racial status. I also wondered for whom (i.e., staff, me, my colleague) and at what point in time an interpretation of racial dynamics would be experienced as helpful. The insider-outsider dynamic that was apparent from the beginning of our interactions conflicted with my wish to belong and be accepted as a credible professional who could consult effectively in the afterschool program. In the third meeting with the staff, we engaged in a discussion about students' self-care in the context of violence exposure. Several staff members reported that they worried about the students' physical health as much as their emotional health. Some students mostly depended on fast food restaurants for their meals and other students ate only one meal per day, at school. The staff also expressed that many of the students did not have access to annual physical exams because of parents' work hours or unavailability. A staff member stated, "They (students) are treated sometimes like they are adults, like they are supposed to feed themselves, take care of their bodies, and sometimes nobody there to protect them."

As the discussion progressed, we talked about the possibility of developing discussion groups after school, focused on physical stress related to exposure to violence in the neighborhood. Specifically, we planned a discussion with the students about how being exposed to violence can be stressful to the body, and strategies to cope with this stress. My colleague and I asked the staff to tell us about their perceptions of students' attitudes toward nutrition. Most of the staff expressed that the students had little exposure to healthy eating. My colleague suggested that we discuss healthy eating habits with the students. I joined by stating that it may be helpful to provide handouts about healthy meals. When we ended the meeting, I realized that the staff had not actually responded explicitly to our suggestions, and that, in fact, my colleague and I had not considered how this approach would be experienced by the staff or the students. I also recognized that I was disappointed in myself for not thinking through the social contextual implications of the nutrition education. In retrospect, I think that joining with my colleague in simplifying or neglecting the social context of the intervention was, in part, a reflection of my wish to identify with someone (my colleague) who had been more emotionally accessible to me. Up to this point, I had been unsuccessful in my attempts to connect with the program staff and had perhaps resigned to the idea that my help was not going to be accepted.

With three remaining meetings before the initial student workshop, I asked the staff to talk about their reactions to our suggestions from the previous meeting. Although some staff seemed reluctant to share their reactions, others stated that they did not know how the students would be able to relate to a healthy eating plan that assumes that people have adequate resources and access to markets and restaurants that sell or serve healthy foods. One staff member stated, "There is no Subway in this neighborhood—only McDonalds and KFC." I then commented, "You may feel then that our idea of talking about healthy foods raises some important questions, like is this plan realistic, or how might someone who doesn't live in this neighborhood understand what it is like here." Several staff members expressed that they wanted this intervention to be productive for the students and that providing handouts may not feel relevant to the students. Interestingly, no one explicitly questioned our credibility. After raising our outsider status as a potential barrier to the intervention again, one staff member stated, "I don't want to offend anyone, but it's hard to know if what you suggest would actually be what we need here." Another staff member stated, "I think this is a little hard to talk about, but yes, there is a difference in

where we come from." I responded, "Thank you for telling us how you feel. I think that this conversation is really important for us to actually be productive and plan a discussion that will help the kids." My colleague joined me in thanking the group for sharing their thoughts.

Later in the discussion, I revealed to the group that I, too, had experienced feeling alienated and disempowered in predominantly White institutions and by people who were not familiar with my Indian ethnicity. Several staff members expressed that they appreciated hearing about my experience and that they had indeed assumed that I would not be able to relate to their context because of my privileged status as a professional. Further, they talked about their interactions with some Indian people, whom they experienced as "acting more White than people of color." I responded by sharing that race indeed held an ambivalent position with many Asian Indians and with immigrants more broadly, and that I sometimes feel like I was searching for a place of belonging and identity because race is often seen along Black–White lines in the United States.

