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# What triple jeopardy? : clinical implications for working with African American queer women : a project based upon an independent investigation

Tharyn Giovanni Grant

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Tharyn Giovanni Grant  
What Triple Jeopardy?  
Clinical Implications for  
Working with African  
American Queer Women

## ABSTRACT

This theoretical study explores the impact on multiple identities on African American queer women's mental health. Its purpose is to understand how intersectionality and relational-cultural theory can inform therapeutic treatment by addressing these issues in clinical social work practice. This study is a review of an extensive range of psychosocial literature that employs multiculturalism, feminist, relational, and psychodynamic practices with people of color in order to understand issues of race, class, gender, and sexuality at the micro individual level—and the related power systems of racism, classism, sexism, and heterosexism at the macro sociocultural level. Through the examination of this literature, the study is an exploration of the clinical implications for working with African American queer women through an intersectional analysis paired with relational-cultural theory. These theoretical perspectives provide a combined approach that is further examined through a composite case study of an African American queer woman in order to offer recommendations for clinical social work practice with this population. The findings of this study suggest that when combined, these theories offer a clinical treatment approach that captures the complexities of these individuals and further illuminates their innate resiliencies and strengths. Intersectionality and relational-cultural theory provide clinical social workers with tools of empowerment that underscore the values of the social work profession and

transcend clinical therapeutic treatment with nondominant groups, including African American queer women.

WHAT TRIPLE JEOPARDY?  
CLINICAL IMPLICATIONS FOR WORKING WITH AFRICAN AMERICAN QUEER  
WOMEN

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2010

You do not have to be me in order for us to fight alongside each other. I do not have to be you to recognize that our wars are the same. What we must do is commit ourselves to some future that can include each other and to work toward that future with particular strengths of our individual identities. And in order to do this, we must allow each other our differences at the same time as we recognize our sameness.

Audre Lorde, 2007, p. 142

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Mom- Everyday I see me in you and you in me. I have made it this far due to the strength, courage, and wisdom you have instilled in me. May I continue to rise—I see the moon and the moon sees me. God bless the moon and God bless me. Remember that? THANK YOU

*to my ancestors that came before me. to the ones that continue after me. i pay homage. i am empowered to be able to make a space for voices that have been misrepresented and underappreciated. THANK YOU*

*to all—remain in my heart, soul, and mind. love, share compassion, seek honesty, and honor humility. many thanks. and much love...t.*

**And still I rise.**

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## CHAPTER I

### INTRODUCTION

The experience of a queer identified African American woman is a unique one. Navigating within a society laced with prejudice, discrimination, and stigmatization at both the institutional and individual level is not just one daunting task, but multiple in which these women face powerful forces that question their very existence. Audre Lorde (2007) notes her experiences as a Black lesbian mother. She writes:

As a Black lesbian mother in an interracial marriage, there was usually some part of me guaranteed to offend everybody's comfortable prejudices of who I should be. That is how I learned that if I didn't define myself for myself, I would be crunched into other people's fantasies for me and eaten alive. My poetry, my life, my work, my energies for struggle were not acceptable unless I pretended to match somebody else's norm. (p. 137)

There is a dearth of research that examines the resiliencies and resourceful efforts to withstand the traumatic ordeals endured by this population. While the clinical theories and practices (i.e., feminist, relational, and psychodynamic theories) exist to address this population, previous and current research has yet to explore how social systems of racism, classism, sexism, and heterosexism simultaneously impact queer African American women in their personal experiences in day to day life (Bridges, Selvidge, & Matthews, 2003; Fukuyama & Ferguson, 2000). There are multiple and layered complexities surrounding issues of race, class, gender, and sexuality that compose the social identities within this population that create a diversity of experiences. However, existing literature has overlooked and often disputed the importance of integrating the



contextual and environmental factors that interact with and shape the intrapsychic structures and relational dynamics, as well as identity and individuality (Greene, 1998; Greene & Boyd-Franklin, 1996).

The development of these social identities and the impact of oppressive systems including racism, classism, sexism, and heterosexism, in which African American queer women negotiate, are of deep clinical concern. These issues warrant a sound representation of cultural awareness and well-informed theory in clinical research and therapeutic practice that accounts for the diversity of experiences within this community.

It behooves the field of social work to expand its knowledge base by considering the needs of African American queer women as underscored in the core values and mission statement of the profession. Clinical social workers must be prepared to help a diverse range of clients in navigating problems that include societal issues of oppression, injustice, marginalization, and stigmatization. The impact of these societal issues affects not only those who present to treatment, but also the individuals treating them. Clinical social workers must acknowledge and prepare themselves in ways that will challenge societal barriers and empower clients to heal and transform themselves. The intended audience of this study includes those social workers, future clinicians, and educators who challenge themselves to provide cultural awareness and responsiveness in treating and working with their clients.

### *Theoretical Orientation and Methodology*

The intent of this study is to explore the impact of multiple identities, including race, class, gender, and sexuality on the mental health of African American queer women. Specifically, this study is an explication of how intersectionality and relational-cultural theory can be applied in clinical practice with African American queer women thereby expanding the knowledge base of existing theoretical orientations and frameworks used in clinical practice. The content of this study is not simply a reiteration of how culture or race plays a significant role in character development and maintaining a cohesive self-identity. Rather, I expand on current discussions to include an examination of societal structures and multiple identities and their impact on African American queer women and their development. I present a blend of scholarship that utilizes various approaches across different practice disciplines, including Black feminist frameworks of intersectionality and relational-cultural theory, to advance current research in clinical social work practice for a more inclusive approach when working with diverse clientele, such as African American queer women.

*Intersectionality* theory is a working paradigm that examines the intersections of social identities including race, class, gender, and sexuality. Specifically, the theory is an analytic approach that considers the experiences, meanings, and consequences, of multiple categories of social identities while examining the societal and interpersonal levels of individual identity (Cole, 2009; Hulko, 2009; McCall, 2005). Additionally, *relational-cultural theory* explores the development of relationships and connections across the lifespan. Relational-cultural theory seeks to understand how human connections are affected by societal factors in maintaining relationships with people

(Miller, Jordan, Kaplan, Stiver, & Surrey, 1991; Jordan & Hartling, 2002; West, 2005). Sociopolitical, intrapsychic, and interpersonal issues are always interrelated, especially for African American women. Intersectionality and relational-cultural theory provide a useful and relevant framework for exploring these issues as well as the effects of societal disadvantages.

### *Summary*

African American women are “barely a footnote” in psychotherapy literature and research (Greene & Boyd-Franklin, 1996, p. 260). This study aims to extend limited research on African American queer women and the impact of multiple social identities on their mental health. I propose that these two theoretical frameworks—intersectionality and relational-cultural theory— will provide an appropriate lens for clinicians to incorporate relevant and sensitive treatment strategies that can appropriately address the experiences of multiple identities of African-American queer women. The following chapter provides a more in-depth discussion of the theoretical orientation and methodology of the study. Chapter III gives a detailed overview of the study’s population and reviews the psychosocial literature and phenomenon as relevant to African American queer women. Chapters IV and V offer a more comprehensive discussion of intersectionality and relational-cultural theory. Finally, Chapter VI applies each theory to the experiences of an African American queer woman through a composite case study in order to deepen existing theoretical approaches and understandings of such experiences while suggesting further clinical guidelines in working with this population.

## CHAPTER II

### METHODOLOGY

This chapter outlines the methodological approach used to examine the impact of multiple identities on the mental health of African American queer women and the clinical significance of addressing such issues in therapeutic practice. First, I provide brief definitions of terminology found throughout this study to aid the reader in understanding the concepts. Next, I will briefly introduce the theories of intersectionality and relational-cultural theory as key concepts in exploring the clinical implications of addressing the impact of multiple identities. Finally, I will discuss potential biases and assumptions and conclude with the strengths and limitations of the study.

#### *Definitions of Terms*

There are several terms and concepts used in this study that may seem somewhat unfamiliar to the reader. What follows are brief definitions of several terms in order for the reader to understand their function in this analysis. While these labels are highly politicized and often analyzed extensively throughout existing literature and research (Fukuyama & Ferguson, 2000; Helms & Cook, 1999; McDowell, 2004; Katz, 1985; Pinderhughes, 1989), all definitions below provide clear information for the reader in order to make the study more accessible and comprehensible.

### *African American v. Black Women*

The terms *African American* and *Black* are used interchangeably to describe women from African, West Indian, Caribbean, and South American descent in the United States. Most African American and Black women choose to self-identify with a term that will encompass all of their identities (Bridges, Selvidge, & Matthews, 2003; Greene, 1998). However, for the purposes of this study the author makes no distinction between African American and Black.

### *Queer v. LGBTQ*

For the purposes of this study, the term *queer* will be used to describe lesbian, gay, bisexual, transgender, and queer identities (LGBTQ). Although highly criticized, the term, *queer*, is used as an umbrella term to denote all LGBTQ identities and furthermore encompass the majority of the identities along a sexual orientation and preference continuum.

### *Dominant v. Nondominant Groups*

The *dominant group* refers to a culture of White identities in society that function as the 'norm'. The *nondominant group* refers to those individuals that fall outside of the norm and further become marginalized due to this suggested difference (Jordan, Walker, & Hartling, 2004). Katz (1985) writes that the dominant culture is primarily the product of Eurocentric philosophies and values; therefore, the psychological literature, research, theoretical paradigms, and practice are imbued with Eurocentric cultural biases. Constantine (2002) writes "Members of the dominant culture (e.g. White, male, and middle and upper classes) are the framers of the constitution, bearers of power, and

developers of policy” (p. 213). The dominant group defines mainstream culture that nondominant groups either acculturate or assimilate in order to feel less marginalized.

### *The Constructs of Race, Class, Gender, & Sexuality*

Social identity constructs such as race, class, gender, and sexuality have existed throughout history, and continue to undergo various transformations as social contexts change with time (Constantine, 2000). Race, class, gender, and sexuality are interactive constructs that possess rank and status that inform systems of power, privilege, and oppression (Brauner, 2000; Robinson, 1993; 1999). Specifically, *race* is a determinant of group membership, based largely on geography, national origin, cultural, ethnicity, family ties, and economic and political status. Physical characteristics such as skin color and genetics for example have historically been used to distinguish group membership among people of different skin colors (Fukuyama & Ferguson, 2000). Collins (2000) and Helms & Cook (1999) argue that race is also a social construct used as a marker of difference to maintain a system of power and privilege for the dominant group.

*Class* denotes the status of socioeconomic wealth, assets, and resources, which contributes to a ranking system of power and affluence in the United States (Constantine, 2002). Members of upper-class groups possess more privilege, power, and affluence than those of lower-class groups. This ranking system also extends to the amount of resources or advantages, such as educational opportunities, one may or may not have based on class status (Mantsios, 1998).

Historically, *gender* has been defined as the social categorization and roles based on biological and genetic sex markers, while *sexuality* referred to one’s sexual orientation patterns for either sex (Robinson, 1993). In more contemporary times, gender and

sexuality have been delineated along a continuum to signify various expressions, identities, and characteristics. Gender refers to an individual's socially constructed roles, behaviors, and attributes in a given society, as deemed appropriate for that individual and sexuality refers to an individual's experience as a sexual being through expression and attraction.

The interactive constructs of race, class, gender, and sexuality comprise an individual's experience in society and further contribute to any privileges or disadvantages as a result of these experiences as the next section discusses.

