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TOWARD AN INTERSECTIONAL PSYCHOANALYSIS OF RACE, GENDER, AND SEXUALITY

Abstract. Since the 1980s, there has been a growing attention to racial, gender, and sexual diversity. However, the existing psychoanalytic literature tends to treat patients' race, gender, and sexuality separately. In contrast, an intersectional perspective, rooted in Black feminism and relational psychoanalysis, focuses on the interplay among patients' race, gender, and sexuality. This intersectional approach aims to expand on the cultural sensitivity of psychoanalysis. In particular, by drawing on critical race theory, feminism, and queer studies, an intersectional psychoanalysis locates individual similarities and differences in the context of racism, sexism, and homophobia and examines the interpersonal relations that maintain gender, racial, and sexual stereotypes and inequities. The clinical vignette of a queer Latino man illustrates the intersections among the patient's race, gender, and sexual identity.

Keywords: intersectionality, race, gender, sexuality, ethnicity, psychoanalysis

“Sometimes it is more important to know that someone is Ukrainian than to know that he or she suffers from a dysthymic disorder,” wrote Nancy McWilliams in 1999 (p. 136). Over the last twenty years, there has been a growing consensus that our gender, race, and sexuality are central to who we are and whom we love. However, many psychoanalytic case studies view race, gender, and sexuality separately (see Curtis, 2017). Therefore, the goal of an intersectional perspective is to examine the interplay among gender, race,

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and sexuality in patients' personal, professional, and therapeutic relationships. In the words of Anne Anlin Cheng (2001),

When it comes to identity, the question goes beyond what is culturally real or racially genuine to the question of context. Who you are depends on whom you are talking to, which community you are in, and who is watching your performance (p. 233).

Clinical Vignette

In our first session, Diego, a Latino in his mid-forties, shares with me that he recently came out to his friends and family as queer. This is how Diego describes his sexuality: "I have known this for about twenty years: I have an ability to love and have relationships with both men and women. I guess you can call me bisexual or pansexual, but I see myself as queer." In Diego's subjective experience, none of the other sexual labels accurately portray his fluid sexuality. And he does not like feeling "boxed in," as he puts it. At the same time, Diego believes that his uncanny ability to empathize with women might be pointing to his feminine, rather than masculine, nature. When I ask him what messages he received from his family about masculinity when he was growing up, Diego responds that they frequently told him to "not be a house nigger." Before I raise my eyebrows, Diego explains that this peculiar way of speaking to boys is rooted in the family's experience of racism in their native Dominican Republic.

This exchange exemplifies the interlocking of race, gender, and sexuality in Diego's sense of self. Whenever I ask him to describe his sexual orientation, he inevitably brings up his gender, and when I inquire about his masculinity, he links it to race and racism. Thus, a psychoanalytic inquiry into the links among Diego's race, gender, and sexuality needs to proceed along the following axes. First, I should invite him to describe the gendered, sexual, and racial dimensions of his identity. Second, Diego's sexual, gender, and racial identifications have to be located in the context of familial influences, role models, and normative unconscious processes (Layton, 2006). Third, I must investigate my own ways of mapping the concepts of sexuality, gender, and race onto each other. Finally, to nurture Diego's self-awareness and relational competence, he and I need to connect our racial, gender, and sexual differences and similarities to our emotional

exchanges in the consulting room. These considerations guide the psychoanalytic inquiry in my own clinical work.

Difficult Conversations

Broadly speaking, psychoanalytic inquiry revolves around three interrelated questions: How we feel about ourselves, how other people perceive us, and how we interact with others. Race, gender, and sexuality permeate every aspect of one's internal world and interpersonal existence. Our racial and ethnic backgrounds inform our cultural identifications. Similarly, one's gender is intimately linked to affect regulation and self-esteem. Finally, sexuality shapes one's erotic desires and romantic relationships.