These moments in the meeting marked an important shift in how my colleague and I connected with the staff. Everyone in the room seemed more relaxed with each other, as though we had all felt a bit safer with each other. I came to realize that this discussion was not only critical for creating a general feeling of safety in the room but also for moving toward a conversation about exposure to violence in the community—an experience shared by the students and staff. In the last two meetings, the staff began sharing some of their own experiences of witnessing and being victimized by community violence. They talked about how they often felt isolated, with few resources to access the help that they need. It became clear that the staff's ability to connect with the students' experiences with community violence would be an important part of the afterschool intervention. We talked in depth about how the staff could potentially talk about some of their own experiences early on in the intervention (e.g., discussion groups with students) as a way of helping to validate the students' experiences and to collaborate with the students to develop strategies that are culturally and contextually grounded. The staff and students worked together to develop ways of coping with physical and emotional stress related to violence exposure. We decided to continue meeting once every other week over the next several months to discuss the progress of the afterschool intervention and to collaborate on brainstorming any potential conflicts or problems that would arise in the program. The staff expressed several times that they appreciated the guidance with attending to the affective and interpersonal processes in our group meetings and in the meetings with the students.

Revisiting Psychoanalytic Applications and Diversity

The case examples that I have presented reflect ways in which psychoanalysis is relevant across treatment and consultation settings, and how community psychology and multicultural psychology can be integrated to better address sociocultural context with individuals and communities. Since its inception, psychoanalytic theory has been rooted in observations from the clinical encounter. In reflecting on the case examples, it is worth considering how psychoanalytic, community, and multicultural frameworks shaped the interventions, and the questions that racial and cultural dynamics in the different practice settings raise for psychoanalytic theory.

In the psychoanalytic perspective, the practitioner/consultant helps to foster emotional insight, and the uncovering of conscious and unconscious feelings and thoughts, which is central to identifying conflict and promoting change. [McWilliams \(2003\)](#) noted that

uncovering feelings can allow for experience to be organized, giving “form to chaos” (p. 251). In my work with Reena and with the afterschool program staff, attending to affective experiences was necessary for self-understanding. The difficult interactions in which my client (e.g., Reena, afterschool staff) and I were able to talk about our emotional reactions to events both inside and outside the therapy/consultation setting helped to create a real sense of safety. I understood these exchanges as the basis for our collaboration. This collaboration established itself through an examination of the intersubjective space in which affect and enactment were mutually influenced by the client, me, and both of our social contexts (Liang et al., 2011). This is evident, for example, when Reena wondered if my spouse is Indian, reflecting both her transference toward me as an Indian woman who does what an Indian woman is supposed to do (e.g., marry an Indian man), and her wish to be seen by me as someone who can make choices that diverge from this idealized conception of Indian women, and still remain emotionally connected to me and her Indian heritage.

Psychoanalytic theory emphasizes the therapist’s ability to bear witness to the client’s past and present life experiences and to hold the client’s perspective, even when it may sharply contrast with that of the therapist. Psychoanalytic practitioners are well aware of the intrapsychic and interpersonal effects of trauma. Through interpretation of transference and education about the problematic nature of trauma, the therapist attempts to differentiate himself/herself from the perpetrator (McWilliams, 2003). The ability to tolerate and engage with multiple subjectivities in the case of traumatic exposure was clearly important in the afterschool intervention. For example, it was important that I understood the staff’s ambivalence about engaging with mental health professionals from a predominantly White institution as reflective of previous experiences of trauma, both violence in the community and racial trauma directed against African Americans and other ethnic minorities (e.g., Latino/a American). In honoring the reality and significance of these traumatic experiences, I needed to simultaneously recognize my personal experiences of racial trauma as an Indian American, my feelings of sadness about the staff’s and students’ experiences of racial trauma, and our shared feelings of “otherness.” This attempt to examine multiple subjectivities was critical for addressing the insider–outsider dynamic that characterized the group dynamic throughout our meetings.

