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IS ANOTHER PSYCHOANALYSIS EMERGING?

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This article analyzes and contextualizes findings of an online survey documenting transformations in psychoanalytic practice. The findings indicate that a number of contemporary practitioners challenge the premise that psychoanalysis is only available to a higher-income group, also associated with mainstream gender and sexualities, and racial and ethnic ideals of whiteness. The first step of a multistage exploratory research study gathered a sample of 243 respondents, a majority of whom practice in the United States. Almost all of the respondents (99.17%) reported engagement in clinical work with populations historically considered underserved. This suggests possibilities for the emergence of a new psychoanalysis and initiates the project of mapping the inclusive practice of psychoanalysis today.

Keywords: inclusivity, underserved populations, geo-psychoanalysis, community psychoanalysis, minorities, clinical practice

In this article, we share the preliminary results of an online survey aimed at documenting transformations in the practices of psychoanalysis in the United States and internationally from the practitioners' perspective. The survey was conducted with the purpose of gathering information showing how inclusive current psychoanalytic practice can be. The results reveal a change in the direction of psychoanalytic clinical practice toward more inclusivity.

We understand inclusive psychoanalytic practices as those that engage with groups of people historically not participating within the mainstream practices of the profession, including but not limited to the economically disadvantaged, the sexually discriminated against, the marginalized racially, and the ethnically diverse. Our findings contradict the reproach that psychoanalysis is exclusively practiced among upper-class, White, sexually normative populations.

This is a preliminary step in mapping a field of practitioners who identify as currently working with historically excluded groups. In

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the first phase, we limited the survey to English-speaking respondents and distributed it mostly through online psychoanalytic media in the United States. We plan to translate it into other languages and circulate it widely to capture a more international picture.

We want to identify contexts in which psychoanalysis is becoming inclusive in different kinds of ways, broadening and specifying the scope of what has been considered the traditional location of psychoanalytic practice. We question the long-established categories used to think about how and with whom psychoanalysis is practiced, particularly those that narrate psychoanalysis as a profession serving only elites. One goal is to collect data from clinicians working inclusively in order to learn the ways in which they make these practices possible, their reasons for practicing inclusively, and how their practice connects to broader institutions and groups of practitioners.

Understanding more accurately how and with whom psychoanalysts work touches on the ethical and political implications of clinical psychoanalysis. In this sense, our findings destabilize its typical map, in particular its placement in upper-class and White-raced urban spaces. We intend to create a new *cartography*[1] that locates psychoanalytic practice within the specificities of social, economic, and historical contexts. We hope that our account will encourage the practices of inclusive psychoanalysis to expand by connecting clinicians while documenting transformations in the field itself.

RESEARCH PROGRAM

We take inspiration from the notion of *geo-psychoanalysis* launched by Jacques Derrida (Derrida & Nicholson-Smith, 1991) by considering how various locales of psychoanalysis connect to global and political forces. The survey is designed as a self-descriptive questionnaire, aiming to understand the factors that determine access to psychoanalysis by collecting information from the practitioner's point of view. A questionnaire consisting of 20 questions (see the Appendix) was circulated by email between April 14 and October 4, 2023. It had 243 respondents; all responses are included in the analysis. Participants were recruited through listservs of psychoanalytic institutes and organizations, and more informal listservs

where we posted a project description and survey link.[2] We also invited respondents to share the survey by forwarding it to others.[3]

BACKGROUND

While it is known that psychoanalytic research has historically underrepresented nonmainstream groups (Watkins, 2012, 2013), several recent publications have explored the generative potentials of practicing inclusively for enriching psychoanalysis. By encouraging the field *in extension*, they make it relevant to current questions about social justice (Gherovici & Christian, 2019; González, 2020; Layton, 2020; Oyer, 2022). In the past decade, configurations and practices of psychoanalytic institutions have undergone significant changes, including overhauls of leadership strongly encouraged by the political orientations and values of new cohorts of candidates.

