the effects of relational experience on development and on unconscious conflict. The relational school of psychoanalysis became, for me, a home where I felt able to elaborate my version of social psychoanalysis (see Layton, 2008).

My model of culture and identity

While in the 1970s and 1980s a rich body of feminist psychoanalytic work had emerged – often in film, literature, and cultural studies – by the end of the 1980s little if any feminist or other social psychoanalytic culture theory had yet been applied to what goes on in the clinic. In the third issue of the first volume of *Psychoanalytic Dialogues*, however, the journal made space for left-wing feminists (including Benjamin, Dimen, Goldner, and Harris) to author a special section on gender, and this kind of work, which I also had begun doing in the late 1980s, offered me a much needed community. Later in the 1990s, I joined this group of feminist psychoanalysts on the board of a journal called *Gender and Psychoanalysis* (which, in 2000, became *Studies in Gender and Sexuality*).

The articles collected in this volume were all written after the publication of my 1998 book, *Who's That Girl? Who's That Boy? Clinical Practice Meets Postmodern Gender Theory*. In that book, I tried to bring what I had learned from clinical psychodynamic practice into dialogue with poststructuralist, Marxist, and queer theories of gender and sexuality. It had sometimes seemed to me that while clinicians were largely unfamiliar with academic gender theories, academics were largely unfamiliar with the conflictual ways in which gender and sexuality were lived. Given my own experience in analysis and my work with patients, I had come to understand gender development as traumatic, subject not to the kind of traumas usually thought of as the "legitimate" realm of trauma – war, famine, poverty – but to the kind of traumas perpetrated by the prescriptions and proscriptions of rigidly binary sexist and heterosexist hierarchies. Academic celebrations of fragmented genders and decentered selves seemed to me often to deny the painful fragmentations of self caused by this kind of traumatic experience.

In the gender book, I argued that developing children encounter two kinds of gendered experience in their relations with their families and social surround. In one, their desires and agentic strivings are met with recognition and approval, regardless of whether those desires fall in line with gender

norms. In the other, their desires and agentic strivings are punished, usually by shaming; these experiences often enforce cultural norms and ideals that prescribe which human capacities are feminine and which masculine, and, in doing so, cause narcissistic injury. I proposed a model of identity development in which these two modes of relational experience – recognition and narcissistic injury – are constantly being negotiated. Experiences of recognition allow one to resist the binary gendering of capacities such as assertion and vulnerability. As mentioned earlier, I argued that dominant cultural ideals of masculinity and femininity were themselves split narcissistic structures, but I also maintained that other versions of gendered experience, some of which contest dominant norms, circulate in a given culture and provide points of resistance. Against the academic writers, I suggested that identity categories of gender, race, class, and sexuality can either facilitate or thwart individual growth and social change depending on how they become linked up with other social ideas and forces. Women's experiences in sexist culture, for example, were crucial to the development of different versions of feminism, but those linked to socialism were more progressive than those aligned with prevailing capitalist norms.

Along with other relational psychoanalytic feminists in the late 1980s and 1990s (Benjamin, 1988, 1991, 1995; Dimen, 1991; Goldner, 1991; Harris, 1991; Layton, 1988, 1990), I began to write about how culturally constructed gender binaries enforce processes of splitting and projection in individual lives. My own contribution (Layton, 1998/2004) was to focus on the psychological effects of having some human capacities assigned to one side of the gendered split and others to the other side. I wanted to understand what happens to the psyche and, later, to relationships when love and social approval are given only for certain ways of being human and not others, when they permit certain identifications and encourage disidentifications with what is socially considered undesirable. I wanted to understand what it is like to LIVE the splits mandated by various binaries – to look at what becomes experienced as me and what not-me and at how the not-me gets projected onto others.