In bridging a psychoanalytic perspective with community psychology and multicultural psychology, it is worth noting some areas of common ground across these frameworks. All three perspectives value the enormous challenges posed to individuals in the face of loss and injustice. The validation of the individual’s distress under circumstances of trauma and cruelty is an important aspect of all of these frameworks. Community psychology and multicultural psychology, however, attend to larger systemic problems, such as racism and poverty, as sources of emotional distress, and emphasize the role of resilience as a contextually determined phenomenon (Liang et al., 2011). Psychoanalytic theory, which has historically decontextualized individual psychological distress, has the potential to more closely examine the interaction between systemic, interpersonal, and individual sources of distress and resilience. Specifically, the psychoanalytic emphasis on unconscious processes facilitates a more in-depth understanding of individual and collective meanings of experience. For example, a multicultural psychology perspective allowed for closer attention to the effects of racism on Reena’s experiences as an Indian American, and a psychoanalytic perspective was essential to discovering the unique meanings that Reena’s experiences of racism held for her sense of self, her relationships with others, and for the therapeutic alliance. A community psychology perspective was instrumental in helping me to develop a frame for the consultation in the afterschool program through its

questioning of power, privilege, and expert knowledge, which indeed belonged to the staff and students in the program. A multicultural perspective helped me with understanding the importance of social location (e.g., race, immigration) in developing a collaborative intervention. Further, a psychoanalytic perspective allowed for an examination of how best to address the fears and hopes that lay beneath the dynamics of race, power, and privilege for both the staff and the consultants.

Another area of emphasis shared by these three perspectives concerns the issue of self-examination. Over the past decade, community psychologists and multicultural psychologists have described the importance of examining one's values, biases, and social location in the context of community collaboration and psychotherapy, respectively (Goodman et al., 2004; Liang et al., 2011). Psychoanalytic scholars have increasingly attended to the influence and use of countertransference and intersubjectivity on the therapeutic relationship (Altman, 2010). The role of self-examination was salient in both case examples. For instance, recognizing my wish to belong and be accepted in my relationships with both Reena and the afterschool staff was an important step in understanding power differentials in the treatment/consultation relationship and for creating an interpersonal space where authentic discussions about race and ethnicity were possible.

Bearing in mind the potential of bridging psychoanalytic, community, and multicultural perspectives, it is worth considering some implications of such integration on the identity of psychoanalytic practitioners who work across clinical and community settings. Different theoretical perspectives have privileged certain contexts of individual and social change. For example, community psychology has argued against individual psychotherapy in promoting social change (Albee, 1990), and psychoanalysis has tended to dismiss community level interventions as superficial or incapable of fostering deep internal change (Kaufmann, 2003; King & Shelley, 2008). Multicultural psychology has historically denounced the use of traditional, especially classical psychoanalytic theory, as this perspective has not integrated an understanding of sociocultural context (Sue, 2001). However, in recent years, practitioners and consultants who work across diverse contexts (e.g., clinical, community), and with clients of diverse racial and cultural backgrounds, have increasingly recognized the need to revisit these theoretical assumptions (Altman, 2010; Comas-Diaz, 2006; Leary, 2012; Liang, Tummala-Narra, & West, 2011).

The reconsideration of psychoanalytic theory and practice is important for several reasons, including the ability and competence of practitioners and consultants to provide treatment and consultation that fosters meaningful change to individuals and communities who face social marginalization and lack of access to adequate resources. It is worth noting that the valuing of social justice has always been an inherent part of psychoanalytic history, and yet social justice has largely remained disconnected from a more complete integration of social context in psychoanalytic practice, research, and training. Attending to diversity as psychoanalytic practitioners, researchers, and educators would potentially mean that we raise new questions and redefine our roles. In particular, we can examine how knowledge about specific racial and cultural contexts can inform both conceptualization and technique, in an effort to move beyond only applying existing psychoanalytic concepts to different practice settings and communities. Psychoanalytic technique, such as the use of interpretation, can be modified based on a deeper knowledge of both sociocultural context and the individual's conscious and unconscious identifications with this context. Psychoanalysis can further integrate knowledge of the impact of racial trauma on the individual's

and community's day-to-day life, which shapes the psyche. We can examine how our practice, research, and teaching either influence or neglect socially marginalized communities. For example, what part do we play in the "social mirroring" (Suárez-Orozco, 2000) of individuals and communities? Do we explore the potential meanings of our social location in our interactions with clients in psychotherapy? How do we address "microaggressions" (Pierce, 1995; Sue, Bucceri, Lin, Nadal, & Torino, 2007) directed against our clients and those directed against us? How is psychoanalytic practice experienced differently by minority therapists and clients when compared with majority therapists and clients? What role do we as therapists/analysts play in perpetuating institutional discrimination directed against marginalized communities? How might we consciously or unconsciously either encourage or discourage minority individuals and communities to seek help from us?

