Racial Issues in Psychotherapy

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The appeal that psychotherapy and racism hold for me emanates from the confluence of several parameters: psychoanalysis, anthropology, sociology, politics, history, literature, mythology, economics, and racism.

As one attempts to tease out, examine and synthesize our treatment approaches to the interracial therapeutic situation, all of these parameters must be considered. Some of the frustrations experienced by those who have attempted to shed light on the topic may relate to the difficulty in assessing and weighting the several parameters, as well as a tendency to resort to oversimplistic theoretical formulations. Only by adopting a "multifactorial open systems approach" with respect to the subject of interracial psychotherapy, may we emerge in some rational, systematic manner with a holistic, meaningful and applicable theory. With this approach in mind, I would like to briefly summarize some of what we currently know by reviewing some of the literature, then explicate some of the lacunae in our knowledge, and highlight some future directions.

Review of the Literature

The majority of the works on interracial analyses have appeared within the past three decades. Early formulations during the fifties, such as those by Bernard (1), Kardiner and Ovesey (2), and Kennedy (3), described both the problematic nature of such treatments and the nature of the resistances encountered. Some practitioners such as Oberndorf (4) expressed cynicism concerning the feasibility of the black-white treatment encounter. White behavioral scientists contributed the majority of the articles during the fifties.

The formulations and writings of black practitioners emerged during the sixties and seventies. This fact may be significant for several reasons:

1. A significant increase began to take place in the numbers of black behavioral scientists during the fifties and sixties.

2. A significant increase began to take place in the numbers of black and other minority patients seeking help for psychological problems during the same period.

3. This was the tumultuous period of the civil rights and black power movements, both having profound effects upon all of our institutions, as well as upon the conduct of psychotherapy.

4. Socioeconomic and interpersonal factors and societal stresses impacted upon blacks in such a manner as to necessitate increased seeking of professional help.

Black professionals initially began writing not about interracial psychotherapy but about the psychological effects of institutionalized and individualized racism. Examples are: Pinderhughes' "Understanding Black Power: Processes and Proposals," Comer's "White Racism: Its Root, Form and Function," in addition to papers by Palmer (7), Butts (8), Harrison (9), and many others, such as Canon, Davis, Elam, Pierce, Poussaint, Spurlock, Tompkins, Wilkinson, Youngue and Calhoun (10).

One of the landmarks in terms of papers on interracial analysis was the Schachter and Butts work, "Transference and Countertransference in Interracial Analyses." It marked one of the first collaborative efforts between a black psychoanalyst and a white psychoanalyst, in an effort to come to grips with the salient issues in such treatments and to define some of the therapeutic issues. One aspect worthy of emphasis in this paper, that has been overlooked in many others, is the emphasis on countertransference issues that played a prominent role in these analytic situations. Both authors, with absolute professionalism and candor, admitted to their countertransference "problems" with contra-racial patients. In a sense, the black analyst was describing his pro-white, anti-black

paranoia, as was the white analyst. In addition, both analysts made serious efforts to resolve these difficulties. Many of the papers on interracial analyses and therapies have been from the vantage point of the white therapist describing "Problems Posed in the Analysis of Negro Patients" (3), whereas, papers by black therapists have focused on the unconscious racism (and its therapeutic vicissitudes) extant in white analysands, as well as emphasizing the manner in which the therapist's blackness often served to catalyze the treatment situation. Both approaches are extreme, and serve to reinforce the unconscious attitudes, myths, and racist notions that make the working-through process more difficult than it might be otherwise. Pinderhughes (11) has made a very salient observation:

> All individuals who highly value their groups encourage restriction or repression of those body parts, body products, and thoughts, feelings, and behavior that threaten, disrupt, or heighten conflicts in the group. Activity with the head is encouraged in the social relationship with one's group members while perineal activity is discouraged in the social context of one's group. "Racism" beginning pragmatically in the behavior of group members with fellow group members inadvertently produces racism within the mental functions of each individual as certain exciting, disruptive, "dark," "evil," threatening components are segregated. This internal "racism" is then externalized and projected into the behavior of each individual.
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> . . . Each individual can resolve the ambivalence about the goodness or badness of one object by relating to two objects. One of these objects can be perceived as good, and one as bad, one can be loved and the other hated (p. 8).

In describing the group-related paranoias (of which racism is a subgroup), Pinderhughes regards as ubiquitous the tendency toward aggrandizing one's group and of projecting to other groups unacceptable, "dark," and "evil" characteristics. He concludes on a somewhat pessimistic or equivocal note:

> It seems quite likely that failure to recognize the primitive origins and dynamics of racism may lead to faulty, inadequate, or oversimplified diagnosis and treatment… ambivalence and the use of paranoid mechanisms in its resolution may be as ubiquitous as conflict is among and within humans. As with conflict emphasis upon management of paranoia may be more realistic than attempts to eradicate it. Some racism is a group-related paranoia having to do with exclusive groups, it may be eliminated by converting exclusive groups into inclusive ones (p. 8).

The white analyst-black patient, and black analyst-white patient represent

pairings that exemplify many of the dynamics cited, as one observes and charts the vicissitudes of transference-countertransference during the progress of treatment.

We have no reason to expect that the conflicts, ambivalences, paranoid defenses, self-denigrations, and aggrandizements that occur in black- white extra-analytic or social encounters would not also be present in the professional treatment situation.

The white patient with the black analyst will often project his unacceptable "bad," "evil'' self onto the analyst, whom he will then depict in his dreams as a threatening, malevolent, "father-devil" type. The black analyst may at times (12, p. 806), because of his unconscious need for acceptance into the "exclusive group," respond to references in accord with this need, and thereby miss the opportunity to interpret his patient's behavior. Sensitivity to racial epithets uttered by a white patient, may also indicate an unconscious wish for inclusion into the group. The black patient with the white analyst will often use race in the service of resistance. This often betokens a lack of trust, implicit in which is a conviction that his blackness is a barrier to admission to the white exclusive group. The white analyst in this duo will often react as did Schachter with an overdetermined response to apparent threats and menacing descriptions of former behavior by her analysand. This may have indicated her unconscious acceptance of the myths regarding the aggressive and threatening stereotype of blacks.

If black and white individuals are participating members of the exclusiveness of one and the concurrent rejection of the other, groups and institutions function similarly. "Some persons we understand by taking them in or by taking in what they offer while we understand others by dumping upon them things we do not want within ourselves with the claim that what we renounce belongs to them, and not to us (5, p. 11). Wherever a white and black experience conflict in "white racist" structure, the white is understood by

projection and is presumed to be wrong and unacceptable. Several recommendations are appropriate at this point:

1. Any significant understanding and working-through of the interracial analytic situation must be based on a precise definition as to the manner in which both parties utilize projective as well as introjective mechanisms as means of dealing with unacceptable impulses (projective), or by "taking in" their virtues and aggrandizing them (introjection).

