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COUNTERSPACE

Does your institute have an anti-racism commitment? Interrogating anti-racism commitments in psychoanalytic institutes

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Abstract In this paper, I consider some ways that the psychoanalytic community is waking up to the racism and classism inherent in our field—in our theory, technique, training and practice structures, and institutions—and the ways that we need to begin to grapple with and engage in meaningful, symbolic, systemic and concrete changes in alignment with racial justice and anti-oppression principles. The questions that I ask include: What is anti-racism in the context of psychoanalysis and psychoanalytic training structures? What does the typical training milieu look like, and what changes need to be made in order for programming to reflect anti-racism and anti-oppression operating principles? What are some ideas about how best to proceed? I argue that anti-racism is a problematic and deceptive goal in institutions that are historically majority White and that center around race-blind work, and I offer some suggestions about how to bridge the gap between the racial awareness currently unfolding in our communities and anti-racism as a fundamental organizing principle.

Keywords pyschoanalytic training · anti-racism

We can begin by asking what it means when a community claims that it is "anti-racist?" Typically, the intention is signalled by a stated commitment to educate about and disrupt systems of privilege, inequality, and oppression that maintain White supremacy and silence through socially assigned and systemically designed differences. A statement like this implies concrete change that takes place on a systemic level, through large-scale shifts that are institutional, cultural, social, and interpersonal. In an ideal world, the shifting would rumble at an even deeper level,

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disrupting us intrapsychically. Indeed, in the psychoanalytic/dynamic community, intrapsychic change is a core part of our work.

Psychoanalytic institutes, especially those that are relational, differ from other non-analytic institutions in the sense that their stated mission involves conscious exploration of the otherwise unconscious inner world of the clinician, in addition to that of the patient. In psychoanalytic communities in the US,[1] an "anti-racism" commitment—if it is to be meaningful at the institutional level—must manifest not only in intrapsychic disturbance in individual clinicians but must also be relationally impactful and disruptive of normative operating systems, necessitating a variety of conscious and direct actions/changes. At the very least, the establishment of a commitment to anti-racism at the institutional level is an acknowledgement that there is no such thing as neutrality vis á vis individual clinicians' racial positionality, and that clinicians' positionalities have profound implications for their therapeutic work with patients. Conversely, the absence of an institutional commitment reflects a community's collapse into the pretense of racial neutrality and a failure to recognize how social constructs such as race impact therapeutic relationships.

White supremacy, classism, cis-heteronormativity and ableism are expressed in group dynamics, within faculties and cohorts, and systematized in administrative policies and procedures that prioritize White, middle and upper class, and cis-heteronormative values, presentations, and expressions. These power dynamics manifest at institute events and conferences, and are reflected in who feels comfortable attending, asking questions, sticking around afterwards to mingle at the wine and cheese. They can be found on websites and in advertising flyers through hierarchical categorizations of degrees and status, through the costs of tuition, supervision and training analysis, use of jargon,[2] and curricula that are entirely

[1] Psychoanalysis took first a capitalist and then a neoliberal turn as it traveled from Freud's free clinics in Vienna and Austria to the US. In order to be approved by the American Psychoanalytic Association (APsaA), institutes were required to train and employ only medical doctors for institute positions, ensuring that the psychoanalytic community in the US remained, for the most part, White, middle and upper class, cisgender male and heteronormative (the field became increasingly female when APsaA began admitting other mental health professions, especially social workers). See Elizabeth Danto's (2005) work for more information about the revolutionary origins of psychoanalysis.

[2] On the website of an APsaA-approved institute, the title of a course in the psychoanalytic training program is "On the edge of analyzability: Exploring unrepresented and primitive mental states." While there is some degree of shared understanding in the community about what this course might involve based on the title, if we are to take seriously Celia Brickman's (2017) work, among others, showing that early analysts used the word "primitive" to directly reference indigeneity and that this indigeneity was considered in-and-of-itself "unanalyzable," then this shared understanding needs to be made explicit and the word "primitive" either challenged and changed or accepted with all the racist implications that follow. Otherwise, there is a gap between what we know and what we are acting as though we do not know. Using a title such as this one, at this point in our history, especially on a website that happens to be strewn through with references to race, gender, and other important identity categories, without context and meta-analysis is oddly unintegrated into the apparent larger vision being communicated by the website. It is either an implicit refusal or a failure to make changes that would communicate a genuine recognition of the seriousness of the charge of racism as a fundamental feature and cornerstone of psychoanalytic theory and praxis. Furthermore, in contemplating this title, I wondered what would have been lost and/or gained by simply omitting the word "primitive" and naming the course instead "On the edge of analyzability: Exploring unrepresented mental states."