Institutionally, psychoanalysis seems to be transforming itself. The reasons for this are varied and do not depend on a simple generational shift. A recent *New York Times* profile (Bernstein, 2023) and an article in *Vulture* (Shapiro, 2023) describe psychoanalysis in the United States as experiencing a notable resurgence among a younger generation of analysts and patients. They argue that an increasing number of individuals are spending substantial time on the "couch" or in some kind of psychodynamic treatment. Yet they omit an important earlier transformation: In 2002 psychoanalysis was established as an independent state-licensed profession.[4] This event is quite important in the history of American psychoanalysis, because the New York metropolitan area is a center of psychoanalysis in the United States with the highest number of training institutes in the nation. The law has enabled eligible persons with no previous clinical background to train, receive licensure, and practice, thereby radically transforming the status of lay analysis. Applications to psychoanalytic institutes appear to be on the rise, especially as employment in cultural fields has become precarious.

It seems clear that psychoanalysis is gaining in popularity more broadly speaking for economic, cultural, and political reasons, including the resurgence of the social cachet attached to the field in the American context. A growing interest in diversity within the theories and practices of psychoanalysis is central to this emerging trend. If politically active and social justice–oriented clinicians

concerned about diversity and inclusion are poised to guide the field into the next decades, the existing manifestations of such developments need to be taken into account. In the United States, discussions about "community psychoanalysis" have become a recent focus of interest and advocacy. Are psychoanalytic treatments now conducted in communities and with groups not historically served by psychoanalysis? How are such commitments reflected in individual clinical practices?

There is a general sense that psychoanalysis needs to become more socially and politically aware. Many questions remain about how to make this happen concretely (Sehrbrock, 2021). We keep in mind that psychoanalysis has a long and conflicted history around its politics and class placement. Precedents of psychoanalytic work on the "margins" often go unrecognized despite publications documenting this history (Altman, 1995; Aron & Starr, 2013; Danto, 2005; Gabarrón-García, 2021; García, 2012; Gaztambide, 2019; Hale, 1995; Mendes, 2015). It is well known but readily forgotten that Sigmund Freud himself belonged to the racialized persecuted minority and barely escaped the Holocaust, dying in exile as a stateless refugee (Gilman, 1993; Holmes, 2021; Stoute, 2017; Tate, 1996). His view of psychoanalysis included positions on homosexuality, race, and gender that challenged the bourgeois and racist values of Western Europe in his time. Nevertheless, Freud also wanted his "science" to assimilate into mainstream academic institutions and standards (Gay, 2006; Gilman, 1993; Makari, 2009).

Recent debates over whether the field of psychoanalysis is concerned with social justice tend to neglect its past political commitments, as well as a potential of psychoanalysis to provide a meaningful account of the phenomena of human aggression and violence. After World War I, many psychoanalysts worked explicitly on the imbrication of human aggression and the death drive (Federn, 1952; Fenichel, 1953; Weiss, 1950). The application of these ideas to clinical practice, in particular those relating to political violence, was met with resistance in the post–World War II. As historians of psychoanalysis have shown, the social applications of clinical psychoanalysis were eventually abandoned (Hale, 1995; Jacoby, 1983; Zaretsky, 2005, 2015). In the North American context, psychoanalysis became oriented more toward

adaptation than emancipation and developed as a narrow medical subspecialty (Hale, 1995; Turkle, 1992). The designation of "Park Avenue practice" reveals the clever strategy concocted to generate incomes commensurate with the most lucrative medical specialties (Lionells, 1999)—predictably, clinical practice aligned with long-term treatments. The psychic subject that developed alongside ideals of wealth and upward mobility was conceived as "universal" and impermeable to the pressures of history. Consequently, the theory of such a subject became disconnected from social context.

