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Madeline Nussbaum
Can Analysis Align with
Antiracism? An Exploration of the
Experiences of Psychoanalysts
Working Towards Social Justice

Abstract

This research study is an exploration of the ways in which practicing psychoanalysts work towards antiracism in clinical practice. The study is based on an independent and in-depth investigation of 9 practicing psychoanalysts who self-identify as committed to the goals of antiracism. The study examines the ways in which theoretical orientation, analytic training, and clinical practice experience impact the analysts' commitment to antiracism and their ability to feel effective in their work. The study was designed using the constructivist grounded theory method for data collection and analysis. This method takes into account the social location of the participants and the researcher, and views all research as a co-construction between these players and the surrounding environment.

The major findings of this study indicate that an analysts' ability to manifest antiracism in clinical practice is greatly influenced by three factors; perceptions of analysis as a white, elitist treatment modality; the amount of training the analyst has received about issues of race and racism; and the analyst's preferred theoretical orientation. In addition, the high variation in participants' fluency with issues of race and racism and comfort level tackling these issues in therapy points to the conclusion that a self-definition of antiracism is not sufficient to sustain a transformative therapeutic practice. Recommendations are made for individual analysts interested in working towards antiracism in clinical practice, and for institutes looking to support these interests.

CAN ANALYSIS ALIGN WITH ANTIRACISM?
AN EXPLORATION OF THE EXPERIENCES OF PSYCHOANALYSTS WORKING
TOWARDS SOCIAL JUSTICE

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

Madeline Nussbaum

Smith College School for Social Work
Northampton, MA 01063

2011

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CHAPTER I

Introduction

Our hidden shame is that psychoanalysis has a very defined view of life and how it should be lived, and it is this perspective that determines who is to be treated, who is analyzable, who has adequate ego strength, who can meaningfully relate to objects, and who is capable of exploring his or her deep inner self. (Perez-Foster, 1996, p. 3)

The practice of psychoanalysis, first developed by Sigmund Freud in Vienna in the nineteenth century, was originally designed for and used by the European intellectual elite. Although the field has evolved significantly since that time, the foundation of psychoanalysis continues to be steeped in the cultural mores of its primary theorists, specifically white upper-middle class men (Leary 1995, Perez-Foster 1996, Wachtel 2002). Psychoanalysis is practiced widely throughout the world in a variety of forms, and psychoanalytic (psychodynamic) theory forms the basis for the practices of clinical social work, psychology, and psychiatry. Psychoanalytic training institutes are significant providers of postgraduate education for therapists of all kinds, and turn out the majority of publications on analytic theory, practice, and training development.

Despite the fact that we live in a racially diverse society, there continues to be a glaring omission in the psychoanalytic discourse when it comes to issues of race and racism. Psychoanalysis remains a relatively expensive form of therapy that tends to be practiced primarily in private settings, making it difficult for people of color (who are disproportionately represented in lower socioeconomic brackets) to access this mode of treatment (Altman, 2010). In addition to centralizing the experiences of the dominant (white) culture, traditional theories of

race and racism in psychoanalysis have historically viewed people of color using a deficit model. These perspectives saw race and racism as creating “inherent” inequities and pathology, reinforcing racist and colonialist perspectives and further oppressing clients of color (Fuller et al., 1999). In recent years, contemporary psychoanalytic theorists have advocated for using relational and intersubjective approaches both as an attempt to redress this racist history and as a way to bring the complexities of race and racism into the analytic room (Altman, 2000; Altman, 2010; Basham, 2004; Cushman, 2000; Perez-Foster, 1996; Suchet, 2004; Suchet, 2007; Wachtel, 2002; Yi, 1998). However there is little empirical research that indicates whether psychoanalysts are learning and using these approaches to race and racism, if they feel they are effective, and how they are manifesting these theories in concrete practice skills.

Meanwhile, in clinical social work, there has been a significant movement towards adopting a stance of “antiracism” on both clinical and institutional levels. A wide variety of literature has been published about issues of race and racism in social work practice, and many social work training programs now include learning about race, racism, antiracism, and liberatory consciousness in their curriculums (Akamatsu, 1998; Basham, 2004; Jay-Green, 1998; Miller & Garran, 2004). The NASW has explicitly included cultural competency in its code of ethics, and has called upon social workers to actively challenge oppression and injustice in all its forms (NASW Code of Ethics, Article 1.05). Although clinical social workers were not permitted to study psychoanalysis at institutes until 1948, psychoanalysis is now considered an advanced form of training and practice for those with graduate social work educations (ABECSW, 2008). As more and more social workers enter into postgraduate psychoanalytic training, the values of antiracism and the theoretical underpinnings of analysis are frequently

colliding, creating a disconnect between clinician's deeply held beliefs and their clinical practices.

This research study is an exploration of the ways in which practicing psychoanalysts work towards antiracism in clinical practice. The study is based on an independent and in-depth investigation of 9 practicing psychoanalysts who self-identify as committed to the goals of antiracism. The study examines the ways in which theoretical orientation, analytic training, and clinical practice experience impact the analysts' commitments and their ability to feel effective in their work. The study was designed using the constructivist grounded theory method for data collection and analysis. This method takes into account the social location of the participants and the researcher, and views all research as a co-construction between these players and the surrounding environment. The study interviews were designed to illicit responses from the participants about various ways of knowing, including theoretical and intellectual knowledge, practice knowledge, and intuitive knowledge.

For the purposes of this research, analysts were asked to provide their own definitions and understandings of "antiracism." However, this study operates on the basic premise that the term "white" refers to people of European descent, the term "people of color" refers to those targeted by racism in America, and the term "racism" refers to a system of oppression in which there is a "differential in access to social, political, and economic power between white people and people of color" (Avazyian, 1994, p. 15). The definition of racism is distinct from the term "prejudice" (an attitude, usually negative, based on limited information and stereotypes) because while prejudice can happen between any two people about any sort of difference, racism occurs when prejudice is combined with power to systemically subjugate a target population and privilege the dominant group (Avazyian, 1994).

CHAPTER II

Literature Review

This chapter reviews and analyzes related literature about psychoanalysis, race, and racism. The literature is meant to provide a context for the responses of the participants in the study, as well as a theoretical justification for the study itself. The chapter is divided into four sections. The first section examines the racialized history of psychoanalysis and the double-bind that the field faces in regards to this history. The second section looks at understandings of race and racism in analytic theory, focusing what is termed “the four psychologies” (drive theory, ego psychology, object relations, and self psychology) and literature that critiques these formulations. The third section discusses postmodern psychoanalytic understandings of race and racism, and includes intersubjective and relational perspectives. The final section is devoted to literature that defines and outlines a commitment to antiracism, both on the clinical and institutional levels.

Psychoanalysis as a Practice with Racist Foundations

There is a significant body of literature that critiques psychoanalysis as a practice with racist foundations. In her 1995 article “‘Interpreting in the Dark’: Race and Ethnicity in Psychoanalytic Psychotherapy,” Kimberlyn Leary conducted a survey of early psychoanalytic writings and noted that issues of race and racism were rarely discussed. When these concepts were discussed, the discussion was limited by “incomplete conceptualizations and overgeneralizations” (Leary, 1995, p. 128). Leary illustrates this point through several examples and argues that when race is considered, it is often viewed through a deficiency model (color representing the absence of positive white experience): “In these conceptualizations, the cultural practices of Black patients do not have any independent status in their own right, apart from

reflecting personality deficits” (Leary, 1995, p. 129). From its inception, psychoanalysis created a schema for understanding the psyche that reflected a racist colonial perspective. Freud frequently referred to the unconscious as a “primitive” place of darkness, where the unacceptable sexual and aggressive impulses reside. Mattei (2008) pointed out that “Freud reproduced the ethnocentric, evolutionary ideology of his time by marking the unconscious as a dark, regressive, infantile, and pathological place. This concept remains very much alive in our current psychoanalytic (clinical) discourse “ (p. 249).

Early articles on racial differences in psychoanalytic treatment are ridden with assumptions that people of color are “unanalyzable” due to fundamental psychic differences. “Analyzability,” a term coined by ego-psychologists to refer to whether or not patients could withstand psychoanalytic treatment, includes the criteria of “verbal intelligence [...], frustration tolerance and impulse control (Altman, 2000, p. 591).” However, in the early days of psychoanalysis, racist ideas about the irrationality, emotionality, low frustration tolerance, poor impulse control, and low intelligence of people of color automatically excluded them from meeting analyzability criteria (Altman 2000, Leary 1995, Wachtel 2002). More current articles have attempted to correct this blatant racism by highlighting the effect of race on the development of central conflicts, but the resulting theories emphasize that talking about race and racism is merely symbolic of deeper content. Fischer (1971) wrote

If, on the one hand, the white analyst blinds himself to the racial issue, he may well deny some of the social realities of his black patient’s existence. But if, on the other hand, the analyst tends to be overly race conscious and to interpret too much in terms of racial conflicts, the distinct danger exists of obscuring the latent content of the intrapsychic

struggle, thereby depriving the patient of the opportunity to experience and work through his core difficulties. (p. 736)

This perpetuates the notion that race is merely a metaphor for the expression of deeper core experiences and implies that talking about race will keep the analyst and the client on a superficial level. It continues to deny the real and deleterious effects of racism, and maintains the Eurocentric notion that people's "core difficulties" stem from unconscious conflicts that are somehow untainted by social and political injustices.

In a 1999 study of black psychoanalysts working in the field, Fuller et al. illuminated the racism occurring in psychoanalytic training in the middle of the 20th century. The study had 36 participants, 10 of which were still in analytic training. Two of the respondents in the study reported that during their training they had heard:

Psychoanalysts comment about the 'unanalyzability' of blacks. One such reference (reported by a respondent who had completed training in 1955) had to do with the supposed inner hostility of blacks; the other comment (reported by a student who had completed training in 1962) pertained to the alleged weakness of blacks' ego structure. (Fuller et al., 1999, p. 167)

Fuller et al. also found that of the 10 candidates still in the midst of their training, 3 reported having experienced difficulties in their own analysis ranging from a "disregard for cultural issues in analysis, having to educate the analyst about cultural issues, to cultural issues being interpreted generally as an avoidance of 'real' material only" (p. 168). Although Fuller's study is limited in its generalizability, it is logical to assume that the participants' experiences were not the sole incidents of racism in the field or in their analytic training. As an example of the

“othering” that occurs in psychoanalysis, this researcher has yet to find an empirical study (similar to the Fuller 1999 study) that examines incidents of racism from the point of view of white psychoanalysts. The idea that racism only affects people of color is false, and yet it continues to pervade (Arrendondo, 1999; Fuller et al., 1999; Leary, 1995; Leary, 2001; Miller & Garran, 2008; Sue et. al, 1992).

While it may seem that a study completed in 1999 is outdated, Wachtel (2002) wrote that racialized notions about criteria for analyzability have gone largely unchallenged:

There have been a variety of efforts to apply psychoanalytic insights and methods to a range of patients beyond those who were the primary initial target of the treatment.

Phrases like the “expanded scope” of psychoanalysis have become common. Relatively few of these efforts, however, have been directly addressed to expanding the scope of psychoanalysis explicitly in terms of class or ethnicity. The expansion has been most frequently addressed in terms of different diagnoses. (p. 200)

Wachtel noted that, although in reality many clinicians are using psychoanalytic techniques with all kinds of clients, this gap in theoretical writing continues to perpetuate inequalities in treatment and training (Wachtel, 2002). This researcher’s review of the literature found several notable exceptions to Wachtel’s statement, and these will be explored later in this thesis.

However, most contemporary authors write from an intersubjective (or relational) approach to psychoanalysis, a position that challenges traditional psychoanalytic theory on multiple levels and questions all culturally sanctioned systems of power, including racial power.

Intersubjective approaches are still in their infancy stage, relatively speaking, and the majority of psychoanalysts are still being trained in institutes that focus on what is termed “the four

psychologies;” drive theory, ego psychology, object relations, and self-psychology. Most institutes that are teaching intersubjective or relational approaches also begin with a foundation in the four psychologies.

Many authors (Altman 2000, Perez-Foster 1996, Leary 1995, Suchet 2007) posit that the racist foundations of psychoanalysis have gone largely unchallenged because traditional analysis continues to remain a style of psychotherapy utilized primarily by middle-class white clinicians. Miller & Garran (2008) wrote

Theoretical biases are buttressed by their fit with assumptions and biases in the culture at large, which makes them appear “normal” while marginalizing other cultures and worldviews. They are replicated and promulgated because most clinicians have been trained in programs where these biases are centralized and privileged. (p. 235)

This puts the field of psychoanalysis into a double bind. If its students and teachers continue to be primarily white learners and educators, then psychoanalytic theories will continue to reflect the biases of a white middle class perspective. White middle class clients will be drawn to psychoanalysis as a treatment, and thus the cycle-of-bias continues.