lacking in courses on the complex relationship between psychoanalysis, power and oppression (let alone having this critical discourse woven throughout and integrated into core programming). The power dynamics are also evident in the absence of information, including full transparency about costs and the glaring lack of BIPoC (Black, indigenous, and people of color), queer, and/or physically non-normative presentations, expressions, and markers. How does White, cis-heteronormative, middle-class culture manifest in analytic communities, from the top to the bottom, including board members and institute directors, task forces and committees, faculty, administrative staff and structures, supervisors, trainees and patients, and in the relationships among and between all these groups?

This is an anecdote shared by a colleague: An older White cisgender male analyst and supervisor (who also served on the governing body at his institute) offered guidance to a White middle-class cisgender female trainee that reflected larger cultural attitudes about race, class and gender. His advice, that she "should not expect to do deep work with people who have too many concrete real-life pressures," was unsurprising given its ubiquity in our communities. In this anecdote, the supervisor's attitude, which reflects larger systemic dynamics, complicated the trainee's genuine desire to do so-called "deep" work with her client, who was a Black-identified single working mother trying to fit therapy into her busy schedule. Rather than helping her and her patient figure out how to do meaningful work given the complexities of her patient's life circumstances, this supervisor, both as an individual with more gendered and vocational power and as a representative of the larger institution, foreclosed it altogether.

What is important to note, for the purposes of this paper, is that this supervisor is a member of a community that has an anti-racism statement and that is investing significant time to examining how its institutional practices exclude minoritized populations, and especially Black people. So why is there a gap between this supervisor's exclusion of the trainee's Black client from doing "deep work" and the institutional commitment to anti-racism? What is the impact on this trainee, regarding the development of her clinical sensibilities and beliefs? What would the impact have been if the trainee had been herself a working Black mother? Would the supervisor have even said it to a working Black mother? If not, why not? Would that decision reflect self-consciousness and performativity and/or consciousness and care? Would it have been *felt* by a working Black mother trainee, regardless of whether it was verbalized? What underlies the pervasive belief that concrete real-world responsibilities preclude exploration of unconscious and relational dynamics; what aspect of this belief is legitimate and what reflects classist and racist stereotyping and exclusion? I intend for these rhetorical questions to force us to examine critically where we are fooling ourselves. This gap needs to be interrogated in order for institutional commitments to have real-world effects.

This is an example from my own experience: I was in a class consisting of ten White female and/or queer students (including myself) and two Black cisgender female students. The teacher was White and cisgender male. We were having a conversation about whether we wanted to go into further analytic training. There was no mention of race or class, nor was there any mention of who gets left out in all the "brochures." The unspoken agreement in this particular classroom was that

the cultures of whiteness and wealth (including the process of being inducted into a private pay/practice model) are a desired, inevitable, and necessary part of what it means to develop in our profession.

Indeed, I recall struggling with this dilemma myself; as a beginning clinician with a huge amount of educational debt and some ambition, I certainly wanted (and still want) to enter the middle class and actively participate in the intellectual community. I was, at that time, simultaneously intensely, albeit secretly, aware of *and* able (given my positionality as White, educated and aligned with middle class values) to feign ignorance about the ways my own desire for class status and intellectual power, in conjunction with the racial and educational privileges I carry, functioned to exclude those who are typically already excluded from programs, jobs and environments that are premised on power differentials.