Psychoanalysis is holistic by nature; it attempts to examine personality and behavior as multiply determined by a range of interpersonal interactions, intrapsychic dynamics, and developmental experiences (McWilliams, 2004). In addition, these days, it is widely accepted that exploring patients' racial, ethnic, gender, and sexual identities is an important part of psychoanalysis and psychotherapy (see Belkin, 2018; Saketopoulou, 2011). And yet, many psychoanalytic dyads do not dwell on racial, gender, and sexual similarities and differences (see Leary, 2000). Like many other human endeavors, psychoanalytic inquiry often unfolds in interpersonal situations that mystify or overlook the experiences of privilege and powerlessness in the consulting room. This reticence often stems from the fear that acknowledging inequalities between therapist and patient might trigger anxiety or guilt in one or both participants, challenging their accepted narratives about themselves.

This unconscious "don't ask, don't tell" dynamic is established and maintained interpersonally. Whenever patient and analyst avoid noticing or addressing a potentially anxiety-provoking difference in their social status, their emotional exchanges can become stilted and cautious. One common enactment is simply not paying attention to the similarities and differences between patient and analyst (Leary, 2002). Even when such an inquiry does occur, there is a tendency to analyze race, sexuality, and gender independently of each other. As a result, many psychoanalytic case studies prioritize one domain of the patient's identity (gender or sexual orientation) over another (race).

Relational Contexts

Our racial, gender, and sexual identities emerge and evolve in relationships with others. They serve as magnets, as attractors that structure the ways in which we understand and interact with each other (Harris, 2005). We can think of a person's race, gender, and sexuality in terms of Philip Bromberg's (2011) concept of self-states: "highly individualized modules of being, each configured by its own organization of cognitions, beliefs, dominant affect and mood, access to memory, skills, behaviors, values, actions, and regulatory physiology" (p. 73).

Having a mind organized around multiple self-states has been evolutionarily advantageous for a species characterized by such sexual variability and ethnic diversity. As a result, the potential combinations in terms of race, ethnicity, gender, and sexuality appear incalculable. If a child grows up in a family and community that respect racial, ethnic, gender, and sexual diversity, the child learns to acknowledge and navigate the tension between the complexity of his/her/their ethnic, racial, and sexual identities and the need for a subjectively consistent sense of self (Slavin, 2013). However, problems arise when instead of being able to activate one of many available self-states in response to a particular interpersonal situation, the individual is trapped in a narrow, rigid gender role, sexual orientation, or racial stereotype that only allows one particular way of interacting with other people (for example, acting rational, but never emotional, independent, but not connected). Donnel Stern (2010) refers to this rigid, stereotyped pattern as "dissociation in the weak sense."

While all humans manifest reason and emotion, agency and dependence, through socialization we learn to value some of these characteristics more highly than others. Internalizing a socially sanctioned hierarchy of human traits gives rise to what Sullivan (1953) describes as the "good me," the "bad me," and the "not me." The parts that cannot be tolerated due to the shame or anxiety they provoke get disowned by the subject and become associated with the object, the other. Therefore, for many centuries, the gendered, racial, and sexual others (women, racial and sexual minorities) have been serving as scapegoats, as a psychological depository of the "bad me" and the "not me," the parts (such as emotional vulnerability, dependence, same-sex desire) that can be neither owned nor jettisoned by the privileged subjects.

Queer studies (Butler, 1995; Munoz, 2013) and critical race theory (Cheng, 2001) describe the intimate and conflictual relationship between the privileged and melancholic subject and the despised, yet irreplaceable, object as a complicated mourning, an incomplete identification. Both Butler and Cheng view the simultaneous identification with and renunciation of the gendered and racial other through the lens of the Freud (1917) notion of melancholia. While Butler (1995) argues that forging a heterosexual identity requires a repudiation of same-sex desires, Cheng (2001) reveals the conflictual bonds between Black and White selves:

Like melancholia, racism is hardly ever a clear rejection of the other. While racism is mostly thought of as a kind of violent rejection, racist institutions in fact often do not want to fully expel the racial other; instead, they wish to maintain that other within existing structures (Cheng, 2001, p. 34).