Walton (1995) pointed out that many feminist theorists have worked against the double bind that women face in the field of psychoanalysis, critiquing theories of development that place masculinity in the center and pointing out where power and patriarchy collude to subjugate women from both inside and outside the psyche. She questioned why psychoanalysis had not examined its racialized subjectivity as well, and wondered if its “integrity was, after all, based on psychoanalysis’s unacknowledged whiteness” (p. 776). Javier & Herron (2002) added to this argument by noting that psychoanalysis, by its very nature, occupies what they term “a position of whiteness” in that it serves to reinforce the dominant (white) norms of class, status level,

education, and politics. Therefore, no matter how racially diverse the field becomes, it will still reflect a white position until it is able to step outside itself and examine racial interactions in therapy regardless of theoretical approach.

Theories of Race and Racism within Psychoanalysis: The Four Psychologies

It is important to note that, despite the field's lack of attention to its own racist foundations and cultural biases, many attempts have been made to use psychoanalytic theories as a way to explain the cultural construction of race and the function of racism in society. These conceptualizations are important to understand in the context of this study, as they influence the ways in which clinicians think about and interpret race and racism- both in the client's life and in the clinical relationship. In her article "Coloring Development: Race and Culture in Psychodynamic Theories," Lourdes Mattei (2008) offered brief and clear explanations for how race and racism have been conceptualized from varying psychoanalytic viewpoints. She begins with Freud and classical drive theory, and traces the evolution of ideas through to contemporary intersubjective and relational approaches. From a drive theory perspective, "racism is a symptom indicative of underlying psychosexual conflicts based on the unconscious association of darkness- the black body- with our beastly impulses (sexual and aggressive drives)" (Mattei, 2008, p. 253). This idea is consistent with early ideas that asserted that talking about race in psychoanalysis was symbolic of deeper core content, and that race and racism were merely metaphors for the unconscious conflict of the drives.

Ego psychology explains racism as part of an unconscious defensive structure that utilizes projection and displacement to place the negative and undesirable aspects of the self onto people who are different. Mattei (2008) pointed out that ego psychology allows more room for

the influence of parental norms and values on development: if parents are authoritarian and demanding they may teach the child to relate to others in a similar fashion, resulting in a greater likelihood that the child will develop ethnocentric ways of relating to the world. Object relations theories focus on how infants develop an understanding of skin color as a marker of difference, and how the marker of skin color is embedded in cultural context and meaning. These experiences are then internalized and become part of a person's racial identity. If the internalized qualities reflect a negative view, this can result in a fractured sense of self and interfere with a person's way of relating. Additionally, object relations theories attribute racism to the defense mechanism of splitting- viewing things in an entirely positive or negative light in order to unconsciously defend against complexity. Splitting explains the way black skin has come to represent things that are dark, primitive, and evil in western culture, and white skin has come to represent things that are pure, untainted, and good. In his paper "Black and White Thinking: A Psychoanalyst Reconsiders Race," Neil Altman (2000) wrote:

It seems that there is a pervasive if not universal human need to cope with difference and similarity by constructing in-groups and out-groups. Racial groups, based as they are on obvious physical characteristics, however flawed the categorization process, draw lines between those who are "me" or "like- me" and those who are "not-me" or "unlike-me." Difference seems both to unsettle and intrigue us. The group that is designated other comes to represent the not-me in Sullivan's (1953) terms—the unconscious, the disowned, the uncannily strange, the powerfully fascinating. There is also a sense of security in clearly demarcating the boundaries of the "not-me," so that we can define an opposing area that is familiar and known. (p. 590)

Object relations theories also offer an explanation of racism using the concept of projective identification- a splitting off from the self that which is negative, identifying it in the other, and then aggressively seeking to rid the other of this quality. Clarke (2003) wrote “The most obvious way to view projective identification in terms of the explanation of racism and ethnic hatred is as a violent expulsion of affect which renders the recipient in a state of terror and self-hatred (p. 156-157).”

Like object relations, self psychology (originally developed by Heinz Kohut) is a theoretical framework that begins to take into account external factors in the development of the self, and thus the development of racial identity. Maria Miliora (2000) wrote a very clear and compelling article of the impact of cultural racism on the development of the self entitled “Beyond Empathic Failures: Cultural Racism As Narcissistic Trauma And Disenfranchisement Of Grandiosity.” In this paper, Miliora argued that the pervasiveness of cultural racism prevents children of color from having empathic mirroring experiences that reflect their grandiose fantasies. This causes them to split off the healthy narcissism (what Kohut termed ‘the vertical split’) that contributes to self-esteem regulation and the ability to set reasonable life goals. This vertical split carries into adulthood and creates feelings of shame and narcissistic rage. Miliora (2000) argued that,

Chronic, antipathetic experiences derived from cultural racism constitute cumulative, narcissistic trauma. [...] Such trauma can lead to the crumbling, a piecemeal breaking down, of a person’s sense of self. This breakdown, or disenfranchisement, contributes to the sense of oneself as ungrandiose. (p. 43)

This “abnormal” development as a result of racism can lead to low self-esteem and pathological behavior.

Cushman (2000) offered several interesting critiques of using traditional analytic theories to understand race and racism:

If racism is thought to be a naturally occurring event, caused by either the natural workings of the mind (e.g., the urge to generalize and stereotype), the natural structures of language (e.g., the tendency to think in terms of dichotomous forms), or the natural effect of inherent psychological processes and structures (e.g., splitting, projection, the bad breast), then racism will be thought of as an inevitability among all humans. (p. 609)

He argued that not only is it important to understand racism from a psychological perspective, but that the intersections of customs, power relations, politics, and institutions are all contributing factors to racism’s power. He quoted W.E.B DuBois who believed that “the attempt to draw lines” is not a universal cause of racism, but rather that lines demarcating groups are maintained for political reasons (slavery, power, economics) (Cushman, 2000, p. 610). Melanie Suchet (2007) supported this argument with an examination of the influence of power structures in psychoanalysis:

A serious criticism of psychoanalysis has been its insistence on seeking only internal explanations for sociocultural phenomena (Dalal, 2006). Psychoanalysis has been especially neglectful of the importance of power in the structuring of psychic processes. Foucault (1982) showed that any ideology or body of knowledge, including psychoanalysis, cannot be separated from the power structures in which the knowledge was created. (p. 871)

Both Cushman (2000) and Suchet (2007) argued that in order to effectively understand and deal with race and racism, psychodynamic theories must address their sociopolitical power structures, as well as how the analyst and the analysis fit into these structures.

In addition to the general critique that race and racism must be looked at from an external perspective as well as an internal one, there are a variety of authors who have critiqued individual theoretical explanations of the psychodynamics of race and racism (Cushman 2000, Perez-Foster 1996, Yi 1998, Stolorow 1987). The classical Freudian explanation- that conflicts around race and racism are symbolic of deeper conflicts within the sexual and aggressive drives- leaves out the many other meanings that could be attached to race. Furthermore, the intrapsychic drive model assumes that the therapist is a blank screen, onto which the patient's transferences are projected. This neglects the fact that the therapist has a race as well, an aspect of the therapist that cannot be concealed in the analytic posture, and therefore ignores the possibility that the therapist's identity may be contributing to the development of the analytic relationship and a "race-based transference" (Yi, 1998, p. 247). Ego psychology, which places the source of racism on unconscious defensive structures, "may obscure the developmental dimensions underlying one's attitudes and feelings toward members of other races" (Yi, 1998, p. 249) and thus exclude other ways of understanding race and racism.

Object relations theories have also been critiqued for unwittingly contributing to a racist discourse by making the construction of race and racism via splitting and projective identification seem inevitable, and thus uninterrupted. Altman (2010) offered criticism of the way object relations views race as a vehicle for understanding those "like me" and those "not like me." He argued, "however widespread this process of dichotomization and "othering" may be, we should not lose sight of the fact that it is a racist and ethnocentric process [...] however

‘normal’ these processes may be, they are also pathological” (p. 138). Finally, self-psychology has been critiqued for the way it continues to promulgate a Eurocentric view of the “self” as an encapsulated individual. This neglects the reality that many cultures conceptualize the self as part of the family or community, what has been termed the “we-self” as opposed to the “I-self” (Mattei, 2008, p. 265). Therefore, while an understanding of the ways in which racism damages self-development may be helpful for some clients, for others this theory will hold little resonance.

Rethinking Race and Racism in Psychoanalysis: Postmodern Perspectives

In response to the traditional psychoanalytic perspectives on race and racism, there have been some theorists who have argued for the development of a completely new way of approaching the psyche. These approaches include Afrocentric therapies, intersubjective, and relational approaches. While not without flaws, these postmodern perspectives emphasize the influence of the therapist’s identity and the sociocultural surround, and begin to deconstruct power and privilege in the therapeutic space.

Beginning in the late 1960’s and reaching their peak in the late 1980’s, “Afrocentric” therapies are based on the premise that “because traditional approaches to problems for black families are more family or group centered than for many white families, black family members often desire to use nontraditional treatment modalities” (Fuller et al., 1999, p. 164). Afrocentric therapies draw from cognitive behavioral techniques and emphasize a way of viewing the world that is about interconnectedness rather than individuation (Dixon, 2001; Leary, 1995; Phillips, 1990). While these kinds of treatment options have held resonance for many people, they have also been criticized. Basham (2004), Fuller et al. (1999), and Leary (1995) have argued that, by

dismissing psychoanalysis as un-applicable to people of color, theorists and practitioners are creating a hierarchy of “racialized” treatment options, and are continuing to perpetuate the assumption that traditional psychoanalysis is a treatment for white people. Leary (1995) wrote, “there is a danger that specifying the rules for racial identity inadvertently serves to minimize the individuality of African Americans in contemporary America” (p. 132). She went on to emphasize that “the incomplete conceptualizations of these earlier psychoanalytic writers speaks to the necessity for developing a new theory, but does not, as I see it and as a matter of course, require a move to a new conceptual neighborhood” (p. 132).

Among critics of traditional theories about race and racism in psychoanalysis, there is a collective movement toward what is termed an “intersubjective approach” (Altman, 2000; Altman, 2010; Basham, 2004; Cushman, 2000; Perez-Foster, 1996; Suchet, 2004; Suchet, 2007; Wachtel, 2002; Yi, 1998). This approach, which in various manifestations has been called “pluralism” and the “relational” approach, emphasizes that analysis is a co-construction. As such it is constantly being shaped by the experiences of both the analyst and the analysand (someone undergoing psychoanalysis). It also argues that “outside” phenomenon (i.e. cultural attitudes, class status, or experiences of racism) are internalized differently in each individual and thus become “inside” phenomenon, as important to analysis as the more traditional conceptualization of the internal world of the unconscious (Goldstein, Miehl, & Ringel, 2009). Adrienne Harris (2007) used an intersubjective lens to examine experiences of race, and termed these experiences “racialized subjectivity.” This more dynamic term reflects the idea that race is not static, but a socially constructed category that is internalized differently for each individual, changes depending on context, and carries with it a multiplicity of meanings. (p. 887).

Although each theorist has a slightly different take on this process, an analyst's examination of their racialized subjectivity and a commitment to an open dialogue about this subjectivity are the cornerstones of an intersubjective approach. The analyst and the analysand each come from distinct positions of racial meaning, awareness, and power, and these subjectivities change in each therapeutic relationship. Recognition of one's subjectivity means abandoning the traditional position that the analyst is a blank slate onto which the analysand's transferences are projected. It implies acknowledging that the subjectivities of the analyst and the analysand are in constant dialogue with each other, and within that dialogue are interactions shaped by politics, history, power, and a variety of other influences. An intersubjective approach is not an easy stance to adopt. Suchet (2004) wrote:

The dynamics of race, class, gender, and sexuality center on the dialectics of power/powerlessness, domination/control, affirmation/exclusion, and rejection/acceptance. Our multiple subject positions can be formed in a complex web around the intersubjective experience of inside/outside. The ways in which power and privilege are internalized in the formation of identity and played out in the consulting room are fascinating. When the issues of race, class, and sexuality are intertwined, it can be overwhelming to follow the ways in which power becomes negotiated intersubjectively. (p. 432)

However, despite its difficulty, the theorists identified in this section argue that, through an intersubjective approach, psychoanalysis can tackle the complexities of race and racism that have historically been left out of the equation.