Dagmar Herzog (2017) demonstrates how far removed these ideals were from Freud's initial project of returning neurotic patients to the everyday trials and tribulations of human suffering. The depoliticization of psychoanalysis in the United States has been amply documented (Hale, 1995; Jacoby, 1983). Eli Zaretsky (2015) reframes this evolution as typical of the conformity prevalent in the United States from the late Victorian era to today's age of psychopharmacology. In the rest of the Americas, however, psychoanalysis had a very different trajectory (Bosteels, 2012; Plotkin & Ruperthuz, 2017). In Latin America (Hollander, 2019), psychoanalysts were often radicalized. The psychoanalytic discourse was embraced by left-wing intellectuals as a tool for social transformation, and psychoanalysis itself was seen as eminently political. Although Freud (1930) supported socialist values of equality, stating that "anyone who has tasted miseries of poverty" could understand the "need to fight against inequality of wealth," he was pessimistic about human nature (p. 113, fn. 1). He nevertheless professed an interest in creating a recognized place for psychoanalysis as a scientific practice, downplaying the subversive aspects of some of his own theories; he was aware that his ideas challenged standards of human behavior. Freud (1919) advocated the creation of "free" clinics to secure the right of "the poor" to access the "life-saving help" (p. 167) of a "strict and untendentious psycho-analysis" (p. 168). As Betty Fuks (2008) persuasively argues, the marginal, counter-mainstream position of Freud and of psychoanalysis as a discipline is a structural determinant that remains fundamental to its efficacy.

How and in what forms may the original inclusive spirit of psychoanalysis still be present today?

FINDINGS

Despite the limitations of our sample (243 respondents), 99.17% (240) reported that they engage in clinical work with minorities. In the survey, "minorities" were defined as "people for whom it is not typical to receive psychoanalysis. This could be understood according to race, ethnicity, class, gender, sexualities, religion, diagnosis." A majority of respondents identified not just as psychoanalytically influenced (73 [30.29%]), but as psychoanalysts (167 [69.29%]).

Do inclusive clinical practices correlate with specific psychoanalytic traditions? In terms of what psychoanalytic orientation they practice (Q2: Answered 225/Skipped 18), respondents could choose more than one descriptor: 125 (56%) identified themselves as Freudian; 98 (43.56%) as Lacanian; 81 (36.36%) as Interpersonal/Relational; 69 (30.67%) as Winnicottian; 48 (29.33%) as Kleinian; 32 (14.22%) as Bionian; 26 (11.56%) as Laplanchian; 10 (4.44%) as Jungian; and 8 (3.56%) as Kristevian. In addition, 44 respondents (18.22%) marked "Other," which includes "integrative," "feminist," "Dolto," "Deleuzo-Guattarian," and "Kohut/Self psychology."

Given that the survey was in English and was circulated primarily among clinical groups located in the United States, the majority of respondents who self-identified in terms of nationality (149) were from the United States (105 [70.47%]). Of the other respondents, 13 (8.72%) were from the United Kingdom, 6 (4.02%) from France, 3 (2.01%) from Costa Rica, 3 (2.01%) from Germany, 3 (2.01%) from Brazil; and 2 (1.34%) from Ireland. Single respondents (0.67%) came from Bulgaria, Greece, Puerto Rico, Poland, Austria, Italy, South Africa, Australia, and Sweden.

Several questions (Q4, Q5, Q6—all characterized by Answered 240/Skipped 3) investigate fee structures, setting, and payment; material factors that grant access to treatment. Respondents largely offer sliding scale fees (232 [96.65%]). The majority (200 [83.33%]) work in a private practice setting, seconded by a community clinic practice (50 [20.83%]). Respondents may also work in both settings, either full or part time, and in another type of setting such as university counseling centers, public hospitals, homeless shelters, churches, and charities.

That a vast majority of respondents work in a private practice at least part time suggests a possible correlation between the freedom granted by this setting and the flexibility to make treatment accessible to minority groups: Cost is an important consideration for accessing psychoanalytic treatment. A majority (204 [85%]) of those working in an inclusive manner accept out-of-pocket payments, 88 (36.77%) use private insurance, 71 (29.58%) use public/state health insurance, and 51 (21.25%) have reported not being paid. Again, it appears that the autonomy of the private practice setting contributes to practitioners' flexibility to accept different forms of payment—out of pocket (including fees commensurate with a patient's resources), health insurance—and to engage in pro bono work. The flexibility in payment modalities seems to play an important role in granting access to treatment for minority patients.

