This paper begins with an analysis of race as a social construction and then follows the argument that, at a deep structural level, race and racism are organized by the same rational-irrational polarity of Enlightenment philosophy that informs psychoanalytic structural theory. The heart of the paper is formed by two case examples, one from my own practice and one from Leary (1997). I argue that unconscious racism is to be expected in our clinical work at this point in history and that truly reparative efforts depend on an acknowledgement of racism in the transference-countertransference matrix.

As suggested by the title of this paper, “black and white thinking,” our concept of race emerges from dichotomized thinking. Race is a social construction. Race does not exist per se in nature, in the sense that skin color or the shape of certain facial features can be said to exist independently of our concepts. Race as a concept refers to differences in such physical characteristics, but it is at a higher level of abstraction and refers to much more than those physical characteristics. A moment's thought should make it clear that differences in skin color occur on a continuum; they are not dichotomous. Some people who are labeled black have skin that is lighter than that of some people labeled white. The same can be said about any physical characteristic used to differentiate between the “races.” Jews were called black in 19th-century Vienna (Gilman, 1993)

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but are called white in the 20th-century United States. So, what accounts for our construction of such categories of people with an ostensibly physical basis that is demonstrably specious?

In the most general terms, people struggle with difference and similarity among themselves. On the individual level, human beings construct self-other differences, though different cultures draw the line between self and other in different places. For example, Roland (1988) pointed out that, in some Asian cultures, self includes the community, however defined, whereas in the United States and Europe, self is individualized. On group levels too, people tend to construct groups, from kinship groups to nations and religions, in order to deal with difference and similarity. It seems that there is a pervasive if not universal human need to cope with difference and similarity by constructing in-groups and out-groups. Racial groups, based as they are on obvious physical characteristics, however flawed the categorization process, draw lines between those who are “me” or “like-me” and those who are “not-me” or “unlike-me.” Difference seems both to unsettle and intrigue us. The group that is designated other comes to represent the not-me in Sullivan's (1953) terms—the unconscious, the disowned, the uncannily strange, the powerfully fascinating. There is also a sense of security in clearly demarcating the boundaries of the “not-me,” so that we can define an opposing area that is familiar and known.

Another, more political slant to this question was provided by Foucault (1980), who argued that every social dichotomy establishes a hierarchy. From this point of view, we establish gender and racial dichotomies so that we can put one category on top of the other for purposes of domination and control. Rationalizing racial and, arguably, gender categories in physical terms conceals the domineering intent by making the categories appear to innocently mirror nature.

I find it fascinating, by way of background, that efforts to dominate and control emerged from the European Enlightenment. The Enlightenment was a philosophical rebellion against the power of the Church. Philosophers at the time set reason as the highest value— versus faith, emphasized by the Church. Eventually, European society came to rely more on a scientific rather than religious worldview. As part of this movement, however, rationality became nearly synonymous with the mature and the civilized. On this basis, a number of new dichotomies were set up, including the scientifically and technologically advanced European and North American nations versus the “underdeveloped” “Third World” and the rational male
versus the emotional female. The splitting off of rationality from irrationality thus became the philosophical basis and justification for European colonialism and sexism. Colonialism, with its attendant racism, was justified in the name of civilizing the *primative* natives—that is, bringing them science, technology, and rationality. Kovel (1988) pointed out that structural theory in psychoanalysis also splits off the rational ego from the “primitive,” irrational id. On one hand, we can view Freud's project as subversive, critical with respect to the Enlightenment view of humankind. That is, Freud demonstrated the tenuousness of the rational ego's control over the psychic world—the ways in which the unconscious undermines our sense of self-knowledge and self-control. On the other hand, to the extent that Freud viewed health in terms of the domination of the conscious ego over the id, he reflected and reinforced the Enlightenment idealization of rationality and control. Freud's scientific aspirations as a medical doctor predisposed him to privilege the ego as the site of all those functions necessary to the scientific enterprise. The culmination of this trend in Freud's thought was reached with ego psychology as developed by Anna Freud and North American analysts, often under the influence of the medical model. When Freud (1933) the ego psychologist said, “Where id was, there ego shall be,” he defined the goals of psychoanalysis in terms reminiscent of the colonial mentality. In this sense, the structure of racism is built into structural psychoanalytic theory, particularly in its ego-psychological form.