In the 1998 book, for example, I spoke of a patient of mine whose father had humiliated him by calling him female names, constantly suggesting he was not the right kind of male. Trying to unravel his own history of narcissistic wounding, the patient told a story one day about overhearing his boss talking to his four-year-old son, who apparently was weeping

uncontrollably on the phone (reported in Layton, 1998, Ch. 7). After trying to cajole the boy to stop crying, my patient overheard the boss tell the boy to pull down his pants. He then asked, What do you see there? The boy must have said, "a penis." "That's right," the boss said, "so stop crying." How, we wondered, would this boy live the effects of coding vulnerability and emotionality as female/feminine; how would he live the demand to repudiate those states? How would it affect his relationships?

Normative unconscious processes

Soon after writing the gender book, I became interested in exploring more about the way that split identity categories and internalized social norms not only impede growth but create narcissistic constellations that promote unconscious reproductions of racist, sexist, heterosexist, and classist social conditions. For this project, relational conceptions of enactment proved crucial. Many relational founders, including Stephen Mitchell, had been trained in the interpersonal tradition, some of whose members had argued that, in any analysis, there are two unconsciouses in the room. As early as 1972, Levenson pushed this premise further to assert that mutual enactments of traumatic experience that cannot yet be symbolized can be, and often are, at the heart of therapeutic action. Unconscious collusions within the dyad that re-enact (rather than analyze) earlier traumatic experience often lead to impasse, but working one's way out of such impasse can be key to promoting deep psychic change (for both participants). Clinical descriptions of enactments, especially mutual enactments, became central to my way of bringing into relation the psychic and the social, for, in my view, unconscious process in the clinical (or any other) setting is always inflected by cultural norms (the earliest example of my work in this domain is Layton and Bertone, 1998).

By the late 1990s, several clinicians, mostly within the relational and group psychoanalytic traditions, had begun writing about the ways that social inequalities are re-created in and sometimes sustained by unconscious enactments in the clinic (e.g., Layton and Bertone, 1998; Altman, 2000; Layton, 2002; Leary, 1997a, 1997b, 2000; Suchet, 2004; Hopper, 2003; Straker, 2006). These clinical descriptions of relational enactments of disavowed, split off, projected, and dissociated experience helped me formulate my own thoughts about how cultural inequalities become reproduced in both clinic and culture.

I first used the term "normative unconscious processes" in a paper that described enactments that seemed to me to reproduce a sexist and heterosexist status quo (Layton, 2002). Because the focus of that paper was on gender and sexuality, I referred there to a heterosexist unconscious. In one case, for example, I suspected that I had initiated a long enactment when I unconsciously shamed a lesbian patient whose desire for me had stirred my own anxiety about homoerotic desire. After I made my shaming comment, the patient stopped talking about desire and began instead to identify with my own version of femininity. This experience brought home to me in a visceral way Butler's (1995) argument that, in homophobic cultures, oedipalization and the incest taboo rest on a prior taboo against homoerotic desire that splits sexual desire from identification, making them appear to be in binary and mutually exclusive relation. This socially constructed, split binary "choice" is precisely the socially sanctioned outcome of oedipalization – in "normal" development, you are to identify with the same-sexed parent and desire the opposite-sexed parent. My own way of living the binary split between identification and desire had led me unconsciously to "heterosexualize" my patient. Elaborating on my concept of heterosexist unconscious, Stephen Hartman (2005) used the term class unconscious to describe both how class is intergenerationally transmitted to become part of one's identity and how internalized class struggles are enacted in the clinic.

Unfortunately, social psychoanalytic clinicians, mostly white, largely repeated in our publications the history of writings on identity by white academic feminists: even though some of our case descriptions were intersectional, we tended to take up one identity category of oppression at a time, beginning with gender, then sexuality, then race, and only infrequently class. This category-by-category approach was not the one taken by feminists of color. The Combahee River Collective had already published their call for an intersectional analysis of identity and oppression by 1977; in 1981, Moraga and Anzaldua (1983) published the essays in *This Bridge Called My Back: Writings by Radical Women of Color*, and by the early 1990s, intersectionality (Crenshaw, 1989) was an established way of understanding the way identities are psychosocially shaped by power relations and overlapping axes of oppression and privilege. Although I knew of this work long before I began writing about gender, it was not until I began to note the increasing number of clinical papers on unconscious enactments of unequal power relations, and had myself begun to write

about intersectional aspects of class and racial enactments, that I more consistently used the umbrella term "normative unconscious processes" to describe enactments that reproduce traumatic experience related to subjects' overlapping and conflictual social and historical positionings, their location in multiple systems of oppression (Layton, 2006a).