#### *Racism, Classism, Sexism, & Heterosexism as Functions of Oppression*

The intersections and discourses across race, gender, and other identities are all functions of hierarchical social systems of power, i.e., racism, classism, sexism, and heterosexism. These social systems of power refer to the patterns of behaviors, beliefs, resource distribution, and social control that constitute society (Collins, 2000). *Racism* refers to the perpetuation of the myth that White people are superior to those of other races. Racism in practice is often expressed through social policies and ideologies that favor White people and uphold a system of institutional power and oppression (Katz, 1985; Pinderhughes, 1989). *Sexism* is a belief that men are superior to women. The practice of sexism also purports that fulfilling specific gender roles that are biologically based is a more desirable and morally correct way of life (Constantine, 2000; Fukuyama & Ferguson, 2000). Additionally, racism and sexism inform the social structure of classism, a system rooted in a capitalist framework that privileges those with a higher socioeconomic status allowing more advantages and power (Croteau, Talbot, Lance, & Evans, 2002; Harley, Jolivette, McCormick, & Tice, 2002). Lastly, *heterosexism* refers

to the belief that all humans are heterosexual and that heterosexuality represents the only normal model of human sexual relationships (Greene, 1998; Robinson, 1999). Collins argues that *racism, classism, sexism, and heterosexism* are oppressive social systems that structure hierarchies of power, where a privileged, dominant group is dependent upon the subordination of a minority group.

*Oppression* describes any unjust situation, where systematically and over a long period of time, one group denies another group access to the resources of society. Race, class, gender, sexuality, nation, age, and ethnicity among others constitute major forms of oppression in the United States (Collins, 2000). Racism, classism, sexism, and heterosexism are all systems that African American queer women negotiate and manage every day.

### *Theoretical Frameworks*

In order to provide a conceptual framework for this study, the two theoretical areas are presented in separate chapters. The areas of theoretical examination include *intersectionality* and *relational-cultural theory*. Finally, the study concludes with a composite case study presented in the discussion chapter and examines potential clinical implications in the context of the two theories.

The first component is a theoretical framework called intersectionality. Established within the frameworks of Black feminist thought, *intersectionality* is a working paradigm that explores the sociopolitical and sociocultural aspects of identity at the macro and micro levels (Beckett & Macey, 2001; Cole, 2009; Collins, 2000). Specifically, intersectionality examines the bridges of connection amongst social identity



constructs, including race, gender, class, and sexuality as they comprise an individual's identity (Hulko, 2009; McCall, 2005; Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009). Within clinical practice, intersectionality acknowledges and critiques the institutional barriers that directly impact intra-psychic processes, psychological processes, and characterological development within an individual. Clinical practitioners who utilize this intersectional lens are able to examine the external and contextual factors that shape each individual's life and internal development. Intersectionality accommodates the multiplicity of locations and experiences of marginalized groups, including African American queer women (Fukuyama & Ferguson, 2000; McDowell, 2004).

The second component is the theoretical framework of relational-cultural theory. *Relational-cultural theory* grew out of the Stone Center theory-building group at Wellesley College. This theory focuses on developing connections throughout the life span in order to mature and grow. Specifically, relational-cultural theory examines personal and social factors that influence human connection, including power, oppression, and marginalization (Miller, Jordan, Kaplan, Stiver, & Surrey, 1991). By examining an individual's social location, relational-cultural theory explores issues of isolation, shame, silence, disconnection, prejudice, and stigmatization that exacerbate marginalization (Freedberg, 2007; Hartling, 2008; West, 2005). Relational-cultural theory highlights strength and resiliency as factors that promote social change, build meaningful relationships, and encourage community. Clinical applications of theory support a strengths-based, empowerment perspective that best captures and explores the experience of African American queer women. Utilizing intersectionality and relational-

cultural theory promotes a well-rounded assessment and treatment plan that explores healing and transformation at both micro and macro levels.

### *Method of Evaluation*

The final chapter, Chapter VI, includes several methods of analysis and synthesis in the discussion of the study. First, a composite case provides the means to illustrate the experiences and realities of African American queer women in the United States. Next, I will apply the key concepts of the theoretical frameworks of intersectionality and relational-cultural theory presented in Chapters IV and V as a part of the analysis. Finally, I will offer further suggestions, recommendations, and clinical implications, based on the case illustration and this study's combined theoretical approach, for social workers working with African American queer women in clinical social work practice.

### *Potential Biases*

There are several potential biases that may affect the scope and content of the present study. I have a wealth of personal and clinical experience that may skew my ability to present material objectively and may subjectively influence my opinions about this population. In fact, I chose this career as a social worker to continue my role as an activist and advocate for social justice and human rights. I realize that my life experiences can narrow the scope of the literature presented and bias the results and findings. Although my personal experience can affect my viewpoints about the clinical issues and mental health concerns of African American queer women, I intend to use this

experience to feel empowered in representing this longstanding community of resilient women warriors who find power and strength in their words and voices.

### *Strengths and Limitations*

There are several strengths and limitations of the study. Although a theoretical approach allows for an in-depth exploration of a specific phenomenon, the present investigation is limited to an analysis of small volume of literature and research. An empirical study utilizing qualitative analysis may yield more concrete results through an assessment tool or questionnaire in understanding how intersectionality and relational-theory can be applied in clinical practice with African American queer women. However, since these theories are working paradigms that have yet to be clinically explored in empirical research, this study allows for a deeper theoretical and conceptual consideration of the present phenomenon. Additionally, the one objective of this study was to address and expand upon the dearth of literature that exists on African American queer women and their experiences of multiple identities through a positive, strengths-based approach.

### CHAPTER III

#### THE PHENOMENON

Recent literature (Arredondo, Toporek, Brown, Jones, Lock, Sanchez, & Stadler, 1996; Cayleff, 1986; Sadeghi, Fischer, & House, 2003; Sue & Sue, 1990; Sue & Zane, 1987; Smith, 1985) in the field of clinical social work is beginning to recognize theories and ideas about the experience of social identity factors that include race, gender, class, and sexuality. Some authors (Arredondo, 1999; Jackson, 1987; Katz, 1985; Lee, 1991; Pinderhughes, 1997) have written briefly about themes of conflict and burden within these experiences; while others (Brauner, 2000; Cayleff, 1986; Davidson, 1992; Fier & Ramsey, 2005) have noted themes of resilience and empowerment through reclamation of social identities. Given that this research is in its introductory phase, very few authors have theoretically examined the implications of these social identities with regards to clinical applications and social work practice—especially within the population of people of color—and specifically, among African American queer females.

This chapter will give an overview of the current phenomenon that focuses on the impact of multiple identities, including race, class, gender, and sexuality with regards to mental health and the clinical significance of addressing these intersectionalities in therapeutic practice. The scope of the literature will include a detailed history of past clinical techniques and theoretical orientations implemented in counseling practice with people of color. First, I will provide an overview of multiculturalist theory, as this

movement was the first to examine the constructs of culture and difference. Next, I will examine the evolution of psychodynamic thought and its consideration of social identity constructs (i.e., race, class, gender, sexuality, etc.), as well as systems of power (i.e., racism, sexism, heterosexism, etc.) within the clinical and therapeutic experience. I will pay specific attention to the ways in which psychodynamic theories have represented the impact of external and internal factors on individuals, as well as how psychodynamic practitioners understand the influences of such processes on an individual's development in a socio-cultural context. Lastly, this detailed timeline will conclude with a summary of recent literature that explores current models and frameworks that focus on counseling practice with queer African American women in a clinical setting. I will end with a critical analysis of this research in order to address the implications of the experiences of race, gender, and sexuality for queer African American women in clinical treatment.

### *The Rise of Multiculturalism*

Theories of multiculturalism began as a method of incorporating a more diverse group of understudied populations into clinical research and practice (Cayleff, 1986; Pedersen, 1991). Derived from the Civil Rights era, *multiculturalist* theory and practice was understood to be what Paul Pedersen (1991) coined as “a generic approach to counseling.” In other words, Pedersen (1991) argued, multiculturalism should be used as a standard model for clinicians in examining social identity factors, like race, gender, and socioeconomic status in minority communities. Moreover, he articulated that multicultural theory was a means of focusing on the diverse minority subcultures that differed from the mainstream culture; thereby in need of an additional theoretical lens.

According to Pedersen (1991), *culture* was a broad concept, composed of minority races, classes, and genders that highlighted difference, setting this population apart from the mainstream. Consequently, the objective of multiculturalism was an attempt to explore a universal counseling practice that could address culture and difference applicable in all settings with diverse individuals.

Other multicultural scholars and practitioners (Cayleff, 1986; Chau, 1991; Sadeghi, Fischer, & House, 2003; Smith, 1985) set out to examine how standard counseling techniques should be adapted to address newfound differences within variations of sub and mainstream cultures. Clinicians began to conceptualize these differences across various counseling practices and started to ask how such differences were to be measured in practice. Furthermore, clinicians were questioning how a client's most salient cultural orientations impacted clinical treatment and their commitment to the therapeutic process.

As the ideologies of the Civil Rights era were disseminating quickly, conceptualizations of culture also became more widespread throughout research and the counseling field. Specifically, writers began to think about multiculturalism as a theoretical tool implemented in counseling minority populations who were seen as culturally different (Pedersen, 1991). Moreover, increasing numbers of researchers recognized multiculturalism because it allowed practitioners to acknowledge their own cultural difference, as well as the cultural and social context matters of the populations they were serving. Particularly, multiculturalism comprised specific social system variables including ethnographics, demographics, status, and affiliation. Pedersen (1991) grounded his findings in the belief that a multicultural perspective could apply to all

counseling relationships. He writes that this perspective better recognized the complex diversity of culture in a “plural society, while at the same time, suggested bridges of shared concern that bind culturally different persons to one another” (Pedersen, 1991, p. 7). These theories of multiculturalism formed a unique perspective that changed the way practitioners looked at counseling across different fields and theories, specifically, by including an understanding of human behavior in a sociocultural context with respect to the diversity of different cultural groups.

In contrast, other researchers, including those of color, (Chau, 1991; Das, 1995; Lee, 1991; Park, 2005) challenged the ideas of multiculturalism, stating that the intent of multicultural counseling theory and practice has become unclear. While Pedersen (1991) explored more of an *etic*, or culturally general, approach in applying multiculturalist theories, other authors noted the importance of an *emic*, or more culturally specific approach to working with people from different cultural backgrounds. In particular, these authors deemed culture as too broadly defined, so broad that a multiculturalist orientation, in fact, loses its intent to recognize the various complexities of culture. In this regard, authors argued that multiculturalism is too inclusive and rather meaningless in acknowledging culturally different groups, as a whole and as individuals within their particular group (Park, 2005). Specifically, researchers began to focus on more specific attributes within the concept of culture itself, a blend of both an *etic* and *emic* approach (Das, 1991; Fukuyama, 1990; Sue & Zane, 1987). These attributes included a more in-depth focus on race, class, gender, ethnicity, and eventually sexuality, as individual components of a broader cultural identity.

As multiculturalist notions were increasingly applied throughout the field, more authors took note of the paucity of research acknowledging the sociopolitical and cultural contexts of society and their effects on culturally different group, such as people of color (Katz, 1985; Pine, 1972; Sue, Arredondo, & McDavis, 1992; Sue & S. Sue, 1990). “The practical value of this literature remains in question because there is little evidence that the quality and availability of counseling for special populations has improved as a result of this knowledge” (Das, 1991 p. 45; Sue & Zane, 1987). Furthermore, these authors laid claim to how multiculturalism and its disregard of cultural complexities dealing with race, gender, and class has resulted in added bias, racism, marginality, and social injustices (Casas, 1984; Davidson, 1992; Lopez, 1989; Park, 2005; Ridley, 1989; Smith, 1985), perpetuating the very ideas multiculturalism was initially introduced to dismantle.

In her article, Park (2005) applies a critical discourse analysis (CDA) of the concept of culture in social work research. Through this analysis, which focuses on language and the ways social and political domination are reproduced by spoken word, written text, and discourse practices, Park investigates the ways in which culture is inscribed and deployed in clinical social work practice and academic research. She finds that the “usage of the concept of culture in social work and the meanings social work assigns to culture are profoundly political, biased, and partial inscriptions” (p. 12). Furthermore, culture is a marker, a signifier, and a deficit that “otherizes” the minority person of color from the White mainstream. Social work uses culture as a measure of racial and ethnic status reinforcing the subjugating paradigm multiculturalism is professed to challenge. Multicultural theories and visions were about an inclusive and culturally sensitive practice that addressed cultural variations among people. However,



Park finds that these visions were in fact reinscribing and perpetuating separateness and difference, leading to further marginalization of minority populations.