Wachtel (2002) believed that one way to put an intersubjective approach into practice is through the analysis of “cyclical psychodynamics.” He wrote:

It is quite possible, however, to recast psychoanalytic formulations in ways that continue to address the unconscious dynamics traditionally of psychoanalytic concern and yet are simultaneously attentive to the actualities of race, class, poverty, or the myriad daily realities that occupy center stage in most other theories of human behavior. To unite psychoanalysis and social and historical reality in this way, the analysis of vicious circles is a key conceptual tool. (p. 212)

Wachtel’s theory of cyclical psychodynamics states that people repeat patterns that they have been taught from an early age, even when they have outlived their usefulness- what he termed “vicious circles” (Wachtel, 2001, p. 655). Unlike Freud’s theory of repetition compulsion, the urge to repeat a pattern is not intentional, but a learned behavior that can be disrupted through analysis. Wachtel applied this theory to experiences of race and racism, looking at how external experiences of racism in the form of stereotyping become internalized, and result in anxiety. This anxiety then effects how a person moves through the world, hampering their ability to be their full self because they are always in fear of becoming the stereotype. However, this extreme anxiety may actually result in the person becoming what they fear, reinforcing the racism that caused them the fear in the first place. He also extended this theory to understand how people learn incorrect racist attitudes and then engage in subtle behaviors and choices that ultimately reinforce and confirm those attitudes (i.e. “white flight”). Wachtel argued that identification of these cycles on multiple levels- in psychoanalysis, in history, in sociology, in politics, etc.- is the path to change (Wachtel, 2001; Wachtel, 2002). In this sense, he made the case for the

usefulness of psychoanalytic concepts outside of the clinical space, an extension of the intersubjective approach.

Perez Foster (1996, 1998) had a slightly different take on the intersubjective approach. She wrote that one of the most important aspects of dealing with race and racism in the clinical space is attention to what she terms “cultural countertransference” (Perez Foster, 1999, p. 270).

This kind of countertransference is made up of:

A complex matrix of cognitive and affective factors operating at varied levels of consciousness. This matrix includes the clinician’s own culturally based life values; academically based theoretical beliefs and clinical practices; emotionally charged prejudices about ethnic groups; and biases about their own ethnic self-identity. (Perez Foster, 1999, p. 270)

Perez Foster argued that if this kind of countertransference (previously unacknowledged in analytic work) interacts with client’s transferences and goes unexamined, it will make the therapeutic space a potential minefield of misunderstanding, empathic failure, and racial enactment. However, if it is examined and reflected upon in the treatment, it may be counteracted and result in a more productive therapy. This takes more than merely learning about the client’s racial and ethnic background, for Perez Foster emphasized that cognitive learning alone cannot counteract cultural countertransference. Much of the subjective cultural position is a result of deep seeded ideas that live in the unconscious, out of awareness. In fact, some of these unconscious ideas are actively disavowed by the conscious mind (i.e. racist stereotypes or cultural prejudices), especially by clinicians who believe themselves to be unbiased and open-minded. This makes the task of becoming aware of cultural

countertransference and working to counteract it that much more difficult, as the conscious mind is worried that these thoughts are not “politically correct” and they create a cognitive dissonance within the analyst (Perez Foster, 1999, p. 280). Adding to this dissonance is the analyst’s complex feelings about their own racial and ethnic identity, which may be enmeshed with cultural stereotypes and internalized racism. Perez Foster concluded that the only way to work effectively with cultural countertransference is to bring it into awareness on multiple levels- intellectual and emotional- and to set aside the fear that one’s subjectivity will somehow damage the treatment relationship. She argued that cultural subjectivity could, in fact, enhance the treatment relationship, and she called for clinicians to begin the process of acknowledging their cultural countertransferences:

So that these unspoken ethnic terrors no longer transform cross-cultural clinical encounters into new statistics for “premature terminations” (Sue, 1988; Sue & Sue, 1990), I call for clinicians to brave the choppy waters of their intersubjective sensibilities and bring these terrors up for air. (Perez Foster, 1999, p. 289)

Melanie Suchet (2004, 2007), Neil Altman (2000, 2010), and Kimberlyn Leary (1995, 1997) all wrote about the importance of the use of self when dealing with race and racism in the intersubjective approach. Leary (1995) wrote that when the analyst uses an intersubjective approach that acknowledges the therapeutic process as a co-construction, new ways of talking about race and racism emerge:

In fact, the psychoanalytic situation may offer a unique opportunity for elaborating the meaning of race and ethnicity to the extent that the analytic clinician can focus on the

amalgams of fantasy and reality to which talk about race is heir and discover the idiosyncratic purposes to which it has been put. (p. 133)

Through examination of two case examples in her own clinical practice, Leary concluded that when the subject of race is avoided in therapy, not only is therapeutic alliance more prone to rupture, impasse, and failure, but potential areas for exploration are missed and multiple levels of meaning are denied. Altman (2000) argued that when the clinician's own unconscious racism (which he believes exists in everyone) goes unacknowledged, it could result in covert aggression towards clients (p. 602). He does not necessarily advocate for airing these feelings in the therapeutic space, but calls for analysts to engage in a process of self-examination that allows them to "reposition himself or herself in the interaction" and adopt a "Kleinian depressive position" (p. 602- 604). This position occurs:

When people take responsibility for their destructiveness and recognize that they can have destructive feelings, impulses, fantasies, and actions toward people whom they also love. Thus arises guilt, which in its constructive form can give rise to reparative actions. A relationship that accommodates hatred and provides for reparative action is stronger than one that denies hatred and thus becomes brittle. Denial of hatred very often implies denial of love. (Altman, 2000, p. 204)

These postmodern psychoanalytic perspectives offer approaches to race and racism in therapy that take into account the racialized subjectivities of the therapist and of the client, and the ways in which they interact. They also turn a critical lens on the power structures inherent in the therapeutic relationship and in the surrounding environment. Although these approaches do not promise that they will solve the difficulties of race and racism or make the topics easy to

navigate, they do offer an answer to the critiques of traditional analytic theory and may be a starting point for working towards antiracism in psychoanalysis.

The Goals of Antiracism

In order to fully understand the proposed study, it is important to have an understanding of what the goals of antiracism are, and how they fit into clinical practice. The definitions presented here are drawn mostly from clinical social work literature, as social work (a field related to, but not necessarily intertwined with, psychoanalysis) has a stronger legacy of addressing issues of race and racism in clinical practice. Perhaps this is because clinical social workers have a long tradition of working with populations in need (as opposed to the more elitist tradition in psychoanalysis), and because social work has historically had more overlap with other forms of social-justice work.

Antiracism begins, at its most basic level, by understanding and being aware of how racism operates and its pervasiveness in nearly every aspect of our society. Miller & Garran (2004) wrote “four major values underpin any form of antiracism activity: 1. Being aware of racism, 2. Staying connected with others, 3. Maintaining compassion for ourselves and others, and 4. Remaining engaged in some form of activism” (p. 277). They emphasized that these values are particularly important for people in the helping professions, as “helping professionals work to engender hope” and empower their clients (Miller & Garran, 2004, p. 277). Other definitions of antiracism have been offered by Hardy & Lazloff (1998) and Basham (2004), and include “recognizing the existence of a pro-racist ideology,” “exploring one’s racial identity,” (Hardy & Lazloff, 1998, p. 119) and developing “cross-cultural knowledge and skills” (Basham, 2004, p. 298). For the purposes of this study, these values have been expanded upon to create a

definition of antiracism that includes being aware of racism (in the therapeutic work and in the world at large), maintaining a commitment to culturally competent practice, and remaining engaged in some form of activism.

The first value, being aware of racism, is a key component of clinical practice committed to antiracism. Bonilla- Silva (2006) defined an antiracist as one who understands institutional racism and acknowledges one's own unwilling participation in it (p. 17). However, this concept is deceptively simple. Suchet (2007) wrote about the complexity of being aware of racism in the clinical space. This awareness comes not only from awareness of the client's experiences of race and racism and the influences of race and racism in society, but also from awareness of the clinician's own internalized racism and position of power. This self-awareness has the same qualities of the intersubjective approach's emphasis on examining one's racialized subjectivity. Suchet (2007) used a case example to unpack her own racialized subjectivity as a white woman from South Africa who now lives in America, working with a young black woman who was court mandated to treatment. Suchet was forced to confront not only the reality of her client's experience of race and racism, but her own desire to shed the racialized subjectivity of her childhood and position herself as a clinician committed to antiracism. In her urgency to move beyond the implications of her past, she neglected the impact key racial elements on the treatment relationship and inadvertently re-created a dynamic of oppressor/oppressed with her client. This example illustrates that awareness must be an ongoing process, and as B. Reis told Suchet (2007) in a personal communication in 2006: "[Antiracism] is not a process with closure, but an ongoing and open relationship between parts of the self, between subject and object and between past and present, to be continually reworked, reviewed and reconciled (p. 884)."

The process of being aware of racism is made more complicated when the clinician comes from a position of white privilege. This is an important point for psychoanalysis, as it is still a field dominated by white analysts and theorists. Miller & Garran (2004) pointed out that:

Although most people of color are acutely aware of racism, most white people are not attuned to its vicissitudes. One way of thinking about this is that many white people have a severe vision problem when it comes to seeing racism. Therefore, a precise lens can bring into view things previously undetected. The brain then has to have concepts to make sense of the new information being observed. And if the lens is removed too quickly, we will revert to visual impairment. (p. 278)

Many contemporary theorists have written about the importance of acknowledging and owning white privilege as part of moving towards antiracism (Altman, 2000; Altman, 2004; Altman, 2010; Cushman, 2000; Harris, 2007; Hill, 2007; Suchet, 2004; Suchet, 2007; Wachtel, 2002). With that acknowledgement comes recognition of the fact that somewhere along the line, the white analyst's privilege has caused harm to people of color. According to Altman (2004), "without this acknowledgment of destructiveness, individually and collectively, there is no potential for reparation. If we cannot bear the pain of having caused damage, we may engage in pseudoreparation that actually disables truly constructive work (p. 443)." Some theorists argue that the white guilt that arises from this acknowledgement can be harmful, as it provokes anger that is then defended against, preventing one from moving to a position of antiracism (Wachtel, 2002). Others argue that guilt might be a motivating factor for white clinicians to work towards change as it illuminates how racism and oppression harm all people, not just people of color (Altman, 2004). Wachtel (2002) emphasized that it is indifference towards race and racism that

is the ultimate hindrance to antiracism work because indifference is “the radical failure of empathy for other human beings,” the effect of which can be “equally destructive” if not more harmful than overt racism (p. 200).

In fact, when white analysts ignore race and racism in the room, they may be communicating their discomfort with their own privilege and racism, a message that contradicts the basic notion that therapy is a place where there are no taboo feelings. All of the theorists agreed that if white clinicians are committed to antiracism in clinical practice, they must do the work of awareness. Cushman (2000) noted that a true movement toward antiracism:

Won't happen unless analysts are willing to take chances, to make mistakes and pick themselves up again, to face the worst of what pops into their minds and out of their mouths. That takes the capacity to grant oneself the freedom to be human and make mistakes, to recognize one's mistakes, to understand them, admit them, learn from them, and continue in relationship with others. [...]. None of this can happen if analysts are plagued by ethnic, racial, or class self-hatred or are counterphobic or too afraid of making mistakes to be honest and relatively free in their own responses. Nothing will deaden an analysis more quickly than an analyst terrified of saying the wrong thing. (p. 615)

Suchet (2007), whose essay “Unraveling Whiteness” offered one of the most complex examinations of an analyst's white privilege in the clinical space, wonders if it is easier for white clinicians to take up the fight for antiracism because of their positions of privilege (p. 880). She articulated that the answer to such a question is less important than the challenge it proposes: to engage in the process of continually opening oneself for examination, of “surrendering” the “defensive structure of whiteness” and accepting all parts of the self, engaging in a “process of

remorse for the racist acts that have been and are perpetuated, directly and indirectly, individually and societally” (Suchet, 2007, p. 883).

Many authors have written about the need for “cultural sensitivity” or “cultural competency” in the therapeutic space (Altman, 2010; Barrera & Corso, 2002; Hays, 2008; Perez Foster, 1996). However, a distinction must be made between ideas of “cultural competency” (allowing for differing cultural perspectives) in a clinical setting and “antiracism” in a clinical setting. Theories of cultural competency primarily focus on understanding and empathizing with a variety of cultural practices that may be different from the clinician’s own culture and from the metapsychology of the theoretical orientation of practice. Antiracism efforts may include cultural competency, but also actively work to dismantle systems of privilege and oppression. An example of cultural competency is a clinician who understands the importance of the familial tie in East Indian cultures and thus does not push an agenda of individuation on an East Indian family (Hays, 2008, p. 47). Some models of cultural competency ask clinicians to examine their own cultural perspectives and set them aside to adopt a stance of openness, similar to the process of awareness in antiracism (Barrera & Corso, 2002; Hays, 2008;). These models also attempt to look at the cultural biases within clinical practice in areas such as diagnosis or treatment options.