To assess the actual time devoted to clinical work with traditionally excluded populations, we asked how many hours such patients were seen every month. More than half of respondents (155 [65.12%]) are spending between 5 and 21 hours per month seeing minority analysands, 74 (30.24%) spend between 22 and 60 hours, and 9 (3.78%) respondents spend 81–160 hours.

How do the respondents practice inclusively (Q12: Answered 238/Skipped 5)? The vast majority (235 [98.74%]) practice individually, 60 (25.2%) practice with couples, 26 (10.92%) work in a group modality, and 22 (9.23%) listed working inclusively through a family approach and through supervision. As for the geographic location of the inclusive practice and that of the population served (Q18, Q19—both Answered 241/Skipped 2), 164 (68.05%) respondents identified it as an urban setting with a mostly urban patient population (142 [58.92%]). These results suggest that inclusive psychoanalysis is mostly made available individually in predominantly urban settings, providing treatment within communities with mixed socioeconomic backgrounds.

How is the designation "minority" defined by practitioners themselves (Q10: Answered 239/Skipped 4)? The majority of respondents defined it as racialized (180 [75.31%]), followed by gender nonnormative (162 [67.78%]), poor (161 [67.36%]), and/or sexually dissident (108 [45.19%]). Respondents could choose one or more descriptors. Other descriptors included neurodivergent or mentally nonnormative persons (e.g., those with autism and

psychosis), civil status (e.g., refuges, immigrants, undocumented, veterans), differently abled (e.g., deaf, visually disabled), and religious minorities.

A variation in answers occurred when respondents were asked to describe the minorities in their own words (Q15: Answered 206/Skipped 37). The relatively high absence of answers gives a good sense of challenges to find an adequate vocabulary by which to define gender, sexual, and racial minorities, and economically disadvantaged groups.

A NEW TYPE OF PSYCHOANALYST?

Having reviewed responses to the questions that identify the populations served, we now move to the demographics of practitioners providing access to inclusive psychoanalysis. We asked respondents how many years they have been in clinical practice (Q13: Answered 235/Skipped 8). Even though the results suggest that slightly higher numbers are either still in training or have more than 20 years of clinical experience, practitioners at all levels of experience engage in inclusive psychoanalytic practices. Serving a diverse patient population is neither just a result of being in training and working in a clinic as part of formation requirements, nor a choice only available to the established clinicians with a big enough practice to allow for a sliding scale.

In terms of professional degrees (Q14: Answered 241/Skipped 2) almost half of the respondents (118 [48.96%]) hold doctoral degrees, followed by 73 (30.29%) respondents who have a master's degree. In the "other" category (30 respondents [13%]), 13 have master's degrees combined with another qualification: 9 listed PsyD degree and 3 LP (licensed psychoanalyst). Only 13 (5%) respondents have a medical degree.

MOTIVATIONS

To the open question, "Why do you practice with minority analysands?" (Q11: Answered 231/Skipped 12), many responded in a way that indicated the choice was somehow a given. The frequency of this response and its sometimes-irritated tone may indicate a

political stance. In 39 instances (17%), we found the "Why not?" (sometimes in all caps), which calls up annoyance, depicting inclusive psychoanalytic practice as a matter of course. Some other answers explicitly state a distaste for the question as biased: "I find the question off-putting. Because they come to me and because I am a clinician"; "No patient is excluded"; "I practice with anyone"; even, "I don't understand the question." All imply that the motivation to practice in this manner has the force of necessity. They could also be heard as a defense of an optimal professional stance: A clinician is ethically obligated to serve "anyone."

The passive voice—"They were referred to me"—was used often, perhaps to insist on the fact that this is *the way things are*: "I receive requests"; "They require service." Many responses described imminent conditions: "It's possible where I work"; "They inquire into my practice"; "Because they ask me to work with them"; "They came to me and I said yes." This receptivity also indicates that there are patients with agency: "they ask," rather than simply wait to be found and served. "Why not? I guess my mind has been 'inclusive' for as long as I can remember . . . patients sense that openness." The simplicity and impassivity of these responses suggest that providing psychoanalysis inclusively is not only an available option but also something that happens organically: a part of an already existing identity; a part of one's workplace; a part, perhaps, of the ethos of one's analytic community, or community of referring peers.