The contrasting view raised by this paper, echoing a multidisciplinary plethora of critiques and examinations of the focus on ‘culture’ and the multiculturalist paradigm, is that this fragmenting enterprise may be an essentially convoluting undertaking, which not only fails in producing its purported goal of progressive liberation, but actually fortifies the inequities it purports to undo. The point is that social, political, and economic hegemony maintained by an orthodox ideology cannot be deposed by constructions contrived from the confines of that very ideology. (pp. 26-27)

Park (2005) notes the ironies of the multiculturalist vision and tradition. While culture is a deficit marker for those minority populations, it is still part of a White mainstream norm that people of color must strive to obtain to fit in society. Thus, multiculturalism is a theory that remains unchallenged and overtly practiced in multicultural teaching, education, and training.

#### *Race, Gender, Class, & Sexuality: Investigating the Constructs*

While controversial in practice and application, the history and development of multicultural theories laid the foundation for understanding cultural factors like race, class, gender, and sexuality in counseling practice with people of color. Through the broad lens of multiculturalism, researchers created an opportunity to investigate race, class, gender, and sexuality as individual factors encompassing a cultural or social identity. Much of this research (Brauner, 2000; Constantine, 2002; Croteau, Talbot, Lance, & Evans, 2002; Harley, Jolivet, McCormick, & Tice, 2002; Robinson, 1993) focused on the concept of multiple lenses or dimensions, referring to relational aspects of these cultural factors and the multiple ways in which these social identities intertwine and compound with one another.

To begin this investigation, researchers (Brauner, 2000; Cayleff, 1986; Constantine, 2002; Weber, 1998) started conceptualizing race, gender, and class as constructs that contribute to a psychosocial identity. Borrowing from the fields of interdisciplinary and multicultural studies, they explored race, gender, class, and sexuality as mutable constructs that are innately fluid and socially constructed by external environments. This exploration was a critical turning point in the development of the present discourse. By inviting outside scholarships that included an analysis of external sources, a new conversation began, bringing with it a working framework about both internal and external influences of cultural and social identity development.

These conceptual frameworks were initially cultivated from arguments that presented race, gender, class, and sexuality as pure categories defined by the individual, a common belief among multicultural theories. For example, Weber (1998) problematizes this belief by expanding present conceptualizations of these constructs by noting them as systems of inequality and power, rather than just components of self-identity. In her paper, Weber identifies six ways in which race, class, gender, and sexuality are understood across different scholarships and fields. She observes that these constructs are contextual in nature, are socially constructed, are hierarchically related, are both structural at the macro level and psychological at the micro level and finally are simultaneously expressed at different times. As part of this analysis, Weber offers an epistemological approach in which these concepts are best understood as capturing external processes of social reality. Weber states that:

People's real life experiences have never fit neatly into the boundaries created by academic disciplines: lives are much more complex and far reaching. Just as the social, political, economic, and psychological dimensions of everyday life are intertwined and mutually dependent, so too are the systems of

inequality—race, class, gender, and sexuality—that limit and restrict some people while privileging others. (p.13)

In her conceptualizations of race, gender, class, and sexuality, Weber (1998) calls attention to the multifaceted dynamics of these identity constructs, arguing that they are shaped in society and then further cultivated in the individual. Speaking to the multiple dimensions of cultural components, Weber explores the external sources of social conflict and hierarchical relationships embedded within an institutionalized system that she identifies as oppression.

Furthermore, Weber (1998) illustrates the effects of such systems and their influence on individuals, a considerable implication for the field of social work and clinical practice. In order to recognize the effects of these systems of inequality, knowledge and activism must coincide together. Weber writes:

Race, class, gender, and sexuality scholarship emphasizes the interdependence of knowledge and activism. These analyses developed as a means of understanding oppression and seeking social change and social justice. The “truth value” or merit of this knowledge depends on its ability to reflect back to social groups their experiences in such a way that they can more effectively define, value, and empower themselves to seek social justice. (p.25)

In this light, clinical practice might benefit from including a critical analysis of external influences and situational factors in order to more effectively consider the experience of social identity constructs such as race, gender, class, and sexuality, given that they are inherently a part of a cultural and psychosocial identity. As Weber has noted, this analysis expands on the existing approach, providing more advanced implications for clinical practice especially with people of color.

*The Evolution of Psychodynamic Thought: Examining Selves in a Sociocultural Context*

By the mid to late 1990s, research evolved to include the dynamics of the intersecting relationships among these cultural identities, redefining past implications for helping professions. By identifying these constructs of race, gender, class, and sexuality, themes of difference were slowly embraced and beginning to be acknowledged throughout the counseling practice and social work field. Albeit a conceptual model, a knowledge base about cultural identities was in the works for practitioners to consider in their clinical work, specifically with folks of color. Through conceptualizing race, gender, class, and sexuality as separate but competing components of a cultural identity, the present discourse was expanding to understand the subtleties and influences of internal and external processes of identity development in a socio-cultural context with specific regards to an individual's mental health.

Brauner (2000) begins her article by highlighting the multitude and complexity of issues related to race, culture, and sexuality. She articulates the necessity of being comfortable with difference in order to effectively work with individuals in addressing issues of racism, sexism, and class. In this process, Brauner examines the pre-existing socio-historical relationships (i.e., slavery, segregation, etc.) to explicitly identify preconceived notions and attitudes about race and specific cultural groups. Drawing from an intercultural and affirmative orientation, Brauner integrates an anti-oppressive and psychodynamic approach to identify the ways in which clients of color exist in the context of their environment and social system. Speaking specifically about "being Black in Britain," she states:

It is crucial for me to hold an overview of black history and stay informed about current issues affecting the black communities in order to provide to work in a client-centered, intercultural way with these client groups. From my perspective, it is vital to integrate discussions about race, gender, sexuality, age and other relevant differences that exist between myself and my black clients into the therapeutic work...Therefore, I need to view my black clients, in the context of these systems and be aware of the influence that environment has on their development, history and identity as well as their thoughts, emotions, and actions. This means that I keep in mind that the external and internal worlds of my clients are interrelated. (pp.9-10)

Brauner (2000) finds that embracing difference is addressing issues of race, culture, and sexuality in counseling practice while acknowledging how these constructs are both relational and psychodynamic in the environment. Furthermore, it is necessary for practitioners to understand the correlation between social, historical, economic, and political systems and considering the impact of such systems with regards to mental health.

By embracing the complexities of difference and noting preexisting sociohistorical relationships present within the dynamics between practitioners and clients, researchers developed a working framework from which to draw upon in practice. Psychodynamic theories introduced a multidisciplinary perspective that included nontraditional scholarships such as feminist theories, sociology, and interdisciplinary studies, and relational theories (i.e., Greene, 1998; McDowell, 2004), which was a major shift in the current dialogue. Furthermore, psychodynamic literature incorporated a postmodern stance in applications of clinical practice with different populations. Psychodynamic thought encouraged an understanding of subjective experience, a person-in-environment viewpoint, as well as an understanding the shared experience of the client and therapist through a dialectical discourse (i.e., Hamilton-Mason, 2004; Perez Foster, 1998). The next section explores the specifics around the dynamics of race, power

relationships, and institutional systems as they impact folks of color. The section will also review how including these issues in clinical assessment furthered the development of a conceptual and working framework in clinical practice.

### *People of Color & Clinical Psychodynamic Practice*

A paucity of research exists that focuses on clinical work with populations of color (Davidson, 1992; Helms & Cook, 1999). Researchers and theorists have overlooked the needs and concerns of people of color because they traditionally have not been considered a part of mainstream society (Constantine, 2002). Perez Foster (1998) writes that there is a “crisis of competence and conscience in the treatment of those whose ethnicity, race, or class renders them minority in American society” (p. 253). Additionally, Croteau, Talbot, Lance, & Evans (2002) note that the field has paid minimal attention to how an individual’s multiple social and cultural group statuses come together in shaping interpersonal and intra-psychic experiences. Given such gaps in the existing literature, clinical psychodynamic practice attempted to investigate the social constructions of race, class, gender, and sexuality, especially as they shape interpersonal and intra-psychic experiences for people of color.

The field of clinical practice is not immune to the influence of ethnocentrism, classism, discrimination, sexism, and cultural racism (Constantine, 2000; Harley, Jolivette, McCormick, & Tice, 2002). Constantine (2000) writes that identity constructs are defined, stratified, and perceived both relationally and dynamically at the individual, institutional, and systemic levels. Therefore it is necessary to move beyond a fixed, unidimensional standpoint where practitioners are able to include a more complex

sociocultural and historical awareness crucial to clinical assessment and treatment of people of color (Croteau, Talbot, Lance, & Evans, 2002; Robinson, 1993).

An understanding of socio-structural constraints, as well as the interplay among biological, cultural, environmental, and psychological factors, lies at the foundation of effective clinical practice. It is critical to be cognizant of how these factors influence the client, the setting, and the social worker. (Hamilton-Mason, 2004, p. 315)

In addressing the clinical needs of people of color, practitioners in clinical psychodynamic practice focused on issues of racism, classism, sexism, discrimination, and prejudice in clinical practice, as these were often the experiences that negatively impacted and exacerbated internal and external processes of people of color and their psychological functioning and development. Specifically, Hamilton-Mason (2004) articulates several necessary components of assessment, specifically with people of color in clinical social work practice. She writes based on the premise that oppressive societal structures (i.e., institutional racism, marginalization, sexism, and poverty) are internalized within people of color and often shape their intra-psychic processes. Her examination highlights the necessity of incorporating voices of marginalized and oppressed people in their clinical assessments in order to understand how said issues impact psychological functioning and treatment. In recognizing that practitioners have not been attentive to biases inherent in the traditional assessment processes, Hamilton-Mason adds that assessment should include the contexts of cultural socialization, ethnicity, worldview, and racial and ethnic identity. She argues that this type of clinical assessment captures the subtleties embodied in people of color's various individual and family functioning environments. Hamilton-Mason states:

[P]eople of color live in a societal system of duality or double consciousness. This duality involves simultaneous consciousness of the private or micro world of their own community and the macro world of the larger, predominantly white, society. Duality is considered as both psychological and sociological. Internal meanings and feelings result from racist beliefs, attitudes and values supported by individual, cultural, and institutional systems in our society. Specifically, these are processes whereby oppressed people view themselves through the eyes of the “other.” (pp.315-16)

Hamilton-Mason (2004) observes that micro-level assessments and interventions must accompany macro-level efforts to eradicate poverty, racism, sexism, and other matrices of oppression. She concludes that the clinical practice field benefits from reconsidering the usefulness of theories that seem inappropriate and misplaced especially with regards to oppressed populations.

Additionally, other authors (Constantine, 2002; Croteau, Talbot, Lance, & Evans, 2002; Harley, Jolivette, McCormick, & Tice, 2002; Robinson, 1993; Robinson, 1999) have moved toward a more critical analysis of pervasive and institutionalized systems of inequity—ethnocentrism, racism, elitism, sexism, and heterosexism. These researchers have argued for an explicit examination of power and privilege, as these are pervasive operating social systems that structure identity hierarchies based on a normative standard of a White, male, heterosexual, and upper-class identity present in American society (Arredondo, 1999; Robinson, 1999). Harley, Jolivette, McCormick, & Tice write that members of the dominant culture (e.g., White, male, middle and upper classes, etc.) are the framers of the constitution, bearers of power, and developers of policy. The individuals who have power dictate the distribution of economic resources thus contributing to the marginalization and exclusion of whole cultures of people. Given such an established structure in society, existing models of mental health care often do not examine the impact of such hierarchies on individuals with multiple oppressive



identities. Constantine (2002) adds that clinical practice must incorporate racial, ethnic, and gender identity development issues into assessment and intervention processes. Such an analysis allows practitioners to understand the impact of the intersections of cultural variables on individuals and make more accurate and comprehensive diagnoses that traditional practices have missed (Helms & Cook, 1999).