Barrera & Corso (2002) articulated a model of cultural competency termed “skilled dialogue” which includes a concept called “the 3rd space.” The 3rd space “supports respectfully holding divergent and sometimes seemingly contradictory views in one’s own mind at the same time, without forcing the choice between them” (p.109). The skills associated with the 3rd space include suspending judgment, staying with tension, developing opportunities for equalizing power, and creating responses that integrate and access the strengths of diverse perspectives (p. 112). This model combined a culturally competent perspective with a directive to challenge and

equalize power structures. It also asked clinicians to suspend judgment and to stay with tension, two critical components of becoming aware of one's racialized subjectivity. Miehl and Keenan (2008) wrote that:

The concept of third or borderland spaces is epistemologically located within a postmodern perspective. This perspective assumes multiple realities rather than one external truth (or objectivity). In addition, postmodern thinkers challenge the view that selves can be stable and coherent; rather, one's self or identity is complex and multifaceted. (p. 167)

They went on to say that understanding this complexity in identity means that the power inherent in all relationships (power in the Foucauldian sense) is "open for claim by a range of individuals" (p. 167). Therefore 3rd space activities are a way to move from the dynamics of privilege and oppression into a place of deeper complexity and a more fluid movement of power. Although 3rd space activities are not designed specifically for antiracism work (they are broadly conceptualized for dealing with cultural differences), they can easily be used for such a purpose.

Critics of cultural competency models argue that these models can fall into the trap of "the investigation of otherness when someone of a different color enters the consulting room" and are essentially modifications of the dominant perspective to meet the needs of the subjugated (Suchet, 2007, p. 868). In this light, cultural competency can inadvertently buttress and normalize the dominant perspective, and thus cannot be the sole component of a practice committed to antiracism. But models of 3rd space activity, like Barrera & Corso's (2002), can be a starting point for a commitment to antiracism. Especially if clinicians combine other elements

(awareness and action) with 3rd space ideas, and work to make sure that they practice cultural competency with all clients, not just clients of different races.

In addition to awareness and culturally competent practice, a key piece of antiracism work in therapy is the active task of addressing and dismantling racism. This, too, is a complex task. It might mean that clinicians working for antiracism:

Are not tied down to only one method or approach [...] but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.

[And that] counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a “problem” stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately blame themselves. (Sue et al., 1992, Appendix A).

It might also mean that clinicians pay attention to power dynamics both in the room and in agencies, and work to expose and name those differences in the clinical space in order to counteract them, perhaps via 3rd space activities. Altman (2000) wrote about a case in which he felt he was ineffective in actively working to dismantle racism, and said “I believe that it might have been more helpful if I had used my awareness of racism in myself to explore more explicitly race-linked feelings between us” (p. 589). Making the implicit explicit may be another tool therapists can use to actively work against the insidiousness of racism. Effective antiracism clinicians might also work to counter theoretical biases by adapting forms of understanding, notice blind spots in themselves, and paying attention to racial transference and counter-transference (Miller & Garran, 2008).

A critical component of antiracism activism in the clinical social work literature is pushing for organizational change within agencies and institutes. Several authors (Akamatsu, 1998; Basham, 2004; Jay-Green, 1998) offered outlines for institutional change in line with the goals of antiracism. Jay-Green (1998) proposed 11 steps for transforming family therapy programs, which can easily be translated for programs across disciplines:

1. Setting multicultural competencies as goals, 2. Utilizing outside program evaluation/consultation, 3. Hiring multicultural faculty leadership, 4. Achieving numerical balance within in the student body, 5. Mandating faculty training around cultural competency, 6. Co-teaching of intercultural awareness, 7. Dispersing multicultural content in all courses, 8. Including multicultural content in clinical supervision (in all cases, not just for clients of color), 9. Allowing specialization of faculty and students (courses devoted specifically to cultural competency issues), 10. Evaluating instructors on their multicultural competencies, 11. Evaluating students on their multicultural competencies. (p. 111-117)

Clinicians committed to antiracism might work towards this sort of organizational change, or model their private practices around these mandates. Working against institutional racism also is a way for clinicians to broaden their reach beyond their individual clients.

Although it would be difficult to level an argument against antiracism (as in, pro-racism) the discourse of antiracism has been critiqued by several authors, most notably John Hartigan. Hartigan (2000) argued that those working for antiracism have a tendency to adopt a reductive position. He critiqued “the emerging status of antiracism as a codified set of ‘interventions’- supported by a strong consensus concerning the object of those interventions (whiteness and

racism)” because it “may hinge on too simple an understanding of how race matters” (p. 374). In an anthropological study of white activists working for antiracism in Detroit, he found that his subjects had a way of looking for evidence of racism in others and pointing it out, in the hopes that this kind of clarity would “reveal a true racist core” and thus counteract it (p. 390). However, Hartigan asserted that the purpose of antiracism might be better served if those working for it were able to tolerate the ambiguity that comes with attempting racial understanding in a world where race and racism are not so clearly delineated into subject/object positions. He found hopefulness in the spaces of confusion, and saw them as disruptions of racist ideological conditioning. Haritgan’s points are similar to Suchet’s (2007) thoughts about sitting with complexity and uncertainty. In these more dynamic understandings of the work of antiracism, it is of utmost importance for clinicians to recognize that the work of antiracism is a process that is being continually shaped by the ever-shifting meanings of racial identity. Without continuous critical inquiry, clinicians working towards antiracism may easily fall into a more reductive stance.

Summary

As the literature review has shown, psychoanalysis is a practice with racist foundations and a less than flattering history of dealing with race and racism, both institutionally and within the therapeutic space. There are a variety of theoretical models that attempt to explain the psychodynamics of race and racism, but many of them fall short when it comes to helping clinicians tackle the complexities of race and racism in the room with clients. The four psychologies have been critiqued for their overly reductive views of race and racism, and for not sufficiently accounting for the identity of the clinician and its impact on the treatment

relationship. More contemporary intersubjective and relational perspectives are rethinking the way race is handled in psychotherapy. These perspectives focus on how cyclical psychodynamics, racial transference and countertransference, racialized enactments, the therapist's identity, and awareness of race as a social construction all contribute to a fuller understanding of race and racism in therapeutic work. The social work literature also has much to offer to help clinicians define and manifest antiracism. Key components of a commitment to antiracism include awareness, cultural competency, and activism (on an individual and institutional level). The use of the intersubjective approach to address race and racism in psychoanalysis may indicate movement toward antiracism in the clinical space. However, outside of individual case examples presented by the theorists cited here, there have been no empirical studies exploring whether clinicians committed to antiracism favor this approach over others. This study seeks to determine if and how psychoanalysts are manifesting the various theoretical approaches in therapy, and whether or not they feel they are successful in aligning their commitment to antiracism with the rest of their analytic practice.

CHAPTER III

Methodology

Formulation

This study was an investigation of the experiences of practicing psychoanalysts who self-identify as committed to the goals of antiracism. The guiding question for this research was “can the practice of psychoanalysis and the goals of antiracism align?” The study also explored analysts’ feelings about how issues of race and racism were taught in their training institutes, and the ways in which they approach these issues in therapy with clients. The study was designed to gather data that might be useful in shaping the ways in which clinicians think about antiracism in psychoanalysis, and exploring how a commitment to social justice affects an analyst’s process. The data may also contribute to shaping analytic training, as well as lend itself to bodies of knowledge on psychoanalysis, race and racism, and clinical approaches to antiracism. This chapter provides an overview of the process by which this research was conducted, including sampling, data collection, and analysis.

Study Design and Sampling

The design for this research study was informed by constructivist grounded theory (CGT) as articulated by Kathy Charmaz (2006), who offered a set of guidelines for researchers to follow in every step of the research process. CGT operates under the premise that all research is a co-construction created by the researcher, the participants, and the context of the research. Using grounded theory methods, this study relied on intensive interviewing techniques to gather rich data that was detailed and specific, while taking into account relevant social contexts. Charmaz (2006) wrote that “grounded theorists collect data to develop theoretical analyses from the

beginning of a project” and proceed by coding data as it emerges and collecting further data to fill in theoretical gaps (p. 3). Researchers guided by grounded theory are interested in the relationships between analytic categories, and work to add layers of abstraction in order to develop a theoretical understanding of a studied experience. Rather than “deducing testable hypotheses from existing theories,” constructivist grounded theory “develops theories from research grounded in data” (Charmaz, 2006, p. 4). Given the nature of race as a social construction and the process of psychoanalysis as a co-construction between analyst and analysis, CGT was a fitting model for this study.

This study focused on the experiences of clinicians who have completed psychoanalytic training, are currently practicing psychoanalysis with their clients, and self identify as committed to the goals of antiracism. The participation criteria included 1) having received training at a 4-year credentialed analytic institute, 2) practicing psychoanalysis for at least 1 year post institute graduation (the 1 year requirement allowed the sample to reflect a range of practice experience, as well as generational and training differences), 3) residing or practicing in the New York City area (as the study required face-to-face interviews), and 4) self-defining as committed to the goals of antiracism. The sample was selected in order to develop the researcher’s ideas, what Charmaz (2002) called “theoretical sampling” (p. 689). This style of sampling is used to develop a researcher’s theory, as opposed to attempting to represent a population. Charmaz (2002) argued that the advantages of theoretical sampling are that it helps researchers to “gain rich data, fill out theoretical categories, discover variation within theoretical categories, (and) define gaps within and between categories” (p. 689). Therefore, rather than a representative sample of all psychoanalysts, the research focused on a sample that initially self-selected as committed to an ideology of anti-racism and currently works to apply that ideology in practice.

For the purpose of this study, the definition of antiracism was drawn from Miller & Garran (2008) and was loosely defined as being aware of racism in the therapeutic work setting and in the world-at-large, maintaining a commitment to culturally competent practice, and remaining engaged in some form of activism. This definition was outlined in the informed consent, but each participant was given the opportunity during the interview to talk about their own personal definition of this term, as well as the ways in which they understood the meaning of the research definition. The meaning of antiracism was deliberately left open to interpretation and self-definition because the researcher was interested in exploring the ways in which a commitment to antiracism was shaped by the participant's identity, education level, training, clinical experience, and the perceived identity of the researcher. Consistent with theoretical sampling, the researcher continued to explore these layers in data analysis and in follow-up interviews. Excluded from the study were participants who did not meet the above criteria, or who did not agree to the Informed Consent (Appendix A). This study was approved on November 29th, 2010. A copy of the approval letter can be found in Appendix F.

This non-probability and purposive sample was obtained through two methods of recruitment. Using snowball sampling, the researcher sent the study's recruitment letter (Appendix B) and informed consent by email to professional and personal contacts in the analytic community. Recipients were asked to forward the letter to anyone who might be able and willing to participate. In addition, the researcher sent the recruitment letter to a variety of analytic institutes in the New York City area and requested that they publicize the study in an institute newsletter, via their listserv, or in a bulletin area. It is unknown which method of recruitment elicited more responses, as participants were not asked how they learned of the study. Interviews took place from December 1, 2010 through April 15, 2011. A total of 9

participants participated in initial face-to-face interviews, and 4 participants chose to participate in a secondary follow-up interviews via email.

Data Collection

The initial data for this study was collected in face-to-face interviews that lasted approximately one hour. The researcher designed a question guide for the interviews (Appendix C) that asked a series of open-ended exploratory questions. The questions were designed to give participants a chance to reflect on their experiences, and thus the researcher used the guide flexibly, asking follow-up and clarification questions when necessary and (consistent with CGT) creating new questions as data collection proceeded in order to enrich the nature of the data. Initially, face-to-face interviews were used to allow the researcher to collect data in this reflexive manner. The participants were asked to reflect on a variety of topics within the category of antiracism and psychoanalysis, including their experiences in training, the ways they manifest antiracism in clinical practice, and their opinion on the question “can analysis and antiracism align?” Participants also were asked to give case examples in order to deepen the quality of the data. Participants provided some demographic data in the interview, including their age, how they identified racially, and the number of years they had been practicing psychoanalysis. These demographics were used to provide context for the participants’ answers. Participants could refuse to answer any questions they did not feel comfortable with, and also allowed the option of withdrawing from the study during or after the interview was complete (as per the Informed Consent). Participants were informed of the limits of confidentiality and how the data would be used before the interview began.

The interviews were tape recorded and transcribed by the researcher. In the transcriptions, all identifying data was disguised (including place names, schools, etc.). After the transcription, the recording of the interview was destroyed. Several weeks after the initial interview, participants were contacted again and given the option of participating in a follow-up interview via email. This interview was designed to allow participants a chance to review the transcript of the initial interview (a process called member-checking) and make any changes or adjustments. Participants were also given a series of open-ended follow-up questions that asked them to reflect on the process of participation (Appendix E). These questions were answered in writing, and participants were allowed to refuse to answer any or all of the questions.