2. Any significant understanding of the working-through involving blacks and whites in *group situations* should require the same process as in the first point.

3. Both the above points are difficult to attain unless there is adequate black and other minority representation among the candidates and supervising/training staffs of our analytic institutes and other training institutions. This is not merely a plea for psychoanalytic affirmative action, but represents an approach aimed at the elimination of the elitism of psychoanalysis and psychotherapy and a reduction of the *group-related paranoia* that has severely crippled the analytic movement.

Many of the interracial transference and countertransference manifestations we observe may be artifacts related to the practical nonexistence of black training analysts, and the miniscule numbers of blacks involved in analytic training. In the survey reported on by Harrison and Butts (13), the same 50% of white psychiatrists who did not refer to black psychiatrists reported having few or no black friends.

Black and While Characterization in Literature

Melville, Mark Twain, Fenimore Cooper, as well as contemporary white and black literary figures, have shed a great deal of enlightenment on the issues of whiteness and blackness as reflected in their literary characters. Melville, in his chapter entitled "On the Whiteness of the Whale" (*Moby Dick*), attempts to dissipate the myth equating whiteness with purity and blackness with evil:

> This elusive quality it is, which causes the thought of whiteness when divorced from more kindly associations and coupled with any object terrible in itself, to heighten that terror to the furthest bounds. Witness the white bear of the poles, the white shark (requin) of the tropics: what but their smooth, flaky whiteness makes them the transcendent horrors they are?" . . . "and though in other mortal sympathies and symbolizings, this same hue (whiteness) is made the emblem of many touching noble things—the innocence of brides, the benignity of age; though among the Red men of America the giving of the white belt of wampum was the deepest pledge of honor; though, in many climes, whiteness typifies the majesty of justice in the ermine of the Judge, and contributes to the daily state of kings and queens drawn by milk-white steeds; though even in the higher mysteries of the most august religions it has been made the symbol of the divine spotlessness and power; by the Persian fire worshippers, the white forked flame being held by the holiest on the altar; and in the Greek mythologies, Great Jove himself being made incarnate in a snow-white bull…yet for all these accumulated associations, with whatever is sweet, honorable, and sublime, there yet lurks an elusive something in the innermost idea of this hue, which strikes more of panic to the soul than that redness which affrights in blood (14).

James Fenimore Cooper in *The Last of the Mohicans* described the red-white relationship. "The Indian represents to Cooper whatever in the American psyche has been starved to death, whatever genteel Anglo-Saxondom has most ferociously repressed, whatever he himself has stifled to be worthy of his wife and daughters." "Cora and Alice (the heroines) the passionate brunette and sinless blonde, made once and for all the pattern of female dark and light that is to become the standard form in which American writers project their ambivalence toward women" (15, p. 190).

Writers and literary critics have been aware for many years of the unconscious significance of blackness and whiteness. Huck Finn's relationship with Nigger Jim contains transferential overtones. "It is an impossible society which they constitute, the outcast boy and the Negro, who even for Huck, does not really exist as a person: a society in which momentarily, the irreparable breach between black and white seems healed by love…and through it all, Jim plays the role of Uncle Tom, enduring everything, suffering everything, forgiving everything. ... It is the southerner's dream, the American dream of guilt remitted by the abused Negro, who, like the abused mother, opens his arms crying, 'Lawsy, I's mighty glad to git you back agin honey' " (15, p. 20).

Melville, Twain, Poe, Cooper, Hawthorne and others were utilizing fiction in order to demonstrate the American national character responses (conscious and unconscious) to blackness and whiteness. The black-white duo occurs frequently in American fiction, and is frequently utilized to represent the redemptive love of man for man.

There is no more precise explication of aspects of the American experience and of the American national character than that furnished us by Melville in *Moby Dick*. In what is probably the greatest love story in American fiction (15), Herman Melville describes a number of relationships in which the redemptive love of man for man is represented. One of the several romantic duos in *Moby Dick* is Ahab and Pip, the black cabin boy. Pip, abandoned at sea, is blatantly psychotic when finally rescued. "He saw God's foot upon the treadle of the loom, and spoke out: and therefore his shipmates called him mad. So man's insanity is heaven's sense; and wandering from all mortal reason, man comes at last to that celestial thought, which, to reason, is absurd and frantic; and weal or woe, feels then uncompromised." Pip's "insanity" has resulted from abandonment, and his consequent sense of isolation. Ahab adopts Pip, with whom he shares his cabin. Dr. Jose Barchilon (16, pp. 22-23) states, "Ahab understands the depth and wisdom of Pip's craziness, identifies with him, and takes him to his cabin as a son. Not in an attempt to make amends for the harm done to Pip…but to find company in his misery, because Ahab knows that he and Pip are different sides of the same crazed coin. He also knew that, were he to like and grow too tender towards Pip, it would soften his hatred and make him give up his pursuit of white hooded phantoms." Ahab is in a sense doing that for Pip which was never done for him (he had been "doubly-orphaned" by 12 months of age). "This is his attempt at restitution, at recapturing by projective identification, the parents he didn't really have.

Thus, Melville, nearly 128 years ago, comprehended the genesis of psychotic decompensation, the therapeutic effectiveness of relatedness to another human, the nature of projective identification, the nature of the type of

developmental arrest that follows parental loss, the nature of primary process thinking, and the unconscious meanings of blackness and whiteness.

A major and recurring psychological pattern of the "American national character" has been well stated by the literary critic Leslie Fiedler: "To express this 'blackness ten times black' (original sin) and to live by it in a society in which, since the decline of orthodox Puritanism, optimism has become the chief effective religion" (19, p. xxii). This pattern is reflected in the American literature, which is a literature of "darkness and the grotesque in a land of light and affirmation" (19, p. xxii). The major literary concerns from Cooper to Baldwin are with death, incest, and homosexuality. The child's world, in literature, is asexual, terrible, and a world of fear and loneliness. The companion of the lonely, frightened, "man-child" who ventures forth into the unexplored world is "pagan and unashamed," but the companion is described as both a dream and nightmare simultaneously. This literary, metaphoric companion (Chingachgook, Nigger Jim, Babo, Pip) is concretized in the form of the black American. One could at this point expatiate on the psychodynamics of unconscious racism. The "pagan" companion possessed of both material and demonic features permeates all of American literature. Splitting of the imagery in this way attests to and evokes ambivalent responses, in addition to allowing for or facilitating projection of unacceptable feelings and thoughts ("Racism-pro white, and anti-black paranoia").