In sum, normative unconscious processes are the lived effects on identity formation of unequal power arrangements and dominant ideologies that split and differentially value straight from gay, rich from poor, masculine from feminine, white from black and brown. Social hierarchies of sex(ism), class(ism), race(ism), heterosex(ism) mandate what one will have to split off to attain a "proper" identity. Indeed, norms and practices transmit historically specific and split prescriptions for what affects, attributes, behaviors, thoughts, and modes of attachment and agency are deemed "proper" to any given identity position, and all identities in a given social formation take up some relation – resistant, negotiated, conformist – to that society's dominant norms of class, race, sex, and gender. The binary identity structures that result from cultural inequalities and that keep those inequalities in place severely constrain human capacity. As Freud (1915a) once said, what has been repressed "proliferates in the dark . . . and takes on extreme forms of expression" (p. 149). This is true as well of what is split off and dissociated, and we should expect that dominant ideals of masculinity and femininity, for example, will be lived, at least in part, as defensive, symptomatic structures.

Culturally sanctioned "recognition," which takes the form of social approval, love, and conditions for social belonging, is a primary mechanism of the transmission of norms and practices, and this kind of "recognition" is generally granted, albeit often conflictually, to "proper" performances of identity. The risk of meeting with indifference, humiliation, and shame discourages "improper" performances and encourages subjects to split off as "not-me" disapproved of ways of being and relating, ways that provoke anxiety or shame in significant others. Thus, classed, raced, gendered, and sexed identities are often lived as painful, conflictual, binary (either/or) structures that include particular ways of living emotions such as shame, sorrow, and guilt, and particular ways of living such psychological states as dependency, love, vulnerability, and capacity for assertion. If social character is defined in terms of typical defenses and socially mandated norms of what is allowed to be thought and felt, then many social characters exist in a given culture, and each

must be understood in the context of the different but related norms operating in specific social locations.

But social character is not all there is to subjectivity. Because what gets split off in normative unconscious processes are human needs, capacities, and longings, these do not disappear. Rather, they reappear in conflictual repetition compulsions: in symptoms and in relational struggles that often reinforce the splits even as they seek to undo them. And because identities form in relation to other identities circulating in a culture and subculture, relational enactments of normative unconscious processes often reveal that the ways in which we have been narcissistically wounded by heterosexism, racism, and classism stir up the wounds of those with whom we are engaged. The capacity to resist such repetitions, however, springs from multiple sources, especially relational experiences, inside and outside the clinic, that offer the kind of recognition that contests the binary structures of dominant culture. Section II of this book focuses most closely on how the struggle between normative unconscious processes and counternormative unconscious processes are enacted in the clinic.

Enactments of normative unconscious processes occur at individual, interpersonal, institutional, and societal levels – inside and outside the clinic – and the chapters in this volume explore each of these levels. By way of introduction, I offer a few examples here of how enactments of normative unconscious processes connect to the production and enforcement of different, but intertwined, versions of subjectivity and social character.

Individual and interpersonal enactments of normative unconscious processes

If we pay close attention, we will find that everyday life provides some of the clearest examples of how normative unconscious processes operate. On a visit with friends, for example, I and other guests were told that the hosts' eight-year-old daughter Emily had been making movies with her nine-year-old male friend. We quickly discerned that the proud parents wanted us to watch the movies, and, although I was prepared to be bored, I found "Lovestruck I, II, and III" to be an astounding trilogy. In the short films, Emily and Joe had enacted a rather sophisticated presentation of class, race, sex, and gender conflicts. The theme of all three movies was the social barriers to the love between an upper-class white girl and a lower-class white boy. At first, the young lady, draped in an adult's fur

boa, told her single dad, played by her father, that she was repelled by this "boy," whom they both call an "amateur" (which seemed to be their word for lower class). The boy earns her love by being good to his mom and the best student in the class; as they work on their projects together and she comes to see how very considerate and ambitious he is, the cold and distant emotional shield she had erected against whatever it is she considered to be associated with poverty begins to erode.