In addition to providing the opportunity for member-checking, the follow-up interview was intended to assess whether or not the process of participating had affected participants' thinking about antiracism or impacted their clinical practices in any way. Participants were given a second Informed Consent (Appendix D) specifying how confidentiality would be maintained in the email interview. Of the 9 initial participants involved in the study, 4 took part in follow-up interviews. Two participants declined to participate in a follow-up interview directly after the first interview took place (because of time constraints), 2 participants did not respond to email inquiries asking if they would like to participate in the follow-up, and 1 participant indicated she was interested but did not return her questionnaire or transcript to the researcher. Participants' names and identifying information were removed from the transcript of the initial interview before member-checking took place, and email interviews were sent and received on a secure server. For the purposes of analysis and in this report of the findings, participants have been given a randomly assigned letter to identify them, rather than being referred to by their names.

Data Analysis

The data in the study was analyzed using a constructivist grounded theory approach to content/theme analysis. The study design was informed by the constructivist view that “places priority on the phenomena of the study and sees both data and analysis as created from shared experiences and relationships with other sources of data” (Charmaz, 2006, p. 130). The analysis builds on a constructivist grounded theory perspective that emphasizes respondents’ narratives of their experience, and looked at data as coming from the content of these narratives, as well as how these narratives were told and the co-construction of the interview experience by the researcher and the participants. The analytic steps involved in data analysis included: coding interviews and personal accounts for statements about theoretical, analytical, clinical and emotional perspectives on antiracism; developing tentative categories concerning these topics; comparing categories to the literature and testing them in further interviews; writing memos on the categories; and showing the links between categories.

CHAPTER IV

Findings

Throughout this research, the researcher was critically aware of dominant questions: What does it mean to be committed to antiracism? Why is this commitment so hard to articulate and define? Once it is defined, how does one manifest this commitment in clinical practice? The premise of antiracism is based on an acknowledgement that racism exists. In order to work against it, one must first understand how, where, and why racism occurs. The literature review has shown that there are a variety of ways in which to understand, define, and operationalize antiracism in clinical practice. As the participants in this study demonstrated, knowledge and awareness of racism varies from person to person, due in part to the amount of education one has received about racism and the way it functions. In addition, the theoretical lens that analysts use to understand the world (and their work with clients) plays a major role in the way they think and talk about race and racism and understand its affects on the psyche.

This findings chapter is divided into three sections. Section I is an outline of participants' demographic data and discusses how the analysts in the study perceive the history of psychoanalysis from a racial perspective. Section II examines analysts' feelings about the ways race and racism were addressed during their analytic training. Section III is devoted to exploring analysts' self-definition of their commitment to antiracism, and the ways in which they work to manifest this commitment in clinical practice. The identity of the researcher and how it has impacted the findings (a key component of understanding and analyzing the data presented) is discussed in Chapter V, and is followed by an analysis of the data.

Who are we? Participant Demographics and Racial Perceptions of the History of Analysis

The analyst participants in this study all self-identified as white or Caucasian, with the exception of Participant D, who identified based on cultural affiliation rather than race. Because race was not a screening factor for participation in this study, the researcher did not learn until the initial interviews that the sample population would reflect a primarily white point-of-view. The study did not intend to exclude the voices of analysts of color, however it is likely that a confluence of factors contributed to this being the case: 1) the sample of participants in this study may reflect a reality that there are very few psychoanalysts of color (based upon perception and observation, not on statistical data); 2) the researcher's position as a white woman with a German/Jewish last name conducting the study may have impacted analysts of color desire to participate; and 3) that the snowball sampling methods of recruitment may have resulted in white participants and colleagues reaching out to other white potential participants, as opposed to a racially diverse group. Table 1 is a presentation of participant demographic data.

Table 1. Participant Demographics

	Age	How do you describe your gender?	How do you describe your race?	Describe your psychoanalytic practice. Have you been trained in a particular theoretical framework or do you find you orient toward a certain theoretical model?	How many years have you been practicing post-institute training?
A	70	Male	Jewish, Eastern European, Russian, White	“Mostly trained in um, fairly, fairly Freudian drive oriented model. My... I think my greatest influence beyond that initial training were object relations- the whole relational school. Which is where I really have been practicing most of my life.”	Approx. 30
B	60	Male	White	“I really use a lot of different theoretical approaches. Um, I started as fairly Freudian though I have always used a lot of object relations theory from the British school and uh, I use a lot of relational psychoanalytic theory. I would say those are the three primary.”	Approx. 30
C	58	Female	Caucasian	“The institute was kind of a blend of self-psychological orientation and um, intersubjectivity.”	3
D	53	Female	I don’t identify with a race- I identify as half South African and half Israeli.	“I definitely orient towards self-psychology.”	Approx. 16
E	66	Female	White	“Kind of eclectic.” “Self-psychology and object relations (the English school).”	Approx. 30
F	63	Woman	Caucasian, Jewish	“Um, my, well, I was trained at XXXXXX [...], which was pretty much traditionally or classically oriented but that’s not my practice. [...] I’m at this point, I consider myself to be a contemporary psychoanalytically oriented therapist with an emphasis on relational psychoanalysis and intersubjectivity.”	Approx. 30
G	42	Female	White, Irish Catholic ethnicity, some Dutch	“Um, XXXXXX has a pretty eclectic kind of model. You get a good foundation in object relations, self, interpersonal, the classical roots, um, but I definitely kind of identify with the contemporary relational community.”	11
H	52	Female	White	“Self-psychology.”	14
I	49	Male	Caucasian	“I whole heartedly [...] embrace a self psychological and intersubjective perspective although I see-know that I draw on other traditions as well.”	3

“White,” “elitist,” “privileged...” Although in most cases the researcher did not directly ask participants to talk about how they perceived the profession of analysis, each analyst in this study offered variation on these descriptions. As demonstrated in the literature review, the history of analysis reflects the history of race and racism in Western culture. In its most flattering light, analysis can be viewed as developing from a narrow-minded, singular perspective. Upon deeper investigation however, the history of analysis can be seen as contributing to the stigmatization and ongoing oppression of people of color. The extent to which psychoanalysis can be called racist or be described as having a racist history is debatable; yet the perceptions of this history (both internal and external to the profession) are extremely important to a discussion of how to work towards antiracism in therapy. A clinician committed to the goals of antiracism is forced to work against these perceptions; and at times the challenge is great, as evidenced by the accounts of analysts in this study.

Participant B, who was perhaps the most generous in his description of racial perceptions of analysis, recounted a vivid experience with a colleague of color when he informed her that he had begun training at a psychoanalytic institute. He stated, “She was very clear of her disdain for that approach and it was fairly clear that she felt that this was a white person’s world.”

Participant B went on to say that he felt that this was an unfair judgment:

I think analytic theory applies to all people and explains development for all people, uh. But I do think that there is a prejudice outside of... well, I do think that there is a prejudice, there are all kinds of cultural reactions to psychoanalysis based on the culture, the nature of the culture.

Participant B went on to report that he felt as though this colleague's perception was based on ignorance of analytic theories, and not the reality of the work. However, later in the interview he characterized the majority of people in psychoanalysis- on both sides of the couch- as Jewish. He noted that when he entered training "not a lot of people of different races came into the field [of psychoanalysis]."

Participant A also commented on the lack of diversity in the profession:

I do think um a lot of blacks opted out of psychoanalysis. There were more involved then [pre-1980] than I think there are now, actually. I mean, not numbers but percentage wise. Because I think that a lot of um, a lot of um the philosophy, a lot of the issues around race got crystallized and the psychoanalysts were seen as somehow standing apart from the struggle for integration, the struggle for equality. Um, kind of in their ivory towers, which I never thought was really fair but uh- [trails off].

Participant A went on to say that he felt a major contributor to this perception was the way that classical analysis had ignored the impacts of institutional racism in favor of a focus on the individual.

Participants D, F, and G were far less favorable in their characterizations. Participant F said that she believes that the majority of people still think of Freudian or classical psychoanalysis as the norm of the profession, and that classical analysis can feel "very alien to kind of a, an urban, contemporary urban lifestyle." She went on to say that not only does analysis feel irrelevant for those who perceive it in this way, but that it can also be experienced as judgmental and not in touch with the realities of racism.

Participant G talked about her internal conflict when she moved from working primarily in community mental health clinics into a “more elite world going into psychoanalytic training and um, serving you know mostly white middle upper class populations which is true- you know my practice is primarily white middle upper class.” Later in the interview, she characterized the field of psychoanalysis as a “white middle upper class enclave” with “a lot of narcissism.”

Participant D spoke of the history of analysis as one where “most analysts were white” and said:

I think the history of psychoanalysis um, specifically how it’s evolved from being the analyst who knows better than the patient what their problems are, whether the patient agrees or not. If you want, that’s an oppressive position. It’s grandiose; it’s all kinds of things that are not good.

Participant E was careful to make clear that it is difficult to categorize “analysis” as a group because there are so many different traditions of analysis, but she then noted that “there’s a line, a group, that’s Freud it’s a lot of people, who think they know better than the patient what the patient’s experience is.” Participant I recounted a clinical case example in which a client of color told him of “the humiliation she feels at times at having to continually go to white professionals-white people in positions of power” and also described the image of the profession as “practitioners with white graying hair.”

Two of the analysts in the study talked about the inherent racism in the way analysis is, and has always been, prohibitively expensive. Participant C said that:

Certainly psychoanalytic training is very much of a luxury. It's, it's exorbitantly expensive um, and so you know, people who are interested in it have to have a way to do that, so that ends up being the privileged class. And that's still white for the most part.

Participant F felt that the lack of diversity in her client load in private practice was partially due to the cost of analysis, and she wondered if it would be possible to achieve a more diverse caseload if analysis was practiced in community mental health clinics as opposed to private settings. Participants A, B, F, G, and H also characterized their caseloads as being primarily white, with a small percentage of clients of color coming from Hispanic and Latino, East Asian and South Asian descent. Participant I wondered why she had so few clients who identified as African American:

I cannot imagine that it's, that there's, in my community, a whole group of African American patients that are being referred and they are not sending them to me. I cannot believe that. Um, um, it's just funny for me to imagine that. So it seems like there must be something about either African American- where are African American people? Young people particularly, because it's typically young people who come to therapy. Are they not seeking out therapy in the same numbers? Are they not feeling like there are resources available to them? Is there some... have they not gotten the message that therapists are going to be welcoming to them?

Participant B felt that one of the reasons his caseload was lacking in diversity might be because his primary practice location was in an all white suburban area, as opposed to being in the heart of New York City where this study was conducted. Participant A wondered if the lack of diversity in his caseload had something to do with his perception that clients often choose to

see therapists of the same racial and cultural background as themselves, and that this choice often occurs even before a client comes in for the initial appointment. This researcher observed that half of the participants in this study had offices in the Upper East Side (87.6% white) or Upper West Side (67.7 % white) areas of Manhattan, areas that are disproportionately white compared to the rest of Manhattan (48% white) and New York City overall (33% white). Two of the participants had their main practices on Long Island (54.7 % white) with part time practices in Manhattan, and 2 of the participants had their main offices in the lower half of Manhattan (approx. 52.8% white). One participant worked part time consulting at an agency in the Bronx (10.9% white) (demographics taken from 2010 census data).

Where Have We Come From? Race And Racism In Training Institutes

The analysts in this study did not feel that issues of race and racism were adequately addressed in their institute trainings. When they were addressed, they were often lumped into a category with other oppressed identities, such as LGBT issues, or tacked onto the end of classes and curricula as an afterthought. Some analysts remembered race only being addressed when a case presentation was about or given by a person of color, or when students brought race to the teacher's attention. Most of the analysts did not feel these topics were addressed in their supervision during analytic training, and several of them noted that classmates and colleagues seemed not to care. Interestingly, most analysts also spoke of their institute trainings as a time when their caseload was very racially diverse; trainees often work in low-fee institute clinics or community mental health programs which tend to disproportionately provide services for clients of color.

Two of the analysts in the study (B & F) recalled incidents of racism, both overt and subtle, in their training programs. Participant B became a supervisor in his training program, and remembered students of color going to the training director with complaints that they were experiencing racism from fellow students and teachers:

So I certainly was aware, for example, that one of the students who uh... an African American woman felt that some students and also a couple of teachers had spoken to her out of racism. I don't remember the details of it but this was some of- it was while I was supervising a fair amount, uh, and I'm not sure it really got resolved.

He felt that nothing had been done because the racism was not "blatant" enough for disciplinary action to be justified. In essence this story is two examples of racism rolled into one; the original racist comments, and the invalidation the African American woman must have felt when her experience of racism was not acknowledged by the institute via disciplinary action or dialogue. Participant F had an African American supervisor who tried to push her institute to pay more attention to race in the curriculum. This supervisor was met with a great deal of resistance, and looked down upon by the all-white institute board that saw her as "making waves." However, she was greatly respected by the students of color at the institute, and by Participant F.