These questions require a broadening of psychoanalytic theory and technique such that there is a more active exploration of interaction between sociocultural contexts, communities, and individuals. As such, this is time of great opportunity for psychoanalytic theorists and researchers to expand both the theory and applications of psychoanalysis. Eisold (2003) proposed that psychoanalysis move away from a point of isolation and collaborate with other disciplines in order to expand its relevance to broader society. As pluralism within psychoanalytic theory has produced both tensions and creativity in practice, an integration of frameworks that emphasize social context can help to deepen psychoanalytic approaches to diversity. Psychoanalytic practitioners, researchers, and educators would have to further consider changes within institutions, such as acceptance of multiple theoretical perspectives and a commitment to developing relationships with individuals and communities (e.g., minority populations) that do not typically look to psychoanalytic practitioners, researchers, and educators for help. We would have to listen intently to indigenous conceptualizations of health and pathology that contrast with conceptualizations based on our personal life experience or traditional psychoanalytic training. Researchers would approach psychoanalytic concepts such as attachment and object relations from culturally relevant perspectives, rather than solely rely on Western, Euro-American developmental perspectives.

Such an effort would further involve modifications to training, including broadening skills both within and outside of the psychotherapy setting and educating communities and institutions (service and training) about the benefits of psychoanalytic applications within their contexts. In fact, curricula have been proposed for training as a community psychoanalyst (Twemlow & Parens, 2006). However, training curricula that specifically focus on racial and cultural diversity, and psychoanalytic theory and technique, have yet to be developed and implemented. Furthermore, the experiences of minority trainees and therapists in psychoanalytically oriented graduate programs or institutes are rarely discussed in the psychoanalytic literature, contributing to the problem of isolation for these individuals and communities. Unfortunately, the experiences of minority trainees, in particular, may be additionally influenced by the "authoritative culture of psychoanalytic education" (Lhulier, 2005, p. 468). It would indeed be helpful for psychoanalytic educators to learn more about the experiences of minority trainees and therapists and utilize this knowledge to modify theory, practice, and education. These changes require a closer look at systemic issues within the psychoanalytic profession, through increased dialogue both within and outside of psychoanalytic circles.

Concluding Comments

I chose to present case examples from two distinct contexts as a way to illustrate the potential breadth of psychoanalytic applications, and to consider how practice across contexts can inform psychoanalytic understandings of racial and cultural diversity. In both examples, the mutual impact of the therapist and client, and the consultant and the community, shapes the experience of the healing relationship and raises questions about how we construct theory from real world interactions with clients. Our clients' sociocultural histories and their ongoing negotiation of social and political aspects of their identity in contemporary society lie at the root of psychoanalytic theory development. The therapist's/consultant's negotiation of these issues in his or her life is also critical to this process of understanding. The examination of multiple subjectivities and narratives drives a psychoanalysis that attends to social and cultural specifics. It is my hope that psychoanalysis moves in the direction of conceptualizing the specifics of diversity and diverse contexts as essential components that shape the psyche, rather than dismiss these specifics as sociological artifacts. I hope that we can consider imagining ourselves as agents of social change in a broader sense than what we have collectively done in past decades, and expand discourse on how psychoanalytic practitioners, consultants, researchers, and educators can integrate multiple perspectives in better attending to the needs of minority individuals and communities. I believe that the future of diversity studies depends on psychoanalysis, and perhaps the future of psychoanalysis depends on better attending to diverse contexts.

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