In all three films, money worries feature prominently. Lovestruck III concerns the financial difficulties they face in their married life. Attention is diverted from this problem when Emily is kidnapped by a lower-class black thief who shows all of the attributes of poverty against which Emily had erected her upper-class defenses in the first place – he's unkempt, loud, boorish, takes rather than earns money, and is a sexual predator. A happy ending resolves the tensions but also masks the fact that the film's social conflicts are unresolvable – and that they are psychic conflicts as well.

Emily, under the influence of whatever goes on and has gone on in her intergenerational family, in her largely white neighborhood, school, and peer group, is struggling her way into a gendered, sexed, classed, and raced position. Her fantasy suggests that this position is created and maintained by splitting off certain ways of expressing feeling, certain kinds of desire, disallowing certain kinds of activity, dehumanizing whole classes of people. Her conflict about her raced class position, which may involve such psychic phenomena as guilt over privilege or a longing to be able to enact some of the forbidden behaviors associated with the black lower-class male of her fantasy, or anger and confusion at her family's concern with money, is expressed in part in her desire for the poor boy. The conflict is managed in fantasy by the way she gives him the attributes that make him safe for marriage (i.e., the attributes that make him a good bourgeois, including his whiteness). The failure of her attempts at management surface in her alienated and disavowed envy of the black kidnapper, who grabs sex and money without guilt.

The intersectional social construction of identity apparent in Lovestruck also shows the way that the emotions and psychological structures that we work with every day in therapy – dependency, assertion, vulnerability, emotion – become gendered, raced, classed, and sexed in the process of identity formation – and how identities lived in conformity with various social inequalities play out in relation. One way we see them play out here is in Emily's seeking of distinction, which makes her complicit in the

suffering of those less powerful. Emily and Joe's enactment of normative unconscious processes suggests that any conception of social character has to take into account how one's social location and different relations to power, privilege, and to other identity categories circulating in the same social milieu constitute psychic and social life. In other words, social character cannot be understood without looking at how each of us has been narcissistically wounded in particular ways by the group norms that operate in the intersecting inequalities of gender, race, class, and other forms of social oppression.

Normative unconscious processes in clinical theory and practice

In a commentary on a 1974 paper by a well-known psychoanalyst, Lawrence Kubie (2011), I pointed to how normative unconscious processes operate in the clinic and in the theory that inevitably informs what happens in the clinic (Layton, 2011a). Kubie had proposed that some people, and many artists, have a neurotic drive to be both sexes; this drive, he felt, was crippling and highly resistant to analysis. He described several vignettes with patients suffering from this illness. In one example, he spoke of a male patient who, he said, was rather passive and not at all competitive. He then likened this man to an adolescent girl (p. 387), implying that adolescent girls are passive and not competitive, and that real men are supposed to be non-passive and competitive. Kubie's interpretations reflected his adherence to the strictly binary, white middle-class gender norms of the 1950s. These norms were articulated in many discourses, for example, in prominent sociologist Talcott Parsons' family theory (Parsons, 1949). Parsons lauded as natural and most desirable a social system that divided men and women along the axes of instrumental, bread-winner roles and expressive, caretaking roles. I earlier described the effect of such discourses on my own psychic life. Kubie's work suggests how clinical theory and practice can, in the guise of healing, further enforce oppressive norms.

In a lengthy vignette, Kubie described a female patient of his who, he writes:

> had a flair for writing, a fine dramatic gift, and great warmth in her attitudes toward children. In the course of her treatment she went through successive phases – working on the stage, writing, and teaching in