Participant G was met with a great deal of resistance when she tried to change the curriculum in her institute by establishing a diversity committee to examine the way that race was handled in training curricula, institute workshops, and recruiting strategies. This committee ultimately recommended that articles on race and racism be interwoven into the syllabi for each course, but many of the teachers at the institute did not take this recommendation seriously, or

had no idea where to find the articles they needed and made little effort to obtain this information. Participant G also organized a lecture by a prominent analyst of color, and was disappointed when the lecture was well attended by analysts of color from outside the institute community but poorly attended by her colleagues in the institute. She ultimately left her position on the diversity committee out of frustration.

Almost all the analysts in the study learned more about issues of race and racism in clinical practice through independent study. Some had attended trainings and workshops, and others had done a great deal of reading. Through teaching, writing, supervision, the formation of diversity committees, and establishment of scholarships, the analysts in this study furthered their education about issues of race and racism and promoted their commitment to antiracism within their institutes and the analytic community. Significantly, the participants in this study felt most enlivened by their commitment to antiracism when a community of like-minds surrounded them. Participant G mentioned how reading the work of prominent theorists (Altman, Leary, White, etc.) opened her eyes to new ideas, and allowed her to maintain her internal passion for social justice work. She later reached out to some of these authors for support and supervision. Participant I spoke of the joy of working several days a week in a very diverse setting in the Bronx, and how his involvement in a lively treatment team at this setting kept him interested and excited about the goals of antiracism. Participant C mentioned being held accountable by a supervision group that frequently talked about issues of race and racism, and several participants (D, G, H, and I) talked about the pleasure of teaching racial awareness and antiracism to supervisees.

What Are We Doing? Defining a Commitment to Antiracism and Manifesting it in Practice

Despite the challenges posed by perceptions of the history of analysis and the lack of fluency with issues of race and racism in institute training, the analysts in this study all self-identified as committed to the goals of antiracism. A major component of the data gathered in this study was the analysts' various self-definitions of the term "antiracism." After defining this commitment explicitly, the analysts were asked to talk about how they manifest this commitment in practice; both by describing the skills they normally rely on, and by discussing a case example in which they felt their commitment to antiracism was embodied in their work with a client. These examples were then analyzed to uncover the more intuitive aspects of the analysts' process. This researcher observed that the definitions of antiracism described by analysts in the study were greatly influenced by the analysts' theoretical orientations, as well as their clinical experiences approaching race and racism in the room. Those who had clearer, more developed self-definitions of antiracism seemed to also possess a stronger working model for tackling race and racism in clinical practice.

Interestingly, all of the analysts in this study began talking about their commitment to antiracism through talking about personal experiences. The study did not explicitly ask about personal experiences or development, but within the first 10 minutes of the interview, each participant had brought up a personal experience as an empathic entryway into a commitment to social justice and antiracism. The personal experiences ranged in magnitude and complexity and included: adopting a mixed race child, participating in the civil rights movement, growing up during Apartheid in South Africa, having a gay family member, and being a practicing Buddhist. For all of the participants in this study, their personal histories and experiences laid a foundation for their work of antiracism that went beyond a feeling of social responsibility, or a moral or

ethical pull. These experiences seem to serve as a gateway into having an empathic stance for the suffering and oppression experienced by people of color, and thus a desire to work against this oppression. However, it must be noted that this position- connecting to the oppression of people of color through another oppressed identity- is a distinctly white position, and one that some theorists argue may hinder the work of antiracism by creating false identifications and by allowing white analysts to disavow their privilege.

For Participants A and B, both trained in a classical Freudian model, a commitment to antiracism seemed to primarily reflect a commitment to diversity and equality. Both analysts talked about seeing all of their clients as equal, regardless of race, and looking at race as secondary to the impact of family in shaping individual development. They saw understanding institutional racism as a key piece of their antiracism work; and Participant B elaborated on this understanding by also discussing the ways in which he has become aware of his own conscious and unconscious racist feelings, and his wish to eradicate them. It is notable that both participants talked about the dynamics of race and racism in therapy as being reflective of “deeper” conflicts. Participant B stated the following:

Well that of course brings us back to the larger question of is this basic or is it transference. If it's transference then it's related to the person's family. And so if I then am viewed in a certain way because of my color, that's really somehow a distortion of something related to a parent. And I think cause I tend to see that as more basic, um, unless somehow has had a very early racist experience, and I haven't had enough experience working with people of other races to say, I can certainly imagine that in some cases that would be an issue.

Participant A said:

You know I think that ... that uh probably as a field we, we are so focused on the individual that we don't take into account things like institutional racism uh. [...] But it's always translated through the parent you know I mean it's never... I guess in terms of how I was trained though- I guess I see it more broadly now- but in terms of how I was trained it was always- whatever institutional racism a family was subjected to- it was really the way it was translated through the parent to the child that was a significant thing.

However, Participant A later reflected that this point of view could not adequately account for the pervasiveness of racism in the world and Participant B noted that he has an intellectual respect for theories that view racial experiences as equally important as familial ones, but that he has difficulty integrating these theories into the rest of his thinking and practice.

Significantly, Participants A and B both seemed at a loss when asked to describe the way they manifest their commitments to antiracism in clinical practice. They had difficulty articulating the skills they use when working with race and racism in treatment, and could not come up with many case examples to illustrate their points. Participant B noted that he has trouble bringing up the issue of race in general with clients:

Well, I think that there have been times when I have brought up the issue of race directly with patients. Um, if I'm working with someone of a different race, I've certainly- when I felt it was appropriate if, um, how they felt working with a white male, um... Certainly I brought that subject up with that Indian patient. Uh... In my limited experience doing

that I have not, I haven't, I have to say I've almost been disappointed in the lack of interest in the topic.

He went on to say that this lack of interest does not necessarily mean that race was a “non-issue” in treatment, only that he and his clients had not found a way to talk about it explicitly.

Participant A also noted a time in which he attempted to address the racial differences in the room with a client of color and it ended up not being very fruitful. He talked about his perception of the inherent difficulty in eliminating racism in clients:

I mean from the basic analytic position is that um the important thing to understand is what the personal significance of that [racism] is for that person. They don't necessarily have to become less of a racist in the course of analysis they just need a better understanding of where they come from. I guess theoretically a better understanding would lead to a better attitude but that's you know, it's theoretical.

Participant E also had difficulty defining her commitment and talking about the ways she manifested antiracism in clinical practice. She described her theoretical orientation as “eclectic” and drawing from many styles of working. When asked how she defined her commitment to antiracism, she spoke mostly of being aware of covert kinds of racism throughout history (the racist legacy of Europeans colonizing America, the slave trade, etc.). She described antiracism as being difficult to articulate because it “is in my bones” and then went on to recall an example in which she treated a Jewish woman who had a prejudicial view of Germans. Her main technique for working with racism in the clinical space was helping clients to “loosen the calcified view of the other” by showing them the humanity and complexity in all people. She seemed to subscribe primarily to a color-blind perspective:

I think I've thought so much beyond just race, um, I think also of what it's like to be white person. And the things that white people need to think about. And that it's alright to be a white person, we are, it's not our fault. Um, and that we, it's very important not to just say "Oh we have to help black people." And then, I think it's very important for human beings to be human beings and just talk to each other. Um, I'm not being very articulate.

She then spoke of validating her client's perspectives and of working to understand fully what their experiences are. When asked to elaborate on how these techniques applied to working with race and racism in therapy, she gave this example:

That's a big question. Well, because I think the legacy of slavery and race is so huge in the United States that, when I have a black patient in front of me say, they... they may be out there shooting themselves in the foot in some way. Um, and they may know it and they may not. They may be very angry, very withdrawing, all sorts of things, right? And so, I at first try to understand that. Like, I'll ask questions that kind of situate them in their own, what happened to them with white people. Like, especially if they are Afro-American, or if not, what happened when they came to this country, where were they? Where did they live? Who were their neighbors? To try to specify and flush it out as much as possible. It could be many years before I might say something like "You know, when you withdraw, and your face goes blank, to me it looks like you're angry. I don't know whether it looks that way to everybody, but it would be... it might be hard to talk to you. What do you think?" There would have to be an enormous trust in the relationship. And a lot of black and white talk before that happens. But I would sort of

have to be in the person's experience and try to help them with that, and say, "you know, the place you work at, I think they want you to have more voice. Can we try it a little?"

Am I being clear?

This example seemed to be talking about a hypothetical patient of color, but Participant E did not mention any real experiences working with clients of color, or any experiences in which she addressed race and racism in the room with white clients, other than the example of the Jewish woman who disliked Germans. She could not articulate other skills she used for manifesting antiracism in therapy, and spent much of her interview focusing on the difficulties inherent in categorizing psychoanalysis as a field because of the myriad of theoretical orientations that fall under the umbrella of "analysis."

For the analysts in the study who oriented primarily towards a self-psychological framework (C, D, H, & I) and those who leaned toward more intersubjective or relational models (F&G), defining antiracism moved beyond a commitment to equality and diversity into more complex territory. Participant G very clearly articulated that, to her, any commitment to antiracism must be built upon the acknowledgement that privilege and oppression exist, and that everyone is either benefiting or suffering as a result:

If that basic foundation isn't there- that privilege and prejudice exist and are real- then you can't to me you can't have a very sophisticated conversation because you are just battling to establish this basic reality from my perspective.

Several other participants talked about owning and understanding their white privilege, recognizing that this privilege is unearned, and examining their internalized racism. Most of the analysts in this group talked about the necessity of acknowledging the impact of race and racism

on development, and understanding the ways that racism has been intertwined with the dynamics of power. Some mentioned the intersections of race with gender or sexual orientation, and several talked about the intersections of racism with classism and other oppressions. Participant C was interested in looking at the inherent racism in the model of mental health that forms the basis of analysis, and questioning the dominant narratives of analytic theory.

Looking at race as social construction was a major component of a commitment to antiracism for Participants C, D, and G. They were explicit about balancing their theoretical awareness of race as a construction with a profound appreciation for the very real meanings of race and consequences of racism:

And, also the tension between that it [race] really exists as a manifest reality, an explicit reality, and that it's a symbolic social construction, you know so it's... I think whenever we collapse to one side or the other we are negating something really important, so I try to try to hold that- that yes, it's central to this person's identity, experience of walking around in the world, and at the same time- and different for me- and at the same time try to hold that tension, points of psychic similarity and um, obviously the social, the socially constructed element of race. So, yeah so that's tricky. (Participant G)

This way of looking at race and racism seemed to give these three analysts a freedom to talk about race as a subjective experience ways that other analysts in the study could not. When one looks at race as socially constructed, it takes power away from the idea that racism is an inevitable response to human understanding of difference. Therefore, it becomes easier to work towards antiracism because this type of understanding makes room for new ways of looking at the meaning of race and racism. These three analysts were able to articulate that their

commitment to antiracism manifests itself differently as a result of this perspective. They mentioned ambiguities, failures, and complicated clinical examples more frequently than other participants. Participant G noted that much of her work was about holding the complexities of race and racism for her clients and not pushing for a simplification or reduction of these complexities.

The participants who identified as “self-psychologists” (C, D, H & I) manifested their commitment to antiracism in practice by working to develop a client’s “complete” or “whole” sense of self. Specifically, they mentioned countering the fragmentation of racism by exploring a client’s “good” or “true” identity, and teaching clients how to embody that identity more fully. In addition, they spoke of working to empower clients to act against the forces of oppression when appropriate, and helping clients recognize more hidden forms of racism (e.g. racist images in popular culture, racial microaggressions, etc.) in order to avoid introjecting them. The analysts who practiced in a more relational style (F&G) manifested their commitment to antiracism by focusing on how race and racism played out in the therapeutic relationship. They talked about being aware of their own racialized subjectivity, staying attuned to racial transference and countertransference, and processing racial enactments in therapy.

Participant I had several unique techniques for working towards antiracism. He spoke of using his privilege as a way to “work against the system” to help others with less privilege, and of selectively disclosing his commitment to antiracism in order to strengthen the therapeutic alliance and encourage clients to see him as an ally. Participant G, also uniquely, emphasized the importance of addressing race regardless of the racial background or appearance of clients. She spoke of “not assuming that a racial identity is not a complicated affair for a white person.”

Follow-Up Interviews. In the follow-up interviews of this study, three of the participants noted that talking about their work in the initial interviews had helped them to solidify their definitions of antiracism and re-engage with their commitments. Many of the analyst involved commented (often after the interviews were over) that they were grateful to hear that colleagues had expressed interest in participating in the study, and they were hopeful that the results of the research would make an impact on the analytic community. Several of the analysts asked if specific colleagues had participated, noting that these fellow analysts had been instrumental in helping them engage in the work of antiracism.