We also received responses that described with more emphasis that clinicians find psychoanalytic treatments particularly suitable for the needs of marginalized patient populations. Some challenge the assumption that certain patients are better "fit" for analysis than others: "I think all patients benefit from insight-oriented work, so I don't change my practice for minority patients." Some imply that there is no difference between minority and nonminority analyses: "I do not think of them as a minority"; "Everyone has an unconscious; minoritized groups need more support for their narratives to become audible to themselves." Some respondents were emphatic in their wish to expand the reach of psychoanalysis. Yet others suggested that psychoanalysis has something unique and potentially emancipatory to offer to minority groups, "because it is attuned to the ways in which the unconscious and drives influence power structures and oppression."

While many responses speak to the potentiality for inclusivity in terms of accessibility, they also address how the practitioners managed this form of practice: "I have been able to sustain this possibility"; "I have the opportunity, I can afford to ask for small fees, and I get referrals from existing patients from the same minority social group"; "We [a group of clinicians] offer 2 hours of in-person counseling and 2 hours of phone counseling at set times every week." Accessibility also refers to the situational conditions that allow for an inclusive practice: "I have worked 30 years in Harlem and have helped get our program to see minority patients." At times, it is the supply that creates the demand: Patients come as they learn that the treatment is accessible and that practitioners are motivated to find ways of providing psychoanalysis. Yet other responses reveal the potential for access through professional trajectories: "Some patients moved with me from the clinic to my private practice. Some came later and pay a sliding scale."

Underlying the specific factors by which practices become accessible is a practitioner's commitment to equity: "I feel that psychoanalytic treatment should be accessible to all." The egalitarian point of view also speaks through the statements such as: "Minorities have as much of a reason to come to the clinic as anyone, and I wouldn't refuse patients on that basis"; "Everyone needs help"; "I believe minority people should receive as high-quality treatment as upper income whites"; "They are people worthy of respect, love, and dignity. So is everyone in my practice."

Inclusivity is then seen as something for which analysts would be personally responsible: "I feel very strongly about making talk therapy available to people who are in positions of socioeconomic, racial, or gender-based exclusion"; "My intention is to help humans, and humans are suffering from the perils of white ableist heteronormative supremacy." The inclusive stance is also described as shaping the discipline, a responsibility that falls on the clinician, even when the respondent first addresses the field that shapes the personal stance: "Psychoanalysis should be open and accessible to all; it is through [our own] praxis that this may become fully realized." The inclusive practice becomes an ethos: "Doing so is part of my psychoanalytic ethic"; "It is ethical to make psychoanalytic practice accessible to all"; "Ethics; to not only see wealthy people"; "These are the populations that often need this work the most"; "Minority analysands are speaking subjects. They deserve to have a space to speak and to be heard. They matter"; "I think a real analyst must face this reality."

Only a few responses referred to difficulties of maintaining inclusivity: "Increasingly, I can offer to do this less and less as my personal costs soar and I work in private practice with no professional safety net. But I started my training working in a very poor community, and I want to do my small part to make psychoanalysis accessible."

A personal gain in working with "smart and interesting people" or being interested in "minor ways of life" is supplemented with a broader purpose presented as gratifying and enriching: "I started working with disenfranchised groups during my training over a decade ago in the context of community MH [mental health] charities and I found it extremely rewarding. . . . I then set up my own community clinic for psychosis in the inner city of London." Some responses provided indications of how an inclusive practice improves psychoanalysis through the "commitment to the institution and theory of psychoanalysis, which stagnates and deteriorates when it is only listening to and learning from a narrow band of humans."

A significant number of entries described the motivations for working inclusively as a matter of positionality, which includes values about ethics, identity, politics, and the state of the psychoanalytic field: "It feels meaningful on many levels; I identify as a minority and gain more personal benefit from feeling helpful to those on the margins. I enjoy the quality of work around marginalization more than work involving nonmarginalized people. It feels important that part of my work involves improving mental health access for others."

