

SUMMARY OF COLLOQUIUM PRESENTATION ON: Multi-Cultural Issues in the Clinical Context

On Sunday, March 7, 2010, Dr. Laura Barbanel presented at the NYU Kimmel Center, on Multi-Cultural Issues in the Clinical Context. Dr. Barbanel first addressed the definition of culture and how it can be broadly or narrowly defined, starting with a working definition of culture, as “behaviors and beliefs, specific to one’s social group, ethnic group, gender, or race.” She then raised and examined poignant questions, in terms of what one means by culture; what factors make people different and the same; what differences and sameness are important to the patient and to the analytic or therapeutic rapport, and to treatment. Dr. Barbanel utilized rich clinical examples which well-illustrated the complexity of multi-cultural issues in the clinical context and suggested how the analyst can work toward navigating them and utilizing the various aspects of identity in treatment.

As compared to classical psychoanalysis, in which culture and cultural concepts are not stressed, Dr. Barbanel highlighted that in contemporary psychoanalysis, the analyst is encouraged to understand the patient’s culture and cultural identity. Dr. Barbanel insightfully spoke about the quandary clinicians practicing contemporary psychoanalysis face, with regard to the development of an appropriate balance of understanding the patient’s culture, while not losing the uniqueness of the individual while doing so; that is, of not erring by “omission or commission.” Omission, she contended, comes from a sense of ethnocentrism, thereby not providing enough attention to the patient’s unique cultural background and identity. Commission, on the other hand, is an “overdoing” with so much focus on culture that the individual gets lost and is only seen as a stereotype. Dr. Barbanel argued that this can lead to an avoiding of understanding the specifics of a particular patient, and perhaps an overgeneralization of cultural factors.

Additionally, Dr. Barbanel explored the question, from the analysand’s perspective, as to whether or not it is clinically better for the analyst to be of the same culture as the patient. Dr. Barbanel spoke with sensitivity about various criteria, which patients may consciously or unconsciously consider when choosing an analyst. When seeking an analyst, Dr. Barbanel noted, there are those who feel more comfortable with an analyst of the same cultural background, in the hope that they will feel more understood, while there are also those patients who prefer an analyst of a different cultural background, since they may be working to integrate into a new culture and do not want the analyst to reflect back their own cultural norms or expectations. Moreover, according to Dr. Barbanel, a patient of a culture who has experienced cultural denigration and oppression may opt for an analyst whom he or she perceives as “less denigrated”.

Furthermore, Dr. Barbanel focused on specific aspects of world-views and norms that differ among different cultures, including attitudes toward mental health and treatment; the concept of, and relationship with time; and the notion of individualism versus collectivism. Incorporated into the analytic stance, Dr. Barbanel suggested, the analyst should be attuned to cultural considerations including, where the “self” is located; of what the family unit is comprised; and how important privacy or self-determination are, in a given culture. In an

interesting clinical example, exploring a “high context family,” or one that spends most of their time together, Dr. Barbanel illustrated the importance of understanding both the cultural aspects at play, as well as the issues particular to that specific patient’s family dynamics, when working through the conflict of one particular adult daughter’s wish to spend more time with her friends than her family’s norms would allow.

While focusing on cultural identity, Dr. Barbanel also spoke about issues that may arise with immigration. Stressing the feelings triggered by separation and loss, she addressed the possible experiences one may have when giving up some prior allegiances, as well as feelings of shame related to not fully integrating, which may manifest through dress or colloquial language. Dr. Barbanel discussed the complexity of the adjustment process and the subjective nature of what the ideal adjustment is. When trying to understand whether a patient is developing a “bi-cultural self,” Dr. Barbanel proposed that the analyst be sensitive to the question of how possible that may truly be.

After closing her remarks, Dr. Barbanel opened up a lively and enriching dialogue of questions and answers, which furthered the discussion of multiple identifications and the spectrum of permeability in various cultures. Dr. Barbanel left the audience with thought provoking insights and analytic guidance for navigating multi-cultural issues in the clinical context.

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