Whenever identity development is driven by dissociation in the weak sense Black/White, gay/straight, masculine/feminine), both the privileged and the marginalized might find themselves boxed into rigid categories of identity that interfere with their ability to articulate and navigate the multiplicity of their lived experiences of race, gender, and sexuality. In the face of parental shaming and rejection, many privileged and marginalized children embrace narrow racial, gender, and sexual stereotypes: “don’t act White,” “boys don’t cry,” “girls are not good in math, “keep a stiff upper lip,” “don’t walk like a fagot.” These traumatic relational experiences can thwart the development of the child’s semi-otic, emotional and relational competence, creating a self defined by conformity and existential void (Levenson, 2018; Stern, 2010).

Normative Unconscious Processes

In addition to symbolized, discursive dimensions, racial, gender, and sexual norms have an unconscious, unsymbolized underbelly. Lynne Layton (2006) describes persistent reiterations of racial, gender, and sexual inequities as normative unconscious processes. For Layton,

Normative unconscious processes refer to that aspect of the unconscious that pulls to repeat affect/behavior/cognition patterns that uphold the very social norms that cause psychic distress in the first place (p. 242).

In particular, normative unconscious processes are influenced by existing power structures that maintain the unconscious splits between human connection and independence, emotion and reason (Layton, 2006). While White straight men have often been portrayed as paragons of independent agency and rationality, women, people of color, and sexual minorities have been stereotyped and derided as immature, emotionally dependent, and irrational (Sue, 2010). Therefore, normative unconscious processes reproduce the racial, gender, and sexual stereotypes by obfuscating the fact that people of different race, gender, and sexual orientation possess both emotions and rational thoughts and can function autonomously while staying emotionally connected to others.

Although emotions and reason, as well as autonomy and dependence, evolve hand in hand, they tend to clash, causing conflict and anxiety. Luckily, healthy dissociation (Bromberg, 2006; Stern, 2010) provides an escape from this psychological quagmire by allowing individuals to background or foreground different parts of their selves and personal experiences based on the demands of particular interpersonal situations in which they find themselves. For example, in his personal relationships, Diego, at times, benefits from getting in touch with his fears or hopes; at other times (working, for instance) he often needs to make impartial, rational decisions. As Adrienne Harris (2005) reminds us, “Shifting multiple identities, including embodied identities, are thus one mechanism for managing interpersonal space and also for managing memory and affect” (p.35).

Intersectional Perspective

Working with a racially and sexually diverse group of patients has led me to an intersectional approach that draws both on the social studies and the psychoanalytic accounts of individual differences. From an intersectional perspective, race, gender, and sexuality are not biologically determined human traits; they are assembled from bodies and fantasies, needs and desires (Harris, 2005). Moreover, intersectionality regards race, gender, and sexuality as culturally and historically situated and attempts to move beyond binary categories: White vs. Black, gay vs. straight, male vs. female, by deconstructing the very notions of race, gender, and sexuality. In addition, intersectional psychoanalysis

invites analysts and patients to explore the interplay of race, sexuality, and gender in the consulting room.

An intersectional approach draws upon intersectional inquiry (Collins & Bilge, 2016; Crenshaw, 1989, 1991; Hancock, 2016), relational psychoanalysis (Bromberg, 1998, 2006, 2011; Stern, 2010, 2015, 2017), queer studies (Butler, 1990, 1995, 2013; Foucault, 1972, 1977, 1981), critical race theory (Cheng, 2001, 2011; Dedalgo & Stefancic, 2017), and psychoanalytic gender theory (Dimen & Goldner, 2002; Harris, 2005). It reflects a recent psychoanalytic interest in the lived experiences of racial and sexual minorities (Altman, 1995; Blechner, 2009, 2016; Drescher, 2007; Saketopoulou, 2011; White, 2015). Rooted in the relational paradigm, intersectional psychoanalysis promotes egalitarian, emotionally honest, and collaborative relationship between patients and analysts (see Cushman, 2015).

Intersectional thinking about race, gender, and sexuality originated in Black feminists' fight against racial and sexual oppression. Born out of the struggle for social justice, the intersectional theory and praxis attempt to understand the ways in which marginalized individuals and groups resist and subvert oppressive narratives and practices. For Black feminists (see Collins, 2000), effective resistance requires a nuanced articulation of Black women's multilayered, overlapping experiences of racism and sexism. For example, in the *Black Feminist Statement* (Combahee-River-Collective, 1955/1977), the Black lesbians of the Combahee River Collective highlight the interlocking nature of racial, gender, and sexual systems of oppression:

We believe that sexual politics under patriarchy is as pervasive in Black women's lives as are the politics of class and race. We also often find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously (p.236).