The statement "I [practitioner] identify as a minority" introduces answers that describe working inclusively as a *disposition*: An aspect of the commitment to the inclusive practice comes from shared identities or is determined by the personal characteristics of the practitioner. Indeed, how the respondents see themselves may play a determining role: "Most of my minority patients are LGBTQ, and I am called to work with that population in part because I am also queer. I also work with racial minorities, immigrants, and one pro bono patient formerly in foster care. I want to make my practice accessible while also serving people who need it and making enough money to support my family." Such responses

further elucidate *cultural positions* of practitioners—"I grew up in a family with left-wing political ideals, and I belong to a minority myself"; "They are my people"—and *sexual orientation*: "I am gay", "I am queer and trans and I feel they [the patients] are more likely to question and explore their experiences"; "I am a queer psychoanalyst and have been always committed to providing treatment to people who might otherwise not receive it. I am committed to social justice and aware of the cultural biases within psychoanalysis, especially the white supremacy of its origins."

Some responses point to the role of *class identity*: "It is a CHOICE I made because I was poor growing up", *racial identity*: "I am a good fit with them as an analyst of color"; *immigration experience*: "I am an immigrant, and it seems easier for people in the margins to connect with immigrant analysts." We also found a *combination of identificatory factors*: "I'm a queer person from the working-class background and lived experience of problematic substance use and recovery, so it's important for me"; "I am queer and genderfluid and I work with primarily queer, trans, nonbinary, and gender nonconforming patients . . . it has been an important part in my own analysis. I find that cis het folks tend to feel more unsafe."

It is important to note that there are contexts in which *minority is a majority*: "They represent the majority in the clinic where I work"; "Minorities may become a majority." For some respondents, the inclusive practice is language-based: "I speak Spanish", "I am bicultural and bilingual, and I like to give back to my community." For some respondents, inclusive practice started within the previous professional context: "To some degree, my work in industrial medicine led to my ability and good fortune to transition to private practice and work with diverse individuals." For yet others, the training itself was a form of positioning with social and political consequences: "There is something almost mandatory about working with such groups when undertaking a psychoanalytic formation."

Some respondents described inclusivity as advancing the aims of the practice while granting personal satisfaction: "Psychoanalytic experience (at least in the U.S. which is my context) has for the most part been constrained to a very limited class stratum. To me this has impoverished both the practice and the population that could benefit from it. . . . the revitalization or continued vitality of psychoanalysis depends on its expansion into more layers and corners of the broader society"; "There are already too many barriers that stand in the way of their getting mental health care, and it's important to me to facilitate the support they need. Also, there is a lot for me to learn from them, and I am deeply thankful for the opportunity"; "It's the right thing to do and it enriches my work and life." Along similar lines, particularly significant are statements that reflect on access through the intersection of several independent factors: "I believe that psychoanalysis can and should be available to everyone and that the way we build our practices can and should reflect our politics. At the training institute where I work [through the clinic], we get a lot of minority patients, and I get referrals for the minority analysands due to my experience with these demographics and partially due to my perceived diverse background."

In addition, one encounters a *stranger/foreigner*—an inevitable outcome of global conditions: "They came to me, looking for a psychoanalyst concerned with the question of racism and of post-colonial relationships. The fact that I am also a stranger/foreigner . . . plays a role." While some expand the scope of psychoanalysis and its impact—"I am interested in exploring how psychoanalysis can be part of solving structural symptoms of society"—a few responses indicate that psychoanalysis functions as a response to a specific crisis: "My patients are Ukrainian refugees."

Some of the respondents address values as tools for understanding colonialism and injustice, but also as forces that have historically influenced the demographics of psychoanalysis on both sides of the couch: "For psychoanalysis to survive, it needs to be remade from within, to become a theory of liberation, in solidarity with struggles against racism, trans- and queer-phobia, class oppression, and imperialism." Radical psychoanalytic tradition is invoked as well: "Psychoanalysis should always remain connected to dissidence"; "I think psychoanalysis provides a framework for exploring differences between individuals without pathologizing those differences. Differences have been weaponized against many of my patients"; "Psychoanalytic ideas offer psychoanalytic patients a helpful mode of critique of oppressive systems that cause symptoms/distress. I believe that therapies that focus on learning skills to adapt to oppressive systems are at best unhelpful . . . and more typically further entrench oppression."