Summary

The data presented in this section reflects the opinions and ideas of 9 psychoanalysts working to manifest antiracism in clinical practice, 8 of whom identified as white. The ways these analysts perceive their profession from a racial perspective, the amount of education they have received about issues of race and racism, and their primary theoretical orientations have shaped and impacted their ability to define and operationalize antiracism in therapy. The following discussion section will provide an analysis of the data and implications for clinical practice, both on the individual and institutional levels. It will also examine the impact of the researcher's identity on the data and the study's limitations.

CHAPTER V

Discussion

Subjectivity: the Identity of the Researcher

As preface to a discussion of the findings in this study, it is crucial to examine and explore the identity of the researcher and my potential impact on data findings. I am a young, white, social work student in the final year of my master's program. I became interested in examining the ways in which analysis and antiracism can align as a result of my personal and professional commitment to antiracism, and my curiosity and passion about psychoanalytic theory. My commitment to antiracism has been greatly shaped by the antiracism education and mission statement of my graduate program, the Smith College School for Social Work. In addition, I have spent the last year interning at a psychoanalytic training clinic in New York City, steeping myself in analytic theories and practice modalities as much as one can without formal training. In developing this research study, I was very cognizant of the impact of my social identities (both chosen and assigned) on each stage of the study process, from design and recruitment to interviewing and analysis. I was also aware of the racist legacy of social research, dominated and sanctioned by white, Eurocentric, elitist institutions. Just like many participants in this study, I had mixed feelings about my role in this legacy; wanting to investigate a topic that I felt passionate about but not wanting to unwittingly contribute to a racist discourse.

The fact that I am a white woman and the majority of my participants identified as white made for an interesting and at times uncomfortable dialogue. Although I did not identify myself racially to my participants, my white skin clearly affords me white social privilege. Comments that were made in my presence may have been said differently (or not said at all) to a researcher

of color. Other assumptions about my identity seemed to be in play, including my political affiliation and ideological leanings. These aspects and assumptions of commonality can be seen as both problematic and revealing; it is likely that I was privy to dilemmas and internal contradictions in my participants that I may not have seen if this commonality was not assumed. At the same time, there are blind spots in my analysis that a researcher with a different perspective may not have. Throughout the interview process, I found myself frequently torn between my role as a researcher and my commitment to antiracism, which interestingly, mirrored the experience of some of the participants in the study in regards to their role as analysts. I worried about colluding with racism and privilege by not speaking out, and felt some discomfort in writing certain aspects of my findings. I began to wonder if, in fact, antiracism is an inherently white position, and if the study was worth completing without the voices of analysts of color. It is my hope that this study has something significant to add to the discourse of antiracism despite this shortcoming. I have tried to make my subjectivity and the subjectivity of the participants visible throughout this presentation of findings, though I am aware that there are bound to be instances where I have failed to do so.

Limitations

In addition to the major limitation that these findings are not from a racially diverse sample, the fact that the sample size was relatively small and limited to the New York City area may impact the generalizability of the results. There may be differences in training and practice in other geographical areas that are more or less racially diverse, and in participants who live and work in areas with different social and political attitudes towards race and racism. Finally, since this sample self-defined as committed to the goals of antiracism, it is possible that there are

clinicians who have different ideas and attitudes about the treatment of race and racism in clinical practice, and about the quality of their institute education around these issues.

How Will We Get There? A Discussion of the Findings

The comments of the analysts in this study clearly reflect that the current and historical perception of psychoanalysis is of a white, elitist treatment modality. The findings also show that analytic institutes are doing little to counter this perception, and that analysts from a variety of orientations and generations feel they have received insufficient education about issues of race and racism. The overall lack of diversity in the caseloads of the participants in this study, along with participant observations that their institutes were predominately white, may point to the conclusion that the racialized perception of analysis makes it unwelcoming for clients and potential analysts of color. This perception presents a conflict for analysts working for antiracism because in order to effectively work towards antiracism in the clinical space, they have to continually confront this perception and justify the practice of psychoanalysis as a worthwhile endeavor in the fight for social justice.

Defining a commitment to antiracism is a difficult task. It involves articulating a theoretical understanding of something that, for many of the analysts in this study, felt like second nature. Several of the participants had never before clearly defined their commitments in words, and struggled with how to talk about their ideas. Others had defined their commitments without much critical examination, or outside of their clinical practices. For some, their commitments evolved as they deepened their understanding of race and racism, and led them to question their profession in a way that often put them on the outskirts of their analytic community. A few of the analysts in the study seemed to run the risk of clamping down too

firmly into a reductive understanding of the work of antiracism; by attending to issues of race and racism only with people of color, by neglecting how race and racism impact individual psychic development, by avoiding examination of their own racist feelings, or by failing to see how their own racial identity and social location impact their treatment relationships. The participants in this study offered a wide variety of definitions of antiracism that were closely linked with their theoretical leanings, but also tied with their level of education about issues of race and racism, and the amount of energy they spent deepening and developing their ideas.

Along with reflecting a wide range of orientations and understandings, these analysts may also be reflecting the complexity of antiracism work in their various definitions. Like Hartigan (2000) comments, racism is not the same in every context or for every person. Therefore antiracism work will not look the same for every clinician. However, this kind of theoretical diversity may be problematic when it comes to people of color feeling comfortable entering psychoanalytic treatment or enrolling in training institutes. If a commitment to antiracism is so vague and variable from clinician to clinician, how can people of color feel assured that their needs will be met? If the impact of race and racism is only being examined in analysis as it pertains to people of color (with some exceptions), how can analysts expect the dynamics of privilege and oppression to shift as a result of their work? Some of the analysts in this study are explicitly thinking about these questions, while others seem not to be.

Still, the findings show that working towards antiracism in therapy is a worthwhile goal, and can yield positive benefits for the analyst, the client, and the clinical relationship. Several of the participants in the study recounted case examples in which the treatment benefited from discussions about race and racism, even though these discussions were difficult, ambiguous, and at times frustrating. The clinicians who were able to successfully hold these tensions emerged

with a new understanding of their clients' racialized subjectivity, as well as their own. Perhaps, as noted by Miehl & Keenan (2008), this space of ambiguity allowed them to open up the power imbalance inherent in the therapeutic relationship, causing clients to reclaim some of that power for themselves. Or, like in the cases presented by Altman (2000, 2010), Leary (1995, 1997), and Suchet (2004, 2007), their attempts to address issues of race and racism in clinical practice created room for new narratives about these issues to emerge, and new kinds of racial relationships to result.

When asked if the practices of antiracism and analysis can align, participants answered with varying degrees of hope that they could, and discouragement that they might not. Participant G spoke of feeling as though she needed to put aside her commitment to antiracism when she entered into institute training, and felt less optimistic about their ability to align after her training was finished:

I think ...I think the methods of psychoanalysis can really help someone grow in terms of racial consciousness and maybe even to a place of antiracism—a commitment to antiracism. Um, as a community, [a] culture, [an] institution...I guess I am less... I am less hopeful. And sometimes, I don't know, I wonder too. I mean, I still think I believe in psychoanalytic concepts and methodology, and have witnessed huge personal transformation in [...] so many people I've worked with including myself. Um, and I think it can be brought into [...] groups that are not white and middle upper class in a useful productive way. But a lot would have to shift.

Participant A felt unsure of how to balance the “analytic posture” with the values of antiracism, and Participant B said that he felt they could align “to a certain degree.” Participant C felt that

the alignment of the two ideologies was imperative, and that it was the responsibility of the clinician to make sure that racial aspects of the treatment relationship are addressed. Participant D thought that alignment was dependent upon the therapeutic dyad- whether the client and the analyst were willing to work together towards the goals of antiracism. Participant E felt that they could align, but took issue with the way the study defined analysis as a monolith, a valid critique. Participant F felt that they might align but she wasn't sure how. Participant I saw them aligned in his clinical practice, primarily because of his view that analysis is a tool of empowerment, one that can offer "a means of self discovery, a way to deepen um my understanding of myself and myself in relation in the world and people around me." He went on to say that it was his hope that psychoanalysis, as a field, would "survive" the kind of exploration necessary to be used in this way.

These widely divergent answers are indicative of a disconnect between the ideas of individual analysts and the overall position of the field. An analyst committed to antiracism can use that commitment to touch their clients, but the work of antiracism is much harder to do in isolation, with few resources, and with little feedback. Analytic institutes pride themselves on turning out well-educated clinicians who have a respect for their theoretical orientations, and deep and long relationships with their clients. Most institutes also encourage- if not require- students to be in their own analysis, so they can learn about themselves in order to be more effective clinicians. If training institutes turned the same level of scrutiny on themselves, they would find a very large blind spot in their ability to teach the theories, practices, and values of antiracism. This leaves analysts who are committed to antiracism to fend for themselves, in a sea of complex and contradictory ideas. It pushes analysts to make decisions about manifesting antiracism that sometimes run counter to their overall theoretical orientations, or to choose their

theoretical orientations over their deeply held commitments to social justice. It also allows analysts to avoid thinking critically about their commitments because there is no community to challenge them or hold them accountable. As the literature shows, it is this capacity to think critically that enables a commitment to antiracism to deepen, and helps clinicians tolerate the ambiguity that comes in a world of ever-shifting racial meanings and relations.

This study initially set out to answer the questions of if and how a commitment to antiracism and the practice of psychoanalysis might align. Like most exploratory research, this study has uncovered new questions along the way. Most notably, the findings in this study and the study's limitations have pushed the guiding question in a new direction: without some kind of formal antiracism education, is an internal commitment to antiracism sufficient enough to allow analysts to work towards antiracism in psychotherapy? The findings in this study indicate that the answer to this question is a definitive no. Despite the best efforts of many of the analysts in the study, it is evident that there are institutional as well as individual shortcomings that make it nearly impossible to succeed at the work of antiracism when going it alone. Whether it is an inability to see one's internalized racism, to keep up with a rapidly expanding body of knowledge about race and racism, to step outside oneself to examine one's practice, or to interact with clients and clinicians of different racial backgrounds, these limitations inhibit a clinician's ability to feel successful in working for antiracism and to translate that success into client empowerment.

Implications for Clinical Practice and Future Research

These findings have significant implications for analysts committed to antiracism, analytic training institutes, and theoretical development. First and foremost, analytic institutes

would benefit greatly from conducting assessments of their training curriculums, course offerings, teaching staff, primary texts, supervision techniques, and capacity to handle complaints of racism within their institute communities. Although it might be tempting to try to “fix” the appearance of the problem by recruiting for diversity, this move will not have lasting resonance unless people of color and white allies feel as though their concerns are being addressed on a more fundamental level. Jay-Green’s (1998) mandates for family therapy training programs or Basham’s (2004) outline for antiracism pedagogy are good starting points for institutional change. Analytic institutes serve not only as sites for time-limited training programs, but also as home bases for many of the analysts who graduate. Therefore, institutes should also develop ongoing workshops, supervision groups, and conferences to keep their graduates up to date on all kinds of theoretical development, including the topics of race and racism.

For individual analysts committed to the goals of antiracism, seeking support outside of their institute settings is key. Advocating for change within institutes may be part of an analyst’s commitment to antiracism, but individual analysts should also find colleagues, supervisors, and literature that they can turn to while facing the shortcomings of their institute environments. Analysts should use these communities as sounding boards for their antiracism work. They should ask that supervisors and colleagues point out areas in their work that need development, or places where racism, privilege, racial transference/countertransference, and racial enactments are occurring. A group or a supervisor actively supporting an analyst committed to antiracism might push them to continually examine their own racial position, or function as an extended container for the complex and difficult emotions that antiracism work entails. Analysts should not be shy about sharing case examples and individual successes and failures with each other, no

matter how uncomfortable or inexperienced they seem. Although theoretical learning is helpful and necessary, nothing can take the place of learning through experience and engaging in honest discussions of that experience.

Analysts looking for ways to manifest antiracism in clinical practice need to start attending to the dynamics of race and racism with all clients, not just clients of color. As is evidenced in the literature review, race impacts the development of all people, including white folks. Racism, and its interplay with power and privilege, is detrimental to everyone- whether they are aware of it or not. Therefore, just as many other topics are brought into awareness through the process of therapy, the clinical space should be a place where racial awareness also comes alive. How individual analysts choose to do this will naturally vary based on their theoretical orientations and stylistic preferences, and their clients' ability to tolerate and hold such awareness. However, if analysts neglect to attend to the dynamics of race and racism with some clients but examine it with others, they will be inadvertently buttressing a racist discourse.

In addition to seeking the support of a community of like-minds, and attending to the dynamics of race and racism in the room, analysts could aid in shifting the perceptions of analysis by making efforts to diversify their caseloads; perhaps by working one day a week in community health clinics or by advertising in a variety of communities. However, the first two changes should come before this kind of effort because (just like diversification on the institute level) achieving a diverse caseload will not be possible unless individual analysts take responsibility for addressing race and racism in a way that does not reenact the dynamics of oppression. It is likely that the analysts in this study who have diverse caseloads did not attract these clients by chance or coincidence; something in the way they are advertising, talking to

clients, and working with race and racism is sending the message that their offices are places where racial experiences are valued as an important and central aspect of their clients' lives.