Robinson (1999) states that all people have multiple identities that are socially constructed in society by way of discourses, a set of ideas and structuring statements that underlie and give meaning to social practices. Discourses speak to the ways in which people act on the world, as well as ways in which the world acts on individuals: Robinson notes that, “It is important not to be silent about the racist, sexist, and other oppressive discourses. Although we are products of a culture in which identities operate as primary status traits, we must and can transcend dominant discourses that result in harm to our clients.” (p. 74). Powerful socialization continues to prevail in the experiences of people of color based on a historical narrative of racism, sexism, and elitism in America. Questioning normative standards, as well as recognizing themes of power, privilege, and advantage, are all a part of critical analysis in clinical psychodynamic practice.

Some authors (Greene, 1994; 1998; Hamilton-Mason, 2004, Leary, 1997, Perez Foster, 1998; Pinderhughes, 1989) have written about clinical psychodynamic practices, exploring the impact of historical and contemporary socio-political realities with people of color as a way to give voice to the resiliency of people of color. Too often counselors’ assessments have been geared toward finding inadequacies rather than resiliency and strength-based resources. More inclusive theories (i.e., feminist, psychodynamic, and multidimensional models of prejudice prevention) have been developed. However, these

modern theories of counseling are still at times inadequate in addressing the complexity of today's culturally diverse population (Harley, Jolivette, McCormick, & Tice, 2002). Researchers continue to assume that findings obtained from one population can be generalized to other populations (Constantine, 2002). Practitioners should be aware that these generalizations could obscure important differences and contextual patterns of similarity among people of color. Harley, Jolivette, McCormick, & Tice write, "because culture groups cannot be reduced to universal and ahistorical characteristics, any discussion of culture groups must build from the variety that exists within these groups" (p. 218). One set of counseling therapies is not appropriate for a diverse and complex population. All people do not perceive events and realities in the same way. If professional counselors wish to challenge, deconstruct, and ultimately change existing meanings, we must contend with how identities are socially constructed and be aware of how oppressive discourses are perpetuated in the counseling profession.

For example, Van Voorhis (1998) challenges this notion of practitioners conforming to standards of oppression in clinical work. She finds that practitioners must connect with clients who live in the margins and understand specifically how oppression affects their functioning. Van Voorhis states that power and oppression is assumed through marginalization and oppression and comes from denying and practicing oppressive acts. Empowering clients comes through unraveling the multiple meanings of identities and their relationships interactive relationships. Failure to examine these meanings could easily translate into the perpetuation of racism, sexism, and other acts of oppression (Robinson, 1999; Van Voorhis, 1998). Individuals who have been deprivileged and further marginalized by stereotypical dominant ideologies can react to

this process through internalization (Constantine, 2002; Hamilton-Mason, 2004; Robinson, 1993). Harley, Jolivette, McCormick, & Tice (2002) write about the power that mental health professionals must become aware of as a way to undermine perpetual discourses of oppressive systems. They state:

The continuation of inequity, racism, sexism, and classism for the nondominant group should not be condoned in counseling. The consequences of isms result in deleterious effects on the nondominant groups in terms of self-hatred, learned misogyny, interpersonal and intrapersonal group relationships, deferred goals, and lack of economic and personal power. Members of the nondominant group may internalize the sentiments and beliefs of the dominant group. The individual cost of the chronic strain associated with racism and discrimination is great and has a cumulative effect over the life span of most people of color. (p. 227)

Psychodynamic thought evolved to consider external factors that impacted the experiences of people of color's development of multiple identities. These theories revolutionized how race, class, and gender were viewed in the clinical assessment and treatment process through the examination of power, privilege, and oppression. This next section expands on the present topic with regards to a specific population, African American queer women. In particular, the efficacy of psychodynamic thought will be considered, as well as further implications for theory and clinical practice.

### *Clinical Implications in Treating African-American Queer Women*

African-American queer women and their experiences cannot be explored in isolation from their context. These women confront daily societal barriers due to the inferior status assigned to their racial, gender, and sexual identity (Brauner, 2000; Bridges, Selvidge, & Matthews, 2003; Greene, 1994; Greene, 1998). Clinicians must consider the multiple subjectivities of women of color with queer identities within clinical work. These subjectivities include experiences of prejudice and discrimination

based on systems of oppression, including racism, sexism, and heterosexism. Clinical psychodynamic encounters with this population must include an evaluation of these external systems of power and privilege, especially since they inform many of the experiences, choices, and skills of African-American queer women.

There is a dearth of information about mental health assessment and treatment with queer African-American women that includes a focus on marginality and the interaction of race, gender, and sexuality in clinical work (Bridges, Selvidge, & Matthews, 2003; Fukuyama & Ferguson, 2000; Greene, 1994; Greene, 1998; Reynolds & Pope, 1991). The majority of recent literature (Brauner, 2000; Croteau, Talbot, Lance, & Evans, 2002; Fukuyama & Ferguson; Morales, 1989; Perez Foster, 1998; Robinson, 1999; Weber, 1998) has focused largely on lesbian, gay, and bisexual (LGB) people of color as a whole in exploring the impact of race, gender, and sexuality on identity development and life experiences.

Fukuyama & Ferguson (2000) state that LGB people of color in the United States manage multiple social systems of oppressions that take on various shapes and forms through racism, heterosexism, homophobia, and biphobia. Living amongst these social systems brings multifaceted issues including shame, ostracization, self-hatred, and discrimination within the larger dominant community and the smaller ethnic communities these individuals strive to maintain memberships with. Furthermore, they state that these individuals' identities depend on the cultural context they live within. For example, many LGB people of color may grapple with issues of visibility and indifference in navigating several different communities.

LGB people of color may be coping with feelings of visibility or invisibility in at least two communities in which they live and function: the mainstream LGB community and their respective ethnic communities. Whether visible or not, one's salience of identity, that is, the identity that emerges into one's awareness, often depends on cultural context. An individual's attitudes, feelings, and self-perceptions regarding his or her cultural group memberships are affected by the shifting social, familial, and community contexts the individual moves through on a daily basis. Identities may emerge into awareness as part of group affiliation but also are affected by feelings of difference from the group. (Fukuyama & Ferguson, p. 85-86)

Fukuyama & Ferguson conclude that contextual factors not only affect an individual's identity development, but also affect the manner in which an individual is able to integrate multiple identities. They specifically note that societal norms and cultural expectations may inhibit the expression of these identities, further marginalizing the individual. Morales (1989) expands this argument stating that LGB people of color actually navigate relationships among three primary communities: the gay and lesbian community, the ethnic minority community, and the predominantly White mainstream society. These individuals perform a juggling act where they must bargain between cultural norms, societal expectations, and developing their own unique identity.

Subsequently, through negotiating multiple identities, LGB people of color manage simultaneous oppressions in their life experiences (Fukuyama & Ferguson, 2000). They are exposed to and can internalize a range of negative stereotypes about their minority status (Brauner, 2000; Bridges, Selvidge, Matthews, 2003; Greene, 1998). They must not only manage the heterosexism and racism of the dominant society, but also the heterosexism and internalized racism of their very own communities. Most LGB people of color exhibit a range of coping skills in navigating multiple identities. However, these resiliencies are not often captured in the assessment or clinical treatment process. Greene (1994) writes, "there has been little exploration of the complex interaction between

sexual orientation and ethnic identity development, nor have the realistic social tasks and stressors that are a component of gay and lesbian identity formation in conjunction with ethnic identity formation been taken into account” (p. 243). Neglecting such a process can profoundly interfere with the ability to see a client as whole (Robinson, 1993; 1999). Lacking an awareness of historical and contemporary sociopolitical realities of oppression while discounting multiple identities further reinforces oppressive ideologies and leads to potential disempowerment.

Lesbian women of color, including African-American queer women, manage a similar process (Bridges, Selvidge, & Matthews, 2003). These women are members of multiple groups, both advantageous and marginal. The systems of racism, sexism, and heterosexism form a larger system of oppression, in which limitations of resources can lead to stress, impairment in psychological growth, destabilization of communities, and less power (Pinderhughes, 1982). Consequently, lesbian women of color are subjected to a triple jeopardy status managing homophobia and sexism of the dominant society and ethnic minority groups, as well as racism from the LBG communities (Greene, 1994; Kanuha, 1990; Bridges, Selvidge, & Matthews).

Few researchers have examined the implications of working with LGB people of color (Davidson, 1992; Robinson, 1993). The ability to integrate multiple identities, as identified by many authors, is a crucial theme in the clinical treatment of queer people of color. It is important to illuminate self-determination and develop positive self-concepts to safeguard self-esteem, build confidence, and work towards self-acceptance, while naming and validating the experience of simultaneous identities. Robinson (1999) articulates that seeing a client as whole in acknowledging competing racial and sexual

identities is to help a client form a more cohesive identity and integrated self.

Additionally, Davidson (1992) states that fully appreciating intra-group differences means accepting the person as human being and acknowledging that their cultural identity is unique. By individualizing the client, the clinician recognizes the significance of their stated race and culture, as well as, promotes the more salient identity particular to that client.

Across the majority of the research reviewed in approaching treatment with marginalized populations, one factor remains implicit throughout the literature. That factor is developing an awareness of one's own biases, as the therapist or counselor, with regards to race, class, gender, stereotypes, privilege, oppression, and power. This awareness on the part of the therapist is crucial to providing effective clinical treatment with people of color (Constantine, 2002; Helms, 1999; Pinderhughes, 1989). Furthermore, while "isms" can and will affect each individual differently in their personal experiences, the commonality of negative internalization from the greater systems of oppression is rampant throughout the LGB community (Bridges, Selvidge, Matthews, 2003; Greene, 1994). The therapist must make an attempt to facilitate and understand the interactions of these multiple identities in order to understand what in particular, is most salient for that individual. Fukuyama & Ferguson (2000) recommend that:

...psychologists and counselors examine whether their theoretical orientations allows LGB people of color to feel supported and affirmed in their therapeutic process. Therapists also need to understand clients from a multicultural perspective, which includes the exploration of how the individual is affected by various factors such as societal messages, familial messages, group memberships, multiple social identities, oppression and power. Assessing and understanding the salience of the multiple identities and multiple oppressions of LBG people of color, rather than focusing on only one identity, may assist both the client and the therapist in working through psychological, interpersonal, and emotional issues. (p. 97)

Therapeutic rapport becomes essential in terms of facilitating this discussion, where the therapist is comfortable with acknowledging the racial, cultural, and sexual biases and issues within the treatment. Naming the dynamics of power and privilege is pivotal and necessary in establishing trust and embracing a culture of difference present in the clinical process. It is imperative to understand how the meanings and experiences of race, gender, and sexuality influence identity development and the clinical process in order to consider appropriate treatment recommendations for the LGB community, especially African-American queer women.

### *Summary*

This chapter explored past clinical techniques and theoretical orientations implemented in counseling with people of color. The practice of *multiculturalism* provided a working foundation to allow practitioners to explore themes of culture and difference in cross-cultural encounters. Moving beyond the *etic* theories of multiculturalism, psychodynamic theories began as an *emic* approach to including culturally specific factors of race, gender, class, and sexuality. These theories have been classified as working conceptual models as an attempt to understand how social identity constructs and systems of power impact identity development and life experiences of people of color.