Our classroom dynamics, which I clearly participated in through my joining with the notion that analytic training is a pathway to an apparently desirable professional (raced, classed, and gendered) lifestyle, were obvious and harmful to the two Black students, who were "invisibilized" by the conversation. One of them gave voice to this fact, as well as sharing her discomfort (anxiety, frustration, hurt) about having to be the one to call everyone else's attention to it. The cohort split and, painfully, the teacher was unequipped to recognize, locate, manage or repair the split. My investment in my own future as an analytic candidate made it impossible for me to help the situation by acknowledging the larger issue at hand. I wonder whether I would do a better job at it today, given my continuing investment in my own training, in my future as a professional, and in my continued embeddedness in a culture that privileges the private (pay) practice model. That is, is my investment antithetical to being a part of a movement that is at the very least truly inclusive and at the most anti-oppressive and decentering of the culture created by cis-heteronormative Whites who represent the professional class?

The vast majority of institute members and analytic patients throughout the history of psychoanalysis in the US have been White (Malamed, 2021; Powell, 2020; Stovall, 2019; Woods, 2020). Currently, of more than 3,000 American Psychoanalytic Association (APsaA) members, about 21 are Black (Powell, 2020). Although White supremacy culture[3] is not reducible to individuals' attitudes and behaviors, due to the investment White people naturally have in whiteness, it is obviously more overtly (though not necessarily explicitly) predominant when Whites are in the majority. While an increasing number of individuals have entered the fray in the past five years or so, psychoanalytic institutions (structures, systems, theory and praxis) in the US have been and continue to be fueled by White supremacist, middle and upper class professional, and cis-heteronormative values.

[3] White supremacy culture, as described by Jones and Okun (2001) in their community organizing work, refers to a system of values and norms operating in and driving institutions and communities that are White-centered and/or White-dominated. The values that they name include perfectionism, sense of urgency, defensiveness, quantity over quality, worship of the written word, paternalism, either/or thinking, power hoarding, fear of open conflict, individualism, progress defined as "bigger" or "more of," objectivity, and a right to comfort.

Powerful voices[4] in the fields of anti-racism and psychoanalysis, as well as my own personal experience in psychodynamic educational settings (both majority White and majority BIPoC), have influenced my thinking about how White supremacy culture dominates in the classroom. Consider the following:

- The cultural taboo around race discussions in analytic contexts, particularly as it applies to naming, contextualizing, analyzing, deconstructing, implicating, and neutralizing (if this is even possible) whiteness and White culture results in a blindness to, ignoring of, collusion around, or failure to challenge racial prejudice in curricula, including in the content, authors, and larger programmatic planning.
- There is an ignorance of, and failure to question, classroom norms and rules of engagement, which frame participation and establish authority. This might include investigating styles of emotion regulation, space-taking, ability/tendency to block/advance inquiry, alliances, use of silence, use of time, competition versus collaboration, pacing, and use of defenses in processing both clinical information and classroom dynamics.
- This impacts how cohort culture manifests: manners of speaking (tone, texture, cadence, enunciation, vocabulary choices), emotional expressions, humor, imagery, pop culture references, references to and comfort with various lifestyle and professional events/activities, associations to clinical material, and questions of ethics/moralities, aesthetics and tastes determine who is included and who is excluded from discourses.
- There is an ignorance of, and failure to question and challenge, clinical norms and underlying assumptions. This might include interview styles, what is considered important in intakes, what comprises a frame, and who is considered "analyzable."
- The absence of racial awareness in White culture determines which case material is studied, how case material is understood, and whose voices/interpretations are heard, respected and amplified.
- There is an ignorance of, and failure to analyze and challenge, clinical jargon (examples include "primitive," "neutrality," and "holding") and interrogate how psychoanalytic concepts are understood and used.
- Whites and BIPoC likely have widely divergent experiences of having been supported in the exploration of countertransference reactions. Therefore, White folks and BIPoC might be in very different places vis á vis trusting that they will be supported in sharing their reactions, not just to patients, but also to colleagues, faculty, supervisors, and the institution.
- BIPoC are regularly microaggressed and enacted upon by White colleagues, teachers, and others and typically have nowhere to go (within the institution) to seek redress, since administrations are also operating race-blind within White supremacist structures.

[4] See Brown (2018), Blackwell (2018), DiAngelo (2018), Brickman (2017), Griffin et al. (2020), Jones and Okun (2001), Layton (2006), Kendi (2019), Malamed (2021), Merson (2021), Sheehi (2020), Stovall (2019), and Woods (2020), the podcast *Nice White Parents* (Joffe-Walt, 2020), and Basia Winograd's 2014 documentary *Black Psychoanalysts Speak* (Winograd, 2020).

- White faculty are typically ill-equipped to navigate racial enactments and tensions, even if they notice them. White instructors' unskillfulness oftentimes results in harm, for both BIPoC *and* White students. This can place extreme stress on BIPoC participants, as they are often simultaneously abandoned and expected to resolve ruptures through educating others, offering forgiveness, and/or acting as though nothing happened.

Institute communities are becoming increasingly aware of the racism strewn throughout their programming. Incoming trainees are more likely than ever before to demand that programming reflect social justice principles. I myself am an early career White, queer,[5] rising middle-class clinician considering the possibility of analytic training. If I decide to train, I hope to do so either at an institute already making headway in the concerns posed by this paper or at an institute that is genuinely[6] moving in that direction and at which I can have a positive impact. Therefore, in order to get the lay of the land, I surveyed the websites of 39 analytic institutes, most of which are APsaA) approved, and found that they fall along a wide spectrum, ranging from silence, to statements of sympathy, to concrete pledges, to holistic systemic changes.

Many of the APsaA-approved institutes have placed a link on their websites to the APsaA racial equity statement and the associated Dorothy Holmes Commission on Racial Equality. However, for most of these institutes, the presence of this link did not reflect the development of institute-specific initiatives. Perhaps unsurprisingly, some of the most impactful[7] efforts are being led by non-APsaA institutes, which have been freer historically to adapt their policies and procedures and expand accessibility in response to community feedback.

After surveying the websites, I decided to reach out directly to the same 39 institutes to ask some relatively benign questions about their awareness and integration of social justice principles into their structures (see the addendum for the questions I asked). Again, unsurprisingly, non-APsaA-approved institutes were the first to respond to my email inquiry, several responding within hours. Of those, three engaged in some back-and-forth conversation with me. I experienced their engagement and interest in the questions I was asking to be exciting, stimulating, inclusive, and a powerful draw to their programming. I felt personally received and that my questions were recognized as consequential and worthy of discussion. Not

[5] I am visibly queer and often feel like I do not belong when I attend analytic meetings. This is particularly true at the more conservative institutes. What is interesting is that in these situations, community seniors will be very welcoming, which I appreciate, but I still do not feel like I belong. So, what is to be done? I am being welcomed but I do not feel like I belong. Is the problem in me? Is it in the culture? Is it in the fact that no one looks like me, in the meetings, on the website, in the brochures? Is it a problem that is even possible to fix? What is needed in order for me to feel like an institute is my "home?"

[6] By genuinely, I refer to conditions where anti-racism and anti-oppression work is being both institutionalized and also taken to heart, through active and direct change in procedures and policy, shifting in the shared spaces and community culture, and corrections being made "behind closed doors," in therapy and supervisory encounters, and manifesting itself in intrapsychic struggle.

[7] By impactful, I am referring to concrete actions that address lack of accessibility on every level, including cultural accessibility.

so with the others. Three of the other institutes advised me to get IRB approval.[8] And, to my dismay, 27 of the 39 did not respond at all.

As a community, we need to find a way to assess the relationship between institutional statements and real change as it is experienced by faculty, board members, administrative staff and most especially trainees and patients. How do I, as a potential applicant, discern which institutes are actually doing good work, as opposed to simply putting a good-looking statement on their website? What would we find if we organized, as a best practice, to anonymously survey all community members, at particular points in their institutional experience? For example, we can ask program applicants about their needs and concerns regarding entering training and about their experience during the application process, and we can ask trainees about their experience each year of training, and their experience graduating from the program. Importantly, we can solicit feedback from those who have *left* training. Imagine the impact this information would have if it is made accessible to anyone interested. It seems to me that it would have immediate influence on who (including trainees, faculty and patients) is attracted to which institute and would therefore have a profound impact on how programs evolve.

The Massachusetts Institute for Psychoanalysis (MIP) Racial Equity Task Force has permitted me to use its "Antiracism and Racial Equity" statement as a reference point to ground my exploration. I chose to use MIP as an example because it is one of three institutes local to where I am currently living and it is the institute/community I am most involved with. MIP is not and has never been APsaA approved. MIP's statement includes four core pledges:

- Free tuition for BIPoC.[9]
- Race will be integrated into the curriculum.
- A task force will help identify barriers to BIPoC representation in membership and programs.
- Amplification of BIPoC voices.

If MIP's pledges are fulfilled, they would seem to go a long way in creating some of the conditions necessary for racially/ethnically marginalized folks to enter training and become involved in increasing levels of leadership.

The logical endpoint of MIP's commitment would seem to be at the very least a movement towards the decentering of whiteness. My question is: In a historically White elite institution, is it even possible to truly decenter whiteness? Is recruiting more BIPoC voices and distributing resources and power enough? Or, do we need to go through a period of *replacing* White people with BIPoC people, redistributing power? Are *new* BIPoC developed and led programs needed? Furthermore, while these questions help us think about how to move forward, they do not address the

[8] Institutional Review Boards (IRB) are administrative bodies established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the institution with which a given IRB is affiliated.

[9] Importantly, MIP's financial aid does not cover the major costs associated with analytic training, including analysis, supervision, reduced control case fees, and the dedication of a work day to classes/class work. These costs are a major barrier to access. Thus, until these costs are accounted for, I would not expect any dramatic population shift.

past. What is to be done about harm already created, in institute communities and in patients, not just towards BIPoC but towards all who do not occupy normative identity intersections (all who are not White, cisgender male, middle and upper class, heterosexual, able-bodied, and/or "analyzable")?

I am reminded of the notion of "White flight," the point at which (10% to 30%[10]) a "good" (White) neighborhood turns into a "bad" (Black) neighborhood. Does this phenomenon occur in institutional life, analytic "neighborhoods?" From one perspective (White centered), will White folks begin to vacate when BIPoC inclusion rises above 30%? From an anti-racist perspective, what percentage of BIPoC representation would counteract White culture? Would institutional supports decrease as the majority population shifts, just as housing values decrease when neighborhoods turn "bad?" These questions force us to clarify our imagined future and connect that image to our current intentions and actions.

Consider, White reader (I include myself), these questions: If you were asked to forfeit "your spot" in a program to make space for BIPoC colleagues, would you? Could you imagine yourself in a program with majority (inverting the current demographic makeup; approximately 95% BIPoC rather than 95% White) BIPoC colleagues, professors, supervisors, and administrators? Would you be comfortable being one of very few Whites in a classroom in which clinical discourse and classroom dynamics were racialized, where whiteness (even, *your* whiteness) would be confronted as "bad, evil, oppressive, or hegemonic?" If not, why not? The question is not whether there are seats for BIPoC clinicians to occupy. What happens if BIPoC clinicians want not only a seat at the table but also the space to express dissent? A neighborhood consists of *homes.* The question is, who feels *at home* in our institutes, like they belong and are *meant* to be there.

Although I cannot claim a huge amount of experience in majority BIPoC spaces of psychodynamic learning, what little I have had has convinced me that there are profound differences between majority BIPoC and majority White psychodynamic training spaces. I am addressing White readers in this next statement, since I imagine that for the most part non-White readers already know what is involved in the creation and sustaining of White spaces. The nature of whiteness is that it does not share space/power. It is hegemonic. Because whiteness is *by definition* antagonistic to the interests of BIPoC, it follows that only a class that is BIPoC-led can hope to overcome the hegemony of whiteness. Whiteness has to be consciously interrogated and overturned in order for other folks and cultures to become centered. Anti-racism does not refer to White spaces that are merely welcoming to BIPoC people and cultures; it refers to spaces where anti-racism values ground the operating principles of the institution, where BIPoC folks have ownership over programmatic structures, cultures of learning, and community discourses, and where whiteness is deconstructed and decentered. I do not see how it is possible to have both, to be both an anti-racist institution and to have programming that is majority White. Perhaps it is "racial equity" to welcome BIPoC perspectives while maintaining White culture; however, it is *not* anti-racism.

[10] See Kye (2018), Lichter et al. (2015), Pais et al. (2009), and Semuels (2015).

In an anti-racist space, it is only when BIPoC culture and people are centered that White folks should be admitted back into the room, and only on the terms laid out by anti-racism principles. What might this look like? Perhaps anti-racism/oppression training should be a prerequisite for entering a training program. This suggestion applies to both White and BIPoC clinicians, although the impetus for and orientation of each group differs and thus would be most effective and least harmful when conducted separately, at least in the initial stages. A training like this would help to create a culture in which it is (more) normal to tolerate race (and all power-related) discussion and participate in the deconstructing and decentering of normative power. This training can be followed up with affinity and accountability groups.[11] These groups often function outside of the institutional agenda, which is why they can be powerful and effective. Institutes can employ these groups for faculty, staff and trainees, which will help orient them appropriately in relationship to the institutional commitment and peoples' positions within it.

These suggestions (anti-oppression training and ongoing affinity/accountability group participation) are akin to instituting a prerequisite "101" course before being admitted into a more advanced course of study, especially if we consider that the "more advanced" course of study is by its nature relational and process-oriented, in addition to being about content. This prerequisite would help get everyone on the same page, especially if faculty, supervisors and staff were also expected to participate. (Also, as an aside, accountability groups would provide an appropriate space for White folks to explore their questions and fears, as opposed to them doing this work in a classroom space in which BIPoC clinicians would be exposed to the racism inherent to such questions and fears.)

From a certain (White supremacist) perspective, this paper might be read as a warning to White institutions that their anti-racism commitments will be "bad for Whites." My intention is not to argue that anti-racism commitments are "bad for Whites" but rather to question the sincerity of them, think out loud about the implications of them, and throw out some tentative proposals about possible steps that can be taken. Ultimately, I question whether anti-racism is possible in a White institution in which a fundamentally race-blind technique is taught. Our structures, theory, technique and training paradigms need a fundamental overhaul, analogous to the revolution in structures, theory, technique and training that took place as a result of feminism (and has been happening as a result of queer theory). When I think about the feminist and still-unfolding queer evolution in our communities, I think of an exciting, inclusive, challenging praxis inclusive of more people. This is *good*! For females and queer folks as well as cis-heteronormative men! Maybe it is a bit scary at the beginning, but ultimately it is healthy and good. I believe that the same will be true for White people, scary at the beginning but ultimately healthy and good.

[11] Racial affinity groups are groups that allow folks who identify as White to gather together and folks who identify as BIPoC to gather together separately from White people. Affinity groups, for BIPoC, are intended to create safe space away from the pressures inherent to spaces dominated by White people. An accountability group is an affinity group comprised of White people engaged in anti-racism work whose intention it is to practice holding each other accountable to anti-racist values.

Increasingly, our communities are participating in an ever-evolving discourse around the problematic relationship, both historical and current, between psychoanalysis and power and oppression. Efforts to close the gap between insight, relational recognition, and institutional change must intensify. The gap is unconscious, hidden in plain sight, willfully ignored, and convenient for the majority of White clinicians, theoreticians, administrators, and faculty members in our communities.

In an effort towards reparation, psychoanalytic institutes, societies, and organizations across the country could fund and support the development of new programs and/or institutes grounded in anti-oppression principles, designed and led by BIPoC clinicians, clinicians who occupy other marginalized positionalities, and clinicians who occupy majority positionalities who are dedicated to anti-oppression principles. The funds could come from opt-out percentages of membership dues, tuition payments, payments to faculty, and/or annual/monthly institute contributions, or could take the form of affordable income-based supervision, training analyses, or mentorship. These programs/institutes could provide a model for other institutes to learn and benefit from, providing consultation, supervision, education, critically reviewed theory couched in an appreciation for sociohistorical forces, and alternative training and practice models. It is in these ways that these programs could push the field forward, situating it firmly as relevant, ethical, and truly dynamic.

Addendum

1. Does your institute have a published statement on Racial Justice?

    1. If so, please send to me.
    2. If not, why not?

2. Do you offer tuition scholarships/financial aid?

    1. Do you offer aid specifically dedicated to BIPoC/under-represented populations?
    2. What are the eligibility requirements?

3. Do you have more than four BIPoC faculty/supervisors who are currently active at your institute?
4. Does your institute have an active racial/social justice task force/committee?

If a question does not apply, you can type in NA. Feel free to answer with links to relevant pages on your website if, for instance, the answer to my question is published online. I am hoping to compare institutional commitments.

Declarations

Conflict of interest The corresponding author states that there is no conflict of interest.

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