Finally, further theoretical development is needed to find a way to incorporate issues of race and racism more fluidly into analytic theories. Texts like Altman's *The Analyst in The Inner City* (2010) are a fantastic start, but more analysts need to be writing and publishing about their work with race and racism in psychotherapy. If the field- through publications and theoretical development- made it clear that these issues are a priority, than the perception of analysis as a white elitist mode of treatment may begin to shift. In addition to theoretical development, there are a variety of topics explored in this study that would be worth examining in further research. These topics include: exploring how clients perceive their analyst's abilities to work with race and racism in therapy; examining the racial perceptions of psychoanalysis through the eyes of analysts of color; reporting on the numbers of people of color in psychoanalytic training, working as supervisors, and in teaching positions; and investigating the curriculums of analytic training programs and how they tackle race and racism. I also am hopeful that this research study is only the starting place of a wider-scale examination of the experiences of psychoanalysts working towards antiracism in therapy. Each category- perceptions, definitions, manifestations- is worthy of a broader and more in-depth examination.

Conclusion

This study sought to investigate the question of if and how the practice of psychoanalysis and a commitment to antiracism can align. The study discovered that the racial perceptions of the field of analysis, the amount of education analysts have received about race and racism, and an analyst's preferred theoretical orientation all contribute to an analyst's ability to define and

manifest antiracism in clinical practice, and to feel effective in doing so. In addition, the high variation in fluency with issues of race and racism and comfort level tackling these issues in therapy points to the conclusion that a self-definition of antiracism is not enough. There is a need for significant revamping of institute training programs to reflect a commitment to antiracism, in the areas of training curriculum, supervision, and ongoing workshops. Analysts committed to antiracism need to seek community in colleagues, supervision groups, and readings in order to hold themselves and others accountable for the complex internal work that is necessary to navigate a world of ever-shifting racial meanings and relations, and to get support as they continue their commitments to social justice. Finally, further research is needed on the topics of race and racism in psychoanalytic psychotherapy in order to create a more cohesive discourse on antiracism in clinical practice.

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APPENDIX A- Informed Consent Form

Dear Participant:

My name is Madeline Nussbaum and I am a student at Smith College School for Social Work located in Massachusetts. I am conducting a research study for my master's thesis at Smith on psychoanalysis and antiracism. My research explores the question: "Can the practice of traditional psychoanalysis align with the goals of antiracism?"

I am interested in your responses and reflections on the above-referenced research question, as well as experiences you may have had attempting to promote antiracism in clinical practice. The purpose of this study is to investigate whether psychoanalysts feel they can work towards social justice in therapy, and what this might mean for future training and theoretical development. Findings from my research may be used for professional presentations and or publications on the topic.

If you choose to participate in this study, I will need to interview you for approximately 60 minutes. You will be asked to provide some brief demographic data, including age, race, educational level, and number of years practicing in the field. You will then be asked open-ended questions about your thoughts on and experiences with the above topic. You will also have the opportunity to participate in a second interview if you wish to do so. At this interview, a transcript of the previous interview will be provided for you to review and modify if you wish. The follow-up interview will also be approx. 60 minutes long and will explore in greater depth topics that arose in the previous interview. The follow-up interview is optional, and you can decide if you would like to participate after your first interview.

Confidentiality will be maintained in this study. All participants' identities will be concealed and direct quotes will be disguised to protect individual identities. The consent forms will be kept separate from collected data. All interviews will be audio recorded and transcribed by the researcher. The research advisor will only have access to the data after names have been removed. All materials will be locked and secured for three years as required by federal regulations and all documents will be destroyed upon completion of the research. Should I continue to need research data and materials beyond three years, all data and materials will continue to be kept secure until no longer needed, at which time data and materials will be destroyed.

You may benefit from this study by gaining new insight into your thoughts and experiences with antiracism, and the practice of psychoanalysis. In addition, you may gain a more general understanding of how the discourse of antiracism and the discourse of psychoanalysis intersect and impact one another. Compensation will not be provided for participation in this study.

There are minimal risks in participating in this study. My goal is for you to reflect and report on your ideas and clinical experiences. It is possible that the questions asked may delve into sensitive or uncomfortable territory. Your participation in this study is voluntary, and you may choose not to answer any question asked during the interview. You may decide at any point

during the interview and up to April 10, 2011 that you do not want to participate in this study, and I will destroy any data collected during your interview.

If you have any questions or concerns, please do not hesitate to contact me. You may also contact the chair of Smith College School of Social Work Human Subjects Review Committee, Ann Hartman, at (413) 585-7974.

Thank you for your consideration to participate in this study.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant _____ Date: _____

Signature of Researcher _____ Date: _____

Madeline Nussbaum

(contact info removed)

Please keep a copy of this consent for your records

APPENDIX B- Recruitment Letter

Dear _____,

My name is Madeline Nussbaum, and I am in the process of recruiting participants for a qualitative study about antiracism and psychoanalysis. My research explores the question: “Can the practice of traditional psychoanalysis align with the goals of antiracism?” The purpose of the study is to explore the experiences of practicing psychoanalysts who also identify as being committed to the goals of antiracism. The criteria for participating in the study are as follows:

- You have received post-graduate training at a psychoanalytic institute.
- You have been practicing as a psychoanalyst for at least 1 year post-institute training.
- You self identify as committed to the goals of antiracism. For the purposes of this study, antiracism is broadly defined as the following: being aware of racism as a system of privilege, inequality, and oppression based on perceived categorical differences (in the therapeutic work and in the world at large), maintaining a commitment to culturally competent practice, and remaining engaged in some form of activism.

I am interested in your responses and reflections on the above-referenced research question, as well as experiences you may have had attempting to promote antiracism in clinical practice. The purpose of this study is to investigate whether psychoanalysts feel they can work towards social justice in therapy, and what this might mean for future training and theoretical development.

If you choose to participate in this study I will need to interview you for approximately 60 minutes. You will be asked to provide some brief demographic data, including age, race, educational level, and number of years practicing in the field. You will then be asked open-ended questions about your thoughts on and experiences with the above topic. You will also have the opportunity to participate in a second interview should you choose to do so. At this interview, a transcript of the previous interview will be provided for you to review and modify if you wish. The follow-up interview will also be approx. 60 minutes long and will explore in greater depth topics that arose in the previous interview. The follow-up interview is optional, and you can decide if you would like to participate after your first interview.

Attached is a copy of the informed consent form being used for this study. Please take the time to read it and make sure you feel comfortable with its terms and limits.

If you meet the aforementioned criteria and are interested in participating in this study, please contact me for a brief telephone conversation to discuss participation criteria and make arrangements to meet for an interview.

Thank you for your time.

Sincerely,

Madeline Nussbaum (contact info removed)

APPENDIX C- Semi-Structured Interview Guide*

**this guide is meant to be a framework for the interview, which may vary depending on the participant's responses.*

Demographic

Age:

Gender:

Race:

Years of education completed:

Institute where analytic training took place:

Number of years practicing psychoanalysis beyond training:

Interview questions:

- Describe your psychoanalytic practice. Have you been trained in a particular theoretical framework or do you find you orient toward a certain theoretical model?
- Please talk about what it means to you to be “committed to antiracism.” How do you see yourself manifesting this commitment?
- How do you conceptualize race and/or racism in the clinical space? Do you use a particular theory to conceptualize and understand the dynamics of race and racism? Do you use this approach with all clients, or different approaches depending on the situation?
- Do you feel the practices of antiracism and psychoanalysis can align? Please elaborate. (If the answer is no, please explain why not- to be followed up with indented questions below)
 - Has your opinion on this matter changed over time?
 - Do you feel the historical context of psychoanalysis has influenced your position on this matter?
 - How do you reconcile your anti-racist ideology with what happens in your psychoanalytic practice?
- Can you describe an experience where you felt that your commitment to antiracism was embodied in the clinical space?
- Did you modify or supplement your education in order to further your commitment to antiracism or social justice? If yes, how so?
- Are you currently working under the guidance of a clinical supervisor? If so, do you feel that this topic is adequately addressed in supervision?
- Did you feel this topic was adequately addressed in supervision while you were a trainee?
- Do you seek support around this area outside of supervision?
- Do you have any further comments to add on this subject; or is there a question that I have not asked that you feel is important to address?

APPENDIX D- Informed Consent for Follow-up Interview via Email

Dear Participant:

Thank you so much for participating in an interview exploring the question: “Can the practice of traditional psychoanalysis align with the goals of antiracism?” This follow-up interview is designed to allow you a chance to reflect on your comments from the first interview, as well as answer questions about your experience participating in the study. Your responses and reflections about your experience will be used to clarify your previous points and deepen the conversation about the topic.

As stated in the first consent, the purpose of this study is to investigate whether psychoanalysts feel they can work towards social justice in therapy, and what this might mean for future training and theoretical development. Findings from my research may be used for professional presentations and or publications on the topic.

If you choose to participate in this study, you have the option of participating in either another face-to-face interview, or in an interview via email. The interview will take approximately 30 minutes, and you will be provided a transcript of the first interview for review. Your identifying information will be removed from the transcript and you will be referred to by a randomly assigned letter (i.e. “Participant A). You will be able to read the transcript and make changes or additions if you wish to do so. You will also be asked several open-ended questions about your thoughts and experiences participating in the study. If you choose not to participate in the follow-up interview, it will not impact the information you provided in the first interview in any way.

Confidentiality will be maintained in this study. All participants’ identities will be concealed and direct quotes will be disguised to protect individual identities. The consent forms will be kept separate from collected data. All interviews will be audio recorded and transcribed by the researcher. If you choose to participate in an interview via email, the emails will be sent using a secure server and all information will be purged from the server once the researcher has collected it. Your email address and IP address will not in any way be associated with the research. The research advisor will only have access to the data after names and other identifying data has been removed. All materials will be locked and secured for three years as required by federal regulations and all documents will be destroyed upon completion of the research. Should I continue to need research data and materials beyond three years, all data and materials will continue to be kept secure until no longer needed, at which time data and materials will be destroyed.

You may benefit from this study by gaining new insight into your thoughts and experiences with antiracism, and the practice of psychoanalysis. In addition, you may gain a more general understanding of how the discourse of antiracism and the discourse of psychoanalysis intersect and impact one another. Compensation will not be provided for participation in this study. There are minimal risks in participating in this study. My goal is for you to reflect and report on your ideas and clinical experiences. It is possible that the questions asked may delve into

sensitive or uncomfortable territory. Your participation in this study is voluntary, and you may choose not to answer any question asked during the interview. You may decide at any point during the interview and up to April 10, 2011 that you do not want to participate in this study, and I will destroy any data collected during your interview.

If you have any questions or concerns, please do not hesitate to contact me. You may also contact the chair of Smith College School of Social Work Human Subjects Review Committee, Ann Hartman, at (413) 585-7974.

Thank you for your consideration to participate in this second interview for the study.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant _____ Date: _____
Signature of Researcher _____ Date: _____

Madeline Nussbaum
(contact info removed)
Please keep a copy of this consent for your records.

APPENDIX E- Follow-up Interview via Email

Dear Participant,

Thank you for agreeing to participate in a follow-up interview via email. You will find a transcription of our initial interview attached in a document form. Your identifying information has been removed, and you are referred to by a randomly assigned letter (i.e. "Participant A") throughout this transcription. Please read this transcription and respond to the questions below. You can choose to respond to whichever questions you feel comfortable answering, and leave blank any question you do not wish to answer.

These are meant to be open-ended questions, so please elaborate and explain your answers as you see fit.

1. Do you have any comments you would like to add to your initial interview? Are there any points you wish to clarify or alter?
2. Since the interview have you thought more about your commitment to antiracism and how it manifests in your analytic practice?
3. Has participating in this study changed your thinking about antiracism and psychoanalysis?
4. Has participating in this study changed your work, or the way you think about your work with clients?
5. Has participating in this study effected how you think about your analytic training?
6. Do you have any suggestions for how topics of race and racism could be further addressed in analytic training and in supervision?
7. Is there anything you wish to add? Or a question you feel I should have asked that is important to address?

APPENDIX F- Human Subjects Review Approval Letter



Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

November 29, 2010

Madeline Nussbaum

Dear Madeline,

Your revised materials have been reviewed and you have done an excellent job in their amendment. We are happy to give final approval to your study.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project and particularly with your recruitment. That is often the most difficult part of the whole process.

Sincerely,

A handwritten signature in cursive script that reads "Ann Hartman / lhw".

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor