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Psychoanalysis and blacks: A question of relevance

Brindle, Donna Booth, Ph.D.

City University of New York, 1992

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Psychoanalysis and Blacks: A Question of Relevance

by

Donna Booth Brindle

A dissertation submitted to The Graduate Faculty in
Psychology in partial fulfillment of the requirements
for the Degree of Doctor of Philosophy,
The City University of New York.

1992

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INTRODUCTION

During my graduate training in a psychoanalytically oriented doctoral program and therapeutic clinic, I became intrigued by the variability in perspectives, and the polarity in the attitude, of those of us in training. There were many opportunities for intellectual discussions, and for the airing of different opinions regarding theory and technique in psychoanalysis and clinical practice.

One of the issues receiving frequent consideration and debate, was that of the relevance of psychoanalysis for other than white middle and upper class patients. Our conversations on this subject were of particular interest to me, both because of the emotional intensity they generated, and because of the fact that a large percentage of the patients being treated at the clinic were members of minorities from diverse ethnic and socioeconomic backgrounds. This experience set the stage for my research interests. Consonant with my personal interests and experiences, I am focusing this inquiry into the problem of relevance on black patients in particular.

My interest and concern about black people, their psychology, and the various modes of treatment

available to them, is very much connected with my decision to pursue this line of research. Both the theory and practice of psychoanalysis, and its assumptions, give rise to the whole question of suitability for the poor and disadvantaged. Since a disproportionate number of poor and economically disadvantaged persons living in the community are black, the question of available and suitable treatment modalities for this population is raised even more acutely.

In thinking about the mental health treatment needs of blacks, there are many different modalities and approaches. There has been little attention paid to the relevance of many of these treatment modalities. It was because of the prominence of psychoanalysis in the field of psychology, and my personal interest and experience in it, that I was motivated to examine this particular mode of treatment further.

In thinking about how best to address this issue, I decided to interview black psychoanalysts about their attitudes and perceptions. I selected a population of black psychoanalysts for the following reasons: First, they can speak first-hand about treating black patients psychoanalytically. And secondly, they themselves have

undergone psychoanalytic training and analysis. Because of their professional and personal experiences, they are in a position to provide an avenue of access to a discussion of the relevance of psychoanalysis to a black patient population.

My approach to this discussion in terms of the literature and the interview itself will focus on several things:

- (1) psychoanalysis as a viable treatment model
- (2) limitations of the psychoanalytic model and approach
- (3) black perspectives in psychology
- (4) the black experience: a cultural perspective
- (5) implications for the therapeutic treatment paradigm

Significance of Psychoanalysis

Psychoanalysis is considered the only treatment modality that penetrates the unconscious realm of the patient. In this respect, it offers the patient a unique experience. Through the analysis of resistance and transference, the patient uncovers and reexperiences the early childhood dynamics and conflicts. The analyst's interpretations as well as

the patient's free associations, analysis of dreams, and experiences in the transference, contribute to recapitulative phenomena, increased awareness, and insight (Dilman, 1988, Freud, 1913).

Limitations of Psychoanalysis

Early psychoanalytic writings, including Freud's seminal works, outlined the limitations of, as well as the psychic, financial, and educational requirements for, psychoanalytic treatment and analyzability. Psychoanalysis was deemed unsuitable for the poor and socioeconomically disadvantaged (Freud, 1913). This view resulted in psychoanalysis and psychotherapy being dispensed along elitist lines (Pinderhughes, 1973), and in the exclusion of blacks from an insight-oriented model of treatment. Blacks have been stereo-typed in the literature as not being psychologically-minded, and as lacking the psychological sophistication and motivation necessary for successful psychotherapy (Fischer, 1969); there has also been skepticism about whether black persons could be successfully analyzed (Prudhomme & Musto, 1973).

Historically, black clinicians and psychoanalysts have questioned the legitimacy and usefulness of

psychoanalysis in the treatment of black patients because of its biases and lack of a cultural perspective. The emphasis on internal conflicts, libidinal impulses, and unconscious forces and motivations has been viewed as irrelevant to an understanding of the dynamics and plight of the black person (Meers, 1974).

The key question is the cultural relevance and biases that are inherent in the European-based Freudian theories. The Freudian approach, even as modified, is still relatively a narrow one, that may be more effective with certain segments of the population. It works well with the very well educated, those people who tend to be pretty verbal and middle-class, but less so with the poor and less educated. (Poussaint, 1989)

Black Perspectives in Psychology

For years, black professionals working in the allied fields of social work, psychology, and psychiatry have been frustrated by the exclusion of minority groups from therapeutic avenues, theoretically and clinically. Considering the black historical experience, it is not surprising that there has been a longstanding distrust of, and alienation from, psychotherapy. Black psychological literature has reflected this in two ways. First, there has been a predominant tendency to accept a negative or

maladaptive interpretative model (Jackson, 1976). Where black patients have been understood in the context of a traditional therapeutic model, what has emerged is a negative pathological profile that is distorted (Jones, 1980). Comer (1970) reported a longstanding practice on the part of white scientists to focus on the pathology rather than strengths and weaknesses of blacks. This corroborated earlier reports of blacks being misrepresented. Ralph Ellison (1967) reported on the "the very distorted picture painted of the lives of blacks in Harlem. A one-sided view is depicted by white and/or insensitive observers with an emphasis on deficits and weaknesses rather than on assets and strengths."

Many of these misinterpretations are attributable to the use of traditional treatment models. The psychoanalytic interpretative model, it has been argued, lacks the capacity to fully understand and explain those individuals who were not included in the original conceptualization. Secondly, blacks have been resistant to exploring avenues of psychotherapy except in times of emergency and crisis. There are many explanations to account for this. Blacks have long relied on family, friends, community and church members

as a source of support (Boyd-Franklin, 1989). Also, there's an emphasis in black culture on being strong, and a view that seeking professional help is a sign of weakness or insanity. Therefore, the adaptive strategies and coping styles which the black individual employs, are contrary to the openness and self-disclosure that the European-based psychoanalytic model requires (Pinderhughes, 1973). Thirdly, there has been an underservicing of, if not a failure to respond to, the psychological needs of black people on the part of the professional community. Schofield (1969) reports that many very skilled psychologists and psychiatrists have sought teaching, supervisory, and administrative positions associated with more prestige, authority, and compensation. This removes them from direct services, resulting in the underservicing of a great many people in the black community in need of mental health services.

The history, development, and limitations of psychoanalytic thought, have demonstrated the need for the creation of a comprehensive dialogue between two groups: those who think that psychoanalysis is a viable treatment modality for blacks and those who do not.

The Black Experience: A Cultural Perspective

An additional area that needs to be addressed concerns a cultural perspective of black life and experience. There are race-specific and culture-specific traditions and experiences among black people that are a very integral and essential part of their composition and therefore should be included in assessing the psychological and treatment needs of black people.

Implications for the Therapeutic Treatment Paradigm

Given the social and power structures of the society, and the history of race relations in this country, issues of race and ethnicity have implications for all members of society. The external realities and values present in society at large, are internalized and introjected by all individuals, regardless of race (Spurlock, 1973). Both the analyst and the patient bring with them the residual effects of racism into the therapeutic interaction. Both in the interracial and intraracial treatment paradigms, race is significant.

The Nature of the Inquiry

Through a series of open-ended interview

questions, I hope to get a closer and broader look at:

- (1) the usefulness and relevance of psychoanalysis for black patients as the analysts view and experience it.
- (2) the impact of race on the psychoanalytic process and treatment experience.
- (3) interracial and intraracial relationships in analysis.
- (4) the nature of the black experience for the analysts:
 - (a) the analysts' own experience in analysis
 - (b) the analysts' clinical practice
 - (c) the analysts' personal experiences as they relate to their childhood, family/cultural influences, and experiences of racism, past and present.

Objectives of the Study

By reviewing the literature, examining the results of the inquiry, discussing the need for exposure to cultural diversity in training programs, and exploring the avenues for transracial perspectives and approaches, it is hoped that some light may be shed on an integrative approach, one that both encompasses the

therapeutic needs of black patients, and validates the concept of psychoanalytic relevancy.

The need for such an approach is made evident by the fact that many psychotherapeutic models and practices are limited in their understanding of the diversity and complexity of what it means to be a black person in this society. Yet, even apart from this fact, the psychology of blacks is important enough to warrant exploration and investigation, in and of itself.

The implications and application of the present study are not, I feel, restricted to black patients alone, but extend to other minority groups, and to members of the dominant group.

The results of this inquiry should illuminate the differences and similarities of perceptions and attitudes held by black psychoanalysts. They are a special group in that they are both practitioners and past recipients of the method in question.

The results of this study should also have theoretical and practical application, in both personal and professional domains, for social workers, psychologists, psychiatrists, and educators who work with racially different populations. It is essential

that the depth and breadth of this issue be explored in order to facilitate further awareness, self-inquiry and consideration. Finally, mental health professionals have the responsibility of exploring and addressing the extent to which prevalent treatment modalities meet the treatment needs of all individuals.

Chapter I of this dissertation has provided an introduction to this inquiry and its purpose and significance.

Chapter II will present a review of the literature on both psychoanalysis, theory and practice, and a black perspective in psychology, past and present, as it relates to therapy and prevalent treatment modalities.

Chapter III consists of the research methodology. The objective of this study, description of the sample, design, instrumentation, and research hypotheses are discussed.

Chapter IV will contain quantitative and qualitative results, and discussion. Common themes and anecdotes will be included.

Chapter V will contain conclusions of the study and recommendations for further research.

HYPOTHESES OF THE STUDY

Hypothesis I - Black psychoanalysts will report similar experiences in their analytic training and adoption of a theoretical orientation.

Hypothesis II - Black psychoanalysts will agree that there is a race effect encountered in psychoanalytic treatment, particularly in the domains of transference, countertransference and resistance.

Hypothesis III - Black psychoanalysts in working with black patients, will make modifications to their analytic conceptual model and treatment approaches because of ethnic considerations.

Hypothesis IV - There will be a similarity among black psychoanalysts regarding their experience of the politics in the field of psychoanalysis.

Hypothesis V - Black psychoanalysts will be similar in reporting significant experiences related to family,

race, and ethnicity.

Hypothesis VI - Black psychoanalysts will not see psychoanalysis and the black experience as incompatible or contradictory, and will consider it, therefore, a relevant treatment modality for black patients.

LITERATURE REVIEW

Relevant literature concerning psychoanalysis and a black perspective, culturally and psychologically, will be reviewed in this chapter. The literature will be reviewed in the following sections: (1) Psychoanalysis: A Viable Treatment Modality, (2) Criticisms of Psychoanalysis, (3) A Black Perspective in Psychology, (4) Transracial Perspectives in Treatment, and (5) The Black Experience: A Cultural Perspective. In doing this, I hope to lay the foundation for a conceptual framework and theoretical premise, upon which a synthesis of psychoanalysis and its application to black patients can be explored.

PSYCHOANALYSIS: A VIABLE TREATMENT MODALITY

Psychoanalysis offers the patient in the analytic situation a unique experience. It allows the patient to become aware of unconscious instincts, wishes, and derivatives. The patient, in the course of analytic treatment, recreates and reexperiences the early dynamics and infantile wishes (Brenner, 1982). The analyst responds to the patient, not with gratification or wish fulfillment, but by helping him to recognize and understand the infantile dilemma, adaptive

strategies, and recapitulative phenomena as he experiences them. By integrating samples of past life and indices of both past and present experiences, the stage is set for a collaborative inspection of both conscious and unconscious processes.

As part of the analytic intercourse, the analyst responds to the patient's productions with interpretations that influence and impact on the analysand's emotional stage and adaptive capacities (Dilman, 1988). Dream interpretations and the analysis of resistance and transference, heighten the patient's awareness of unconscious fantasies, motivations, and dynamics that operate on both the cognitive and experiential levels. Identification, and understanding of the instinctual urges and impulses, further helps the patient to "unrepress" (Hammett, 1972). This attention to the unconscious threads, and focus on "inner arrangements" (Singer, 1972), facilitates the increased perception, awareness, self-knowledge, and, therefore, insight of the patient.

Psychoanalysis, by its very nature, is the only clinical method that can "effectively discriminate between symptoms that are situational (external), and those that are psychoneurotic (internalized)" (Meers,

1974). The confluence of dynamics and symptomatology emanating from both these domains, obscures the distinction between the two. Psychoanalysis "embraces the delineations between the patient's archaic and imaginary objects and his actual and real ones" (Strachay, 1937); it allows for the exploration of both the real and imaginative life of the individual (Winnicott, 1986). This gives the patient a better understanding of his own reality as he recreates and reexperiences it.

Each person's interpretation and integration of his infantile drama and life experience is different. And despite some manifestations of commonality, there is some part of an individual's story and solution that is unique, and needs to be understood idiosyncratically. Psychoanalysis permits the patient to experience the internalized cruelty to which he has no access, and, thereby, to understand his feelings and reactions not simply in terms of cruelty "in the world" (Miller, 1981). It further allows for the increased awareness and understanding of the extent to which conscious and unconscious elements of self-hatred and idealization are present within an individual (Horney, 1950).

While that which the patient brings to treatment, and to his individual analytic experience, is germane to this inquiry, I am interested in the experience of the analyst as well. The structure and nature of the psychoanalytic relationship, has implications for both analysand and analyst, as they engage and move through the analytic process (Schafer, 1982). The analytic situation affects, not only the conscious and unconscious life of the patient, but that of the analyst as well. Both are struggling within the dyadic relationship and "the confines of the analytic attitude and situation" (Schafer, 1982). Both learn, not only from the collaborative nature of the process, but from the experience of the interaction, and what each one comes to know about "the evocative nature of his own behavior" (Hoffman, 1983).

A BLACK PERSPECTIVE IN PSYCHOLOGY

Historically, the development of a black perspective in psychology falls into two overlapping phases: (1) the questioning of the assumptions of white psychologists regarding black patients, and (2) the attempts to create a perspective in psychology that would, in both theory and practice, encompass the

experience and psychological needs of the black person (Hayes, 1980).

Pillars of the field, including the earliest black psychologists Fuller, Canady, and Sumner (the Father of Black Psychology), were instrumental in organizing the first meetings and conferences of black psychologists. As far back as the 1930's, Canady and Sumner attempted to overcome the limitations of both academic and clinical/applied psychology. As Comer (1970) later put it, "It is not responsible science to make assumptions about the meaning of black and white differences when the 'scientist' does not know the black experience or fully understand or take into account the implications of the experiential differences." The concern with making psychology applicable and relevant to black people was a pressing issue for these early pioneers. Their role provided an impetus for a black perspective in psychology that was a long time in achieving recognition.

Dr. Solomon Carter Fuller was the first black psychiatrist. Fuller, a graduate of Harvard Medical School, was one of those gathered in the famous inner circle with Freud and Jung in 1909. He was instrumental in encouraging black students to enter the

medical profession and mental health field. In addition, he trained all the early black psychiatrists, and many of the nation's top white psychiatrists (Pierce, 1980). Fuller's work highlights the fact that, despite a paucity in the literature, and frequent under-representation, blacks have a long history of involvement in the fields of psychology and psychiatry.

As early as 1920, Sumner discussed and reported the existence of both a race factor and prejudice in the field of psychology. Some of Fuller's work with black World War I veterans during this same period, further corroborated these findings. Together they demonstrated the existence of a longstanding pattern in which blacks were excluded from the benefits of psychological investigation and treatment.

The pattern of exclusion in the domain of psychology, however, is merely reflective of the larger pattern in American society. This has important implications for assessing the applicability of mainstream psychology to blacks. There is a constellation of factors which act as obstacles to this goal. Among the obstacles to be overcome are:

- (1) The biases of mainstream therapeutic models, which, in perpetuating maladaptive profiles of blacks,

(Jackson, 1976; Jones, 1980) have contributed to blacks being placed outside the therapeutic domain. Kardiner and Ovesey (1951) wrote: "There is not one personality trait of the Negro, the source of which cannot be traced to his difficult living conditions. There are no exceptions to this rule. The final result is a wretched internal life..." Referred to in the literature as the "deficit hypothesis," this view has been criticized by Thomas and Sillen (1979), who reject its portrayal of black people as permanently damaged and crippled. They contend that the healthy coping mechanisms stimulated by stress, constitute a strength both in the black individual and in the black community. White (1970) elaborates on the distorted pathological view of black life that results when the traditional model is employed. He perceives blacks as very different from whites in their lifestyles, priorities, and experiences, and thus, believes that a reevaluation of traditional models, and the use of a black perspective, is crucial in understanding and working with the black patient. Traditional models have also been found wanting on other grounds. Some critics have stressed the importance of viewing and understanding people in their cultural contexts

(Sullivan, 1972), while others have faulted Freudian principles and technique for being ethnocentric, and more of an impediment than a help in the treatment of black persons (Guthrie, 1976). Frank (1974) cites the application of interview therapies developed for middle and upper class patients to lower class patients, as a particular obstacle. In addition, "psychoanalysis has been criticized as irrelevant to the sociocultural distresses and economical realities of our times" (Meers, 1974). It has been suggested that the entire focus on individual psychological examination has detracted from a "commitment to social change" (Wachtel, 1983), creating the need for black psychologists to adopt a posture of social and political advocacy (Fischer, 1969).

Because of these limitations of mainstream therapeutic models, other models have been proposed in their place. Paster (1986) suggests the use of a Social Action Model when working with populations that are difficult to reach. Another model proposed has been the community psychology model (White, 1990).

The community psychology model, with its emphasis on creating more responsive social systems and institutions, most closely approximates the activist style and preventive objectives of black psychology. The community psychology approach

differs from the traditional clinical model in the sense that the community psychologist does not wait for the individual to walk in for treatment. (Zax & Specter, 1974)

These models are seen as more suitable and appropriate in meeting the psychological and social needs of black individuals.

(2) A longstanding pattern of resistance on the part of black persons toward therapy, giving rise to the dilemma of how to provide a viable treatment modality. There has long been a resistance to traditional mental health avenues, resulting in both fear and suspicion. This suspicion is not pathological, but an adaptive response, referred to by Grier and Cobbs (1968) as "healthy cultural paranoia." Blacks have had a negative history of involvement with mental health institutions, which interferes with their capacities for trust, openness, and self-disclosure (Block, 1984). Traditionally, blacks have been seen in therapy, and involved in mental health services, only in times of extreme distress and dysfunction. The residual effect of this pattern is reflected in current black attitudes toward therapy (Block, 1984). There has also been a cultural tradition in the black community, that in seeking or receiving help, that one

follow the path of relying on one's own resilience, family members, close friends, community members, mentors, leaders, and church affiliates (Boyd-Franklin, 1989). With the exception of the more educationally and professionally elite, blacks have had little access to psychotherapy (Pinderhughes, 1973); "both the concept of therapy and availability are alien to the black person's thinking" (Pinderhughes, 1973).

(3) An interweaving of social, economic, racial, educational, and cultural factors that comprise the black person's experience in American society. These factors have been treated largely from a developmental perspective in the literature.

In the major works focusing on the developmental psychology of blacks in this society, there has been a tendency to concentrate on issues of race and social class. Wilson (1978) states that a child's life and orientation are "white-centered," and this has major implications for development and personality formation. The black child, in order to cope and survive, develops a "split personality." Dubois (1965) sees this "schizoid nature of black existence" or, "double-consciousness," as necessary for black adaptation and survival. Wilson (1978) contends that it is the

middle-class "black bourgeoisie" that is most schizoid, due to their assimilation, accommodation and identification with white middle-class standards, aspirations, lifestyles, and experiences.

Black children in school have particular problems resulting from the race effect. They often feel the burden of having to prove their intelligence, while suffering the injustices perpetuated by racial difference, inequality, and discrimination (Comer, 1988). This is very clearly referred to by Comer in his autobiography, in which he contrasts special difficulties encountered by black children in predominantly white educational settings. These views are compounded by the ways their parents are viewed in the larger societal context. Many black children see their parents as intimidated by other whites (Kennedy, 1952). In addition there are painful feelings and experiences of inferiority and rejection. Kennedy (1952) discusses the internalized images and identifications which result in the development of a "hostile white ego ideal" or a "healthy black ego ideal." This has major implications and consequences for the child's ego functioning, defensive structure, adaptive capacities, and self-esteem. Thus, issues of

race and ethnicity are major in the life of the black child, both in terms of actual experiences and the child's integrative system.

Another issue pertinent to black life is the degree to which its members are part of, or isolated from, the black community. The community and its members have long been a source of strength and support for many blacks (Boyd-Franklin, 1989). Yet, upwardly mobile and successful blacks tend to separate themselves from their families of origin, and the everyday problems of black family life (McQueen & Stack, 1971). This raises a multitude of issues for the individual, and creates a kind of double bind. Blacks in this situation tend to experience a sense of marginality and alienation. Sarah Lawrence Lightfoot (1988) very poignantly recreates the resonant feelings of her mother, Dr. Margaret Lawrence, the renowned psychoanalyst, during her internship in her own community:

Even in a landscape that often felt strange and ominous, the sense of familiarity of being "home," ran deeper. As Margaret fought for Harlem Hospital, for the Negro community, and for the survival of black babies, she saw images of her own childhood...Yes, Harlem Hospital was home. She could hear echoes of her own adolescence as she rode the ambulance through the dark, throbbing city streets as a young intern. pp. 195-196

Dr. Lawrence suffered many of the harsh inequities and injustices that too often accompany the obstacles that have to be overcome in order to succeed in the mainstream. Her experiences of racial pain are presented with resounding sentiment, particularly her experience of being told by the chief of pediatrics that she had not been accepted for the internship that she had hoped for:

Margaret received the news sadly and quietly. Her sadness came less from the feeling of personal rejection than from her frustration with the discriminatory attitudes and behaviors that were constant reminders of her special vulnerability. This time, instead of being crushed, she was reminded of the unyielding institutional and interpersonal racism...[His] words offered her another painful reason to ruminate about "what it meant to be a Negro...to the world around me, to people and institutions." This "rejection" did not feel like a shocking assault. It felt like the slow erosion of her spirit. p. 185

Black people have a variety of coping styles and defense/avoidance maneuvers that assist in their dealing with the issues of oppression and racism. They also vary in their particular lifestyles and personal experiences. Black individuals manifest diversity in their tendencies and preferences that determine the monoracial, or multiracial, aspects of their lives (Pinderhughes, 1973).

In addition to understanding the factors of race,

class, culture, family, education, and community in terms of their impact on the individual black person, they also need to be understood in relation to the overriding power structures of the society (Pinderhughes, E., 1990). By placing the factors within this larger framework, the therapeutic relationship is cast in a different light. Both the practitioner and patient are affected by the power structuring of these factors, yet it is the responsibility of the practitioner to, not only be aware of them, but to take an active role in dealing with them as possible obstacles to treatment; unless an attempt is made to overcome negative or confused perceptions, misunderstandings, and misinterpretations, the therapeutic relationship is doomed to replicating the dominating power structures of the larger society.

MAJOR CRITICISMS OF PSYCHOANALYSIS AS A THERAPEUTIC
TOOL FOR BLACK PATIENTS

Psychoanalysis has been the target of criticism as a treatment modality for black people for a variety of reasons. They may be categorized, for the purposes of this inquiry, in the following way: (1) criticisms of the psychoanalytic model on theoretical and conceptual

grounds, (2) criticisms of the biases of psychoanalysts employing the theoretical model, (3) criticisms of the cultural bias of psychoanalysis, (4) criticisms of the elitism of psychoanalysis on historical/social/political grounds.

The major criticisms aimed at the theoretical framework are that: (a) the deficit hypothesis is irrelevant and unsuitable for a black population (Jackson, 1976), and (b) the emphasis on the internal and unconscious forces within the individual (self-issues), some feel, overlooks the external circumstances and realities of a black individual's experience.

The psychoanalytic interpretive categories of penis envy and castration anxiety can't fully address the complicating factors and compounding variables affecting aspects of black life, past and present. (Dinnerstein, 1986).

There have been attempts to fit the black experience into a rigid Freudian formula. The black man becomes an illustration of a universal instinctual pattern. (Thomas and Sillen, 1969).

Psychoanalysis is also faulted for the biases it employs in applying the theoretical model.

Specifically, it is charged that: (a) there is an unfamiliarity with, insensitivity to, and lack of valuation of, black norms on the part of many white

psychoanalysts (Grier and Cobbs, 1969), (b) the "scientific" posture of neutrality adopted by the analyst is ethnocentric and, therefore, intellectually biased, and (c) analysts from the dominant group frequently conclude that blacks are not suitable candidates for rigorous insight-oriented therapy for a variety of reasons rooted in ethnocentric perceptions; both the conclusion and the perceptions on which it is based, reinforce resistance on the part of the black patient.

In relation to the cultural bias of psychoanalysis, the following points have been made in the literature: (a) the culture of the psychoanalytic treatment domain is incongruous with coping styles and survival mechanisms that blacks have employed for years. The characteristics considered prerequisite to engaging in the psychoanalytic process, those of self-disclosure and verbalization, of being psychologically-minded and sophisticated, are alien to most black persons (Pinderhughes, 1973; Fisher, 1969). (b) The inherent ethnocentricity of the psychoanalytic model, has resulted in distorted conclusions and negative interpretations of the black patient (Grier and Cobbs, 1968; Jackson, 1976; Jones, 1980). (c) Insufficient

attention, if any, has been paid to the importance of analyzing an individual within the context of his culture (Winnicott, 1986). Cross-cultural studies have been cited to substantiate the view that "the therapist has to be seen by the patient as sharing the same system of values and beliefs, in order to be effective" (Roland, 1983). (d) There needs to be a greater recognition and understanding of the ways in which members of the same and different groups perceive each other; "members perceiving themselves to be of the same group understand each other by introjection and identification, while those who perceive themselves as members of different groups understand each other by projection" (Pinderhughes, 1973). This view holds interesting implications for the intraracial and interracial dyadic relationships.

Criticisms of psychoanalysis for being elitist, are based primarily on the high cost of treatment, and secondly, on the time demands placed on the patient; both factors combine to make psychoanalysis unfeasible and unaffordable for the vast majority of black people.

Finally, there is an array of (a) historical, (b) social, and (c) political vantage points, which, while overlapping, reflect a common concern with the issue of

racism.

From the historical vantage point, slavery and its impact on the subsequent experience of blacks in American society, has profoundly affected the emotional and internal lives of blacks; yet, this historical experience of oppression has not been addressed by psychoanalysis (Hunter & Babcock, 1967).

Socially, the emphasis of psychoanalysis on individual responsibility has moved the black patient away from adopting an action/advocacy-oriented stance, one concerned with ameliorating the living conditions and the psychological health of blacks persons living in the black community. There is clearly an overlap here into the question of politics.

In considering the politics of racism vis- á-vis psychoanalysis, the argument is made, and evidence presented to support the view, that psychoanalysis is a white-dominated field in which the small number of blacks are, with few exceptions, treated by white analysts. Inherent in this situation are the racist attitudes, conscious and unconscious, operating in these analysts and their practices. Given the power slant in psychoanalysis (Comer, 1972), the emphasis on neutrality, on the analyst being a "blank screen"

mirroring the patient's own issues, insufficiently understood or analyzed aspects of the analysts's own difficulties will have major implications for his perceptions of the patient, the treatment process, and, ultimately, the treatment outcome.

THE BLACK EXPERIENCE: A CULTURAL PERSPECTIVE

Gwaltney (1980), in the well-known ethnological contribution, Dry Long So, very eloquently paints a portrait of black culture and experience:

It is evident that black people are building theory on every conceivable level. An internally derived, representative impression of core black culture can serve as an anthropological link between private pain, indigenous communal expression and the national marketplace of issues and ideas. These people not only know the troubles they've seen, but have profound insight into the meaning of those vicissitudes. p. xxvi

There has been a longstanding plea by black professionals in the mental health field to incorporate aspects of black life and black culture into the treatment paradigm, both in terms of theory and practice. James Comer (1972), who has been a major contributor to both the mental health and education fields, has long stressed the necessity for an active, advocacy-oriented approach in the mental health area to combat and counteract the powerful negative effects of

racism. His contributions to the education of minority children have been instrumental in revamping schools severely affected by poverty and racism. More recently, Poussaint (1990) has stressed the role that black parents and others must play in fighting racism, and in paving the way for a strong sense of self-worth in the black child.

Paster (1985) emphasizes the complicated interaction of culture and power in the therapeutic relationship. She speaks of the need for the practitioner to have both a positive sense of cultural identity, and a strong sense of self-differentiation. In this way he or she will be able to work effectively in the therapeutic relationship, not by seeking the gratification of personal needs and goals, but by focusing on the needs of the patient.

Other black professionals have described their misgivings about the limitations of traditional theoretical constructs, and the need for new approaches to providing treatment for black people:

Psychiatry as a discipline is floundering in its previous established conceptual and theoretical foundation imported from 19th century. My continuing question to myself as a late 20th century precautionary in general and child psychiatry is "Can a greater understanding be achieved in the study of human behavior as it is

organized and manifested in the world's dominant power system/culture?" My answer is affirmative. We can devise an ever increasing level of order out of the existing chaos, a diagnostic and statistical manual that gets heavier and wordier with each effort. Thereby, we can enhance our diagnostic and treatment skills and increase the possibility of prevention, allowing us to serve a suffering humanity better. p. 17 (Welsing, 1980)

As a psychologist, Dr. Anne Ashmore, says her role now is "to take people to places they cannot go alone". To emotional, frightening, painful places where images may have been distorted, ambitions stunted, the spirit bruised. p. 174 (Edwards and Polite, 1992)

In attempting to address the issue of relevant therapeutic treatment models for black patients, it is essential to understand both the individual and collective experience of the black person. By presenting relevant literature related to the black experience, I hope to incorporate the personal experiences, cultural, sociological and psychological needs and expectations applicable to understanding the black patient.

Black patients frequently request black therapists for treatment (Pinderhughes, 1973). Patients feel the need for identification with therapists that they perceive as having cultural backgrounds and cultural values similar to their own (Roland, 1983). It can be seen that the necessity of a cultural perspective, and

understanding of cultural influences on the individual is imperative (Horney, 1950; Sullivan, Winnicott, 1986; Frank, 1974).

The living experience of the black person contains a richness that is drawn from several shared sources. One of the strongest of these is the church. Every black neighborhood has its familiar churches, which are gathering places for the members of the community. Religion is an integral part of the lives of black people (Williams, 1981). The church serves a cultural, religious, social, and psychological function and plays a central role in unifying the members of the black community (Boyd-Franklin, 1989).

Black people have always known how important getting an education is. It is not only valued within the family and community, but is seen as the first step in the long journey of overcoming the obstacles that lie ahead. Blacks who have achieved some measure of success, point to an early priority placed on education by their parents (Carey, 1991; Lamar, 1991; Lightfoot, 1988; Comer, 1988).

There is a wide range of experiences relating to integration and segregation, depending upon factors of age, geography and relative integrationist or

segregationist lifestyle of the particular individual. Though there is a danger in overgeneralizing and oversimplifying these experiences, they have major implications for the future development of all the individuals who have undergone them. This sets the stage for the further development of racial/ethnic identity, and the perceptions and attitudes pertaining to racial difference.

Understanding the range of family structures among black persons, is crucial to the understanding of the black individual. Nontraditional structures and family living situations among blacks, vary tremendously from the model of the white nuclear family (Billingsley, 1968). The prevalence of single-parent households, extended families, and adopted and surrogate families, is a major constituent of black family life (Boyd-Franklin, 1989). The awareness and understanding of these variations is central to both individual and group understanding, and is particularly relevant in avoiding the use of dysfunctional and maladaptive interpretations where they may not be warranted.

The black community plays a large part in the setting and drama of black life (McAdoo, 1981). A confluence of cultural and societal interactions and

experiences, provide a frame of reference and a collaborative experience for black persons, personally and professionally.

You been gone so long Mandela
the Miracle's been done broke up, and the temptations
play now for remember.
See, There he is, we point you out for the children
but all they see is us
pointing through the crowd to a place they have to reach up to.
See see and see, the look on our faces the only vision that finally counts.
(Sekou Sundiatta, 1990)

The sense of community is present in the work of black poets and writers, our storytellers. They draw upon the well of black experience, on the rhythms and movements and patterns of our lives. Others in our community tell the story through dance, or music, on the playing fields...Stories of pain...And hope.

All of these components that are depicted as indices of black culture and the black experience, hold relevance in terms of the theoretical and clinical foci of this inquiry. They permit us to get a closer glimpse of some common experiences of black life, whether they relate to the black analysts, who are the subjects of this inquiry, or to black patients in the therapeutic arena.

TRANSRACIAL PERSPECTIVES

Because a major component of this inquiry is the impact of race on the psychoanalytic process and treatment experience, a transracial perspective is of particular value. Such a perspective recognizes the importance of not addressing issues of race and ethnicity from only one vantage point, that of the analyst, or that of the patient, but rather from the intersection of the two.

In broadening the examination of the therapeutic interaction in this way, it is important to include a consideration of, not only conscious and external factors, but unconscious and internal factors as well.

Comer (1988) describes the point at which he realized the overriding importance of internal forces in the following vignette:

While on edge waiting for a response from Yale, I yelled at Brian unnecessarily one evening. He looked hurt but didn't say a word. He quietly crossed the room and secretly pinched his helpless four-day-old sister who was lying in the crib. It was then that I began to appreciate how primitive and prominent the human feature of scapegoating really is.

Brenner (1982) asserts that "every individual, whether ruler or subject, master or slave, exploits whatever opportunities are at hand for gratification."

Wheelis (1973) describes the universality of suffering in both the external and internal domains. The distinctions between "imposed pain and elected suffering, between depression, internal and external notions of impoverishment," are relevant to an understanding of racial and cultural differences, and have implications for the transracial therapeutic relationship.

An awareness of these issues on the part of mental health practitioners plays a key role in the ongoing process, as well as the outcome of the therapy. In those cases where there is an absence of this awareness on the part of the practitioner, and a failure to work through the issues of race, ethnicity, and power structures, he will be unable to transcend his own biases, and, therefore, to help the patient fully.

The limited availability of psychoanalysis, and the difficulty of access to it, give rise to a number of pertinent questions: (1) What are the criteria and expectations regarding suitability for psychoanalytic treatment? Freud (1919), in discussing this question, concluded that:

We shall probably discover that the poor are even less ready to part with their neuroses than the rich, because the hard life that awaits them if

they recover offers them no attraction, and illness offers them more claim to social help.

(2) To what degree do blacks meet these requirements for suitability, particularly as they are delineated by Freud? This question has been debated since Freud's time, and is addressed in a very central way in the interviews I conducted with the black analysts. (3) Are the requirements different for blacks? The requirements of time and money exert an inhibiting, if not prohibitive, effect on potential black patients (Pinderhughes, 1973). With reference to ethnicity, the culture of therapy is viewed as alien to many blacks, and this situation makes it appear that a different set of requirements is needed (Fischer, 1969).

While the influence of racism impacts on all members of society (Spurlock, 1973), the residual negative effects on the experiences of black persons in particular, should not be underestimated. There are responses to race, on both conscious and unconscious levels, that both stimulate and impede progress in treatment (Curry, 1963). Because of this fact, certain complications arise in the transracial relationship. First, all blacks, whether they are analysts or patients, have a multitude of conscious and unconscious

feelings and attitudes about being black (Kennedy, 1952). In addition, the issue of skin color needs to be understood in terms of the major role it plays in the manifestation of transference and resistance (Wolberg et al., 1972; Varghese, 1983). Black skin can motivate any number of fantasies, fears, and symbolic processes (Curry, 1963), and can contribute to the development of early negative transference and countertransference reactions (Basch, 1984). Yet, studies have indicated that during the course of treatment, the effect of color is minimized in comparison to other personal and intrapsychic issues, thereby reducing "the impact of racial disparity between analyst and patient" (Bernard, 1953).

When the black patient enters psychoanalysis, all of these issues arise. In addition, there are others: Is the analyst equipped to understand and treat the black patient? Is the black patient responsive to the analyst in the treatment situation? Zaltman (1982) emphasizes the importance of differentiating between analyzable and unanalyzable problems in the treatment. Roland (1983) points to the benefits that result from the analyst keeping the emphasis, early on, on empathy, rapport, and attunement. While color needs to be

understood and considered in the overall context of the patient's integrative system (Kennedy, 1952), race should not be singled out as the only relevant factor; it must be seen in addition to the conflicts and symptoms that lead the patient to seek treatment in the first place (Curry, 1963).

This brings us back to the issue of psychoanalysis and its suitability for black patients. Early psychoanalytic writings by Freud, cited the limitations of the treatment model:

One may stand quite aloof from the ascetic view of money as a curse and yet regret that analytic therapy is almost unattainable for the poor, both for external and for internal reasons. Little can be done to remedy this. Perhaps there is some truth in the widespread belief that those who are forced by necessity to a life of heavy labour succumb less easily to neurosis. But at all events experience shows without a doubt that, in this class, a neurosis once acquired is only with very great difficulty eradicated. It renders the sufferer too good service in the struggle for existence; the accompanying secondary "epinosic gain" has here too much importance. The pity which the world has refused to his material distress the sufferer now claims by right of his neurosis and absolves himself from the obligation of combating his poverty by work. Any one who tries to deal by psychotherapeutic means with a neurosis in a poor person usually makes the discovery that what is really required of him in such a case is a very different, material kind of therapy...Naturally one does occasionally meet with people of worth who are helpless from no fault of their own, in whom unpaid treatment leads to excellent results without exciting any of the difficulties mentioned. (Freud, 1913)

Despite the ethnocentric limitations of the model, psychoanalysts have and do apply the model to a black patient population. Not only have black patients been treated by psychoanalysis, but there is a community of black psychoanalysts. These individuals, because of their training, use of psychoanalysis as a treatment modality, and experience as patients in analysis, will hopefully shed some light into this area.

In conclusion, the specific questions posed in this investigation may be reviewed:

Hypothesis I - Black psychoanalysts will report similar experiences in their analytic training and adoption of a theoretical orientation.

Hypothesis II - Black psychoanalysts will agree that there is a race effect encountered in psychoanalysis, particularly in the domains of transference, countertransference and resistance.

Hypothesis III - Black psychoanalysts, in working with black patients, will make modifications to their analytic conceptual model and treatment approaches because of ethnic considerations.

Hypothesis IV - There will be a similarity among black psychoanalysts regarding their experience of the politics in the field of psychoanalysis.

Hypothesis V - Black psychoanalysts will be similar in reporting significant experiences related to family, race and ethnicity.

Hypothesis VI - Black psychoanalysts will not see psychoanalysis and the black experience as incompatible or contradictory, and will consider it, therefore, a relevant treatment modality for black patients.

RESEARCH METHODOLOGY

OBJECTIVE OF THE STUDY

In this study, the self-reports of black psychoanalysts regarding their perceptions and attitudes toward psychoanalysis as a treatment modality for black patients, are examined and compared.

SAMPLE

Subjects for this study included 18 black psychoanalysts practicing in the New York City area. They were referred by individual colleagues in the analytic community and from analytic training institutes. Subjects were also asked to provide names of additional black analysts. As anticipated, the number of practicing black psychoanalysts in the New York City area, is few. The analysts ranged in age from 30 to 65+. There were 11 males and 7 females in the study. Three of the subjects are currently in training. The others are graduates of analytic training institutes in New York. The subjects interviewed were from 7 of the NYC institutes.

The focus of my inquiry and discussion will be black psychoanalysts and their perceptions. I interviewed black psychoanalysts because their

perceptions encompass several perspectives. Because they have been trained as analysts, have been psychoanalyzed, and practice analysis, they represent a variety of vantage points. They are unique in that, by virtue of their race and ethnicity, they can provide insight into how both of these factors have impinged upon their professional identity and experience.

PROFESSIONAL CREDENTIALS AND EXPERIENCE

While psychoanalysts may have different graduate and professional training, there were certain minimum requirements that the participants had to have:

- (1) a MSW or CSW degree in social work, PhD or PsyD in psychology, EdD in education, or a MD in psychiatry
- (2) a certificate of completion from a psychoanalytic institute or training program
or
current enrollment in an analytic training institute
- (3) current participation in, or completion of, a training analysis
- (4) a private practice, affiliation with an institute, or institution in which they have

practiced analysis for at least 2 years

PROCEDURE

Contacting Participants

- (1) Letters were sent to analytic institutes asking for their participation in referring black candidates and/or black graduates of their program.
- (2) Letters were mailed to identified subjects requesting their participation. In a few cases, subjects were initially contacted by phone because there was no available mailing address.
- (3) Phone calls were made to determine the subject's willingness to participate and availability to be interviewed. (In a few cases, more than one call was required before a date was set.)
- (4) At an agreed upon date and time, the interview was conducted at the subject's office.
- (5) Within a day or two after the interview, subjects were sent a letter thanking them for their cooperation.

INDIVIDUAL INTERVIEWS

The interviews, which were taped and then

transcribed, inquired into the following general areas:

- (1) the analyst's perceptions and attitudes regarding the relevance and application of psychoanalysis to a black patient population
- (2) the effect of the analyst's race on training and professional experiences
- (3) significant personal life influences in the analyst's background

The interview was constructed to yield in-depth responses within a semi-structured, open-ended framework. Therefore, it was designed and conducted to permit each subject to respond in their individual and idiosyncratic fashion, as well as to allow probes to explore pertinent issues disclosed by the subjects.

The interview (Appendix G) consisted of 10 questions, and some consistent probes, that guided the exploration and expansion of responses.

Question 1 was designed to get a sense of the subjects' experience in training, of their development and ultimate adherence to a psychoanalytic theoretical orientation, and of how their ethnicity influenced this process through specific experiences.

Question 2 provided the analysts with an opportunity to differentiate between psychoanalysis and psychotherapy.

Here the intent was to ascertain their views regarding the value of psychoanalysis and/or a psychoanalytically-oriented/informed treatment approach. This was done primarily to establish a baseline around orientation.

Question 3 inquired into the analysts' personal analyses and the role that race played.

Question 4 was designed to get a sense from the analysts of how, or if, race was perceived to be a factor in treatment, and how this manifested itself in their clinical experience and practice.

Question 5 was intended to assess if special considerations and/or modifications to the treatment process were made when they treated black patients.

Question 6 - the analysts were asked about the politics in the field to get a sense of their professional identity and the degree to which they feel included as part of the professional psychoanalytic community.

Questions 7 and 8 were designed to gather information about the subjects' family background and significant early experiences of racism. This information forms a baseline common to all blacks in treatment and has implications for transference, countertransference, and resistance. Further, this data will be of value in

interpreting the experience of black analysts as well as promoting a greater understanding on the part of non-blacks, of what it means to be a black person in this society.

Questions 9 and 10 inquire about the relevance of psychoanalysis for a black patient population, and the value it has as a tool for addressing racism and racial pain.

Interpreting Results

Two people, the interviewer and one independent reader, read the subjects' responses, and categorized them. The procedure for analyzing open-ended elaborated responses was to have each reader categorize the response separately and rate the responses into:

- (a) yes, they support the statement
- (b) no, they do not support the statement.

There were no instances in which the readers disagreed on the categorization or interpretation of a response.

The criterion used to determine the relevancy was the premise that if psychoanalysis is considered relevant by the respondent for any black patients, then that constitutes a positive response to the question.

RESULTS AND DISCUSSION

The results will be presented under the following headings:

- (1) Quantitative Results
- (2) Qualitative Results
- (3) Limitations of the Study

QUANTITATIVE RESULTS

The purpose of this inquiry is to explore the use of psychoanalysis as a treatment modality for black patients from the perspective of black psychoanalysts. It will pay particular attention to the application and modification of psychoanalysis to this patient population, and will examine the perceptions and attitudes of the analysts, in order to better understand their assessments regarding the relevance of psychoanalysis to blacks. The results in this section will examine the following issues:

- (1) The Training Analysis
- (2) The Role of Race
- (3) Relevance

THE TRAINING ANALYSIS

The Analytic Dyad in the Training Analysis

An area of inquiry which yielded particularly interesting results, is that of the analytic dyad in the training analysis. All of the subjects were asked (1) what the race of the analyst was (is), and (2) whether they had a preference regarding race. (see Table 1)

Subjects were divided into subcategories based on both their selection of an analyst, and the subsequent nature of the dyadic relationship. The majority of subjects (10 out of 18) initially wanted a black analyst. (The other 8 did not have a clear or articulated preference in terms of the analyst's race.) Half of those that did not specifically seek a black analyst, were treated by foreign-born analysts. Three of these subjects had a specific preference for a foreign-born analyst. They felt that someone not subjected to the race relations and tensions of this country, would be less biased and more able to help them work through their own issues and conflicts in the area of race/racism. Of the 7 subjects treated by black analysts, 6 initially sought a black analyst for treatment. The consensus among them regarding the

selection process, was that they wanted an analyst who could identify with, and be sensitive to, their experiences as black persons. They felt that a white analyst would be limited in this respect. Several (3) commented in retrospect, that they might not have survived the early phases of treatment, had the analyst been white.

TABLE 1

The Analytic Dyad in the Training Analysis of Subjects

<u>Description</u>	<u>N</u>	<u>% of all</u>	
Those originally seeking a black analyst	10	55	
		<u>% of subgroup</u>	
Subgroup A:			
treated by white analyst	11	61	100
sought black analyst	4	22	36
Subgroup B:			
treated by black analyst	7	39	100
sought black analyst	6	33	86
Subgroup C:			
treated by foreign-born analyst	4	22	100

In some cases, within the open-ended nature of the interview, subjects elaborated, in hindsight, on the race-specific issues of the selection process. Several felt that their preference for a black analyst was very related to their political stance, and thus, racial identification at that time in their development. They reported feeling differently about these issues at the present time, both because of their increased understanding of the perspective of the analyst in that situation, and because of their own personal growth and development. Moreover, almost all of the analysts interviewed, felt that their capacities to deal with issues of racism and racial difference are "at a different place now." (While nonspecified, this appears to be attributable to the maturation and personal growth resulting from their analyses.)

Of the 11 subjects treated by white analysts, 4 initially had a preference for a black analyst. They attributed a lack of availability of black psychoanalysts at that time, to their ultimately being treated by a white analyst.

Race and Ethnicity in the Training Analysis of Subjects

Subjects were questioned regarding the role race

played in their training analysis. Of the 18 analysts interviewed, there were no reports of racial issues not being acknowledged and/or addressed in their treatment. They varied, however, in the extent to which they feel, in retrospect, that issues of race were sufficiently addressed and/or worked through. Two of the 18 felt that these issues were not sufficiently addressed, and thus, their treatment was not helpful specifically in terms of working through issues of conflict around race.

TABLE 2

Race and Ethnicity in the Training Analysis of Subjects

<u>Those reporting that:</u>	<u>N</u>	<u>% of all</u>
(1) Racial issues were <u>not</u> addressed	0	0
(2) Their analysis did <u>not</u> help them work through these issues	2	11
(3) Their analysis <u>did</u> help them work through these issues	16	89
(4) Having a foreign-born analyst helped them to work through these issues	4	22

Sixteen of the 18 felt that issues of race and

ethnicity did get worked on in treatment, and that analysis was of value to them in this area. (See Table 2)

The Role of Race

A central focus in the interview, was on the analysts' perceptions and attitudes regarding the role of race, and its impact on the psychoanalytic process and treatment experience.

None of the analysts interviewed felt that psychoanalysis and the black experience are contradictory, incompatible or mutually exclusive. All felt that psychoanalysis is relevant to black patients in analytic treatment. Seventeen of the 18 felt that psychoanalysis is not only relevant, but of particular value as a tool for addressing and working through issues of racial pain and racism. (see Table 4)

Of those interviewed, 72% (13 of the 18) felt that the factor of race impacts on the treatment, and gets manifested in the transference and countertransference. The other 28% (5 of the 18) disagreed. They felt that race is much less of a factor in the process of psychoanalysis, and that the psychoanalytic method of

TABLE 3

The Role of Race

	<u>Value</u>	<u>N</u>	<u>%</u>
(1) Does race impact on the analytic process and experience of the treatment?	yes	13	72
	no	5	28
(2) Is race a <u>major</u> factor in the psychoanalytic process and treatment experience?	yes	3	17
	no	15	83
(3) Race is manifested in the emergence of transference & countertransference	yes	13	72
	no	5	28
(4) Race is more dominant in the initial stages of treatment	yes	15	83
	no	3	17
(5) Race requires some modification and/or special consideration when treating the black patient	yes	15	83
	no	3	17

investigation minimizes the factor of race in the analytic relationship. These subjects felt that the focus on the unconscious and universal aspects of individual experience are more central in the self-examination of psychoanalysis than the factor of race. Several felt that, except to the extent that race is a selected area of focus for a particular patient in treatment, the race of both patient and analyst is irrelevant.

Many of those interviewed, 83%, felt that race tends to be more of an issue during the initial phases of treatment, and drops out of the equation once a therapeutic alliance and familiarity with the method is established.

Once the significance and impact of race as a factor was probed, analysts were questioned about their feeling that the black patient in psychoanalysis requires special consideration and/or modifications. They discussed this in terms of their application of the psychoanalytic model of treatment to a black patient population. Fifteen of the 18 interviewed (83%) responded positively. Three (17%) felt that this was not required in their clinical experience. This question will be discussed more specifically in the

qualitative section of this chapter, because the actual responses and my interpretation of them, are more qualitative than quantifiable. All of the analysts agreed that they make individual case-specific modifications in the course of analytic treatment. They do not necessarily attribute these considerations and modifications to race. (see Table 3)

Relevance

Analysts were questioned about the extent to which race impacts on the analytic process and is a major factor in the treatment experience. Seventy-two percent felt that race does impact on the psychoanalytic process, and 28 felt that it does not. The latter group felt that race plays a minor role in psychoanalytic treatment. Regarding how major a factor, 17% felt it is a major factor in the treatment, while 83% felt it is not. The analysts, again, differed, not around the issue or significance of race per se, but the extent to which it is a major factor when employing a psychoanalytic mode of treatment. The range of differences reflects the degree to which the factor of race is perceived as a more or less integral component of the treatment process. It is interesting

to note the shift in the analysts' feelings about the issue and impact of race from the time of their training analysis to the present. Specifically, many describe race as playing less of a role now than they had anticipated and experienced at an earlier point in their careers. This, of course, has implications for their perceptions and understanding of their black patients' preferences and concerns. This also speaks to the importance of black psychoanalysts being aware of the changes in their pre-analytic and post-analytic perceptions and attitudes.

All of the analysts interviewed felt that psychoanalysis is relevant in the treatment of black patients. However, 22% of the analysts qualified their perceptions of relevance by their nonadherence to a classical, orthodox model and approach. Below are two examples of the subjects' responses:

I certainly think it's relevant. But...I have to think from my own theoretical orientation because I don't think classical, Freudian psychoanalysis is a relevant theory.

It's very relevant to blacks. The racial situation in this country is a reality, and we do not deny this. I don't deny it. But there is more to us than just what the white society does to us...we have an inner life.

Half of the analysts not only referred to

psychoanalytically-oriented/informed treatment as psychoanalysis, but used the two terms interchangeably. Thus, psychoanalysis is both referred to and discussed in the broader sense. The following excerpt addresses the question of definition:

Classically, we have been taught...[that] certain parameters [must be present] for one to call a treatment "psychoanalytic", but I would say these are sort of structural external criteria...

Of those interviewed, eighty nine per cent agreed that there are some patients, black and white, for whom psychoanalysis would not be the treatment of choice. But, to the extent that there are those for whom the model is both desired and suited, black patients as well as white patients can and do benefit from a psychoanalytic method of inquiry.

There are some black people and some white people for whom psychoanalysis would not be the treatment of choice.

Psychoanalysis is not for everyone. That includes black people and white people.

Of those interviewed, all felt that the analysand's race was an integral part of his total identity and experience, thus constituting an important piece of the analytic work. Yet, the degree to which these issues are central themes, or significant areas of focus, vary with the individual, and therefore, the

extent to which these issues are addressed and get worked out in the course of treatment also varies. Thus, all of the interviewees agreed that the factor of race and racial difference does not limit the utility of psychoanalysis as a method of investigation, because it addresses the totality of the individual's experience. (see Table 4)

It's applicable to anybody it's applicable to. It doesn't matter what their class is. Or race.

It is one model that works for a certain kind of black issue...self issues...The self issues. And I think that the model applies across the class differences. So one doesn't have to be upper class or middle class to use the analytic tool to work on the self.

All of the analysts felt that psychoanalysis was relevant in their personal experiences of analysis, regardless of the racial combination between analyst/analysand pairings. All of the analysts cited their own analysis as the single most important factor in shaping their personal and professional development, and in their adoption of a particular theoretical orientation.

I feel that psychoanalytic theory: theories of development, and unconscious motivation...all of these answered more of the questions that I had about how human beings behave, and where the racial equation fits in.

TABLE 4

		<u>Value</u>	<u>N</u>	<u>%</u>
(1)	Does psychoanalysis have	yes	17	94
	something of value to offer	no	1	6
those struggling with				
issues of racial pain/				
racism?				
(2)	Is there something almost	yes	0	-
	inherently contradictory	no	18	100
about psychoanalysis and				
the black experience?				
(3)	Is psychoanalysis relevant	yes	18	100
	to a black patient	no	0	-
population?				

QUALITATIVE RESULTS

The qualitative results are drawn from the expanded open-ended responses to interview questions and the anecdotes contained within these comments. The excerpts themselves represent several themes which shed greater insight into the black analysts' personal family history, as well as significant experiences in their training and professional development.

The qualitative results are also discussed in relation to the six hypotheses in Chapter I, and to other issues arising out of the subjects' responses to questions. These results are presented and discussed in the following order:

- (1) The Training Experience: An Overview
- (2) The Training Experience: The Institutes
- (3) Theoretical Orientation: An Overview
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The Training Experience: An Overview

Each of the analysts began their training by building on an underlying interest in working with people clinically. Representing seven of the analytic training institutes in the New York City area, they entered the world of psychoanalysis via a number of pathways. Some had been exposed to psychology on an undergraduate level, others had worked in allied fields, such as community service and social work. Still others evolved their interest through the field of medicine and psychiatry.

The Training Experience: The Institutes

From the reports of the analysts on their training experiences, a general picture (Hypothesis I) of the institutes emerges: a paucity or total absence of black candidates, supervisors, and training analysts; a failure to address issues of race and ethnicity in the curriculum and in the presentation of clinical case material; a very small percentage of black and minority patients in the treatment programs. While there have

been, more and more, attempts on the part of both black analysts and the institutes to address these concerns, the realities are problematic. It is very difficult for black candidates to get through their training without substantial personal and group efforts to create a sense of community and a culture-bound support system for themselves. Some have been fortunate in achieving that. For others, it has been a very isolated, lonely existence. Aside from the personal implications and consequences, there are the professional ramifications. These include the absence of: professional role models and mentors, and, therefore, personal identification and incorporation of other blacks in the professional arena; exposure to theoretical and clinical experiences that offer one the type of personal identification and resonance that is a very integral component of one's experience in training and personal/professional development.

The following two comments on the training experience are representative of the larger sample:

But interestingly enough, there was nothing in the curriculum, or in the formal class discussions. There was almost no mention of race and ethnicity at all.

There was one supervisor I could talk to about racial issues as they would come up, with black

patients or with white patients, and feel that she knew what I was talking about. There were other supervisors...I didn't feel they were that tuned in.

Even so, there were few reports of overt racism within the institutes:

All in all, they were pretty sensitive all the way around, about things in general. So, for the most part, I felt comfortable.

I must say, though, when I went there, they were pretty good on not stacking the cards. For example, they assigned me patients without any reference to my race and ethnic background. So, it was the patients who went, "GASP!" when they saw me. And therefore, then, the ones that stayed with me were the ones who I talked about it with...Who had to work it out. And some of my supervisors, who were mostly white--I think they were all white; I don't think they had any black supervisors there--some of them were more sensitive to it than others, and encouraged me, even helped me, to bring it up with all my patients. Even though I felt it wasn't necessary.

An analyst currently in training states, "I must admit, that I'm in a very enlightened environment."

Some of the subjects described the experience of being the first black candidate at a particular institute:

Race is an issue in any institute. And I'd have to say that I don't care what any other analyst says...I've had discussions with people who said, "Well, I never had a difficulty," and that's, excuse my language, Bullshit! The fact is, that a lot of it's hidden, and a lot of it is unconscious stuff that people don't even know they're doing. Those of us who have been the only black candidates ever at a particular institute, have a

different kind of thing to deal with than the people who've come later. At least the way has been blazed, so to speak...the path cut.

The position of the first is one that people often romanticize, but I have always found it a very lonely and frightening kind of situation. One in which one lacks the kind of peer support that is vitally necessary to get through any situation successfully. And I think that that designation and situation has, at times, detracted from my ability to learn as much as I should in a situation, and to make as much of a contribution as I could.

There are many ways of scapegoating people that I had never thought about until it happened to me. Statements get made that you don't even realize are racist remarks, until you think about them later. And then, you feel like you're being paranoid. And having had this conversation with senior analysts at my particular institute, I would venture to say that most of them would deny it was there, for whatever needs they have of denying racism exists in their institutions. But that's nonsense too. It's always there. All you need is difference.

While "overt" racism is not being reported in the training institutes, one would have to conclude that there is a prevailing ethnocentrism which makes some black candidates feel invisible, and creates particular obstacles to their adapting to the training environment.

Theoretical Orientation: An Overview

The number of theoretical orientations represented by the subject group all fell within the broad range of

a psychoanalytic/psychodynamic model (Hypothesis I). This range encompasses Freudian, Psychoanalytic, Interpersonal, Eclectic, and various combinations of psychoanalytic integrative approaches. Figuring prominently in the types of theoretical influences mentioned by the subjects were: (1) Object Relations Theory--both British and American schools, (2) Ego Psychology, and (3) particular theorists, including Freud, Winnicott, Mahler, Jacobson, Horney, Erikson, Kohut, Reich, and Klein.

The theoretical orientations and influences reported above, are derived from the analysts' self-report and identification. Interestingly enough, I see very little difference in their orientation, approach, and practice based on the categories. For example, a subject who identified himself as Freudian seemed no more traditional and/or orthodox than one who claimed to be interpersonal, or eclectic. While there were some variations in frequency (i.e. whether a particular analyst sees patients once or four times a week), or whether patients use the couch, the variations were not consistent with the identification, orientation, or the influential theorists per se. I conclude from this, that all of the orientations fall within the varying

categories of psychoanalytic and psychoanalytic integrative, and that what the analysts do, in fact, in their clinical practices, is not tied in with their self-definition, in terms of theoretical orientation.

Two examples of comments about orientation are:

As far as I'm concerned, there's no one true religion. And I don't think there's any one theory to see all people. Nobody fits any one particular theory.

I've never been terribly Freudian, but then, the more I learned about Freud, the more I see that Freud wasn't terribly Freudian.

While all the analysts reported using, predominantly, a psychoanalytic treatment model and approach, more than a third offer other types of treatment as well. These include: Couples/Marital Therapy, Family and/or Group Therapy. Quite a few of the subjects have gone through additional analytic training in the group program, and have incorporated it into their current clinical practices.

Theoretical Orientation: Psychoanalysis vs.

Psychotherapy

The subjects, having placed themselves under the broad theoretical umbrella of psychoanalysis, were asked to comment on how it differs from psychotherapy,

and how these differences are reflected in their practices. These comments centered on the nature of the two treatment modalities, as well as their respective goals:

The depth of the relationship is the cornerstone of the difference. Psychoanalysis is a deeper relationship; it involves the two people. It involves both people at a depth that provides the potential for both people to jump-start developmental work; for both analyst and patient to find their developmental halt in the course of relating at that depth. Both people get a chance to start up, to go along their developmental paths. Whereas in therapy, at least I don't work at that same depth, and usually, there's a goal which can get defined at the beginning. The person has a thing that he's trying to accomplish. In psychoanalysis, the goal keeps making itself manifest, depending on where the person gets to. And the open-ended quality gives the person the opportunity to make choices along the way about how far, how long, how deep, and how much...It's different that way.

Psychotherapy has a little bit of a different focus. I think its function is to keep people functioning; it's to help people start to see who they are, to clear up certain kinds of issues...To clear up certain kinds of defenses. I take psychoanalysis to a whole 'nother realm. My fantasy is that psychoanalysis is about discovering yourself. Somebody might argue that psychotherapy is supposed to do the same thing. But I can see a psychotherapy being complete without a person really discovering what's hidden...entirely hidden, anyway.

When I think about psychoanalysis, basically I think about unconscious motivation, the operation of psychodynamic forces, the interplay of forces, of drives, of needs, emotions, defenses, object relations, and internalized object relations. In my opinion, it gives probably the most complete,

in-depth understanding of the functioning of the psyche and of human behavior.

Two interrelated factors which are key to separating psychoanalysis from psychotherapy, and which most of the subjects discussed, are the elements of time and money. The financial limitations of many black patients necessitates treating them less than three times, and often only once, a week. In this respect, the analysts were similar in adopting a theoretical model capable of adapting to the needs of the patient, while at the same time retaining a psychoanalytic orientation. This characterization of the model from which they work, demonstrates that they find it of value in treating a black population.

Psychoanalytic Treatment: The Training Analysis

The training analysis is of central importance in the life of the developing psychoanalyst. It places the candidate in a unique interactive setting, one which is complex and challenging to both analyst and analysand.

In looking at the subjects' training analyses (Hypothesis II), the existence of a race effect was a central theme. It became apparent, also, that race

plays a role prior to the analysis, in the selection of a training analyst.

I insisted on a black analyst. I told them when I had my admissions interviews, "I'm not seeing anybody white..."

I consciously chose somebody who was black, because I wanted to work with somebody black. I was going to a white training institute, and I wanted someone who had experienced himself or herself as a black person in this culture. I feel that issues of race and ethnicity are very important in this culture. That was very important to me.

I had a black analyst...a black, male analyst. And that was purposeful, and 'twas no accident.

I started out with a black male therapist. I insisted on that. That had a lot to do with my own needs in terms of my father...So finally I got a black African American analyst, you know. And I said, "Wow...Here's Dad," and well, you know...(laughs) I was ready to go.

In commenting on the role of race in the treatment itself, the subjects who underwent training analysis with a white analyst, pointed to the insights they gained:

I think the relationship between blacks and whites is exemplified in ways in the interracial analytic situation that really shed insights on the relationship between blacks and whites in non-analytic situations. This is one of the appeals that it has always held for me.

My analyst was a completely, by-the-book Freudian. He made this frame, and in that frame, I discovered myself. It was not easy in the beginning when it was very painful. I hadn't known that I didn't know all the things that I

learned, and it was just terribly painful to rewrite my personal story in front of another person. But after a while, the other person really didn't count. You know, it was that I had a place to go...and this journey knocked me out. I was totally converted. There was a way in which a person, race didn't count here, could find a way to be everything he could be. I came alive...I didn't know I wasn't alive.

I raised it. I raised it and the analyst could only deal with it but so much. And I realized, or I acknowledged that he was at his limit of being able to grapple with it at that point in time. So, a lot of it has had to be further reflective, and almost self-analysis on my part. And being in a lot of peer supervision groups with fellow minority colleagues. It might have been different with a black analyst, if it was someone willing to deal with these issues. Otherwise, it would have been the same thing. So, it's not just skin color. I'm really talking about what's inside...what's going on intraphysically for the analyst.

Psychoanalytic Treatment: The Clinical Practice

The complexity of factors at work within the clinical domain requires a careful examination of the dyadic relationships, in order to determine what they reveal about the existence of a race effect in treatment, specifically as it relates to the phenomena of transference, countertransference, and resistance (Hypothesis II).

The issues present in the treatment context, emanate from both the patient and analyst, and it is

important, not only to categorize the dyadic relationships, but also to be clear about who is the focus of the discussion: the analyst or the analysand. For the purpose of this inquiry, initially, two types of dyadic relationships will be specified: interracial and intraracial.

In focusing on the analysts in the intraracial dyadic relationship, it becomes clear from their responses that there is strong countertransferential force at work which has implications for the interracial dyadic relationship.

Often black therapists and black analysts have experienced pain in situations that when their patients start to approach or address that pain, the analyst wants to get away from it because it's a reminder of painful experiences. So that, on some occasions, white analysts are more open to listening to the pain of a black patient than the black analysts are.

Certainly in terms of my own countertransference, my own emotional reactions to the patient, it operates. We've all internalized the racial teachings of this society...and notions about inferiority and superiority. And I think all of that stuff ideally needs to be talked about, dealt with, and worked through in some way...in the treatment...as it appears in the transference and in the real relationship. The real therapeutic relationship.

I think it's probably easier for me with white patients. Probably easier because the countertransference with them is just real easily available to me.

The analysts themselves articulated other potential issues related to transference, countertransference and resistance:

As a black analyst with a black patient...you need to be aware of certain feelings and preconceived attitudes that black patients may come in with. Maybe they're coming in thinking they're seeing an inferior analyst. That's a possibility. It may be an unusual experience for them. The black race in this country have had over the years, you know, quite sordid or unfortunate experiences with white institutional groups and institutional settings. So perhaps as a black analyst, even though he himself is not white, he is identified with the white institutions.

I've had two assumptions made about me in the beginning: either I am so wonderful, so great, that I have made it through the black experience to be able to, not only be an analyst, but to treat them. That I must be really good...Or, that I can't really measure up. Yes, he's come here, and I may be helpful, but there may be the fantasy that a white therapist can do maybe even better, or take them further.

The other thing, though, you have to watch out for is that sometimes, because I've achieved what I've achieved, they (black patients) assume that I was born with a silver spoon. And they'll say things like, "Of course, you may not have had this experience..." They'll say something like that, when actually, I grew up in the ghetto, and was a poor guy who was on welfare.

There are others...the black person who comes in with all kinds of expectations of you: either that you're going to fail them, and proceed to try and undo whatever you're trying to do, or comes with the idea that you know and understand everything about them already. And so, because your experience in the world must be exactly the same as theirs, they really don't have to tell you anything.

Black patients use race as a resistance as much as white patients use race. They often cloak it in such a way as to throw you off guard, because they will present their resistance in terms of almost familiarity, and a sense that you do already know, before they even verbalize certain things that they wish to verbalize, and that is a form of resistance. Because it spares them the necessity of then putting certain things into words because of their assumption, which may be erroneous, by the way, that you understand these things as a brother. And therefore, there's no need to say them.

I have learned that if there are a pot of one hundred black patients, better than fifty per cent of those people will resist starting treatment with a black person, and won't resist starting analytic treatment with a white person. So that there's something in the "I can't bear to let another black person see this" thing that's real. And okay by me. It used to not be okay. I used to say, "Black people ought to treat black people." But, I'm on a different tackle now. I have to help train white people how to think about being white. So that the model of dealing with yourself is available to the black person who's sitting there trying to figure out how to be black, and can't bear to do it in front of a black person.

The last excerpt cited above, in a succinct way, raises another issue central to the focus of this inquiry. This concerns itself with the white analyst's treatment of the black patient. In the interracial dyad, the black patient, for a variety of reasons, finds himself or herself in treatment with a white analyst, who, to some extent will frequently require education in the ethnic domain. This education may

come from patients and/or other sources. The prospect of having to educate a white analyst constitutes, for some black candidates, an important component in their resistance to entering the interracial dyad, if not an obstacle altogether. One of the subjects recalls what it was like to be the first black analysand with a white analyst:

I was his first black patient. And that was a burden...to teach. And though he was open and receptive, still it's a burden if you have to stop and talk about certain things and explain what that means.

The dilemma of the black patient in choosing one dyad over the other is described in this excerpt:

I think that people who go into analysis tend to be smart, intuitive, insightful people anyway. And I think black analysands know that the analytic work is going to require something in the black analyst. I think they just have to know that. And if they've ever had a consultation with a person like me, they may have come up against the countertransference and seen the difficulty. A white person's not going to know what you're talking about, and you're going to have to educate him. So that's a piece of work you may not want to do. On the other hand, a black analyst is going to come in with the same stuff you got. And I think some black analysands may, up front, make that choice--I'd rather teach the white person than encounter the countertransference.

In turning to the black analysand in the intraracial dyadic relationship, there are a number of race-specific issues that arise. These issues are

either latent or manifest to varying degrees in the following situations: (1) a black patient who anticipates the problematic transference and countertransference, and avoids treatment with a black analyst by seeking a white analyst, and (2) a black patient who encounters and attempts to work through the problematic transference and countertransference with a black analyst in spite of his or her resistance.

While, for the purposes of this inquiry I will be dealing with the above two categories, it is important to mention a third and fourth category here: (3) a patient who reports that race was not a factor or priority in the selection of an analyst, and (4) a patient who did not select an analyst, but whose analyst was specifically referred or assigned. The latter two types of situations (3&4) will not be discussed at length because they are characterized by too many undeterminable variables, thereby making interpretation difficult. For example, in the case of the black patient for whom the race of the analyst is not "an issue or priority," does this mean that the patient did not want a black analyst? Does it mean that the patient is white-identified? Does it mean that the black patient is unwilling to confront another

black person in the analytic situation? Or that some projected self-hatred makes the black analyst undesirable or inferior in the eyes of the patient? The unknowns and complexities of the situation, and possible interpretations, are, for me, outside of the scope and interpretive potential of the present inquiry.

In these first two types of patient situations, the race-specific issues that present themselves include: (a) expressions and projections of self-hatred, (b) shame around the exposure and vulnerability that is inherent in the analytic treatment process, and (c) an intensity of feelings evoked by identification, mirroring transference, and powerful countertransference reactions. All of these issues are relevant to the black patient seeking treatment. They range from perceptions of the analyst's inferiority to fear of over-exposure through identification and familiarity.

Then there is, of course, the situation where the black patient seeks a black analyst for reasons of cultural similarity and positive identification. They either do not want the burden of having to educate a white analyst, or they just feel more comfortable

bearing their souls to someone from the same racial/ethnic background.

Regardless of the idiosyncratic elements of the selection process and ultimate decision, it is important to recognize that there are significant conflicts and resistances that are components of every analytic relationship and treatment, regardless of the race and ethnicity of either the analyst or the analysand.

Yet, the range of differences and similarities that exist between the analysand and the analyst, is not confined to race and ethnicity, but applies to socioeconomic and historical factors, as well. When questioned, the majority of the analysts interviewed felt that this range of parameters needs to be considered in treating black patients. Thus, the question of applying modifications to the theoretical model arises (Hypothesis III).

While the analysts do not agree on what constitutes modification, the majority do agree on the need for employing sensitivity and/or special consideration in relation to treating the black patient:

We have to include in that treatment all sorts of additions, modifications, insights, sensitivities that go with treating a black individual. But, I use the same sensitivities when I treat an individual who is poor. For instance...I don't treat poor people the way I treat wealthy people, because poverty carries with it a certain experience, a certain cultural exposure, a certain way of regarding the world. If a poor person who is hungry has a dream in which he is eating a ten-course dinner, I wouldn't interpret that dream as an indication of his dependency, and his seeking the breast...I'd say he's hungry. And I think you have to look upon the real as you look upon the unconscious. Now, if his financial situation improved, and he was eating regularly, and he then had a dream in which he was starving to death...I'd say, "Well, we're dealing with something else here now." So, it's got to be the kind of sensitive treatment that relates to where the individual is, and where he's come from.

I think modifications have to be made. One thing here that I think comes up a lot is--sometimes it may be denied by the patient, and also the analyst (assuming they're both minority, now; they are both black)--Blacks were the only people in this country who were slaves. What are the psychological derivatives of that in 1992? There's a caste system in this country. So, the most brilliant black person in this country cannot do what a white person with much, much less credentials can easily do. From the point of view of "windows of access," those kinds of issues have to be dealt with. So, I think parameters have to be brought into the treatment.

A black person growing up in this country needs to be vigilant, needs to be aware, have a "paranoid" attitude, which has been quoted in the literature--"a healthy paranoia." You don't expose yourself, your secrets to anyone, because one could be subject to being in a dangerous situation. So I think you need to be aware of that.

You're dealing with, say right here in New York City: the American black, the Caribbean black,

the black of mixed parentage, and then you've got the cut from socio-economic levels...And I think quite often, what happens is, that the analysts will assume, "This is a brother, so I know what he's saying." And quite often one can miss who this unique human being is.

The excerpts above refer to the mind-set and sensitivity of the black analyst in relation to the black patient. For many of the analysts, however, modification extends beyond awareness to actively engaging the analysand by asking certain questions:

When I have a patient who is ethnically or racially different, I will always ask about that difference. I will sometimes ask about it with a black patient. I will very often ask about it, almost always ask about it with a black patient who is ethnically different. I'm an African American of southern background. Now, a person who is African American, who walks in here and is of Caribbean background, might have some reactions to that, 'cause there are perceptions and stereotypes, and all that kind of stuff that operates in those ethnic differences too.

I have to be careful not to assume I know just because I'm black. And so my motto is "Never assume anything." I say this all the time; patients get tired of hearing it. And I ask them the same question as I do white patients in the first session. I make some reference to the fact that I'm black and ask them their feelings about it. Also, with the black patients too, I don't make the assumption just because they wanted a black therapist, that there's nothing here that I should talk about. So, I discuss that with them. Why me? Why they wanted a black therapist.

I can't assume that because I'm black and my patient's black, things are going to be a certain way. I always have to ask, for example, how do they feel about my being black? And how come they

asked for a black therapist.

The probing on the part of the analyst is significant in that it explores the range of feelings and reactions the patient has about the analyst. One of the problems facing the black analyst, has been that the psychoanalytic treatment process seems alien to the black patient. It is in attempting to acclimatize the newcomers to this process, that some analysts make accommodations in the early stages of treatment:

A number of the black patients with whom I work, and they tend to be black women, and they tend to be educated black women, are not very knowledgeable of the psychotherapy experience. They don't have a culture of friends who value psychotherapy. And, I think that tends to be more problematic for those of us who are black, who work with this population...Half of the white patients I see come from a psych. culture or they have friends who are somewhat knowledgeable about psychotherapy, and how psychotherapy works. So that the way it's working, doesn't seem to be too alien. What I'm trying to say is that the black patients with whom I've worked--I think that because they may come in being relatively ignorant of the "culture of psychotherapy/psychoanalysis," that more time is needed and more investment on my part in educating them to the role of being a patient.

The major difference I notice with black people is that I've got to be more active in engaging, usually. But that's the same thing I can say about whites, again, who are not used to this kind of stuff...You can't just immediately sit, and aside from maybe getting an initial interview history, you can't just sit...And I will tell people, after the first few sessions, "Now it's going to shift; I'm not going to be always saying

so much. You're going to be the one who'll be doing the talking."

It is clear that the black psychoanalyst employs a unique identification and sensitivity in guiding the black patient. Another way in which one analyst tries to off-set the culture shock of the treatment domain, and to make the patient feel more comfortable, is through the use of more relaxed language:

I have had very, very, what you call "street folks" in analysis...It means that I have to switch out of my sort of white, psychoanalytic poetry, and get into my street poetry. I'm doing the same work. It's just that I have several languages available to me...So, it's a frame that you set to help people reflect on themselves. It doesn't matter what their class is. Or race.

Another discusses the issues of the use of the couch and the frequency of sessions as examples of structural modifications which enable the patient to adapt to the model:

So, as far as modifications, if you're referring to the use of the couch, I don't necessarily consider that a modification. But yes, if a person's uncomfortable using the couch they will use the chair. And analysis can be conducted with the use of a chair, but I think optimally on the couch. As far as frequency of sessions...we negotiate and arrive at what might seem to be optimal for this patient. There may be some patients that it's better for them not to initially come very frequently; it may be too threatening for them. Is that a modification? I don't know. It's hard to say, but that patient, when you engage him in treatment, you might consider him pre-analytic. But eventually, since

you're attempting to engage him in the analytic process, he may be able to move into it.

The excerpts on modification confirm the following:

- (1) The existence of a familiarity and racial identification among black people that extends into the therapeutic encounter.
- (2) Black psychoanalysts have a particular interest and commitment to caring for the black people they treat. Because of this, they not only tailor the theoretical model to accommodate black patients, but they also play a nurturing and protective role in making the treatment palatable.
- (3) Black psychoanalysts recognize the danger of over-identifying with black patients and making assumptions without an adequate and thorough exploration of specific issues and conflicts.

The Politics of Being a Black Psychoanalyst

The responses of all the subjects to the question posed concerning the politics of being a black psychoanalyst, were similar (Hypothesis IV) in that

they all centered around the opportunities open to black people attempting to enter the field of psychoanalysis. In particular, the subjects focused on (1) the recruiting and admissions policies of the institutes, and (2) the referral policies of many of their white psychoanalytic colleagues.

For years, the analytic institutes have appeared to minority groups as lily-white, conservative, and elitist. While this perception, to a very large extent, corresponded with reality, it became the assumption of many blacks that the doors of the institutes were closed to them. In addition, there was a failure on the part of the institutes to seek out, or encourage, black candidates to apply. What has resulted from the combination of these two factors has been an underrepresentation of black candidates in the training institutes.

If anybody had talked to me about being an analyst at that point, I would have said, "Analysts? Those are those Freudian, elite people...I don't want nothing to do with that."

A lot of black people who I try to encourage to apply say, "I can't go there...they won't take me." It may be some sense that psychoanalysis is so elitist that it keeps black people out. So, there's sort of this hatred toward the field around being held out...And, you know, that's projection. That's a projection of self-hatred, because nobody's keeping black people out...It is

not happening...

Those blacks who apply and are admitted face other difficulties:

There's a high percentage of black analytic candidates who have not completed analytic training. And this raises a whole bunch of questions. Why is it that very few patients are accepted at analytic institutes? And lay on top of that, what kind of patients are available for the minority candidates? And lay on top of that, how many minority supervisors are there for the minority candidates? So, it's a very difficult situation for the minority candidate to get through. At certain institutes, a minority candidate may go through training and not see any minority patients. Or not have any minority supervisors.

In spite of this, there is a general acknowledgement that there has been an increasing sensitivity on the part of the institutes toward their minority candidates. A number of the analysts interviewed are serving on boards within the institutes that are attempting to increase the representation of minority groups as well as to address issues of race and ethnicity in the curriculum.

When questioned about referrals, more than half of those interviewed reported a tendency on the part of their white colleagues to: (1) not refer patients to them, (2) refer only black patients requesting a black analyst, and (3) refer only black patients who were

seeking low-cost treatment. The resultant feelings of hurt, disappointment, and resentment are apparent:

It's one of the major problems with being a black analyst, because an analyst wants to have patients, and wants to build a practice. And the nature of the referral source is: If you go to the institutes, you're mainly with whites, candidates who you then depend upon, to some extent, to make referrals to you. But, they don't tend to. Some do. There are exceptions who are exactly that, exceptions.

Other, white, colleagues might have a thought about a referral to me, and say, "Well, I, you know, should mention to you that he's a black analyst." I recall one schizophrenic patient coming and saying, "That was the nature of the referral, but I didn't care whether you were purple or green. I just wanted to get over these hallucinations I was having." On the other hand, sometimes I've started out with patients that way, and I wonder, "What am I supposed to be? A voodoo doctor, a witch doctor?"...If I'm exploring with a patient their unconscious, it really doesn't matter whether or not I'm black or yellow. But other analysts think it does.

It's often feeling like I don't really belong in the psychoanalytic world, and don't know that I want to completely. It's very...it's like being a black in this society. It's a very ambivalent feeling.

It is clear, in looking at the current politics of being a black psychoanalyst, at the instances of insufficient opportunities and second-class treatment of black analysts and patients by some members of the profession, that there is a pressing need to acknowledge and correct these inequities. To those who

suffer them, they are nothing less than the ways in which the dominant theme of racism in society at large plays itself out in the field of psychoanalysis. Race, as so aptly put by one analyst, "was one of those melodies that was always playing in the background."

Reflections on Childhood and Family

The excerpts below reflect the full range of feelings that adult individuals have in recalling early life experiences and the role significant others play in those experiences.

The themes and variations that compose the lives of the analysts interviewed, are imbued with a culture-boundness that is very powerful. In the areas of family, race, and ethnicity, the subjects share in a cultural continuum of significant life experiences that strike a common chord in black people everywhere (Hypothesis V).

The responses of the analysts to questions about their early life, reveal portraits of black culture and black life that contain a number of components, including: the church, family structures, the impact of school experiences, the role of significant others, and the nature of the communities in which they lived.

The questions posed were designed to shed light on the individual and collective experience of the black person, to focus on and give voice to, what it means to be a black person in this society.

Mothers

Mothers are central figures in the lives and development of their children. Those analysts who spoke about their mothers focused on different aspects of their lives and relationships. In some cases, it had to do with remembering their feelings. And even in those cases, there were differences in the kinds of feelings they recalled. In other cases, they spoke about their mothers' weaknesses and strengths, and their sense of struggle:

I came into the world paranoid, with my eyes open to the undercurrents. And I read the undercurrents from the time I could read undercurrents. So, that sort of being able to interpret reality is some facility I've had since I had an anxious mother: anxious about being in the world, anxious about her worth in the world, anxious about her face. She didn't know the things I wanted. They weren't in her kin. And therefore, she couldn't control me. And I'm sure she didn't like me very much. She loved me and didn't love me simultaneously. And because she was anxious and ambivalent about me, I sort of learned to get the difference, and know what was happening. So my family background trained the analyst in me. Because, what I do every day for a living now, is what I did with my mother every day

when I was two...And I think some of my success gets factored in here around this...I gave up on my mother early. I gave up on needing her internally.

That goes to Momma. You know how people feel inadequate? And they feel they aren't certain about being loved by one or both parents? I never had a question that she loved me.

She was one of the most fantastic women I've ever known, and but for her, I'm sure I wouldn't be here today. She was also one of the most disturbed women I've ever encountered in my life, and did some of the most destructive things to me that anyone has ever done to me.

My mother was a voracious reader. She taught me reading; I was reading before I went to school. 'Matter of fact, my mother was a school teacher before I was born. Mother had a brain. During the Depression, I was in one grammar school, my younger sister was in another grammar school, and both grammar schools were in the red. Mother was the president of both P.T.A.s simultaneously. And she brought both of them out of the red, and put them in the black. If mother were growing up today, she'd be a high-powered exec someplace.

My mother was a factory worker, domestic, you know. She went to the sixth grade in a one room classroom where the sixth row was the sixth grade.

I think that I was a child of neglect...My mother was a farm person...When I was twelve, she died. And in terms of what influenced me, and what saved me, really,...because I could have been out on that street...I suppose my imagination. I was really a very imaginative child. I used to have a button box. And I used to play with buttons. And each button was a particular character. I used my imagination...We didn't have money. My parents didn't buy us Christmas...we didn't have toys...we didn't have birthdays...there was nothing...It really forced me to extract the most out of what was there. Socially, I was totally backward. My mother infantilized me...she needed somebody to

make her strong...And I needed her. I was a very dependent child. I remained her little girl until the day she died. And when she died, I finally understood that there was more to life than being passive. So I didn't have real life role models...I had imagination. And that's really what guided me.

The power and intensity so poignantly articulated in the vignettes above, reflect the extent to which the analysts have struggled to reconcile their idealization and their pain around the most significant figure in their lives.

Fathers

The perceptions by the analysts of their fathers, were conveyed with a sense of compassion, with an understanding of the problems they faced, and with an acceptance of their human limitations:

My basic sense of health comes from my relationship with my father. My mother picked the right guy...a very maternal man who was in the world: he taught tennis, had friends, he travelled. I mean, he was big on jokes, big on having friends over, big on learning things...and big on reality.

My father was an alcoholic, and I know that was a formative influence that drew me toward this field. Although I never lived with him, I would see him periodically, when I came to New York during the summers. He'd come and get me once or twice during the summer, and invariably his drinking would be a part of that whole visitation.

He was well on the way to self-destructing. And

one day, he was in the kitchen, about to pour a glass...He drank Old Overholt Rye, which was a brand of rye, in those days. Poured a full glass...He drank no ice, no nothin', no chaser, you know, "straight no chaser." Isn't that the movie with Thelonus Monk?...About to down it, he saw me there lookin' at him. He just walked over to the sink, turned the glass upside down, and stopped drinking from that point in his life. And never drank again in life.

We knew how to read. My father taught us all how to read. I knew how to read when I went to first grade.

Grandparents

Grandparents often act as surrogate parents and teachers, and play a significant role in the growing child's life, development, and education:

I was really close with my grandparents...My grandmother was the principal of one of the elementary schools I went to.

My paternal grandfather...his influence was one of handing me a dictionary when I was about three, and teaching me to read it, and teaching me to understand words.

My earliest formative influence in terms of education was my grandfather, who I guess probably had a ninth grade education...He had to leave school at an early age, and go to work. But he very much valued learning, and he taught me to read, maybe when I was about four years old. Some of my earliest, fondest memories were of sitting on his lap, and his reading the funny papers to me. He said his motivation for teaching me to read was so that I could read those funny papers myself.

Neighbors and Friends

Neighbors and friends provide a sense of community and extended family:

When Dad died, a number of men in the neighborhood stepped in, and became father substitutes for me. I never saw it that way; they were just there. One was Old Papa Tucker. Papa Tucker had many children. Are you familiar with Winnicott? Are you familiar with his paper, "The Ability To Be Alone With Someone"?...I had that experience with Papa Tucker. During the summer evenings, Papa Tucker and I used to talk almost every evening. I'd sit on his porch--he lived around the corner from me. He had a screened-in front porch. And we'd just talk. Sometimes we got tired of talking, and Papa and I would just sit there for an hour or so, not saying a word. Just enjoying each other's company.

I grew up in probably a really safe environment, where people cared about other people's children, and took care of them. And I don't mean the stuff about, "I'm gonna beat your butt, if you're out in the streets and you shouldn't be there." Parents really took care of us. And I think one of the things I learned from people, is how to take care. I don't think social workers, or analysts, for that matter, or psychiatrists, or psychologists, come out of environments or families where they have not been taken care of, to some extent. 'Cause you can't take care of somebody else unless you have been. And the other part of it is, that I don't think you do this unless you've been the caretaker in your own family, no matter how large that family is. You've taken care of them all. That's been your role in that family. You learned it at somebody's knee. You were already mediating stuff at three.

The friend who died, coached the neighborhood basketball team, and he taught me basketball when I was growing up. He taught me quiet dignity. He taught me that being a man was not being loud and wrong. You did your job, you did it competently,

you didn't boast about it. And you looked after people, and you cared for them. And you didn't boast about it. And you stood up for what was, what you deemed to be right. And you didn't boast about it...He will never be written up in any history book. The man was a pharmacist, who eventually became the head of pharmacy at the university where I attended school. 'nd he lived at the corner of my house. He was one of the major influences.

This collection of memories reveals the pain, love, idealization, and ambivalence, that is part of every growing child's experience. The analysts' sharing of these experiences, gives us a glimpse of their personal lives as they've experienced them. This not only provides a picture of their personal and professional development, but, on a larger scale, of black family life and the implications it holds for understanding black patients.

Racism

Obviously, racism has impacted on the life of every person in this society. As the victims of racism, black people have certain common experiences and feelings that are extremely powerful.

All of those interviewed, had significant early memories of racial difference and racial pain that introduced them to, and made them familiar with, the

racism that is an inseparable part of this society

(Hypothesis V).

Early Imprints

I guess that goes back to kindergarten. On being distinguished as black, and having to sort of figure out what that meant. Before that, I remember my parents, my father was still alive at that time, trying to tell me that I was a member of the Negro race. I thought it had something to do with some sort of a car race.

One of the earliest memories that I can remember...this must have been, I guess I was probably about four...I was shooting my rifle, and I was saying, "Pow! Pow! I'm fighting the Japs." And then, I remember my grandmother walking up to me, and she put her hand on my shoulder, and she said, "You can stop fighting the Japs now...the war is over..."

So my first memory of the problems around race had to do with color. I was taking a bath, pre-school, and I was fat. I'm sittin' in this tub, my mother had me in there soaking. I had all my duckies and stuff. I looked down and I saw these rolls of fat. [screams:] "Ma!" So, she comes running in there..."I'm black!" I got it. And it was something about hating these rolls of fat, and they were black. And she said, "Well, you had to have a father." So the message was in. Wham!

I knew about difference in blacks and whites from the time I was about four. My mother was a domestic at that time, and she worked with a family that had a boy my age, and, um, she was of the school, as people were in those days, that whites were better in some ways. She never said this, but you know that she felt this, because she'd say things like, "White people don't do that, "...Why're you doing this? White kids don't do this." So, this boy was my alter ego or something...in the sense that...my mother would

come home and there'd be trying-on time. That means his clothing, she'd bring...and I'd be trying his stuff on...and so I knew then that whites had more, and he had more. Though we were the same age and stuff, there was a difference.

I think my earliest memories have to do with my own home and family. With my aunts...you know...unfortunately, saying, "Her hair is not of good quality..." [laughs] Can you imagine?...My own aunts...I was basically discriminated against by my flesh and blood...

When I was about three, my mother took me to a store in Harlem to get something for me. And the woman who waited on me was white. She was beautiful. I don't remember how old she was. She seemed young to me, but she may not have been, because children distort. I was convinced that I was madly in love with this woman, and that I wanted to marry her one day. Now, I think it's amazing that I would select her as the object that I wanted to marry, because she was white, and I think it was denial of my blackness, and a denial of my Oedipal situation, 'cause I was right in the midst of it, at that point...to pick somebody white. Because, again, it was in keeping with the notions in America, that, culturally, white women are more beautiful, and more desirable...And I think it's the first experience I had with racism in terms of racism defined by the denigration of certain people and the elevation of certain other people...

"Don't sleep on you curls!" That was the other thing...They got someone to come in and curl my curls so that I could have pictures taken. Since they all had straight hair, they didn't know how to do my hair..."Don't go in the sun!..." So honey, by the time I was in kindergarten, I was already depressed about being a black person.

Primary School Days

The memory...I mean, I know what I've been told,

but I don't remember it. I grew up in a school community that was predominantly white, and I was always the only black in the class--although, at the time, I was a member of a black church...When I was either nine or ten, the teacher gave me--white teacher; I'm the only black kid in the class--she gave me some shoes and some clothing to take home...[laughs]. Why did I ever take that home?...My mother really pitched a fit. "She's giving you these shoes and the clothing because she assumes you're poor...just because you're black...that doesn't mean that you're poor...Why can't she see...there are white kids in that class that have less than you?..." And on, and on and on...She really interpreted the experience for me as being racist.

Unfortunately, I went to a Catholic school from the fourth grade to the eighth grade. And that cut me off from any kind of real interaction with blacks and black history. I mean, I had none.

We went to a Catholic school that was all black, and the order of nuns that taught in the school were all black. I just thought, well, that's how nuns were. I didn't know it was one of two black orders of nuns [laughs]...I remember my first grade teacher. She must have been all of about twenty two, or something. How could I forget?... You know how you look up to your first grade teacher. Yet, the parish priest was white. So that there was something, even without my being told...I don't remember anybody telling me anything about that. But I got the sense early on about these power structures. I knew, I mean, I wouldn't have been able to put it into words, but I knew that the priest had more authority than the nuns. The priest was clearly white. The nuns were all black. I think I understood more about the gender, but the race was sort of...I don't know...you just sort of take it in by osmosis.

Southern Exposures

Oh God! You got on the bus, and there were those

signs that said: "For Colored Patrons Only." And it was a piece of board, it was a hard piece of board with two metal prongs, and the metal prongs fit into the top of the seats, where there were holes that it would fit into. And when I was in high school, we considered it an accomplishment if we could steal those goddamn things. And ah...my mother freaked out one day 'cause she came into the house, and right above my bedroom door it said: "For Colored Patrons Only"...[laughs]

Where I visited in the summer, it was a very segregated society. So even from a little kid, before I could even remember some stuff...it was real segregated...and real dangerous. I mean, I knew early on that you had to be careful, that you could not do certain things. And actually, as I got older...and lived with the accommodation laws...The schools were clearly, really segregated...you couldn't eat at Woolworth's counter...and all that kind of stuff. The movie theater...we didn't go to the movies because my parents said, "You're not sittin' in no crow's nest'..."

My grandmother lived in this little dinky town just outside Greensboro. I used to go down for the summer and visit. A couple of times I stayed for the whole summer. At first, I was a little concerned, but then I got used to it. So, I would go out...enjoy the country. I remember one day I was with my mother, and we went to the movies. And we started walking up to this beautiful entrance...to the theater...and then all of a sudden we made this turn...I think it was a left turn...And we went down this dark alley...there was this little light...and we bought our tickets...Then it all hit me...it all hit me...it was like deep down...like, this is your place. And we went up these rickety steps and sat in the balcony and watched this movie. I remember lookin' around, everything was dingy and dirty...this little rickety candy stand...I was used to New York, where at least we were able to go to the theaters...I just looked around, and said, "I don't believe this..." It was very deep...but I understood.

I was with my mother in Georgia, I was about five years old. We were walking down the street, and I was screaming at the top of my lungs for ice cream. My mother was very permissive, but she wasn't permissive on the street. She didn't like being embarrassed. And she said, "If you shut up, I'll get you ice cream." "I want it now," I said, and I was stomping my feet, and people are looking [laughs]. There was this restaurant on the corner, where we weren't allowed to go, but they had ice cream, and I saw the ice cream cone in the window. And I'm standing in front, and my mother's saying, "If you wait, I will get you--" "I want it now! I want it now!..." Really embarrassed, my mother walked up to this window, and bought me ice cream. And, of course, I was happy, and didn't know a thing about what was really going on. But some how--and it brings back a flood memories to me now--I figured out that my mother was embarrassed, and hurt, and ashamed that she had to stand at a window and get me something because I was being a child. She could have gone in, but she would have been treated like trash. But for her child, she endured this...

Higher Education

It was in college, that I went, for the first time in my life, into a white environment. Oh my God, it was tough. There were no real racial incidents but, I was like, "Help! This is strange!" I began to see the sickness of it, when I went to this college where there was white...Money. And I knew that I was servant class--felt like servant class. And typical of my character disorder and dilemma, I went in lying about my history--"Oh, yes...Well, we have servants and millions..."--I lied all the way through. So it speaks to how much pressure I must have felt under by my presence just being obliterated. So that was the kind of racism I encountered and experienced...I didn't exist.

At first, I was going to be just a social work aide. And then I realized, "Well, the ones with

the M.S.W.s, seem to know more how to handle people." Plus, they got more money. So I decided I'd go to the social work school...Next thing, I did that. And then, while I was there, I learned that, "Oh gee. The ones who have this kind of like psychoanalytic training, seem to have more of a knowledge of--" [laughs]. You know...And then, my own feelings got kicked up about a lot of stuff. And that's when I got introduced to the whole idea of therapy, because other students had been in therapy, and my instructors had been. So, I went into therapy...and things started rolling. And then, I began to suffer from the old over-achievers' syndrome, that I was leaving behind my family, and I was way out there, and they couldn't relate to me. I had that in high school too.

It can be seen that the effects of racism on the black person's development of a sense of self are immeasurable; it is impossible to equate the reparative process required later in life for people who have been subjected to the experience of racism with that necessary for those who have not. What is of importance in terms of this study, however, is that this difference be acknowledged without invalidating the attempts of the psychoanalytic model to better understand the self and individual experience on the grounds that it lacks this cultural perspective.

Psychoanalysis and the Black Experience

In the preceding two subheadings, an attempt has been made to demonstrate, that despite the variability

among black psychoanalysts attributable to individual differences, there is a common thread of culture-boundness running through the fabric of black life that is shared by all black individuals. While all of the hypotheses, to one degree or another, address the life experience of black people in general, Hypothesis VI deals specifically with the question of whether the black psychoanalysts find psychoanalysis and that experience to be incompatible.

As might be expected, the analysts interviewed reported a familiarity with this issue, the issue of the compatibility of the black experience and psychoanalysis. None of the subjects found them to be mutually exclusive. However, they differed in the ways that they view the black experience vis-à-vis psychoanalysis. Some see the black experience as a separate piece, or entity, that needs to be addressed in and of itself. Others view it as the totality of the experience of a particular individual presenting himself, or herself, for treatment.

The responses of the analysts to the question of the compatibility of psychoanalysis and the black experience address certain contentions implicit in that question. These include:

(1) The contention that the theoretical/conceptual frame of psychoanalysis does not address the black experience.

Well, it doesn't address everything...it addresses what it addresses...

I don't see them as mutually exclusive by any stretch. What I see happening here is the need to examine some of the parameters, reexamine some of the parameters, some of the basic tenets of psychoanalysis in light of our experience here in this country. And we need to do that rigorously. I see black psychology as doing that kind of thing. It doesn't necessarily mean that psychoanalysis has no place, or psychoanalytically-oriented psychotherapy has no place. I haven't seen anything to replace it. We do interesting variations on the theme, very good, and some very significant variations on the theme, but the basis still rests in Freudian formulations.

I think that psychoanalysis really is probably one of the best ways of conceptualizing what we've had to go through.

I don't think there are inherent contradictions. I think that one of the major contributions of psychoanalytic thought is that influences that are covert...that are out of one's awareness...can be very powerful determinants of human behavior. And I think race, and racism often operate in that kind of covert, hidden, and disguised way. So that, being aware of and attuned to hidden motivation, to unconscious motivation is very important in terms of understanding race and racism. Racism operates on conscious, preconscious, and unconscious levels. So do the reactions to racism.

My world view is that: there's this here elephant called "the black experience." It's a huge thing...it's huge. We have so much work to do, being an uprooted people struggling to have an

identity. There are so many things to do on this elephant. Psychoanalysis is working on one of the hairs. There are all those other hairs; all these other ways of going at the black experience. So, I don't think of psychoanalysis as dealing with the elephant; I think of psychoanalysis as dealing with one of the hairs. And that it's brilliant at it. And when it works for some people, it really works. It can't work for the whole experience, because nothing can. That's my world view, that it takes all of our creative minds doing what we do best, given our character styles, our inclinations, and our histories, to have commitment to a part of the elephant.

(2) The contention that because of its inherent ethnocentricity, psychoanalysis does not apply to black people.

Does it mean that a Euro-centric form of psychology, developed in Victorian Europe by a Jewish man has any applicability to black people? Of course it does. It has the kind of applicability that I can render to it, because I'm not a European Jewish man...I'm a black man. But I've taken both learnings, made modifications in them, and applied them to my patient population.

(3) The contention that, in clinical practice, it engages in a denial of race as a factor differentiating one individual from another.

I know what some of the debate is about...I have colleagues that I would never send anybody black to.

Basically, I think where things get fucked up is in terms of misapplying this, or not dealing with this in a way that's relevant to black people. It has more to do with the therapist or the analyst's lack of understanding about black people, and lack of awareness of their own subtle racism, or even, sometimes, not-so-subtle racism. And their

tendency to want to blur the differences, and say, take the position, I've had people say to me, "You're like other white people I know," and "It doesn't make a difference," and they want to like, flatten it out and say that it's universal, and everybody has an Oedipal situation, everybody goes through this, and everybody goes through that, and race doesn't matter. And you see, that's bullshit, because, not only does race matter, but, with white people, ethnic issues matter.

(4) The contention that, by focusing on the individual, it fails to address community issues that need to be worked on.

I've been through all those arguments. I've heard them and I can understand where the proponents of that view are coming from. Blacks felt that we need to focus on community issues, and community involvement, and that psychoanalysis is antithetical. I never got caught up in that, because I felt it was very nonproductive and led nowhere.

All of these viewpoints reflect the black psychoanalysts' struggle to integrate the application of theory and practice with issues of race and ethnicity.

The Issue of Relevance

Psychoanalysis has frequently been referred to as the bastion of middle and upper-class white European intellectuals, in the service of an elite few. Lodged in this viewpoint, is the inherent discrediting of psychoanalysis as a form of treatment that is

applicable to people of color.

All of the subjects found that psychoanalysis is relevant (Hypothesis VI), yet their responses covered a wide range of concerns. These concerns include:

(1) The role of race.

It's hard now for me to think about race as being relevant to psychoanalysis except to the extent that the person has racial feelings up front before the analysis begins--"Well, I don't think I can be your patient"--that's one way--"I don't think I can submit to some white person looking at my stuff"--that's racial--"I can only work with a black person"--that's racial. "I couldn't work with a black person"--that's racial. I think once those entry experiences are either expressed or worked through or worked out, race drops out...It really is about the person's capacity to use the analysis to get wherever they can get. To discover the self.

I think that the way people deal with issues of racial conflict or pain depends on how they deal with issues and conflicts. Not all blacks deal with these issues in the same way. So there's not a racial way of dealing with those issues.

So I've been preoccupied with race all my life. I should say that it was not until training in psychoanalysis that I found a theoretical orientation to human behavior that made sense in answering questions about what I have experienced and seen, and worked, and studied, that transcended race in a sense. The theory... psychoanalytic theory, includes discussions of development that I think are very important and pertinent to where all human beings end up when they begin functioning as adults.

(2) The need to expand beyond the dyad to the larger contexts of family and community, particularly

as they relate to social and political action.

I find this with people on both sides. Now people who are analysts, they don't really want to know about family therapy, they don't want to know about family systems. They don't want to know about communities and they don't want to know about all that reality stuff...Or the folks who are more into that say, "I mean, after all, how much validity does all this intrapsychic stuff have?" And...to my mind, you've got to integrate the both of them.

It's very clear to me that it works, particularly in an environment where kids can't tell you very much about themselves. Again, it's the whole thing about play.

I even treated a number of people who had positions of leadership in the Movement. And the analysis was most relevant for them, because it strengthened them in their ability and their resolve in how they dealt with the racial issues they were confronting. Because as they got a better understanding of themselves, and a better understanding of how they were dealing or relating to the white world, they became more realistic in their approach.

I think that some people argue that the psychoanalytic perspective is destructive to black people in the sense that it promotes a kind of passivity. That you're supposed to look inward and be very focused on the internal and feel responsible for your situation. Rather than look outward and focus on the injustices that are around you and the factors in your life that are compromising who you are. And, I think there's a point to that. I wouldn't just dismiss that as having no value. But I think that the kind of analysis that fosters that kind of passivity...is bad analysis. And, that ultimately, psychoanalysis brings a person into a position where they can be more connected to, and active about what they really believe. So that if somebody is going to be an activist...I don't think that psychoanalysis should cure them of

their Messianic desire to change the world. I think it could help them be a better activist...and change the world.

(3) The nature of the theoretical model, and its application and practice.

"Is analysis relevant?" It's as relevant as one wishes to make it. Is it relevant for all black people? There's nothing that's relevant for all black people. Is it relevant for some black people. Of course it is.

I differentiate between psychoanalysis as a theory and a practice. As a theory, it's another way of looking at reality. You can approach clinical data from a cognitive point of view...social learning theory...psychoeducational...The psychoanalytic model, for me, and also the psychodynamic model, which is a broader term, allows an individual the potential to, I believe, go into reconstruction of the person. For problems that have a deep-seated genesis, I feel, given who I am, and what I am conversant with, and where I stand politically, it's something that fits. I've also used other models, depending upon the needs of the patient. So, again. I see it as one way of looking at clinical reality. Not the only way.

Psychoanalysis basically has to do with the human experience. And we are human. So...we can't deny that. And it does relate to a preverbal life that all children have. And when you get into the unconscious part, and the stresses and strains that the individuals have been through, you can see that people do have this inner core. That's either been kept safe, by whatever means, or damaged. And I think that being a black in America, you have more chances of being damaged because of racism...It filters down...

It can be seen that attempting to integrate and synthesize the psychoanalytic conceptual model with

issues of race and ethnicity, is an ongoing part of the black psychoanalysts' work. Their personal views and life experience set the stage for both individual and collaborative efforts in the professional community to address the needs of black patients. All of the analysts view psychoanalysis as relevant to black people; just as the model was relevant to them, they see it as relevant to other blacks. They are very aware and particularly sensitive, however, to the inner struggles and external realities that are an integral part of the black person's life and experience. This awareness, sensitivity and identification is useful in their examination and reevaluation of the treatment models employed with a black patient population, both theoretically and clinically, and in the ways they seek to modify the model in order to make it relevant.

Limitations of the Study

Sample

The subjects were a select sample rather than a random sample. Also, the subjects are members of both groups that are being discussed and contrasted in this inquiry and discourse. This, presents certain biases and limitations in the contributions they can make.

Professional Identification / Credentials

Each of the subjects belong to the community of psychoanalysts in the New York City area. This makes them a self-selected group with a particular orientation, and identification with psychoanalytic theory, training and practice. This is, therefore, a within-group exploration.

Geography

Each of the subjects were trained, and are currently conducting practices, in the New York City area. This presents limitations in terms of variances in breadth and depth that geographic variables often introduce both in terms of patient populations and treatment orientations.

CONCLUSIONS

Having reported both the quantitative and qualitative findings and discussed them at length, it would be useful to review the hypotheses I initially formulated in relation to the results of the inquiry.

Hypothesis I - Black psychoanalysts will report similar experiences in their analytic training and adoption of theoretical orientation.

The findings affirmed this hypothesis for the most part. There were variations in terms of what constitutes psychoanalysis, including frequency of sessions, use of the couch, and length of treatment.

The subjects' training and theoretical orientation yielded predictable similarities, due to the commonality of the structure of the training institutes, and the educational requirements for the psychoanalytic candidates.

Hypothesis II - Black psychoanalysts will agree that there is a race effect encountered in psychoanalysis, particularly in the domains of transference, countertransference, and resistance.

With some exceptions (5 out of 18), the subjects

agreed that there is a race effect encountered in psychoanalytic treatment.

The responses to the question of the role of the race effect in treatment were not surprising to me, because of the subjects' biases. They are doubly-biased because they are answering questions about two groups to which they belong. In this respect, they constitute a skewed sample base. Most of the subjects agreed that there is a race effect, but varied in the extent that they feel it impacts on the psychoanalytic process and treatment experience. Many felt that this relates idiosyncratically to the specific analytic dyad, and is further complicated by the extent to which these issues are prominent for either the analyst or analysand, or both.

It is clear from the interviews that there is always a race effect encountered in psychoanalysis with a black patient. This is true whether the analyst is black or white. What is less clear, is whether this race effect plays a major role depending on the particular patient presenting for treatment, and the particular analyst conducting the treatment. The extent to which conscious and unconscious racial issues and conflicts reside in either individual, will have

implications for its manifestations in the transference, countertransference, and resistance.

Earlier, in the literature review and in the qualitative results, the nature of the various dyadic relationships was delineated. While these relationships were categorized as interracial and intraracial, perhaps there needs to be a more specific breakdown into subcategories which would incorporate reference to ethnicity. These might be denoted as follows: intra-racial intra-ethnic, intra-racial inter-ethnic, and inter-racial inter-ethnic. In spite of all the ways of looking at, and categorizing, the influences of race and ethnicity in the treatment domain, the fact remains that each analytic relationship involves the unique individual and intersecting issues of the particular analyst and patient. The working through of these issues is what constitutes the analytic process.

I feel, in looking at the findings reported on the role of race in both the training analysis and in their clinical practice, that something significant has taken place in the clinical domain that attests to the existence of a transracial avenue of access for both the analysts and analysands. While I did not

hypothesize it, the accounts of their experiences and observations by the subjects, both as analysts and analysands in the clinical arena, present a picture in which certain changes evolve in the dyadic relationship, having a profound effect on the nature of that relationship.

Hypothesis III - Black psychoanalysts, in working with black patients, will make modifications to their analytic conceptual model and treatment approach because of ethnic considerations.

This hypothesis was affirmed, with the exception of those analysts who insisted, not that they did not make modifications to their analytic conceptual model, but that these modifications were based on pathology, and not ethnic considerations. In my view, teasing out this distinction is problematic.

All analysts make modifications to their treatment model based on the needs of the patient presenting himself for treatment. Black psychoanalysts, in particular, make modifications related to race and ethnicity, both when treating white patients and black patients. The types of modifications that they employ vary, depending on the particular parameters that

affect the individual patient. Because they are black, the analysts are particularly aware and sensitive to issues of race and ethnicity and their manifestations in treatment. Some of the analysts deal with these issues directly, by actively engaging the patient in relation to them, while others deal with them indirectly, by analyzing their countertransference.

Hypothesis IV - Black psychoanalysts will be similar in their reports of the politics in the field of psychoanalysis.

This hypothesis was confirmed. Black psychoanalysts reported similarly with regard to the politics in training and working in the field. There is no question that there exists a black experience in the field of psychoanalysis.

That race has played a role in all aspects of the lives of the subjects interviewed, is indisputable. The questions "How?" and "To what extent?" give rise to as many individual responses as those questioned. Yet, certain common denominators exist. One of these is related to their training and professional experience. In every higher educational and professional situation that these individuals experienced, there was, it can

be argued, limited access to an essentially white-identified field. Due to this fact alone, there was a tendency to negate cultural and socioeconomic perspectives that were black-identified. The question as to whether that constitutes racism or not, is raised, not for the purposes of accusation, but rather in the interest of clarity. To treat as non-existent or irrelevant, to make "invisible" a whole spectrum of experiences, while at the same time displaying only a limited range of experience as the entire universe of discourse, is a distortion of reality. This phenomenon is more insidious than what might be termed "overt" racism because it is frequently perceived to be unintentional. And yet, it has the effect of making individuals feel, not only that they do not belong, but that they do not exist, unless somehow identified with the defining group granting them access to opportunity.

Hypothesis V - Black psychoanalysts will be similar in reporting significant experiences related to family, race and ethnicity.

This hypothesis was confirmed. There is definitely a common thread of experience that one can point to in the reports of the analysts interviewed.

In considering the reflections on their childhood, and their experiences of racism, I found that the significance lay, not in measurable differences or similarities, but in the analysts; in the telling. These reflections enabled me to get a sense of their perceptual field, and how they conceptualized their experience. They brought to life, in a most personal and revealing way, who they are, and how they have come to do what they do. They represent a dissection of their personalities, to varying degrees, in a way that is individual, idiosyncratic, self-critical, and analytical. The vignettes convey the profound psychological impact that the elements of race, ethnicity, and family life have had on the individual analysts.

Hypothesis VI - Black psychoanalysts will not see psychoanalysis and the black experience as incompatible or contradictory, and will consider it, therefore, a relevant treatment modality for black patients.

As patients in psychoanalysis (during their training analysis), and in their assessment of their black analytic patients, all of the subjects interviewed view psychoanalysis as a relevant treatment

modality for black patients. While they agree on the importance of the black experience, they vary in the degree to which they think psychoanalysis addresses this experience, per se. Despite this variation, none of the analysts view psychoanalysis and the black experience as mutually exclusive. On the contrary, they see psychoanalysis as a valuable tool for black patients who use the model.

(This hypothesis was unanimously confirmed.)

CONCLUSIONS

This inquiry grows out of an awareness on my part, during the course of training, that for some time now, there has been a major split in the field of mental health, and allied fields, over the question of whether psychoanalysis is of benefit in treating a black patient population. In view of this fact, it seemed to make sense to me, to raise this issue with blacks working in the field of psychoanalysis, and gain access to their views about relevance as they have experienced it, personally and professionally.

According to those critical of the psychoanalytic approach, psychoanalysis stands accused of failing to

address the black experience, and is incapable, therefore, of understanding the particular black patient who presents himself for treatment, and of benefiting that patient. This is based on the premise that an understanding of the black experience is not possible through the conceptual framework of psychoanalysis. There is a corollary argument, which denies the possibility of an understanding of the cultural and political experience of blacks by those who have never lived them.

One of the problems in relation to these criticisms of psychoanalysis, is that they emanate from a level of abstraction that concerns itself with the experience of the group, the culture, and the class structure of society, and that explains the individual's experience and behavior in terms of those larger contexts. These contexts, then, may be seen as external forces impacting on the individual.

Psychoanalysis, on the other hand, primarily concerns itself with a level of abstraction which, while placing importance on the role of external reality in the formation of psychic structures, both individually and phylogenetically, explains experiences and behavior in terms of the forces at work within an

individual. Consequently, in terms of their primary focus, the critics and the proponents of psychoanalysis represent two opposing ways of looking at human behavior, which, by their very nature, are difficult to reconcile: the internal and the external.

Those who have an agenda based on political ideology, point to the oppressive nature of American society, and fault psychoanalysis for accommodating the individual to its inequities by failing to raise his consciousness, and by allowing him to accept those oppressing him. They also point, justifiably, to the minuscule representation of black patients, and charge psychoanalysis with virtually ignoring the overriding condition of the vast majority of black people. So, psychoanalysis is accused of being an apologist for a repressive system, and its black adherents of ignoring, if not betraying, the needs of black people, while selling out to the system that is, in fact, the oppressor.

Apart from the political invective aimed at psychoanalysis, there is the broader issue of social responsibility. Psychoanalysis begins with the assumption that the potential for change and insight lies within the individual himself. From this

standpoint, it is not the responsibility of the psychoanalyst to raise the patient's political consciousness, but rather to aid him in making the unconscious conscious; to let the patient take responsibility for his own behavior, and find his own insights that enable him to change his situation.

It is not within the scope of this inquiry to resolve the differences between these two groups. Its purpose is, rather, to find out from those black psychoanalysts practicing on a day-to-day basis, what they do, and how applicable their adopted orientation is to treating black patients.

In conclusion, I would like to discuss my own view with respect to the relevance of psychoanalysis. Any avenue for treating black patients that is experienced as helpful by them, is, in my view, relevant. All blacks are part of, and carry with them, the black experience. If a black person is in analysis, then, analysis is addressing the black experience. I do not subscribe to the polarized way of looking at people that categorizes them by their observable behavior and outward expressions of their positions. I am of the position that contradictions are a part of all of our lives and expressions. Along with that comes the

supposition that the statements people make, and the manifested aspects of their selves, are only a part of the total person, in all cases. And the unexpressed contradictory expressions are present as well. In this way, I do not see those black people who do not support psychoanalysis as different from those black people who do. And, I do not see the issues that concern both groups as necessarily different.

SUGGESTIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

Professionals in the field make contributions in a variety of ways, and they are all very much needed. There is a further need for a continuation of published research in this area, and a continuation of the dialogue on the part of those concerned with the welfare of the black population, both in the total sense, and specifically as it relates to the black person seeking treatment.

DEMOGRAPHIC DATANumerical Variables

<u>Variable</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>
Year in training (candidates)	2	6	3.7
Years out of training (graduates)	4	30	13.9
Years practicing psychoanalysis (both)	2	35	14.9

Categorical Variables

<u>Variable</u>	<u>Value</u>	<u>N</u>	<u>%</u>
Age	30-65+	18	
Sex	Male	11	61
	Female	7	39
Professional degree	PhD	9	50
	EdD	1	5.5
	MD	2	11
	MSW/CSW	6	33.3
Theoretical Orientation	Freudian	3	17
	Interpersonal	4	22
	Eclectic	2	11
	Psychoanalytic Integrative	9	50

THE CITY COLLEGE
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NEW YORK, N.Y. 10031

THE PSYCHOLOGICAL CENTER
DEPARTMENT OF PSYCHOLOGY

(212) 690-6602, 3, 4

Dear _____,

I am interviewing black psychoanalysts about their perceptions of psychoanalysis as a treatment modality for black patients.

I think this is an important area for inquiry, exploration, and research, and would appreciate your cooperation and participation in this project. Obviously, strict confidentiality will be observed. Upon completion, feedback and results of the project will be made available to you.

I will be following up this letter with a phone call to determine your willingness to participate and your availability.

I would very much appreciate your careful consideration of what I anticipate will be a fascinating and significant endeavor for us all. Thank you.

Sincerely,

Donna Booth Brindle

Anderson J. Franklin, Ph.D
Dissertation Chairperson
Program Director
Clinical Psychology
C.U.N.Y.

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(212) 690-6602, 3, 4

December 6, 1991

Dear _____,

I am interviewing black psychoanalysts about their perceptions of psychoanalysis as a treatment modality for black patients.

I am contacting black psychoanalysts (MSW's, PhD's, & MD's), who are either certified or at least mid-way in their analytic training. Please provide me with the names of current or recent candidates. Obviously, strict confidentiality will be observed.

I will be following up this letter with a phone call. If you wish to contact me, I can be reached at (xxx) xxx-xxxx.

I would very much appreciate your careful consideration and cooperation in what I anticipate will be a significant endeavor. Thank you.

Sincerely,

Donna Booth Brindle

Anderson J. Franklin, Ph.D
Dissertation Chairperson
Program Director
Clinical Psychology
C.U.N.Y.

Dear _____,

I very much appreciate your cooperation and willingness to participate in this inquiry. This is to confirm our scheduled interview time for _____, _____. The interview should take approximately 90 minutes.

Please complete the attached Background Information Questionnaire, sign the consent form and return it to me at the time of the interview. I'm looking forward to meeting with you.

Sincerely,

Donna Booth Brindle

BACKGROUND INFORMATION QUESTIONNAIRE

- 1) Age _____
- 2) Sex _____
- 3) Year in training _____
Years out of training _____
- 4) Theoretical Orientation _____
- 5) Professional Degree _____
- 6) How long have you been a practicing analyst? _____
- 7) Approximately how many black patients have you had in psychoanalytic treatment? _____
How many of these patients were treated in a psychoanalytic treatment of 3 or more sessions a week? _____
- 8) In your individual psychotherapeutic work, what proportion of the patients that you treat are black? _____
What proportion of the patients that you treat with psychoanalytic treatment are black? _____
What proportion of these black analytic patients are seen 3 or more times a week? _____
- 9) How is your professional work divided?
 - a) private practice _____
 - b) other - teaching _____
hospital _____
supervisory _____
administrative _____

10) How is your professional practice divided?

individual _____

group _____

analytic cases _____

other (specify) _____

LETTER OF CONSENT

I, _____, consent to having my interview recorded on audio tape solely for the purpose of transcription. Tapes will not be saved nor will they be made available to anyone other than the interviewer. Obviously, tapes will be coded and strict confidentiality will be observed.

Due to the small sample size of the subjects, very careful consideration will be given to the presentation and representation of the content provided in the interviews. Every attempt will be made to preserve the anonymity of the participants.

INTERVIEW

- (1) In thinking about the experiences you had in training and the development of a particular theoretical model and orientation, what were the major influences and to what extent was race a factor to you?
- (2) How does psychoanalysis differ from psychotherapy, in your view?
- (3) In terms of your own training analysis, how would you describe the role that race plays in the analytic process and the experience of the treatment?
 - Was your analyst of the same race/ethnicity as yourself?
 - Was race a factor in the selection process?
 - What was the nature of the interracial/intraracial dyad, vis-à-vis race?
- (4) Is there ultimately or fundamentally in your experience something different about treating a black patient and a white patient psychoanalytically? (countertransference?)
- (5) Assuming that race is a factor like all others, and every case is, of course, different, to what extent do you have some feeling that the race issue in treatment requires some special consideration and/or modification?

INTERVIEW (CONT.)

- (6) What are the politics of being a black psychoanalyst?
- (7) Describe the major influences of your childhood and family background in shaping your personal development and career choice.
- (8) Describe your earliest memory or encounter with racism (racial difference, racial pain)?
- (9) There has been some controversy about psychoanalysis as a relevant treatment modality for the black patient. What are your views on this as they relate to the debate in general, and to your experience in particular?
- (10) Does the psychoanalytic way of addressing experience have something of value to offer those struggling with issues of racial pain/racism?

or

Is there something that is almost inherently contradictory about a psychoanalytic perspective and the black experience, in your view?

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