There is a range of stigmas and multifaceted issues that affect the mental health of African-American queer women; however, literature that has explored such concerns remains scant. Given the scarcity of this research, the present study seeks to expand existing philosophies by offering two critical theories - both contemporary postmodern



perspectives - that may improve current theoretical orientations and frameworks in clinical practice with African-American queer women. These two theories are: intersectionality and relational-cultural theory. Both were chosen in order to develop a deeper understanding of how issues of race, gender, and sexuality impact the life experiences and identity development of this population. The following chapters will introduce the frameworks and explore clinical implications specific to social work practice.

## CHAPTER IV

### THE THEORY OF INTERSECTIONALITY

*Intersectionality* is an analytic approach that considers the experiences, meanings, and consequences of multiple categories of social group membership (Cole, 2009, p. 170). The term, derived from early Black feminist literature and currently researched among critical race theorists, was introduced as a framework to specifically explore the intersections of race, gender, class, and sexuality as simultaneously operating identities and illuminates the ways in which minority groups become marginalized or subordinated in society, as a result of these intersections (Hulko, 2009; McCall, 2005; Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009). Intersectionality theory draws attention to the limitations of analyses that examine race, gender, class, and sexuality as isolated components of identity, as these categories are often experienced synchronously (Beale, 1995; Combahee River Collective, 1995; Crenshaw, 1991; 1993; King, 1995). Additionally, intersectionality highlights the interplay between individuals and systems of power, illustrating how macro level institutions influence micro level systems through interlocking structures of oppression (Collins, 2000; Crenshaw, 1991; Murphy et al., 2009). The aim of this chapter is to explore this paradigm and the implications of utilizing this framework in clinical social work practice with African-American queer women.

Specifically, this chapter is a presentation of the basic origins and foundations of the theory of intersectionality. First, a brief history is outlined in order to provide further background and conceptualization. Then, existing empirical studies of intersectionality in the social work research field will be explored. In conclusion, I will provide some brief clinical considerations of intersectionality in working with African-American queer women in a therapeutic context. However, a more detailed investigation will follow in the discussion chapter with a composite case study.

### *Origins of the Theory of Intersectionality*

The origins of the theory of intersectionality have roots in Black feminism, as well as the early Black women's intellectual movement of the 19<sup>th</sup> century, which identifies the ties between race, gender, class, and homophobic oppressions (Cole, 2009; Collins, 2000). The 19<sup>th</sup> century Black woman's intellectual movement included prominent Black female leaders, such as Sojourner Truth (1851), Anna Julia Cooper (1892), and Maria W. Stewart (1987), who published works about the implicit links between race and gender, as it related to the plight of Black women during slavery and the Jim Crow era. Initially, Sojourner Truth (1851) (and later, Maria W. Stewart (1987) began the dialogue of Black women's rights with their groundbreaking speeches that laid the foundation of Black feminism. Later, Anna Julia Cooper (1892) continued this dialogue with her book entitled, *A Voice from the South by a Black Woman of the South* (1892), which publicized social uplift for African-American women through self-determination, education, and spirituality. Today, these pioneers are credited as the first

to introduce the struggle for Black women's rights with their on the links between race, gender, and class.

The turn of the 20<sup>th</sup> century brought both the Women's and Civil Rights movements, an era in the United States that did not include the rights and liberation of Black women in common agendas (Collins, 2000; Crenshaw, 1993). As ideas of feminism and equal rights circulated during the mid-20<sup>th</sup> century, feminist scholars of color took note of the absence of women of color from the equal rights agenda (Beale, 1995; King, 1995; Lorde, 2007). In response, Black female scholars writing about feminism started to declare their own agenda, creating a space to acknowledge racism in the Women's rights movements, as well as sexism and homophobia in the Civil Rights movement (Combahee River Collective, 1995; hooks, 1981; 1984). These initial declarations became the hallmark of Black feminism, a movement that recognizes the history of Black women and their struggle to obtain liberation and civil rights through acknowledging the multi-burdened binds of race, gender, class, and homophobic oppressions (Beale, 1995; Collins, 2000; Combahee River Collective, 1995; hooks, 1984; King, 1995).

As the Black feminist movement expanded, heightened consciousness about the confluence of racism, sexism, classism, and homophobia progressed (Guy-Sheftall, 1995; hooks, 1981; Lorde, 2007). The Combahee River Collective (1995), a group of Black feminists founded in the early 1970s, is often cited as one of the earliest examinations of the experiences and intersections of race, gender, class, and sexuality in Black women's lives. This collective argued that major systems of oppression, including racial, sexual, heterosexual, and class oppression, are interlocking in nature and therefore define the

conditions of Black women's lives. The Combahee River Collective (1995) is well known for their central tenet widely cited by many Black feminist scholars. They state, "We find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously" (p. 234). This collective of Black women feminists was one of the first to acknowledge such an experience and laid the groundwork for further examinations of intersectionality and conflicting identities.

Drawing from earlier Black feminist critiques, Kimberle Crenshaw (1991; 1993) introduced the term intersectionality as a way to address the links among the constructs of race, gender, class, and sexuality. In her groundbreaking essays, Crenshaw expanded the analysis to include a critique of early feminist and antidiscrimination politics and the examination of race, class, gender, and sexuality as mutually exclusive categories. Crenshaw (1991) argues that the intersectional experience is greater than the sum of racism, classism, and sexism and any intersectional analysis should address the multiple dimensions and links between these categories.

The theory of intersectionality has strong origins in both the Black women's intellectual and feminist movements. The next section will examine the basic principles and trends of the theory.

### *Basic Principles and Trends*

Intersectionality is an examination of how various social and cultural identity categories simultaneously interact on multiple levels creating tension among these identities (Cole, 2009; Collins, 2000; Hulko, 2009; Murphy et al., 2009). In particular, this theory examines social and cultural identities of race, class, gender, and sexuality in

an effort to understand the intersections of these identities and their compounding interactions (Crenshaw, 1993; Combahee River Collective, 1995). Intersectionality marks a shift from a linear, one-dimensional, “either/or” approach to a dynamic, contextual, “both/and approach” that considers the systemic institutions of power, oppression, and inequality (Collins, 2000; Murphy et al., 2009). Moreover, the theory suggests that there is a “multidimensionality” to the lived experience and reality of persons of color in the United States (Beale, 1995; Collins, 2000; Crenshaw, 1991; 1993; King, 1995).

More specifically, Crenshaw (1991; 1993) states that intersectionality represents how race, class, gender, and sexuality operate simultaneously rather than being mutually exclusive of one another. She holds that these identities are indivisible, for the intersections of race, class, gender, and sexuality create a particular experience that cannot be ignored. Furthermore, Crenshaw demonstrates that these experiences reveal multiplicative effects of discrimination, rather than additive effects. She writes:

Black women sometimes experience discrimination in ways similar to white women’s experiences; sometimes they share very similar experiences with Black men. Yet often they experience double discrimination—the combined effects of practices, which discriminate on the basis of race, and on the basis of sex. And sometimes, they experience discrimination as Black women—not the sum of race and sex discrimination, but as Black women. (385)

Intersectionality is then, an exploration of the multiple ways in which an individual experiences the impact of race, class, gender, and sexuality in life. Crenshaw argues that race, class, gender, and sexuality operate in tandem, in which an intersectional framework would allow for a complete examination of one’s experience.

Additionally, Collins (2000) describes intersectionality as particular forms of intersecting oppressions, such as race, class, gender, and sexuality. While most scholars have examined intersectionality along a micro, personal, and individual level, Collins

addresses the macro, structural, and institutional level where she states that particular forms of intersecting oppressions work together to produce greater forms of injustice including racism, sexism, and classism. Collins introduces the concept *matrix of domination* to address the intersections of racism, sexism, and classism and to demonstrate how these intersections are institutionally organized to create dominant and subordinate groups.

Finally, Hulko (2009) writes about the time- and context-contingent nature of intersectionality, stating that one's identity and social location can shift depending on a given sociocultural context. Hulko defines *social location* as the amount of privilege or oppression one may possess based on ascribed social identities of race, gender, class, and sexuality. Hulko writes:

Social location is a dynamic concept; it is context contingent, and its attribution reflects processes of subordination and domination—both contemporary and historical. The ways in which identities intersect and oppressions interlock are fluid and varied because meanings that are ascribed to identity categories and the power afforded or denied to specific social groups are based on the sociocultural context in which these social processes occur. (52)

The variability present in these social contexts gives light to the importance of an intersectional framework that examines the multiplicity of one's identity when considering the evolving degrees of oppression and privilege present in one's life given certain circumstances.

As Crenshaw (1993), Collins (2000), and Hulko (2009) illustrate, the theory of intersectionality is an important framework that examines the multidimensionality of an individual's identity. The theory explores how various sociocultural contexts can affect the ways in which an individual can experience the world. Furthermore, intersectionality accounts for the macro and institutional level as well as the micro and individual level,

both of which are important in understanding the entirety of an individual's experience. The next two sections will explore past applications and conceptualizations of the theory of intersectionality, the latter with specific regards to African-American women and their experience in the United States.

### *Empirical Studies of Intersectionality*

The theory of intersectionality is relatively new to the fields of social work and psychology. There is a limited amount of research that incorporates an intersectional framework in preexisting studied populations (Cole, 2009; Murphy et al., 2009). Additionally, much of the research that currently exists is mostly theoretical in nature and has yet to gather any quantitative or qualitative data, which presents a multitude of concerns methodologically (McCall, 2005; Syed, 2010). For this study, a search of the databases yielded only one study that attempted to incorporate an intersectional paradigm in its methodology. However, Bowleg's (2009) results generated inconsistent findings in which she argues that intersectionality poses several methodological challenges. The theory cannot be operationalized in quantitative research and therefore becomes a tool of interpretation rather than a quantitative measurement. Nevertheless, the existing gap in terms of the empirical literature certainly warrants further examination of the theory of intersectionality in order to better assess and operationalize the term for future studies and research methodologies.



### *African-American Women & Intersectionality*

Since the theory of intersectionality addresses the meanings and consequences of multiple identities and experiences, many scholars have utilized this framework to examine the experience of African-American women in the United States (Beale, 1995; Crenshaw, 1993; King, 1995). Scholars have found this approach useful in recontextualizing this experience to include a macro level analysis of the class-, race-, and sex- based systems operating to subordinate the status of African-American women (Collins, 2000; Crenshaw, 1991; 1993). Furthermore, these researchers lay claim that an intersectional approach re-envision and demarginalizes the status of African-American women. What follows is a presentation of two critical essays that re-center the experience of African-American women while also illustrating the advantages of working within an intersectional paradigm.

The landmark essay of Frances Beale (1995) coins the term *double jeopardy* to address the double burden of race and gender that African-American women confront in their every day life. Beale speaks with intentionality about the institutions of racism, sexism, and capitalism, revealing how the intersections impact African-Americans. She identifies that as Blacks, African-American women suffer the burdens of prejudice; and as women they bear an additional burden of having to cope with biases based on their sex. Furthermore, Beale argues:

In attempting to analyze the situation of the black woman in America, one crashes abruptly into a solid wall of grave misconceptions, outright distortions of fact, and defensive attitudes on the part of many. The system of capitalism (and its afterbirth—racism) under which we all live has attempted by many devious ways to destroy the humanity of all people, and particularly the humanity of black people. (146)

Throughout her essay, Beale articulates the systemic oppression and marginalization of both capitalism and racism and the impact on American society. However, she highlights the subtle ways in which African-American women's experience has been misconceived and misrepresented. Beale finds that African-American women struggle against a *double jeopardy* under the guise of racism and capitalism and can become subjugated as a result of this experience.

To expand Beale's work, Deborah King (1995) introduces her essay in which she challenges an additive approach to describing African-American women's status. King makes a case for *multiple jeopardy*, in which she argues about the multiplicative and intersecting ways African-American women are marginalized, predicated on the social identities of race, class, gender, and sexuality. King states that the notion of *double jeopardy* is not a new one for African-American women. In fact, African-American women continuously confront *multiple jeopardy* in their experiences of oppression and subordination. King contends:

Most applications of the concepts of double and triple jeopardy have been overly simplistic in assuming that the relationships among the various discriminations are merely additive. These relationships are interpreted as equivalent to the mathematical equation, racism plus sexism plus capitalism equals triple jeopardy. Such assertions ignore the fact that racism, sexism, and classism constitute three, interdependent control systems. An interactive model, which I have termed *multiple jeopardy*, better captures those processes. (297)

According to King, *multiple jeopardy* conceptualizes the complexities and experiences of African-American women. The term is interactive in nature and speaks to the compounding systems of race, class, gender, and sexuality representing the social conditions and sociohistorical context of African-American women.

*Clinical Implications of Intersectionality in Working with African-American Queer Women*

Crenshaw (1991) states that intersectionality offers a new way of mediating the tension between multiple identities and social locations (p. 390). McCall (2005) and Syed (2010) note the importance of such a critical framework in the social sciences field that achieves a more nuanced understanding of identities, while incorporating a sociocultural and historical analysis of macro and micro level systems. As Murphy et al. (2009) note, it is important to expand social work practice, research, policy, and education to include the theory of intersectionality.

As outlined in the current and previous chapters, African-American queer women confront many barriers in their daily life and experiences. An intersectional paradigm that can address the multitude of experiences and identities while acknowledging systemic institutions at play in such experiences may be better suited for clinical social work practice with this population. The theory of intersectionality enables an explicit examination and contextualization of the experience of African-American queer women and the interactive components of their social identities. Embracing a comprehensive approach suitably captures the complexities of human experiences and social contexts, moving from a traditional, one-dimensional approach to a dynamic, multi-level approach (Cole, 2009; McCall, 2005). In a therapeutic context, a clinician might consider examining these social identities and experiences while incorporating them into a biopsychosocial assessment. I will examine these considerations more explicitly through a composite case study later in the Discussion chapter of this study.

### *Summary*

The theory of intersectionality states that a person's position or social location in multiple marginalized groups creates a compounding system of oppression. Specifically, intersectionality describes the experiences of people who are subjected to multiple forms of subordination within society and attempts to bridge the complexity of multiple identity categories and their interconnected experiences. The theory derives from Black feminist frameworks and has been utilized in efforts to reclaim visibility and reflect upon the experiences of African-American women. Currently, there has been little discussion about the theory of intersectionality and how it can be integrated into the field of clinical social work practice. However, an understanding of the theory can offer vast implications for clinical work with African-American queer women, as intersectionality is a vital element in understanding the complex and unique experiences of this population. This study will offer a clinical application of intersectional theory as well as relational cultural theory in the Discussion chapter.

## CHAPTER IV

### RELATIONAL-CULTURAL THEORY

Relational-cultural theory focuses on developing connections with others through relationships during the life span. Specifically, the theory posits that people grow and mature through relationships in yearning for connections and building relationships (Miller, 1986; 1988). Furthermore, relational-cultural theory seeks to understand human connections while examining personal and social factors that make and break connections and relationships (Jordan, 2001). Relational-cultural theory examines power and privilege relative to one's social location within the margin or center by exploring issues of isolation, shame, silence, disconnection, prejudice, and stigmatization that promote marginalization (Miller, Jordan, Kaplan, Stiver, & Surrey, 1991). One of the main objectives of the theory includes increasing one's capacity to find strength in order to facilitate social change and build meaningful and encouraging relationships with others (Jordan, 2008; Jordan & Hartling, 2002; West, 2005). Relational-cultural theorists argue that the theory is a transformative model that promotes human potential, connection, mutuality, strength, and resilience through empowerment and social change.

This chapter provides an overview of the evolution of relational-cultural theory by presenting that main tenets and frameworks behind the theory. First, the foundational concepts are explored, followed by basic principles and major trends of the theory. Finally, I will take a look at current and past empirical studies incorporating relational-

cultural theory and suggest further implications for clinical applications of the theory with African-American queer women.

### *Origins of the Relational-Cultural Theory*

Relational-cultural theory was conceptualized during the 1970s and grew out of the work of Jean Baker Miller (1986) and her investigation and analysis of dominant and subordinate cultures in her book, *Toward a New Psychology of Women* (1986). During this period, Jean Baker Miller collaborated with several other clinical practitioners, who formed the theory-building group at the Stone Center (Wellesley College), to explore the complexities of women's psychological and relational development (West, 2005). This group sought to reexamine developmental psychology and clinical practice relative to women's experience and was primarily interested in reconceptualizing how women were represented throughout research in the field (Jordan, 2001; Jordan & Hartling, 2002; Miller, 1988). Relational-cultural theory grew out of this emphasis and sought to challenge past misrepresentations of women portrayed in the traditional psychodynamic models. The Stone Center theory-building group writes and publishes *Work in Progress*. This body of work is comprised of a series of papers and monographs outlining the foundations and fundamental concepts of self in relation theory, now called relational-cultural theory.

In her book, *Toward a New Psychology of Women* (1986), Miller established the importance of examining the dynamics of dominance and subordination in human relationships, especially between men and women. Miller examines the issue of *difference* in terms of how people behave towards other people that are different from

themselves. Moreover, Miller identifies the ways in which processes of differentiation occur through marginalization in order to create dominant and subordinate groups. Miller finds that the dominant group defines normalcy and exerts a powerful influence on all aspects of society. The subordinate group is *otherized* by the dominant group's definition of normalcy as it tries to assimilate or acculturate to the dominant standards. Miller invokes the terms *margin* and *center* to describe the social location of each group and further illustrates the imbalances of power, privilege, and oppression inherent in the dynamics between each group. She states that people are pushed to the margin to the extent that they differ from the people at the center through processes of isolation, shaming, silencing, disconnecting, prejudice, and stigmatization.

Miller's (1986) work advanced many preexisting theories in developmental psychology that focused on the relational dynamics between men and women. The Stone Center theory-building group expanded on many of these topics and began work on a groundbreaking theory, introduced to address the nature of relationships and the impact society and culture on its development (Jordan, 2008; Jordan & Hartling, 2002). Relational-cultural theory was articulated with the intentions of addressing developmental experiences of dominate and subordinate groups at both the individual and societal levels in order to understand the dynamics of power and privilege, as well as, marginalization and oppression. Moreover, the theory was to include a more relational focus of human development by describing the ways in which humans yearn for mutual connection over autonomous individual development (Miller et al., 1991; West, 2005). The next section describes the basic principles of relational-cultural theory relevant to this study and population.

### *Basic Principles and Trends*

Relational-cultural theory is an alternative to most traditional psychodynamic theories and philosophies. Most Western models of psychology focus on one's development towards autonomy and individualism including Mahler's (Mahler, Pine, & Bergman, 1975) separation-individuation and Erikson's (1950) stages of psychosocial development. However, the relational-cultural model focuses on relational development through connection and relationships with others (Jordan, 2001; Jordan & Hartling, 2002; West, 2005). Many relational-cultural theorists find that psychological well-being and growth occur through experiences of *connection* and *disconnection*, a concept that refers to empathic failures or relational violations (Miller, 1988). Connection and disconnection are central to understanding the relational-cultural theory of development as both describe those processes that will inevitably occur in relationships. Specifically, one can experience either a connection or disconnection in experiencing a relationship with another. Relational-cultural theorists posit that if disconnection occurs, there is either at best, possibility for resolve or at worst, a more harmful circumstance which might include rupture, discord, or a possible end in connection (Miller & Stiver, 1997). Nonetheless, it is the experience of addressing these disconnections that is most important in healing, maturing, and transforming the relationship (Jordan, 2008; Miller, 1988; Miller et al., 1991).

#### *Growth-fostering Relationships through Mutual Empathy*

Relational-cultural theory characterizes growth, development, and maturity through relationships, specifically growth-fostering relationships. Miller (1986) identifies five characteristics of *growth-fostering relationships*: 1) increased zest and



vitality; 2) increased ability to take action and empower oneself; 3) increased clarity of the self in relation to another in a relationship; 4) increased sense of self-worth; and 5) an increased desire for additional relationships. Relational-cultural theorists find that these characteristics are most important in striving for connection and engagement with others. Through these characteristics, people are able to find strength, resilience, and empowerment.

Additionally, growth-fostering relationships encourage processes of mutual empathy. Developmental psychologists understand *empathy* as a critical ingredient in constructing relationships and understanding feelings and circumstances of others (Miller & Stiver, 1997). Relational-cultural theorists have expanded upon the concept of empathy to include a more reciprocal and relational process that occurs within the dynamics of two people (Freedberg, 2007). These theorists find that people have a need for connection and empathic responsiveness; therefore, empathy becomes a mutual and interactive process. The term, *mutual empathy*, has been conceptualized to refer to a two-way process that occurs when two people relate to one another in the interest of the other through emotional availability, emotional responsiveness, and an intent to understand the other person. Freedberg writes, “empathy is not meaningful unless each person involved in the dynamic interactive process is fully aware of each other’s presence, full participates in the interchange, and feels the impact that each has made on the other” (p. 255). Relational-cultural theory emphasizes mutual empathy as a fundamental factor of relational development (Jordan, 2001; Miller & Stiver, 1997). Mutual empathy is a powerful experience that communicates to others a sense of self-worth and allows for more effective interaction promoting mutual growth and development.

### *Connection through Strength & Resiliency*

Relational-cultural theory also envisions connection and growth as inspired by strength, resilience, resistance and empowerment through mutual empathy and growth-fostering relationships (Jordan, 2001; 2008; Miller & Stiver; 1997). Hartling (2008) argues that resiliency is all about relationships where people rely on one another to get through experiences of adversity and hardship. Participating in growth-fostering relationships, where one can enhance intellectual development through a sense of worth, competence, empowerment, and connection, strengthens resilience and encourages development and maturity. Through resiliency, people develop an ability to connect, reconnect, and resist disconnection in response to hardships, adversities, traumas, and alienating social and cultural practices (West, 2005). Relational-cultural theory understands resiliency as empowerment and encourages relational development through mutually empathic, growth-fostering, and resilience-strengthening relationships that support healing and transformation.

### *Examinations of Difference and Disconnection*

Finally, relational-cultural theory pays specific attention to examining the importance of difference and stratification, particularly informed by imbalances of power, privilege, and oppression inherent within society (Freedberg, 2007; West, 2005). Specifically, relational-cultural theorists argue that *disconnections* occur at both the individual and sociocultural levels, which impede an individual's ability to maintain growth-fostering relationships and sustain a desire for connection, relationship, and mutual empathy. The exercises of dominance, power, and privilege suppress authenticity and mutuality in relationships, which further limits and interferes with the formation of

growth-fostering relationships. These sociocultural dynamics inflict disconnection, silence, shame, and isolation; thereby creating marginalized groups (Walker & Miller, 2001). Jordan (2008) writes about a range of marginalization that exists in the world; all of which are potential places for disconnection, fear, and pain. “At a societal level, people are forced by judgments, prejudice, and bias from more powerful others into inauthentic connection or are only allowed to bring only certain parts of themselves into connection” (p. 96, Jordan; 2001). All the ways that dominant groups shame and silence nondominant groups contribute to disconnections at the expense of those individuals who are marginalized. Relational-cultural theory explores the ways in which marginalization, privilege, and power contribute to such disconnection, revealing the importance of examining difference and stratification in society.

Relational-cultural theory has also expanded on a growing body of research on the stratifications of racism, sexism, classism, and heterosexism and its impact on human development in sustaining disconnections and marginalization (Walker, 2001a; 2001b). Experiences of disconnection are the cost of marginalization through systems of stratifications that include racism, sexism, classism, and heterosexism, all of which serve to perpetuate internalized self-hatred, shame, lack of self-worth, and isolation. Walker & Miller (2001) find that cultural contexts where stratification of difference occurs, enforces a dominant-subordinate system of power that undermines opportunities of growth-fostering relationships. Relational-cultural theory examines the effects of racist, sexist, classist, and heterosexist systems and implications of stratification in hindering growth and development. The idea that strength, resilience, and empowerment occur

through growth fostering relationships and *connection*, is a direct challenge to a dominant paradigm that disempowers and marginalizes people (Jordan, 2008).

*Contemporary Advances of Relational-Cultural Theory*

Additionally, Comstock Hammer, Strentzsch, Cannon, Parsons, & Salazar (2008) argue that relational-cultural theory expands on current multicultural and social justice movements, which also examines institutionalized power and ramifications of racism, sexism, classism, and heterosexism. In particular, relational-cultural theory compliments the multicultural and social justice movement by identifying how contextual and sociocultural challenges impede an individual's ability to create and sustain growth-fostering relationships. The theory illuminates the complexities of human development by offering an extensive exploration of relational development and the impact of social stratification and societal oppression on marginalized people (Walker & Miller, 2001). Relational-cultural theory takes into consideration how issues related to power, dominance, subordination, and marginalization affect mental health and relational development. Most importantly, relational-cultural theorists note that the context of one's relational development across the life span is inextricably linked to an individual's racial, cultural, and social identity. The experiences of isolation, shame, humiliation, oppression, marginalization, and other microaggressions are inherent relational violations that occur at both the societal and personal levels (Walker, 2001a; 2001b; 2008). Relational-cultural theory, in support of the multicultural and social justice movements, asserts that institutionalized power and oppression is enacted in the context of interpersonal relationships and the fragmentation of such violations can be healed through new human bonds and connections (Comstock et al., 2008). The exploration of cultural

disconnections speaks to the theory's attunement to such disconnections on both interpersonal and sociocultural levels and its awareness of the psychological impact of oppressive cultural contexts (Hartling & Sparks, 2008).

Healing and transformation occur through growth-fostering relationships, mutual empathy, strengthening connections, and establishing sources of resiliency, resistance, strength, and empowerment. The primary work of relational-cultural theory is bringing people back into healing connections by reconnecting them more fully with others and making meaning of past disconnections (Jordan, 2001). Marginality is about *social* disconnection and political violations. It can be and often is disabling. However, it is often on the margins where one can encounter and experience transformation and strengthening of relational capacities for future development (Jordan, 2008).

Relational-cultural theory is an offering of new models of strength, connection, resilience, and empowerment. The theory incorporates the notion of resistance that serves to transform disconnections into stronger relations within people and communities (Hartling & Sparks, 2008; Miller et al., 1991). The next section will explore empirical studies of the theory from the past and present.

### *Empirical Studies of Relational-Cultural Theory*

Relational-cultural theory has mostly been applied in clinical settings and organizations on a theoretical level. There are some past empirical studies of relational-cultural theory that include qualitative and quantitative examinations of mutuality, connection and disconnection, and empathy in the context of immigrants, lesbians, and nontraditional families (i.e., Russell, 2009; Shibusawa & Chung, 2009). Though some of

the more recent literature has included African-American women, it mostly remains at a dissertational level revealing a critical gap in the literature.

### *African-American Women & Relational-Cultural Theory*

Relational-cultural theory has expanded the boundaries of its theoretical framework to include a heightened awareness of the diverse cultural and sociopolitical contexts that shape women's growth in developmental and relational experiences in the environment (Freedberg, 2007). Women's gender-related experiences intersect with socioeconomic status, race, age, ethnicity, sexual orientation, and other forms of differences that situate them in a socially stratified society and have potential to become determinants of their realities and lived experiences in the forms of marginalization and oppression. Miller and Stiver (1997) argue that "all forms of oppression are also relational oppression; they act against mutual relationships and therefore create major disconnections between people who come from different groups" (p. 49). In particular, relational-cultural theorists posit that oppression results in multiple disconnections from the self and others, especially for African-American women (Jenkins, 2000; Turner, 1987).

In some aspects of life, it is necessary that African-American women maintain connection to and acceptance by the dominant culture in coping with experiences of racism, sexism, classism, and heterosexism. Jenkins (2000) finds that for African-American women to succeed within the dominant culture, they must often disconnect from parts of themselves and their experiences in different environments. This process comes at the expense of African-American women's social identity and cultural heritage,

which further promotes oppression, stigmatization, and marginalization of this group (Turner, 1987). Additionally, Hamilton-Mason, Hall, and Everett (2009) note that African-American women manage the interlocking effects of racism, sexism, and classism, which are core themes in their daily life experiences; however, these interlocking systems still have resounding effects on their mental health and coping strategies. African-American women exist within a complex multilayered environment and the structure of societal forces operating within this environment exerts significant influence on their relational growth and development.

A relational-cultural perspective highlights the salient aspects of everyday coping strategies and mechanisms of African-American women who experience marginality and oppression through systems of racism, sexism, classism, and heterosexism. African-American women value relational supports through their emphasis on community and family and exhibit unique strengths and characteristics as adaptive mechanisms. Moreover, African-American women develop and grow through redefining and differentiating their sense of self in relation to their concerns and feelings about others (Hamilton-Mason, Hall, & Everett, 2009; Turner, 1987). Relational-cultural theory is consistent with African-American women's resources of strength, resiliency, and ability to recognize when to disconnect and reconnect. This theory reflects the values of harmony, balance, and collective group orientation, all important aspects that African-American women rely on in their life experience. The next section will briefly consider the clinical implications of relational-cultural theory in working with African-American queer women.

*Clinical Implications of Relational-Cultural Theory in working with African-American  
Queer Women*

Relational-cultural theory offers an empowering and new perspective to the experiences of African-American queer women that promotes healing and transformation at the individual and societal levels. This approach includes a lens that highlights the effects of systems that impact relational development and growth (Freedberg, 2007; Hartling, 2008; West, 2005). More specifically, relational-cultural theory seeks to explain the ways in which African-American queer women develop relationally given their multiple social identities. Additionally, in examining sociopolitical and cultural contexts, the theory yields a strengths-based and empowerment perspective which questions the marginal status of triple jeopardy in African-American queer women. The next chapter reveals further clinical implications of relational-cultural theory through a composite case study of an African-American queer woman.

*Summary*

The central tenet of relational-cultural theory is that people develop through and toward relationship and connection, which occurs within and is influenced by a sociopolitical and cultural context. Relational-cultural theory asserts that people need to be in connection in order to change, to open up, to transform, to heal, and to grow. Through this process, growth-fostering relationships development to encourage mutual empathy, empower, strength, and resiliency. Relational-cultural theory, a work in progress, continues to expand substantially and develop foundations in research on institutionalized systems of power, including racism, sexism, classism, and heterosexism.



This theory has significant clinical implications for therapeutic work with African-American queer women, which will be explored in connection with intersectionality in the next chapter.

## CHAPTER VI

### DISCUSSION

I have been straddling that *tejas*—Mexican border, and others, all my life. It's not a comfortable territory to live in, this place of contradictions. Hatred, anger, and exploitation are the prominent features of this landscape. However, there have been compensations for this *mestiza*, and certain joys. Living on borders and in margins, keeping intact one's shifting and multiple identity and integrity, is like trying to swim in a new element, an "alien" element. There is an exhilaration in being a participant in the further evolution of humankind, in being "worked on."

Gloria Anzaldua, 2007, p. 5

In this final chapter, I begin by reviewing the impact of multiple identities on African American queer women presented in Chapters I and III. Next, I present an analysis of intersectionality and relational-cultural theory in clinical social work practice using a composite clinical case based on my past work with this population in order to understand how intersectionality and relational-cultural theory may influence the therapeutic treatment with an African American queer woman. I will discuss this combined theoretical approach and introduce new ways of conceptualizing clinical treatment with African American queer women for clinical social workers. Finally, I will conclude by discussing the strengths and weaknesses of the approach presented, as well as the clinical implications for social work practice, policy, and research.

### *Review of the Major Constructs*

There is a range of multifaceted issues and stigmas that affect African American queer women and their experiences of everyday life. African American queer women must negotiate among various identities in order to navigate within a dominant society, which reflects values and standards that may differ from their own and further impact their mental health. There is a paucity of previous research that examines this experience through a theoretical orientation and clinical lens. However, the small number of empirical research studies that do exist continue to explore the experiences of African American queer women as lacking and vulnerable, rather than resilient and strong (Greene & Boyd-Franklin, 1996; Morales, 1989).

Chapters IV and V examined intersectionality and relational-cultural theory. The theory of intersectionality is an analytic approach that considers the various meanings, experiences, and consequences of multiple identities. Intersectionality examines the connections between race, class, gender, and sexuality as simultaneously operating identities and further illuminates the ways in which minority groups become marginalized, subordinated, and dominated in society (Cole, 2009; Crenshaw, 1991). Finally, the theory highlights the interaction between individuals at the micro level and different institutional systems of power at the macro level in society.

Relational-cultural theory explores how individuals develop relationships and connection throughout the life span within a specific sociocultural context (Jordan & Hartling, 2002). This theory seeks to understand human connections while examining personal and social factors that can promote or hinder relationships. Lastly, relational-cultural theory examines power and privilege in terms of one's social location at the

margin or center in order to increase one's capacity to find strength and resiliency, encouraging meaningful relationships (Jordan, Walker, & Hartling, 2004).

The theories—intersectionality and relational-cultural theory— are in line with investigation of the micro and macro level issues that may impact the experiences of African American women. Furthermore, these theories can provide a more pertinent and constructive framework for clinical social work practice with these individuals. The next section presents an in-depth analysis of the present phenomenon and theories through a composite case study of an African American queer woman.

### *The Case of Eva*

The following case study is a composite case of several clients from my past clinical work. All identifying information has been modified to ensure confidentiality for the purposes of this study.

Eva is a 47-year-old female who self-identifies as an African American Black lesbian woman. Eva has been on disability for twelve years due to mental health issues including a bipolar diagnosis characterized by chronic depression. Eva was employed for many years working in the nonprofit field. However, after switching jobs three times, she felt like she was "overcome with depressed feelings and could not maintain good working relationships with others which was very necessary" in her line of work. Eva stated that therapy had been very helpful in the past when she worked with a therapist that could understand and work together with her.

Eva comes from a once close-knit family that includes her two brothers, sister, and maternal aunt. Her biological mother passed away when she was younger and her

father remains absent from her life. Eva grew up very poor and her maternal aunt worked several jobs to support the family, which meant that she rarely spent time at home. Eva often talked about how much she missed her aunt when she was not home and how much of an effect her aunt's absence had on her as a child. Eva remains in contact with this aunt and speaks with her several times a week.

Eva was once married to a male partner with whom she had two children. Shortly after the children were born, Eva divorced her husband and moved away. She reports having raised her children without the support of their biological father or any paternal family members. Eva recently came out to her family and friends as lesbian. She states that her children were very supportive while her brothers and sister chose not to support her decision. Eva states that they continue to confront her about sexuality even though she has found a trustworthy partner.

When Eva first began treatment, she expressed how concerned she was about feeling so depressed and unmotivated. Eva revealed several past hospitalizations for suicidal ideation (although she knew she was "incapable of actually doing it") and she said she "never wanted to feel that way again." Eva's history includes a recent traumatic loss of a paternal figure, relational difficulties with her older brothers and sister, and financial strains given her limited fixed-income.

Eva has expressed feeling disappointed and frustrated at having to be on disability because she knows that she has great potential, especially given her success in the past. She often talked about returning to work and getting off of disability permanently; but she also wondered if she was stable enough and if it was the "right decision." Eva mentioned several times that she wanted to feel like she was "contributing to the world

again," making use of her potential like she did in her past jobs. However, she seemed quite timid and would express this through questioning her capabilities stating that she "wasn't worth it."

Eva occasionally presents with a labile mood but her overall affect is sad. On particularly hard days, Eva would describe herself as "overwhelmed and useless, just a very depressed human being." However, on other days Eva seemed to gloat describing how successful she once was in the past, especially in terms of her job. Eva sometimes struggled to balance these feelings and make sense of what she felt especially during her more difficult days. Eva relied heavily on feedback from others and she stated that it was starting to have an affect on some of her more important relationships including those with her children and partner.