> The colonial world is a world cut in two. The dividing line, the frontiers are shown by barracks and police stations. In the colonies it is the policeman and the soldier who are the official, instituted go-betweens, the spokesmen of the settler and his rule of oppression. In the capitalist societies the structure of moral reflexes handed down from father to son, the exemplary honesty of workers who are given a medal after fifty years of good and loyal service, and the affection which springs from harmonious relations and good behavior—all these esthetic expressions of respect for the established order serve to create around the exploited person an atmosphere of submission and of inhibition which lightens the task of policing considerably. In the capitalist countries a multitude of moral teachers, counsellors and bewilderers separate the exploited from those in power. . ..
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> This world divided into compartments, this world out in two is inhabited by two different species. The originality of the colonial context is that economic reality,

> inequality and the immense difference of ways of life never come to mark the human realities. When you examine at close quarters the colonial context, it is evident that what parcels out the world is to begin with the fact of belonging to or not belonging to a given race.…The cause is the consequence; you are rich because you are white, you are white because you are rich (17, p. 32).

Case Studies

Having laid down some of the theoretical and literary underpinnings for a better understanding of ethnicity and psychotherapy, a few case examples may be helpful. Some of these case are incorporated into papers already referred to. Other cases will represent brief vignettes drawn from my clinical practice.

Case #1: White Female Patient, Black Male Analyst

An attractive 32-year-old Jewish school teacher entered biweekly psychotherapy after having three years of analysis with a white analyst. She had sought help initially because of frigidity, vocational dissatisfaction, depression, and anxiety. In the course of that analysis, her vocational adaptation improved, her depression disappeared, and her anxiety diminished. She remained frigid, however, and unmarried. The major difficulty remaining after the three-year analysis was her fear of giving up the child's role in relation to men.

She was born and reared in New York, the oldest of three girls. Her father was a somewhat cynical, successful lawyer; her mother was described as a cold, frigid, materialistic matron. The patient was cared for by a succession of maids until the age of eight. Between the ages of eight and 15, she was cared for by one black maid with whom she established a warm and meaningful relationship and to whom she turned for warmth and dependency because of her mother's inaccessibility. In general, as a child, she did not express anger openly, and her parents were constantly critical of her inability to be openly affectionate. She and her mother perpetually quarreled over her grooming and deportment, with her father supporting her mother in these disputes. She had no memories of the birth of her sister when she was seven years old. Her reactions of rage at the time of

her second sister's birth, when she was 10, were displaced onto her other sister.

As a child she wanted to be a boy, and felt that menarche made her "dirty." She was always concerned about the value and importance of money. She was a pudgy adolescent who read voraciously, had few friends, and did not date. Throughout adolescence, she felt that her parents were dissatisfied with her physical appearance and her inadequate social adjustment.

After graduation from college, she attended and graduated from law school. At the age of 20, she married precipitously. Her dissatisfaction with her marital sexual adjustment caused her to seek brief psychotherapy after she had been married for one year. Two years later she obtained a divorce. Her vocational, social and sexual behavior deteriorated; she became progressively more depressed and sought therapy again at the psychoanalytic clinic.

Key among her dynamics, when she entered treatment with me, was her perception of men as destructive because of her projected rage. Rejection by the therapist was perceived by her as safer than dependency upon him. Vocational success was viewed as a renunciation of her femininity. Again, the most striking feature of her life adjustment was her failure in virtually every area of behavior: vocational, social, sexual, and family life. She felt disliked and rejected by everyone, and her hostile, provocative behavior tended to bring about rejection. The closer she approached adult womanhood, the more frightened she became of the consequences, namely a destructive sexual assault by a man. She rejected her feminine feelings and became aware of and anxious about sexual interest in women.

The analyst's anticipation of the development of a strongly erotic transference accompanied by intense anxiety was soon borne out, but her initial gambit consisted of applauding the therapist's empathic ability with the statement, "Negroes have guts." She had wound up the previous three-year analysis as she was beginning to express affection and to get closer to people.

There, the oedipal implications of being “number one” were frightening, and she had created obstacles to block her awareness of the positive-affectionate tie to her father.

The selection of a black analyst was multidetermined. In part it reflected a need to select a person whom she regarded as being the antithesis of her cold, distant father, thereby avoiding the anxiety of the oedipal strivings for her father. The early parent-child power disparity was also reflected in her choice, in that she saw herself in association with an “underdog,” who she felt would understand her disenfranchised position in the family. The selection of a black analyst was motivated by a wish to utilize a counterphobic defense to deal with her sexual anxieties. She was overtly seductive, while expressing anxiety lest her sexual wishes be realized. In one session she reported this dream: “I was at an isolated house in the country with a man. Nobody was there, but then a maid came down and motioned upstairs. I was frightened to be there alone with him.”

She placed her hand over her pubic area as she related the dream and associated to the isolation of the analytic situation. A series of dreams followed in which she depicted herself as deprived and losing in the oedipal struggle. For example: “A doctor was getting ready for a skiing trip. He was on the porch with his children and wife. She had dark hair.”

The therapist utilized the transference to demonstrate her renunciation of her femininity lest she be damaged sexuality; her ability to function independently without dependency on her mother; and her ability to form a therapeutic relation not predicated on the exchange of sexual favors or on her parentifying the analyst. Her pain-dependent, self-defeating behavior was interpreted repeatedly. The therapist’s genuine interest in her welfare was questioned by her from the outset of treatment; she identified him with her presumably indifferent, unaffectionate mother.

The two years of treatment resulted in a modification of her affective

symptoms, and an increase in her self-esteem, with a consequent diminution of her self-defeating behavior. She was married six months after termination of her treatment.

Case #2: White Male Patient, Black Male Analyst

A 35-year-old, white, professional man of Jewish extraction, who was referred by his cousin, a former patient of the analyst, sought analysis because of his inability to get married. During each of two engagements he had become progressively depressed and anxious and in each instance had broken off the relationship. A second complaint, premature ejaculation, had begun a year before the patient sought help. Vocationally, he was insecure, despite the fact that he worked in an executive capacity. He was ingratiating with fellow employees and fearful that he might not be able to control his anger in work situations.

His most vivid memories of early childhood dated back to age six, with recollections of visits to his Jewish aunt and grandmother in Harlem. He took pride in making the subway trips alone, but recalled mixed feelings of anxiety and excitement. The Harlem community of that period was racially integrated. His anxiety was predicated upon his fear of physical attack, and his excitement seemed rooted in sexual fantasies which utilized racial stereotypes and myths.

An intense fear of losing his parents pervaded his childhood. He was a good student and active in athletics, but frequently needed his mother s intervention on his behalf during altercations with other children. At home, his mother was a severely critical, domineering, anxious woman, who subjugated her husband and chided him for being weak, inadequate, and a poor provider. She lamented her difficult lot in life and confided the intimacies of her marital dissatisfaction to the patient. The father was physically and emotionally inaccessible.

Castration anxiety increased at age 14 when his parents' concern about the size of his penis led them to consult a physician. He was embarrassed to shower

with schoolmates for fear that they would discover that his penis was small. Adolescence brought sexual interest and exploration; he dated, but was always inhibited and anxious. During this period he shared his sister's bedroom but recalls only one instance of embarrassment, when she giggled on overhearing him masturbate.

Concern about the size of his penis persisted into adulthood. After completion of Army service and college, he worked in an executive position, continuing to live with his parents. He perceived phallic women as castrators, and used prematurity and impotence to defend against castration. With men, his nonassertiveness socially, sexually, and vocationally derived from his need to control his rage.

Early dreams gave form to the negative transference of the first six months and heightened one of the patient's key problems: The black man was presented as physically assaultive, drunk, and debased, and the patient feared his analyst's aggression and sexual exploitation.

In his association he dwelt on the theme of the menacing black, juxtaposing his sexual inadequacy, fear of women, and his perception of women as castrating, humiliating creatures. Soon after beginning the analysis he moved from his parents' home, magically utilizing the therapist's strength as a buffer against his mother. The move was accompanied by a great deal of anxiety, represented in dreams as a fear of starving to death. He began to date and to attempt sex, expressing his lack of assertiveness and his dependency orientation in dreams such as the following: "I was in my apartment with C; we were necking. I had her breasts in my hand. There were many women around. They were exposing their breasts. I was completely fascinated and felt pressure."

The therapist challenged his fragmented view of women and its emotional counterpart, his affective isolation and his wish to present himself as dead emotionally. His dreams and associations were replete with his wish to be

regarded as a helpless infant, which was interpreted at that time as a defensive retreat to a position of dependent safety designed to avoid castration. The patient was then able to associate this with his difficulty in separating from his mother to attend kindergarten.

Ten months after the beginning of the analysis, he triumphantly reported that he was able to penetrate a woman sexually despite intense anxiety and fear of impregnating her. He plied the analyst with questions about contraception, in actually seeking approval for his sexual accomplishments. The analyst's mild disbelief in the therapeutic significance of the patient's achievement in part reinforced the patient's stereotyped perception of the Negro as a virtual sexual superman, thus widening the gulf between analyst and analysand.

Another source of difficulty during this period was the analyst's need to disclaim his therapeutic power to achieve such a great effect with the patient. This problem was rooted in the analyst's insecurity about his effectiveness which was combined, however, with a need to assert his greater power over the patient.

With continued attempts at intercourse, a pseudo-homosexual theme emerged in a dream: "I was in bed with S. She got on top of me. We were having intercourse. But it was not S's face. It was a man's face. I was frightened." He discussed the anxiety in the dream, adding, "I'm afraid of women so a man is safer. But why am I afraid of women? My mother is a woman."

The second year of analysis was concerned with his efforts to separate emotionally from his parents, to improve his sexual adaptation, and to deal with his chronic anxiety. During this period he maintained a relationship with one woman, advanced vocationally, and began to see himself as having an existence separate from that of his parents, with lessening anxiety about their death. References to the therapist's race were minimal, although when the patient's fear of the therapist mounted, the menacing black would reappear in his dream life: "A Negro trooper strikes a white policeman in the stomach. The white man beats

him up."

Increased separation from his family brought mounting anxiety about his relationship with the analyst, and he reconsidered his childhood visits to his aunt's home in Harlem, which were marked by a mixture of pleasurable excitement and fear. The omission of his father's role in the family, previously justified by his father's absence at work during the patient's childhood, became a therapeutic focus, particularly since any information about his father had been transmitted by his mother. During the latter part of the second year of analysis, material emerged indicating that his father had protected him against the mother and against destructive women in general. His dreams became less frighteningly destructive and he dreamed of father and therapist in terms of helping figures. He was married in the third year of analysis and terminated six months later. His functioning had improved considerably in all areas.

Case #3: Black Male Patient, While Female Analyst

An unmarried man with one black parent and one white parent entered analysis because of his inability to form a stable relationship with a woman and increasing awareness of his inability to face marriage. He was also troubled by difficulties at work, particularly with a woman supervisor, which had contributed to his recent loss of a job. He was unable to express his feelings or to tolerate the expression of feelings by others, and appeared passive, isolated, and dependent upon his mother.

Early childhood was spent in a white commercial neighborhood in a northern city, living in the maternal grandfather's home with his lightskinned mother and father. During the depression, the family moved to Harlem. Thus, at six, he believed that it was his dark color that necessitated the family's choice of home. At 12 to 13 years, he was the successful vice-president of a gang because of his boxing skills, and two years later he was caught in his first serious delinquency, pilfering from the mail. After high school graduation, he got a

construction job and began passive homosexual activities in toilets, apparently after his mother arranged for his girlfriend's abortion. On the job he suffered a minor injury, and during the subsequent hospitalization he applied to and was accepted by a large Negro college out of town.

Once there, he lived with an older woman off campus and avoided both school contacts and fraternities, which were divided on color lines. He associated only with men who were appreciably darker than himself. After graduation, he returned to his mother and sporadic employment until he was encouraged by a supervisor to take up his work seriously. In his first year he was successful and well liked and, after applying for analysis, finally moved into his own apartment, distant from employment and Harlem. He subsequently noted tenseness, frequent masturbation, difficulty with his girlfriends, work, and his woman supervisor. He had lost that job before his analysis had begun.

During the historical recounting in the opening phase of treatment, the patient used Negro stereotypes to fend off the analyst. For example, he described how he had been asleep at the wheel during an accident in which a male friend had been killed and a girl injured. He sought to impress the analyst that his subsequent behavior toward the injured girl passenger involved minimal guilt and maximal undependability. During this period of treatment, he also acted-out by attempting intercourse with his stepmother's sister, related several incidents in which he presumably had gotten girls pregnant, and recounted several "rape attempts." He was finally able to recognize his desire to scare the analyst by exaggerating the material, "You won't like me as much ... do I want to be rejected and construct a situation?" At the same time, he directly verbalized anxieties about rejection related only to the building doormen and his feeling that he might be stopped on entering the lobby.

Dreams of the possibility, as well as the dangers, of a real concern for an attachment to a woman occurred shortly before he verbally recognized the analyst's pregnancy. Not only feelings of loss, but also those of considerateness

were mobilized for the first time. When treatment resumed, he dreamed he was attempting in vain to find his Spanish Class, which he identified with passing as white. He felt that the analyst accepted the self-stereotyped rejected part of himself that he characterized as Negro. He later asked, "I wonder if my coming to treatment would tend to make me feel equal to white." He became increasingly involved with color and in a dream indicated that Negro children and white women, including his mother, could be assertive because they had rights, while he, as an adult Negro man, had none.

He insisted that he was basically ill-equipped for life, that the burdens of color and a poor cultural heritage increased his vulnerability, and that the analyst's attitude that he could make it only indicated how little she understood. At the same time, trust and mutuality developed through a discussion of *The Invisible Man*, which served as a vehicle for expression of his fears that the analyst would be paternalistic in setting his fee. For the first time he contemplated working in Harlem and enlarged upon the Negro stereotype. "I've never worked around many colored people. I have stereotyped ideas of what the people would be like… more impulsive, physically impulsive, likely to hit out…I see whites as having more controls over themselves."

Near the end of the second year of analysis, he began an affair with a blonde, white, woman co-worker, and during the analyst's second pregnancy he verbalized his feelings more meaningfully, and began to use insight to control himself. "What kind of woman do I want…someone like you. I'm not going to get it while I'm doing all the taking." The analyst demanded that he recognize and not give in to his impulse to change all his relationships with women into sexual affairs, despite his increased awareness of anxiety and anger. He made an abortive attempt to escape into marriage, then returned to examine his feeling that he lacked the equipment to explore reality and his stereotypes. Months of angry resistance followed, during which he repeatedly enunciated his desire to get what he wanted as a gift. Finally, however, he accepted the overtures of his white employer, who became the first woman outside analysis with whom he had

a friendly, nonsexual relationship. This brought color specifically back into the analysis, and after he invited her out to dinner he dreamed that he was castrated and had his penis in his hand.

At the beginning of the fourth year of his analysis he met the young Negro professional woman whom he married two years later. When he met this woman, she was, presumably, engaged to a very light-skinned Negro man in a position of social importance, and he both acted-out his oedipal anxieties and became aware of them in the transference. The use of color as a barrier to sexual impulses to mother was further explored since it included his picture of father, the Negro, as neither gratifying mother nor able to serve as a model for control of impulses, thereby exposing the patient to his sexual desire for mother. At the same time, he felt that he had to lose out to a light-skinned man and could win only if he associated with darker people. "I get angry at all white people and have to think a second time." His attempt to exempt the Jewish analyst because of similarity in minority status was confronted by the distinction between mutual social problems as well as his need to obliterate differences. As he grappled to understand the nature of the sexual barrier between himself and his therapist, and between himself and his mother, he repeatedly came back to color. In a dream, the slow analytic train was held up by white barriers, which represented the analyst, who would cause the crash and hurt the driver. Furthermore, associations were to the analyst's open and free attitude toward color in comparison to his own feelings of prejudice against dark women. His angry self-justification was: "You've had a better life than I. . . . You can afford to be more liberal, freer of prejudice than I. How can you understand what it is to be a Negro in America…a bitter thought… it's one thing to see something from the outside and another to live within it."

During the last year of treatment he reexamined why the analyst was not afraid of his impulses or of him. "The only reason I can think of your being scared is because of color; it's the way I separated myself from my mother. I associate all my failures with color. My uncle drove a coal truck and was dirty and I identify

him with color."

Setting his wedding date precipitated more anxiety, focused now on fears of having a dark child. He was forced again to face his prejudices and his feeling that his child would make him more identifiable, as did his fiancée, who was approximately his color and had a "pug" nose. At the same time, the realities of his life made him more aware of his opportunities. The pleasures ahead of him and guilt at leaving the analyst, as well as his parents, behind became the final theme of the analysis.

Follow-up has shown that the patient has consolidated the gains made in analysis. The opening up of his ambitions, particularly in the beginning of the sixth year of analysis, has expanded to active and successful work. He sees himself as a leader in his profession and of his race. His marriage appears stable and successful. Although he was momentarily upset at the birth of a child lighter than either he or his wife, he recognized and coped with these feelings, identified the child as his own, and made plans for another.

Case #4: Black Male Patient, Black Male Analyst

Although accorded scant clinical attention, the therapeutic situation in which both therapist and analysand are black contains both positive as well as resistant features. A 28-year-old black social worker sought professional help because of feelings of professional and personal inadequacy, periods of depression and anxiety, and marital discord. His past history, in brief, was characterized by an ambitious drive to achieve and gain recognition, combined with a self-defeating sense of inferiority which, during childhood, had been reinforced by the negative responses of his siblings, as well as by covert rejection by his parents. He approached the therapeutic situation with an optimism which was enhanced by his therapist's blackness and the unconscious, but later stated, impression that he would be immediately understood and his difficulties would be resolved without the need for his active participation in the therapeutic

process. In transferential form, he soon began to express feelings of inadequacy and inferiority vis-à-vis the therapist and to experience a rapid and malignant pseudo-homosexual anxiety with respect to his therapist, based on his resort to myths and stereotypes about the supermasculinity of black men. What began as a quasi-alliance aimed at his personality reconstruction soon evolved into marked resistance, panic and feelings of distrust bordering on paranoid behavior. It was virtually impossible to examine and resolve these conflicts, and the treatment was terminated by mutual consent.

Maynard Calnek expresses the view that the black therapist/black patient therapeutic situation, while promising much, is threatened by difficulties because of the traditional American racial climate. Calnek cites instances in which the therapist's denial of identification/overidentification leads to a failure to appropriately assess the impact of class differences and/or similarities. He concludes, "I have attempted to state that because of the American racial situation there are some difficulties involved but not necessarily total roadblocks to working successfully with black clients. One of my major points is that the black family and the black community, not the white family and the white community, should be the reference points for diagnosis and therapy with any black person'' (18).

I made an earlier reference to the confluence of psychoanalysis, literature, mythology, sociology, anthropology, politics, economics, as important parameters in the interracial therapeutic situation. While the foe as of this paper has been on interracial psychotherapy, it would be a gross omission to make no mention of unconscious racist manifestations in the white-white therapeutic encounter.

Every black person has a "white mind" and a "black mind" and every white person has a "white mind" and a "black mind." "The white mind constitutes the elements which are uniting and not disruptive to one's groups and are therefore socially acceptable. The black mind constitutes those elements which are

disruptive to one's groups and are therefore excluded from society. Racism prevails in every personality since the white mind is permitted free play in personality and behavior, whereas the black mind is carefully censored and excluded from the mainstream of social experience. Disruptive sexual, aggressive, or other emotions, sudden loud noises, and exciting or annoying body parts or body products are associated with the black mind and must be repressed" (19).

Case #5: White Patient, White Male Analyst

Myers (20) is one of the few white behavioral scientists to focus on the significance and utilization of blackness in the dreams and other unconscious manifestations of white patients. His formulation is consistent with those of Pinderhughes, Butts, and others. "These 'dirty' wishes are initially represented in the dream via the projection onto the black 'mammy' and then onto the real mother. As the color defense was broken down in the session, the feelings toward the father analyst emerged in more undiluted form" (p. 10). In the patient under discussion, a 25-year-old white man with obsessional doubts, the dream was reported in a session in which he was discussing his fear of the therapist's anger because of a missed session. He then related the following dream: "My father visited me with a black girl friend, not my mother. He said he'd separated from mother because she was seeing other men. I got upset but he seemed right in doing so. I felt I should live with him but I cried and said, 'I love mommy more and I want to live with her,' and he understood. Then my mother walked in and there was a man in a wheelchair who was having ideas of my mother naked and of having sex with her. I got anxious then and awoke."

Myers continues, "He associated to his sense of strangeness at seeing his father with a black girl. She reminded him of an attractive black patient of mine he had had sexual fantasies about and who he felt interested me more than he did. He perceived his competition with my black patient as paralleling his earlier competition with his sisters for his mother's love."

Myers reports on another patient, a white woman in analysis for anorexia nervosa. She dreamt frequently of swimming through seas of black feces, struggling to reach some pure white object. “In such dreams, the color black was seen as the representation of her sexual and aggressive wishes, which she had to keep hidden and under control, and the color white was conceptualized as the asexual, nonaggressive exterior she wished to present to the world, especially to her mother.”

In his summary, Myers states, “The emphasis in the paper is placed on the defensive and resistance aspects these colors seem to serve against the emergence of the affectual aspects of the transference neurosis…wishful self-representations and idealized object-representations utilizing the colors black and white are seen in both inter- and intra-racial analyses . . (p. 17).

I have cited Myers’ references because I believe they have limited applicability to the issue at hand. It is abundantly clear that white patients make use of blackness with white therapists in much the same way that white patients do with black therapists. In my discussion of Myers’ paper at its presentation in 1975, I debated what I regarded as a limited view of the issues. “Since, however, both black and white patients have introjected both the positive and negative black stereotypes, it is surprising that only the negative transference or resistance aspect was evidenced in Dr. Myers’ analyses. There were in my opinion several instances in which the analytic data rather easily lent themselves to interpreting blackness as being an expression of the positive transference.

Terry Rodgers (21), a white psychoanalyst, reports on the therapeutic vicissitudes, development of unconscious racism and then overt rabid anti-black sentiments in a white analysand. The treatment occurred in the South. The patient, a 43-year-old, single, white man, sought analysis for a variety of neurasthenic symptoms that had begun when his father died 12 years prior to the analysis. His symptoms were, for the most part, obsessional, and he tended to dichotomize everything as either good or bad, clean or dirty, acceptable or

unacceptable. Both his parents also exemplified obsessional character traits. He was cared for by a black nurse. Early in the course of therapy it became apparent that "a common denominator running through all his obsessive symptoms was a struggle with authority" (p. 240). An early dream made reference to a "black cane," and to the sexual freedom of adolescents. The confluence of the two themes resided in his unconscious view of blacks as sexually lascivious. As his defenses began to yield to analytic uncovering, he made repeated references to the integration-segregation issue, finally reporting the following dream: "My mother is by me on the ground about to be gored by a huge bull with black horns. I feel momentarily paralyzed as in the other dream, but by an enormous act of will I overcome it. Then with a feeling of almost unlimited strength I leap at the bull and rip its horns off with my bare hands. I feel an indescribable sense of triumph and exhilaration."

There were obvious transferential references in the dream (father/ a black cane, therapist's black horn-rimmed glasses, and the association between black horns and black people). He terminated shortly thereafter and became intensely involved in anti-black political activities. Rodgers summarizes: "Thus, by the wholesale use of the defense mechanisms of projection and identification with the aggressor, he protects himself against eruption into awareness of (a) his unconscious homosexual wishes, (b) his incestuous desires, and (c) his patricidal impulses—and in so doing wards off a potential psychotic breakdown. Instead of being the white female who will be attacked by the Negro male (father, analyst) or the Negro male who commits the unpardonable crime of sexual union with the white female (mother), he becomes the powerful white male who protects the white female from the fantasied lust and aggression of the Negro male."

Rodgers draws heavily upon Sterba (22) in his psychodynamic formulation as to the significance and utilizations of blackness by white patients:

> . . . our negative feelings against God the Father have to be displaced onto a substitute figure which is created for this purpose, and that is the devil. Psychologically God and Satan were originally one and the same. The myth of the fall

> of the angels betrays that originally the two belonged to the same locality; Satan wears horns which are attributes of gods in many other religions…Satan is therefore the substitute for God as the object of our negative feelings, which derive from our original ambivalence toward our father in childhood. The devil has one significant feature in common with the Negro: Both are black. In the unconscious of many people the two are identical, both being substitutes for the father insofar as he is hated and feared (22).

Case #6: White Female Patient, Black Male Analyst

The transference/countertransference issues that have been described have occurred in the context of the treatment of patients who presented neurotic conflicts. The utilization of race either in the service of resistance to treatment or as an expression of the positive transference is rendered infinitely more complicated in patients with integrative pathology or borderline pathology. In such patients the pathology, transference and countertransference constitute a rather tangled skein requiring extreme sensitivity, careful timing, selectivity and skill, in those instances in which patient and therapist differ racially. The presentation of a patient illustrating the aforementioned issues is extremely salient because both black and white therapists have treated and will treat a significant number of borderline patients and patients with integrative pathology.

In this case the patient, a 53-year-old Jewish woman, was readmitted to a psychiatric hospital after having attempted to cope as an outpatient for approximately a month. Her most pronounced symptomatology on admission consisted of a fixed delusion that ultrasonic rays were being transmitted into her body, resulting in her physical discomfort and inability to remain in her apartment. Her symptom had existed for several months, but had become more intense just prior to admission. Other problems elicited by the therapist early in the course of this patient's therapy consisted of (a) an incapacity for close, intimate interpersonal relationships; (b) internal object splitting according to the pleasurable or unpleasurable nature of the affect associated with the object; (c) an inability to perceive others as separate from herself, but a tendency to identify others in terms of projected parts of herself; (d) cyclic alterations in thinking,

feeling, and behavior; (e) vacillation between an erotic-dependent transference relationship and a hostile, vindictive, demanding one with marked fear accompanying the former reaction and intense guilt-fear accompanying the latter; (f) a tendency in the direction of over-intellectualization; (g) a general weakening of ego boundaries, reality testing and a lessened tendency to engage in secondary process thinking.

Some aspects of her history will be described. She was born and raised in New York City. Her parents were a merchant and a homemaker. She was the last of three girls and recalls that her father constantly stated he was disappointed that she was not a boy. She regards herself as rejected and physically abused by her parents and sisters Irene and Anna but actually received some degree of support and solace from her mother. She characterized herself as a brilliant but erratic student. Her rebelliousness resulted in her dismissal from two high schools. She ran away from home on several occasions during adolescence. At age 15 she ‘‘lost interest in school” and began playing the piano in night clubs. The next ten years were a chaotic period with periodic unemployment, periods of prostituting and use of opiates. She married a fellow musician at age 26 and after seven years of mental strife they separated. The next several years were characterized by a series of ungratifying affairs, diminished use of opiates, and gradual withdrawal from interpersonal contacts. Contact with her family decreased and painful verbal altercations occurred with each encounter.

Her withdrawal continued until her admission to the hospital. Her diagnosis was “borderline personality” and she exemplified the object-splitting, ambivalence, lability of affect and other symptoms consonant with that disorder. She was, at times, extremely hostile, and at other times quite seductive.

Approximately three months after admission she reported several dreams. The first was as follows: “In a huge meeting hall filled with people, a young woman was selling tickets. She was busy. I didn’t like her face. It was ugly. I saw my sister smiling. It was a Communist party function and she wanted me to join. I

pretended not to see her. She tried to make me notice her. I saw my psychiatrist. He was young, white and handsome. I accused him of plotting with her. He replied that he had nothing to do with it. I begged him to keep her away. He put a black umbrella between the two of us. I wanted him to take me home and fuck me."

Therapist interpreted patient's wish that he "protect" her from her sister.

The patient then reported this dream: "A postman in uniform. Fear. The middle of the night. He said he had come to deliver something. He had a large package from Irene that contained two puppies and three kittens. They were beautiful. I was annoyed. The puppy peed on the floor. I began fondling them. One pup should be a protector when it grows up. I was in the street naked. A woman permitted me to wear her jacket. The animals were starving. They were skinny and looked ugly. One kitten died. One was Persian white. Another was black and white (spotted). One cat grew vicious and clawed my arm, looked like a rat. I tore it off my arm."

She associated: "My sister was the cat that turned into a rat. The three kittens were me and my two sisters. One puppy was you (would protect me when it grew up). I wish you would see me objectively. I'm disturbed by the staff on the 4-12 shift. The vibrations are happening in my bed."

Therapist interpreted her wish to separate from her sister Irene and move toward therapist and the fact that this represented a source of anxiety.

She began the next session by presenting me with a gift, additional thoughts about the dream: "Coming in the middle of the night. This boy on his shoulder (transference?). You were being made a member of the family. I always wished for a brother. I really wished for two brothers. I should have been a brother. My father is fair, my mother is dark skinned (used to call her a gypsy). Anna got mother's love. I didn't get anybody's love. I was relieved to have the rat off my arm." She had an altercation with staff the night before.

She was obviously making several references to the transference: “The black umbrella,” the two puppies, one of which was dark, the “black and white” cat, the reference to her “dark skinned” mother. The racial transference both facilitated and served as a resistance to treatment. Her object splitting was facilitated by references to blackness and its antithesis, whiteness.

The following dream and its associations further exemplify her unconscious utilization of blackness: “Anna and I were in a secondhand bookshop. I pulled out a handsome volume and we leafed through it. It seemed to have something to do with the history of ancient warfare. We decided to steal the book at my suggestions and as we approached the door the owner was looking straight at us so I motioned for her to slip it to me; she did so and we got out all right. Then outside it was dark, there was no landscape and it was windy; we were alone (no people). As we walked, I turned toward her and said (but not exactly in so many words) that we must love and trust each other. An embrace was attempted but not consummated, our bodies seemed to go awry. Then I held her away from me a bit to study the expression on her face, to see if she was in sympathy or crying. Instead, I observed her puzzlement that the side of her face turned toward me was black. I believed that this was a theatrical makeup and that the other side was white; I wondered why she had put on the makeup, then I wondered whether it really was her skin. At some point earlier in the dream, on leaving the bookstore, we looked at an illustration in the book and it depicted male exultation in warfare. I wanted to learn why men took such fierce pride in destruction. But I learned that the book was a sham; at the very opening there was a reference to Kitty Carlisle and early days of movie making with particular reference to her costume jewelry.”

She associated the secondhand bookstore to “things written down,” “as opposed to intellectualized”; “warfare with my sister.” The handsome volume may have represented her past (anamnestic material). Stealing the book represented her taking that which was not freely granted (love?). She equated the shop owner with the therapist (= father). She was relieved to be out of the

store, “we seemed to move to an emotional plain” (although barren and windswept). She compared the dark barren exterior with the treatment room. Made efforts to be loving toward “I” but to no avail. “She was cold.” “Is a sham.” She got all involved in the Angela Davis case, pretending to be pro-black while acting antisemitic. “Anna’s face was half-white, half-black.”

“I still wonder if there’s something secret going on between the two of you. Like you’re in league with each other. Men want to win all the time. Like you.” She equated the book to sessions and referred back to the theme of trust in the last session. “If I trust you, you will destroy me?”

The dream was an obvious transference dream in which her sister was substituted for therapist and an effort made to reconcile their warlike differences and substitute a more losing relationship. The dream indicated a wish to be involved in therapy, but a marked ambivalence and fear related to her perception of therapist’s power-orientation. The theme was optimistic, in that the dream represented therapeutic engagement and a willingness to begin trusting her therapist.

Racism and Psychotherapy

Schachter and Butts (12) underscore the fact that:

1. Racial differences may have little or no effect on the course of the analysis.

2. Racial differences may have catalytic effect upon the analytic process, and lead to a more rapid unfolding of core problems.

3. Stereotypes of race and color occasionally induce both analyst and patient to delay the analytic process, either by obscuring reality or by overestimating its importance.

4. Subculturally acceptable pathology or acting-out may evoke overreactions in the analyst while material fitting racial stereotypes may be ignored.

5. Countertransference may coincide with stereotypes and delay the analytic process.

In addition to underscoring the efficacy of interracial therapy and emphasizing the issues (both transferential and countertransferential as well as realistic) that catalyze or impede the therapeutic process, one cannot ignore the fact that unconscious racism and lack of awareness and sensitivity to the black (and other minority) experiences are crucial factors in the treatment accorded to blacks by whites.

Harrison and Butts (9) recommended that "one should tell patients honestly that their racial stereotypes do not get them doctors who are appropriate for them, and that stereotyped thinking only leads to more psychological troubles, particularly when it degrades or gives super-powers to someone based on racial characteristics" (p. 281). If psychoanalysts and psychotherapists are to advocate healthy and adaptive behavior on the part of their clients, it would behoove the mental health professionals to look to their own unconscious racism.

Based on this survey (9), destructive racial attitudes among psychiatrists manifested themselves in the following ways:

1. A fear that the black psychiatrist would not be able to cope with the racial attitudes of the patient, leading, in some cases, to: (a) failure to make referrals at all; and (b) failure to utilize the therapeutic effect of the positive aspects of the syndrome of the "liberal white patient" who is pleased with referral to a black psychiatrist.

2. Failure to refer patients because of overconcern that racist attitudes from these patients will "humiliate" and "hurt" the black psychiatrist.

3. Feelings that black psychiatrists are better able to treat children, adolescents, hippies, and super-liberals, which explicitly assumes a better communication between black psychiatrists and these anti-establishment patients. This unfortunately parallels in psychiatry the national policy of lumping together those groups that are seeking to change society as it is today.

4. Feelings that the black psychiatrist is better able to treat working-class patients, particularly black patients who use color as a defense. Working black patients pay lower fees. This has led to the misconception that competency in this area is due to the color of the psychiatrist rather than due to the talents of a skillful professional. Further, lack of skill or failure to learn techniques utilizable with this group of people was then excused on the basis of lack of color. Because there are so few black psychiatrists, these patients receive minimal psychiatric services at best. This exemplifies institutional racist practices.