The notion of intersectionality was popularized in the writings of Kimberlé Crenshaw (1989, 1991; Cho, Crenshaw, & McCall, 2013), a prominent legal scholar and activist who critiqued the antidiscrimination law for its failure to recognize the cumulative effects of gender- and race-based oppression on African American women. In particular, the intersectional analysis of work discrimination revealed that many Black women are excluded from the workforce "both as women who are Black and as Blacks who are women" (Cho et al., 2013, p. 790).

Therefore, Crenshaw used the metaphor of intersecting roads to underscore the effects of both racism and sexism on the lives of women of color. Building on Crenshaw's contributions, contemporary intersectional scholarship has examined how individuals' race, gender, and sexuality shape one another in historically situated social practices (see Sommerville, 2000). As Ange-Marie Hancock (2016) proposes:

The account of intersectional reality suggests that relational power structures lived experiences, the shape of social locations within which people function and interact, and the discursive norms that shape how they understand and interpret the stimuli they encounter (p.108).

While examining social inequalities, an intersectional approach is committed to inclusion, coalition-building, and social justice (Collins & Bilge, 2016; Crenshaw, 1989, 1991; Hancock, 2016; Lykke, 2010). Similarly, queer theory has underscored the plight of racial and sexual minorities and the importance of building political alliances with feminist and anti-racist activists (Butler, 2013). Like feminism, queer studies, and critical race theory, many relational analysts have been exploring the racial, gender, and sexual differences and class inequalities in and outside of the consulting room (Altman, 1995; Grand, 2014; Sachet, 2004, 2007; White, 2015). At the same time, the scholars of intersectionality (Hancock, 2016), critical race theory (Cheng, 2001, 2011), and queer studies (Butler, 2013; Munoz, 2013) have repeatedly drawn on the psychoanalytic inquiry into the emotional bonds between the privileged and the oppressed.

Queer studies have focused on sexuality, feminism on gender, and critical race theory on race and ethnicity. Recently, in feminism and queer studies, there has been a growing attention to the links between gender, sexual orientation, and race (Collins, 2005; Munoz, 2013). Similarly, psychoanalysts (Leary, 1999; Saketopoulou, 2011) have been drawing parallels between people's experiences of racism and homophobia. An intersectional approach allows scholars, social activists, and clinicians to examine the interactions among individuals' race, gender, and sexual orientation. In the words of Patricia Hill Collins & Sirma Bilge Collins and Bilge, Collins and Bilge, (2016):

When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not

by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves (p. 2).

Performativity

Unlike performance, in the sense of acting or role-playing, “performativity” describes repetitive patterns of human interactions that reinforce existing gender and racial inequities. Given that race, gender, and sexuality are the products of racism, sexism, and homophobia, these categories signify relationships *between* people rather than describe individuals themselves. To paraphrase Adrienne Harris (2005), we need to ask ourselves not what race, gender, and sexuality **are**, but what they **do**, i.e., how they reinforce inequalities in human interactions.

People’s interactions are governed by power-saturated gender norms, racial stereotypes, and cultural attitudes toward sexuality, and especially toward homosexuality. Feminism (Collins, 2000, 2005), queer studies (Angelides, 2001; Dean, 2000; Reid-Pharr, 2001), and critical race theory (Dedalgo & Stefancic, 2017), have highlighted the impact of power on individuals’ racial, ethnic, gender, and sexual identities. For example, Michel Foucault’s ground-breaking investigations into the genealogy of contemporary psychiatry (1972), the criminal justice system (1977), and sexual mores (1981), reveal the links among medical, legal, and religious practices that codified mental illness, homosexuality, and criminal behavior. In his histories of sexuality, madness, and criminality, Foucault examines a plethora of medical, religious, and political discourses that inform people’s understanding of health and pathology, acceptable sexuality, and perversion. Foucault maintains that social inequalities are reinforced by the power of cultural, religious, and scientific institutions that uphold, reproduce, and disseminate social norms and cultural values.

More recently, Judith Butler (1995, 2013) has drawn our attention to the ubiquitous performative acts that both name and construct the gendered, racialized, and sexualized subjects that they depict. For example, drawing on the power of state institutions, legal and medical discourses continue to influence many areas of people’s private and

public lives: from reproductive rights (Ehrenreich, 2008) to the race-based discrimination in education and housing (Bell, 2008; Lopez, 2008). As Butler (2013) observes:

Performative acts are forms of authoritative speech: most performatives, for instance, are statements which, in the uttering, also perform a certain action and exercise a binding power. Implicated in a network of authorization and punishment, performatives tend to include legal sentences, baptisms, inaugurations, declarations of ownership, statements that not only perform an action, but confer a binding power on the action performed. The power of discourse to produce that which it names is thus essentially linked to the question of performativity. The performative is thus one domain in which power acts *as* discourse (p. 19).

The discourses and practices that define and maintain privileged and marginalized races, genders, and sexualities often operate in tandem (Johnson, 2001; Reid-Pharr, 2001). For example, Ferguson's (2004) analysis of the housing and education programs targeting immigrants from Mexico and China, as well as African Americans during the first part of the twentieth century, suggests that the U.S. government viewed the gender and sexual diversity of these groups as problematic and used its Americanization programs, vice commissions, residential segregation, and immigration exclusion to impose gender and sexual conformity. For instance, in order to make them "more feminine and domestic," Mexican women were required to take sewing and cooking classes. At the same time, the presumed hypersexuality of African American and Asian men was used as a pretext for keeping them segregated from Whites (Ferguson, 2004). However, recognizing that individuals' gender, sexual, and ethnic identities are shaped by their social, cultural, and economic location does not imply that people have no agency. As Nina Lykke (2010) suggests, "The subject is not a mere victim of the way she or he is positioned. She or he has agency; she or he can think, imagine, act and resist in order to change her or his situation" (p. 38).

I believe that a thorough analysis of one's interpersonal experiences and their internal representations must take into account the ways in which race, gender and sexuality influence each other in specific relational contexts. So Diego and I spent several months fleshing out the

connections among his experiences of race, gender, and sexuality at work, in his personal relationships, and in therapy.

Race and Ethnicity

Diego describes his mother as a beautiful dark-skinned woman of African descent who was born in the Dominican Republic and immigrated to Puerto Rico when she was in her twenties. Diego's paternal grandfather moved to Puerto Rico from Spain in the 1930s. The notion of performativity highlights the ways in which race and ethnicity are constructed in different social and cultural contexts. For instance, in the Dominican Republic, Puerto Rico, and the United States, racial differences are interpreted and performed differently. While a person of mixed African and European ancestry, like Diego, might be considered White in Puerto Rico (Garcia-Preto, 2005) and light Indian in the Dominican Republic (Vazquez, 2005), in the United States, they are viewed as a person of color, not White.

Both in the Dominican Republic and in Puerto Rico, there is a long-standing discomfort with addressing race-based inequities in education and employment. As a result, many Latino families, including Diego's, learned to downplay both their traumatic history of slavery, as well as their ongoing experience of discrimination. Yet, the internalized racism follows Diego into all his professional endeavors and personal encounters. Whenever Diego and his brothers tease each other about being Black, their banter sometimes reveals a rather denigrating attitude toward their shared Blackness: emasculated, shameful, and devalued.

When Diego was eleven, his mother was killed in a car accident, and his father sent his children to be raised by their mother's family in the Dominican Republic. While Diego loved his warm Dominican family, he was so uncomfortable with their pity toward him that he moved to the West Coast of the United States as soon as he turned seventeen. Later, getting uprooted and moving away became a core pattern in Diego's life. According to the family lore, Diego's paternal ancestors were Sephardic Jews who converted to Catholicism during the Inquisition. While no one in his family practices Judaism or follows Jewish traditions, Diego sees himself as a "wandering Jew," a person without a home.

Gender

Our gender identities are shaped by a range of developmental influences: attachment, modeling, identification, and relational traumas (Harris, 2005). Diego's parents raised him to be a strong man who takes responsibility for his younger siblings. As a result, Diego feels the pressure to become professionally accomplished and wealthy. While Diego aspires to be an independent, successful man who would make his family proud, he has always been afraid of not measuring up to their expectations.

In our conversations, Diego often connected his worries about "not being manly enough" to his race, social class, and sexuality. Both in his personal and professional life, Diego has always felt like an insecure outsider. For instance, at work, Diego tends to compare himself to privileged White men and worries that his pedigree and resume are less impressive than theirs. "They all went to Cornell together and then worked at Google or Facebook. I never fit in with this kind of people," Diego ruefully remarks. And he sometimes wishes that he possessed a modicum of the sense of entitlement that he observes in some of his White male colleagues from wealthy families. Unlike these White men, Diego often underestimates his contributions to the company and has difficulty asking for a raise. As a result, he makes less money than his coworkers with the same level of education and experience.

Sexuality

In elementary school, other children often teased Diego for being close to his mother and called him "sissy" and "Momma's boy." During adolescence, Diego's peers started to call him "gay." When Diego was thirteen years old, his father caught him masturbating with a teen-age neighbor. Diego became so ashamed of his erotic feelings for boys that his sexual experimentation ceased.

Later, in high school, like many boys of his age, Diego developed a strong friendship with a classmate named Louis and began to worry that their emotional bond was a further proof that he might be gay. Diego's Latin culture instilled in him the importance of appearing and acting "macho," the compulsory heterosexuality that condemns same-sex intimacy as sinful and unmanly. So, upon graduating from high school, Diego severed all communication with Louis. Yet, this

affection, although taboo in his culture, allowed Diego to wonder whether he was indeed capable of enjoying a romantic relationship with a man. At the same time, in Diego's mind, his homoerotic desires cast doubt on his masculinity. In the words of Judith Butler (2013):

He will not desire another man, and so that refusal to desire, that sacrifice of desire under the force of prohibition, will incorporate that homosexuality as an identification with masculinity. But this masculinity will be haunted by the love it cannot grieve (p. 170).

Throughout Diego's twenties, so many people around him assumed that he was gay that he started to suspect that they were noticing something that he refused to acknowledge. At the same time, both Dominican and Puerto Rican sides of Diego's family have always been uncomfortable with homosexuality. When Diego recently told his family that he is queer, the announcement was met with silence and incomprehension.

Diego and I gradually began to view his queerness as an amalgam of his fluid and hard-to-pin-down gender, sexuality, race, and ethnicity. Our conversations led me to believe that he calls himself queer to communicate his sense of not fitting into the stereotype of White heterosexual maleness. In fact, the notion of queer identity evolved to capture the spirit of acceptance (Blechner, 2009), non-conformism, and experimentation (Sedgwick, 1993, 2003). Diego's refusal to be pigeonholed is reminiscent of the disidentification strategy of many other queers of color (Munoz, 1999), a subversive stance that circumvents the prescribed binary categories of race, gender, and sexuality.

According to Diego, he does not feel at home in any specific racial, gender, or sexual identity (White or Black, male or female, heterosexual or gay). Diego's insistence on his uniqueness is intertwined with his belief that he can potentially fall in love with a cool, sexy person of any race, gender, and sexual orientation. Despite his long history of enjoyable sexual and romantic involvements with women, Diego maintains that he would be lying if he presented himself as heterosexual. I believe that Diego would agree with Lacan (1999) that one falls in love with another person, not with the person's gender. It seems to me that by freeing his erotic desire from the constraints of race, gender, and sexuality, Diego intuitively disidentifies with the racist,

patriarchal, and heterosexual norms (Dean, 2000). As Lykke (2010) observes:

The queer subject resists normatively fixed identities as woman/man, feminine/masculine, hetero/homo/bi and so on and disturbs the smooth running of the discursive machinery, within which the two-gender model and the heteronorm reproduce themselves via an endless series of performative repetitions (p. 60).

Treatment Process

Over time, Diego and I came to understand his avoidance of personal and professional commitments as a form of preemptive coping with what feels like an unavoidable loss or rejection as well as the result of experiences of racial prejudice and parental loss that undermined his overall sense of safety and his trust in other people. Getting his hopes up, settling down, making a home, could potentially expose Diego to emotional devastation, for loss of friends and lovers always seems just around the corner. Upon meeting a beautiful and charismatic woman, Diego quickly becomes smitten with her. However, as soon as the emotional connection deepens and the two of them become a couple, Diego feels trapped and suffocated. It is as if he has to choose between being lonely and isolated or engulfed and smothered. To break free, Diego distances himself from his partner. After the breakup, Diego experiences relief, but later misses the relationship. Then the same pattern of anxiety and avoidance repeats itself in a new love affair.

Similarly, at work, Diego is loath to make lasting commitments. Whenever Diego starts a new job, he gets excited and jumps into the new experience head first. However, he inevitably becomes bored and restless, quits his job, and moves to another city. Unsurprisingly, all Diego's forays into psychotherapy, were also short-lived; he never built a lasting relationship with a therapist.

I was hoping that our burgeoning relationship would eventually allow Diego to tolerate the anxiety around his deepening personal and professional connections. I tried to hold and process both Diego's longing for personal and professional stability, as well as his fear of getting hurt again. I told Diego that I believed that the experiences of

racial prejudice and parental loss—coupled with his insecurities about his masculinity and sexuality—had undermined his overall sense of safety and his trust in other people. Furthermore, I hoped that our connection would eventually foster Diego’s ability to navigate the conflicts between emotional dependence and autonomy.

Diego and I explored the multiple meanings of race, ethnicity, gender, and sexuality in his past and present relationships. During the initial stage of treatment, dissociation allowed Diego and me to temporarily sidestep the uncertainty and anxiety around our racial, gender, and sexual sameness and differences: “Are we queer in the same way?” “What is it like for this patient of color to be talking about racism with this White therapist?” “Who is manlier?” By clouding our ability to reflect on the ongoing interplay between his and my race, gender, and sexuality, dissociation made them feel like fixed traits, rather than as fluid interpersonal negotiations.

The opposite of dissociation is intersectional fluidity: the ability to inhabit and hold on to several parts of one’s experience and identity at the same time. Like dissociation, intersectional fluidity and relational freedom evolve in the context of our relationships with others (Stern, 2015). Over time, by paying close attention to his and my various emotional states in the consulting room, Diego and I began to discern and articulate Diego’s experience of race, gender, and sexuality. For example, because I equate being queer with being gay, I initially took Diego’s self-proclaimed queerness to imply either a homosexual identity or a gay sexual orientation (see Drescher, 2007). So I asked Diego to describe his masturbatory fantasies and erotic experiences. It took me a while to figure out that Diego’s queerness might be shaped by his experiences of racial and ethnic marginalization, as well as by his fluid gender identification.

Harris (2005) describes the analyst’s role as a participating observer by invoking a spatial metaphor of crossing railroad tracks: “An analyst is like a railroad switching station, organizing and processing communications and internal dialogues in which aspects of the third must be operating while simultaneously immersed in the clinical conversation” (p.12). My internal dialogue often revolved around the similarities and differences in the consulting room. Like Diego, I grew up in a country, the former Soviet Union, that officially bestowed equal rights on its many ethnic groups, while at the same time privileging ethnic Russians

at the expense of others. For example, Soviet Jews, like my own family, had limited access to many academic and professional careers and suffered from prejudice and ridicule. However, in the United States, despite my Russian accent, I am usually treated as a privileged White man. Because I do not fit well either in the old country or in the United States, like Diego, I also feel sometimes like a “wandering Jew.”

At the same time, unlike Diego, I came out as gay in my twenties, and my queerness is an amalgamation of homosexuality, Jewish identity, and my immigrant experience in the United States. As gay men are often portrayed by the American mass culture as less masculine than our straight peers, I too have felt my masculinity questioned by others, albeit in subtle, indirect ways. So, for both of us queerness is linked to feeling ethnically and sexually different from the “norm.”