Commitment to making space for all types of otherness also touches on critiques of capitalism: "Capitalism is overall more punitive to the psyches of every type of underrepresented . . . and psychoanalysis can help." Such a commitment requires a need for the analyst's equanimity and its sustenance: "Psychotherapy should be free. In places where it is free, there are many 'minority' patients. I do not think many practitioners are willing to do work with people who are not very mentally healthy due to the matrices of oppression. It feels politically and ethically important to me to provide high-quality care to people who are left out of our discussions and our worlds due to their mental health problems." Clinical engagement with minority groups was also described as community-based: "It supports people doing vital work in their communities."

Another type of response highlights the practitioner's training and experience as reasons to work inclusively. These responses name very specific kinds of minorities: people with autoimmune disorders like multiple sclerosis, the deaf community, the neurologically diverse. Some respondents refer to inclusive work as the result of specializing in a particular population, such as "sex workers, and the queer, kink, nonmonogamous, and trans communities," suggesting that practitioners may develop a niche (minority) area as specialties. One respondent stated that their "experience working with the Black community" gave them "a higher POC [people of color] caseload than many of my white colleagues," suggesting that if someone is open to practice inclusively, the more inclusive their practice will become.

FUTURE TRAJECTORIES

Despite the limited size and geographic reach of the sample, the survey documents that inclusive psychoanalysis is already happening, reaching populations hitherto deemed beyond its scope: the poor, sexually nonnormative, racialized, psychotic, substance dependent, differently abled, immigrant/refugee. The responses reveal engagement, but they also reveal conflict and uncertainty. The preliminary results also put into question what "minority" means in psychoanalysis, as it seems clear that participants in the psychoanalytic process are changing. Notions of normality are also undergoing transformation. Given the anti-oppressive origins of

the discipline, social justice may motivate psychoanalytic practitioners to make their practices inclusive: Choosing populations one practices with is always political. In future iterations of the survey, we plan to undertake deeper exploration of the configurations that shape inclusive psychoanalytic practice both domestically and internationally. It will include querying the differences between urban and rural settings, the relationship between diversity in race and sexuality and economic heterogeneity, and the economic impact of inclusive practice. We wish to explore how clinicians working inclusively develop their own understanding of socioeconomic contingencies and how this influences their theoretical stance, training methods, and business practices.

It is important for psychoanalysts to determine how their clinical values constitute a politics of practice. We intend to investigate the extent to which psychoanalysts operate with a "counter-ethics" (Pinto, 2019) that resists not only economic and social pressures, but also dominant modes of providing mental healthcare. A "counter-history" of the discipline (El-Shakry, 2017), demonstrating the varied ways in which psychoanalysis is practiced, can support diversity. Sometimes such histories dispute the typical narratives that psychoanalysts rely on when describing the discipline's aims and origins. These narratives, often Western-based, eschew the fact that psychoanalysis draws upon traditions that originate across the globe (Mukherjee, 2022).

In further iterations of this research, we aim to sketch a contemporary map of geo-psychoanalysis. This implies viewing practices laterally (not limited to one place and time), a cross-comparative approach to understanding how and why people practice inclusively in a global context. Our preliminary results come mostly from the United States, but we hope to capture inclusive psychoanalysis both in other traditional "centers"—Argentina, Brazil, France, and Great Britain, among others—and in places that Derrida and Nicholson-Smith (1991) describe as the virgin territory of psychoanalysis—India, as well as China, where there is a burgeoning psychotherapy movement. This will allow us to (re)define inclusivity as it manifests itself in various geographical locations, and to make connections between regions rather than delimiting them by national borders.

Yet even these preliminary results limn a new map of psychoanalysis, supporting the idea that psychoanalysis is practiced with

a population diverse enough to reflect the changing demographics of the American context. While we continue to document how people are practicing and thinking about their practice within their geographical regions, we also wonder how the global map of psychoanalysis shifts in relation to regional developments. Whereas psychoanalysis, at least in the North American imaginary, has typically occupied a Eurocentric and upper-class geography, we now query how the emplacement of the profession may be changing and what new types of geographies may be found. Brazil may become the new center of practice, at least given the percentage of the population involved in psychoanalysis as practitioners and patients. In addition, many emerging clinicians in China are being remotely trained in psychoanalysis by analysts based in the United States and Europe.

Derrida and Nicholson-Smith (1991) encourage the development of a *socius* for geo-psychoanalysis, which we take to mean a way of describing the geography of its practices that relies on the use and development of psychoanalytic concepts. In "Geo-psychoanalysis: . . . 'and the rest of the world'"—given as an opening address during the 1981 French–Latin American meeting held in Paris and called Les États généraux de la psychanalyse (States-General of Psychoanalysis)—Derrida questioned the Eurocentrism of psychoanalysis and the idea of the "rest" of the world. We should consider that during the French Revolution, the assembly of Les États généraux generated a unanimous vote for the abolition of privileges of class and birth. If today's psychoanalysis is moving toward the abolition of privilege, for what reasons and with what scope? What role would notions of liberty and equality play in psychoanalysis were it to become truly diverse?

NOTES

1. Cartography here denotes mapping in reference to sociohistorical contexts that background the possibilities for psychoanalytic practice, making connections from the particular locations that practitioners identify themselves within rather than mapping in reference to regions as already determined by power structures, ideology, and knowledge paradigms.
2. Das Unbehagen, Institute for Psychoanalytic Training and Research (IPTAR), New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, Philadelphia Lacan Study Group, and the Philadelphia Society for Psychoanalytic Psychology (local Chapter of Division 39, Psychoanalysis, of the American Psychological Association).
3. We did not track which listservs yielded what portion of the sample, or how many responses came from the snowballing method, nor did we submit this study for IRB approval.
4. A.11769/S.7727—a bill signed into a law on December 9, 2002, establishing psychoanalysis as an independent licensed profession in New York State.

APPENDIX: SURVEY QUESTIONS

Q1. Are you a psychoanalyst?

Q2. What type of a psychoanalyst are you? Freudian, Kleinian, Winnicottian, Bionian, Interpersonal/Relational, Jungian, Kristevian, Laplanchean, Other (please specify).

Q3. Do you practice with minorities? (*Minority*—people for whom it is not typical to receive psychoanalysis—can be understood in relation to race, ethnicity, class, gender, sexualities, religion, diagnosis).

Q4. Do you offer sliding scale fees?

Q5. If you include minorities in your psychoanalytic practice, describe the practice (select all that apply): public hospital, community clinic, private practice, church, homeless shelter, Other (please specify).

Q6. How do you get paid for your sessions (select all that apply): patients pay out of pocket, private insurance, public/state insurance, grant, charity, I do not get paid?

Q7. How many hours a month do you work with minority patients?

Q8. How many minority patients do you see in a week?

Q9. How many minority patients do you see in a month?

Q10. How would you describe the minority patients you work with?

Q11. Why do you practice with minority patients?

Q12. How do you practice: individuals, couples, groups, Other (please specify)?

Q13. How many years have you been practicing as a psychoanalyst?

Q14. How would you describe your professional credentials?

Q15. How would you describe groups you work with in your own words?

Q16. Do you write about your work with unusual demographics, and if so in what capacity?

Q17. Are you otherwise affiliated with an institute/psychoanalytic association? Please let us know which.

Q18. What type of location best describes where you practice: urban, suburban, rural? Wealthy, middle class, low income, Other (please specify)?

Q19. What type of location best describes where your patients come from: urban, suburban, rural? Wealthy, middle class, low income, Other (please specify)?

Q20. Please add your contact information if you are open to further collaboration on the issue of transnational inclusive psychoanalytic practice.

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