Eva utilized her therapy sessions to process her feelings and explore some coping skills that might help her manage during her difficult times. Eva mentioned that she wanted to find some extra support outside of her immediate family members. She agreed to attend weekly, sometimes bi-weekly sessions to explore how she could find more meaning and stability in her life.

### *Analysis*

There are many ways to explore the present case study in thinking about Eva's clinical treatment and prognosis after therapy. An intersectional paradigm combined with relational-cultural theory may best benefit this client in terms of understanding the interplay of the sociocultural dynamics affecting this client and her relational difficulties, as well as identifying the client's existing resources and resiliencies. I will first explore

Eva's case through the theory of intersectionality to begin this analysis. I argue that a clinical application of intersectionality asks that practitioners understand the meanings and experiences of race, class, gender, and sexuality for an individual and also include an examination of micro and macro level systems of power and privilege.

#### *An Intersectional Analysis of the Case of Eva*

In self-identifying as an African American Black lesbian woman, Eva has highlighted the aspects of her identity that are most salient for her and for others to understand about her. By naming her race, gender, and sexuality, Eva is expressing the parts of herself she feels warrant validation and acknowledgment from others. The theory of intersectionality is a consideration of the experiences and meanings of these identities for an individual (Hulko, 2009). Intersectionality understands Eva's identities as mutually constructed experiences that makeup Eva's sense of individuality. In her expression as an African American Black lesbian woman, Eva reclaims her identity and asserts an esteemed level of pride she has for herself as an individual.

As Eva has identified that her race, gender, and sexuality are important to her, it may also be important to acknowledge the experience of these identities as simultaneous operations. These identities create multiple statuses and possibly multiple jeopardies that can inform Eva's experience (Bridges, Selvidge, & Matthews, 2003; Greene, 1994; 1996). As King (1995) conceptualizes, a clinical practitioner might examine the interactive nature of the compounding systems of race, class, gender, and sexuality by exploring Eva's experiences as an African American Black lesbian woman. Understanding her experiences may lead to an exploration of her mental health issues.

Additionally, an intersectional analysis allows practitioners to understand the multiple expressions and variations of these identities within a specific sociocultural context. Intersectionality theory examines the multitude of experiences an individual can experience as a result of multiple and simultaneously operating identities (Bridges, Selvidge, & Matthews, 2003; McCall, 2005). Specifically, in the case of Eva, a practitioner might examine the sociocultural and political context Eva lives within as an African American Black lesbian woman receiving disability. Eva's experiences can then be understood within a certain context in which a practitioner might consider the different micro and macro level systems affecting Eva's situation and subsequently her mental health. Her race, class, gender, and sexuality may ostracize her as an individual and the systems of racism, classism, sexism, and heterosexism may further exacerbate this situation. This kind of analysis allows a practitioner to understand a person within the context of a specific environment by accounting for external realities that can impact internal systems (Bogard, 1999; Greene, 1994). Eva is then understood in terms of her experience as an individual living within a given sociocultural context.

Finally, Eva's experience is multidimensional in nature and warrants an approach that examines the entirety of her experience as an African American Black lesbian woman rather than misrepresenting and invalidating her experiences. The theory of intersectionality, through an appropriate examination of both micro and macro level systems, recontextualizes her experiences as an African American Black lesbian woman and acknowledges the complexity of her experiences (Collins, 2000; Hulko, 2009). The theory provides a crucial exploration of the sociocultural and historical context in order to understand the particular issues impacting Eva's mental health.



Pinderhughes (1989) argues that understanding race, ethnicity, and power is key to an effective clinical practice with people of color. In the case of Eva, having great flexibility and openness to addressing issues of race, class, gender, and sexuality is necessary in terms of her clinical treatment (Hamilton-Mason, 2004; Greene, 1998; Kanuha, 1990). A practitioner might empower Eva to explore the multiple meanings of her identities to understand how she manages and negotiates multiple systems of power and oppression. However, through this process it is important to illuminate self-determination and resilient strengths and not to reinforce oppressive systems of marginalization. Fukuyama & Ferguson (2000) remind practitioners that there is a range of negative internalizations that LBG people of color endure. However, these individuals rely on coping skills and cultural group memberships to rise above adversity and difficult times. The therapeutic process offers a unique opportunity for Eva to confront and further process her experiences of multiple identities and oppressive power systems.

The experiences of race, class, gender, and sexuality, as well as micro and macro level systems can both potentially affect the mental health of an individual. A clinical application of intersectionality consists of a well-rounded assessment of an individual's external environment as it relates to the individual's internal capacities. In the case of Eva, a well-rounded assessment might include investigating the various individual, familial, social, cultural, and institutional roles present within her life. I have explored a clinical intersectional analysis through the case of Eva. In the next section, I will apply relational-cultural theory in order to explore clinical treatment approaches with this client.

### *Relational-Cultural Theory and the Case of Eva*

Relational-cultural theory is a contemporary approach that analyzes human connections in the context of relationships (West, 2005). Moreover, the theory is a critical examination of power and privilege in terms of how people manage relationships given experiences of isolation, shame, prejudice, discrimination, and disconnection (Walker, 2001a). In this section, I will explore relational-cultural theory through the case of Eva. I argue that relational-cultural theory can be applied in clinical practice to understand the ways in which imbalances of power and social stratification in society encourage disconnection through processes of isolation, marginalization, shame, and prejudice. Additionally, I argue that the theory, in its exploration of societal and interpersonal disconnections, encourages healing, strength, and resiliency by transforming human bonds and connections.

Relational-cultural theorists argue that imbalances of power and social stratification in society are a buttress for disconnection, isolation, and detachment. Disconnections at both, the individual micro and sociocultural macro levels, can impede an individual's ability to sustain a desire for connection, growth, and relationships, which further promotes marginality and stigmatization (Walker, 2001b; Walker & Miller, 2001). Eva is an individual who seeks meaningful connections as exhibited by her growth-fostering relationships with her children, past therapists, and current partner. However, Eva has expressed feeling less and less connected to her family and work as characterized by her depressed and isolated feelings. A relational-cultural theorist might explore with Eva her experiences of difference and disconnection that have recently developed. Understanding how these experiences have informed her present connections

may offer additional information about her relationships with others and her present feelings.

Additionally, relational-cultural theory seeks to enhance intellectual and relational development through a sense of worth, strength, empowerment, and connection with others. This process promotes resiliency and encourages stability through experiences of adversity and hardship (Hartling, 2008; Jordan, 2008). Though she was experiencing intense bouts of depression, Eva relied on her innate resources and strength to reach out for help. A therapist working with Eva might continue to validate and acknowledge her resiliencies in order to encourage stability, promote connection and further relational development. Eva may be able to utilize her meaningful relationships to foster self-esteem, confidence, and inner strength.

Applying a relational-cultural approach allows for an explicit examination of systems of racism, sexism, classism, and heterosexism and their impact on individual's mental health. Although Eva did not openly address these concerns when she initially presented to therapy, it is important to be aware of these implications and their impact on individuals. Relational-cultural theory understands these systems as interferences of growth-fostering and resilience-strengthening relationships. Discovering strength, resilience, and empowerment through connection challenges isolation, disconnection, and marginalization processes and allows for reparative transformation and healing bonds in relationship based and culturally responsive clinical practice (Jenkins, 2000; Turner, 1987).

## *Synthesis*

Clinical practitioners can benefit from utilizing the combined approach of intersectionality and relational-cultural theory through well-rounded biopsychosocial assessment and clinical treatment plans. Assessments that include an intersectional analysis include examinations of individuals in their sociocultural, political, and historical contexts identifying the complexities of their experiences. Additionally, clinical treatment plans from a relational-cultural perspective seek to understand individuals' relational development through their experiences in a stratified society while encouraging strength, empowerment, and resiliency.

Uniting intersectionality with relational-cultural theoretical frameworks supports a working paradigm for clinical practice that encourages cultural responsiveness and awareness and mutual empathy. These theories ask clinical practitioners to maintain an adequate level of comfort and attunement in addressing individual experiences of race, class, gender, and sexuality, as well as imbalance of power and privilege inherent in society (Basham, 2009). Clinical practitioners must be prepared to question their own biases and assumptions about their clients. Intersectionality and relational-cultural theory provide clinical practitioners with an opportunity to challenge these biases and assumptions and transform traditional clinical work into opportunities of empowerment.

The analysis presented through the case of Eva highlights interventions that may benefit the therapist in understanding how to approach assessment and clinical treatment. The case analysis is intended to provide further insight of intersectionality and relational-cultural theory as relevant frameworks for clinical practice. Next, I will explore the strengths and weaknesses of the framework presented.

### *Strengths and Weaknesses*

An intersectional and relational-cultural approach yields several strengths in addressing the impact of multiple social identities and their resultant experiences in society. The current study utilizes a theoretical approach to explore, analyze, and recontextualize the complex experiences and lived realities of an African American queer woman in today's society, moving away from past practice modalities and frameworks that have consistently marginalized nondominant groups of people. Additionally, this treatment model primarily focuses on exploring relational approaches to empowerment, strength, and resilience, viewpoints that have often been overlooked by traditional scholarship. These theories, when united, offer a clinical assessment and treatment plan that attempts to encompass the entirety of an individual—including their interpersonal, intrapsychic, and sociocultural worlds.

However, it is also important to note that not all individuals, including some African American queer women, are ready to discuss or even need to further process their experiences of race, class, gender, and sexuality. Additionally, every individual's experiences are unique to their background and environment. It is difficult to generalize across one diverse population to find a clinical treatment model that addresses most issues and concerns inherent in society. This treatment model offers vast clinical implications in working with African American queer women and asks that practitioners utilize a combination of theoretical frameworks that can address multiple issues and concerns of this population.

### *Clinical Implications for Social Work Practice, Policy, & Research*

Intersectionality and relational-cultural theory provide a contextual analysis of micro and macro level systems that strengthen social work practice, policy, and research. These theories are capable of promoting a paradigm shift in expanding the knowledge base of the social work field as highlighted in the profession's core values and mission statement. Social work practice, policy, and research have been limited to traditional scholarship examining the needs of dominant populations. With the addition of intersectionality and relational-cultural theory, the field of social work can include a social justice and culturally responsive agenda that is accountable to nondominant groups, as well. Perspectives and practices that acknowledge multiple realities and diverse relational experiences of individuals, along with interventions that are in-depth, multifaceted, and simultaneously target systems at the micro and macro levels, are important in promoting social change, community healing, and individual transformation, the core tenets of the social work profession.

### *Conclusion*

While Eva has her own very unique experience, she echoes the voice of many African American queer women living in today's society. It is an easy task to align with Eva's symptoms and view her as a vulnerable victim who needs rescuing. It is easy to cast Eva to the margins and define her as "other." However, bell hooks (1990) reminds us that "marginality is not necessarily an imposed existence but rather a dynamic, multivocal, and transformative space that is self-determined and self-defined in language and memories" (p. 144). Additionally, Anzaldúa's quote speaks of the borders as an

exhilarating space, where one lives with integrity, honor, and confidence. It is quite a feat to challenge oneself to see individuals for who they are as they deal with the complexities of society. In this case, Eva shows every sign of being capable of managing her stressors, living with integrity, and finding ways to redefine her existence. Social work practitioners must be prepared to meet clients where they are at and strengthen their individual identities.

Throughout this study, I have argued for a theoretical stance that examines the impact of multiple identities and the layered complexities that shape the experiences of African American queer women. I have presented frameworks—intersectionality and relational-cultural theory—that question a triple jeopardy status and recontextualize the experiences of Black women like Eva. However, it remains in the hands of social work practitioners, researchers, and advocates to take up the challenge and move beyond notions of cultural difference and include practices that examine societal issues of power and oppression.

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