5. Low-fee or free clinics without religious affiliations are remarkably free of any consideration of race when servicing clients. Only as fees increase, or in private practice, does racial differentiation in the selection of a therapist become an important issue. Fortunately, these low-fee or free clinical experiences allow us to see the irrelevance of race as an issue in a therapeutic relationship.

6. There is overconcern for the preference for a black therapist by the black patients which in reality can never be met, and subsequently leads to no treatment at all for many of these patients.

7. Some of the white psychiatrists expressed their own initial reactions at being taught and interviewed by black psychiatrists, i.e., anxiety around feelings that the black psychiatrist was unable to teach or evaluate them. They reported that their anxiety decreased and that they were relieved to discover his competence.

8. White psychiatrists do not appear to accept the fact, or point out explicitly to patients with racist attitudes, that racial prejudice is a crippling symptom. They merely ask, "Why the feeling?'' When a person has to use degradation of a group of people to maintain his own self-esteem, he is sick in this area and should have treatment around this issue, beginning with identification of the symptom as indication of illness. The failure to identify the symptom as evidence of illness may result in diminished referrals of white patients to black psychiatrists. The white psychiatrist may often feel that this symptom is an impossible one to treat, because of his failure to establish modifiability.

9. Both black and white psychiatrists report reactions of white patients to black therapists. White psychiatrists tend to report such reactions of

white patients to black therapists as "shocking," "jolting," "dismaying," "disorienting." Black psychiatrists use words like "surprise." There seems to be evidence here then that patients' reactions to a black psychiatrist are perceived as more intense by the white psychiatrist.

10. Defined explicitly as their own stereotypic thinking by the white psychiatrists is that the black psychiatrists: (a) "have a natural sense of rhythm"; (b) are tied up in exploring and exploiting black/white situations; (c) are trying to work out past problems and change them a bit; and (d) are a little whiter than most blacks.

11. Only half of the psychiatrists polled have close black friends. This lack of social opportunity for modifying racial stereotypes contributes to the ineffectiveness of white psychiatrists, not only with black patients, but in the referral of white patients to black psychiatrists. Black psychiatrists encompass the greater part of the white culture, in contrast to white psychiatrists, who make no efforts to move into the black world.

Harrison and Butts made the following recommendations:

1. One should tell patients honestly that their racial stereotypes do not fit doctors who are appropriate for the patient and that stereotypic thinking only leads to more psychological troubles, particularly when it degrades or gives super-powers to someone based on racial characteristics. Patients with questions or ambivalence about black psychiatrists need a definitive, reassuring statement by the white psychiatrist, not just an exploration of their feelings. Black psychiatrists are much clearer about this with their patients than white psychiatrists.

2. It is educational and ego-broadening to intimately know people of other ethnic groups. All psychiatrists should have this experience and get to know black people. They will then be able to deal more effectively with prejudice as a sickness in patients and society. A broadening of professional and social relationship increases the knowledge of others and self-knowledge.

Conclusions

In a multi-racial society such as ours, unconscious myths and stereotypes are ubiquitous, are maintained by both minority and majority members, and impact not only upon social relationships, but upon the processes of psychotherapy and psychoanalysis. There is no doubt that analysis or psychotherapy between blacks and whites can be effective, but the therapists involved in these treatments must be mindful of the resistances, catalytic effects of racial differences, and, in addition, must be aware of the fact that both black and white patients have incorporated the unconscious notions extant throughout the society.

The author draws heavily upon literature for examples as to the meanings and utilizations of blackness and whiteness. It is somewhat disconcerting and perplexing that white therapists and analysts have made so few references to "black thoughts" and "black deeds" surfacing in their treatment of white patients. It is also strange that only 4% of our nation's psychiatrists today belong to minority groups, even though the admission rate of non-whites to public mental hospitals is double what it is for whites. Equally amazing, only 7% of the research awards made by the National Institute of Mental Health are of major relevance to minorities, despite the stresses of prejudice and racism they must suffer. In addition, there are three black medical training analysts in the United States. Rather than a bid for behavioral science affirmative action, these statements are intended to put into a more comprehensive context the clinical issues referred to earlier.

This paper is an effort to examine pro-white, anti-black paranoia as it evidences itself in every therapeutic situation. For too long the focus has been on the white therapist/black patient duo. The vistas of this presentation have expanded to include the black therapist/white patient, black therapist/black patient, and white therapist/white patient. In each pairing, with varying degrees of intensity and frequency, references are made to blackness, "black thought and feelings," "black deeds." The unique background of each therapist and patient will undoubtedly influence the timing, form, frequency and intensity of the

reference(s) to "blackness." Transference and countertransference manifestations that utilize blackness may occur in therapeutic and analytic situations. Although the main thrust of this paper has been a clinical one, since the focus is on emphasizing certain clinical issues (unconscious racism) that generally tend to be minimized or overlooked, one might, in broad terms, regard aspects of this presentation as "political" in nature (see Henry Stillman's (24) definition of politics as the science of how who gets what when and where). It would be naive to discuss clinical issues in isolation from institutional training practices, institutional racism and reality issues that have an impact on the treatment and therapists that effect patients.

Pinderhughes (19) concludes:

> The data on human beings from all sources overwhelmingly support the conclusion that man is more paranoid than wise. This paranoia is not accessible to reason, and attempts to alter it lead to confrontations and often to violence. The paranoia is especially oppressive and deadly when it has been frozen into culture and when it has molded institutions.
>
> When enough influential men in important institutions decided to humanize the structures over which they have power, then dissent, revolt, and revolution cease, the leaders are embraced with appreciation and affectionate bonds. However, there must be a sizeable number of such leaders, enough to constitute a movement among influential men.
>
> In essence, to eliminate racism, it would be necessary to develop a rededication to democratic and humanitarian values, a shift from the ethics of competition to those of sharing and a new order of priorities in major institutions.
>
> Factors like these determine, to a considerable degree, needs for psychotherapy, the nature of it, and who receives it. Factors like these determine the philosophies, the rationales, and the ethics with which psychotherapy is practiced and must be considered relevant in any discussion of racism and psychotherapy.

The author could not agree more wholeheartedly. In an unpublished article (23), the author expresses a view comparable to that of Pinderhughes. The American educational system is criticized for its lack of humanism and for its emphasis on technology. Such a value system lends itself to the type of dehumanization exemplified by pro-white/anti- black paranoia.

Postlude

I sit on a man's back, choking him and making him carry me, and yet assure myself and others that I am very sorry for him and wish to lighten his load by all possible means—except by getting off his back.

Leo Tolstoy

Both individuals are victims and both bear the emotional scars of the slave-master relationship.

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