Diego and I eventually learned to approach the categories of identity as both embodied and metaphorical. As Kimberlyn Leary (2002) reminds us, “Race, like gender, exists in transitional space. It is located in the tensions among biological distinction, sociocultural fact, and future possibilities—a tension that may be difficult to sustain in either social or clinical life” (p. 320). For instance, we started to look at Diego’s queerness as an expression of his overlapping experiences of marginalization, his sense of himself as simultaneously a sexual, racial, and ethnic outsider.

Diego eventually developed a very personal sense of being queer, both in terms of internal experience and its outward expression, from serious to playful. Once he showed up in my office proudly wearing a neon red nail polish on his left hand and a bright blue one on the right hand. In response to my question about his choice of two different colors, Diego laughed and explained that while the toe nails of his left foot were red, the ones on his right foot were painted blue. “So it’s like different parts of your race, gender, and sexual orientation,” I offered. Diego nodded in agreement. By telling me about the colors of his toenails and what those colors meant to him, Diego shared with me not only the parts of himself that were public, but also the hidden, private aspects of himself.

At a later point, following Stern (2015), I suggested to Diego that our ability to articulate connections among the racial, sexual, and gendered aspects of his and my identities depends on the quality of the

emotional connection between us. Now, Diego and I began to examine our exchanges in the consulting room. For example, on one occasion, I asked Diego about his habit of texting me on his way to my office to confirm our appointment. He chuckled and joked that he was struggling with object constancy. I responded that given his experiences of loss and estrangement, I was not surprised that my being there for him was hard to take for granted. When I connected Diego's difficulty with making and keeping personal and professional commitment to his past relational traumas—such as losing his mother and feeling abandonment by his father—Diego became visibly upset and tearful. In that moment, I felt close to him and sad, for I remembered that Diego regarded his need for support and validation as a weakness, as being feminine. He wiped his tears without rushing to end the intimate moment that we were sharing. Later, Diego said that he felt comfortable crying in front of me.

I eventually shared with Diego my observation that he and I rarely discussed our differences and similarities. For example, I didn't know how he viewed my race, ethnicity, gender, and sexuality. Diego suggested that perhaps learning too much about me would feel burdensome to him, that he would feel responsible for taking care of my feelings. However, over time, Diego and I started to articulate the aspects of our shared experiences that are woven into his and my race, gender, and sexuality: vulnerability and insecurity, competition and superiority, affection and dependence, criticism and rejection. We began to explore his experience of being a patient, of having me as his analyst, and the vulnerabilities and power differential that came with these social roles.

In our work together, Diego started to examine his ambivalence about professional and personal commitments in the context of his insecurities about his masculinity and his experience of parental loss. He began to give voice both to his longing for a stable, loving home, as well as to his fear of finding himself trapped in an unhappy relationship. Seeking a supportive, loving community, Diego eventually decided to leave his stressful corporate job in New York and began to make more time for his siblings, extended family, and friends.

While Diego and I only met for about ten months, our discussions set the proverbial wheels in motion. Six months after ending treatment, Diego sent me the following update:

Thank you for working with me. The work we did in New York was crucial to my journey. The conversation about intersectionality was the biggest insight. After leaving New York, I spent some time in the Dominican Republic and Puerto Rico. Did some light ancestor work, connected with my roots. Met with my uncle that I had not talked to in 25 years! Then I went to Costa Rica for Yoga Teachers training. Learned to take care of my body and food, to integrate/embody emotions, to self-soothe. Learned to surf.

I met a girl! She is half white, half black, and she is queer: not straight, not gay. Every time she sings, I cry. Her voice is the voice of my ancestors, their pain, their love. We are getting married this year. I am wearing the dress! Please write our story. Be a voice for us.

Conclusion

Our racial, gender, and sexual identities absorb many experiences that are not exclusively about race, gender, or sexuality. For example, Diego's queerness, as well as his identification as a "wandering Jew," are linked to his experience of racial marginalization, the insecurities about his masculinity, and his history of loss. Diego's racial, gender, and sexual identities have always been embedded in his relational experiences with others. It is in those relationships that Diego developed his identity as an outsider. In psychotherapy, Diego and I looked for new ways of relating to each other. In particular, I tried to pay close attention to and comment upon the ways in which Diego's race, gender, and sexuality were emerging, evolving, and interacting in the consulting room.

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