Let me argue for this rather startling contention with a concrete example. Consider how ego-psychological criteria for analyzability include verbal intelligence, a variation on the theme of rationality. Other criteria of analyzability, frustration tolerance and impulse control, are variations on the theme of the domination of the id by the ego. When Third World people are assigned the qualities of irrationality, emotionality, impulsivity, and so on, clearly they are devalued in psychoanalytic theory and excluded from psychoanalytic practice. It is easy enough to argue, and to demonstrate, that African Americans, Latinos, and Third World people are not actually different from Caucasians in these terms. Some might argue that the problem is the biased and discriminatory process by which people are judged to be deficient. From that point of view, the problem is that IQ tests are biased or that inner-city people have inferior educational opportunities. I suggest that such an argument does not attack the exclusionary nature of psychoanalytic theory and practice at their roots. As long as our thinking is structured by dichotomies such as rational

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(identified as mature) and irrational (identified as primitive), someone or another must be devalued and excluded.

In a sense, then, racism is built into the ways we think and speak, into the concepts and language on which we are socialized. We cannot simply dispense with our race-related concepts, however, as racial categories have become social realities. Whether or not they have any basis in physical reality, the concepts have taken on a life of their own as people have identified with labels such as black, white, African American, and so on, and developed very real senses of group identity based on these categories. As we begin to talk about race in clinical practice, the problem that lurks in the background is how to recognize the social reality of race without losing sight of the way in which our conceptions of racial differences are based in and perpetuate oppressive and discriminatory social arrangements.

Before turning to more clinical considerations, I note that my discussion so far has to do with how our thinking and thus our experience are structured by networks of concepts that existed long before we were born and into which we were socialized early in life. Insofar as these conceptual networks, like those having to do with race, perpetuate oppressive social arrangements, one might say that we are all inadvertently socialized to be racist, to take for granted the discriminatory practices of our society.

The individual, however, is not destined to be a prisoner of the language and concepts within which he or she is trained to think and to experience. There are subversive currents and concepts within our culture and our language; the individual, as well, has the capacity to reflect on preconceptions, even those ingrained during early socialization. The most important clinical implications of what I am saying are that we should expect to find racism in our countertransference and in our thoughts and feelings generally and that reflection on our countertransference is an essential element if we wish to deal with race in our therapeutic work. I now illustrate these points with two clinical examples, one from my own practice and one from Leary (1997).

A colleague referred Mr. A, an African American man, to me, a Jewish, white man, for help with panic attacks and marital difficulties.

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1 The identifying information about this man is very heavily disguised. In my view, the dynamics of the case are accurately preserved, but I recognize that disguising identifying information always runs the risk of distorting aspects of the patient, and of my interaction with the patient, that are clinically significant. In my view, this risk is inevitable, given the need to preserve confidentiality.
In our first few sessions, Mr. A told me about having grown up in the South Bronx as a tough, out-of-control street fighter. His parents had given up on him, as he saw it, and sent him into foster care when he was 10 years old, where he was physically and sexually abused by members of the extended foster family. At age 12, he returned to his parents and vowed to turn over a new leaf. There, despite continuing to hang with a group of tough kids who got into nearly daily fights, he began to achieve in school. He graduated from the local high school with high honors and then went to an Ivy League college on an academic scholarship. After completing an Ivy League law school degree, he opened a general practice taking on cases that he felt furthered progressive social causes. As it happened, I knew the neighborhood in which Mr. A grew up; I had worked there for many years. I never mentioned to Mr. A that I was familiar with the South Bronx, but I felt a bond with him based on my experience with people there, and I tremendously admired him for what he had accomplished in his life given the way the deck had been stacked against him in many ways at the outset.

One of the problems that preoccupied Mr. A when I first began seeing him was that his father was asking him to return some money, tens of thousands of dollars, that the father had given him. Mr. A's father was recently remarried. In Mr. A's view, his father's new wife was trying to exploit her husband by getting him to reclaim the money so she could have it. Mr. A was tremendously angry at this woman. As he talked about the situation, what also came into focus was his anger at his father for allowing the wife to damage Mr. A's financial situation in this way. Mr. A believed that his father had similarly stood by and allowed his first wife, Mr. A's mother, to send Mr. A into foster care as a child. As angry as Mr. A was, he refused to express his anger to his father and did not resist giving the money back. He anticipated that his father would listen to him sympathetically but would ultimately defer to his wife.

Meanwhile, Mr. A was missing our appointments and bouncing checks he wrote to me. For business reasons, he regularly canceled with me at the last minute. After the first time his secretary called to cancel an appointment, I began to explain that I charge for such missed appointments. Mr. A stopped me by saying that he expected to pay for them; after all, he said, I had been there waiting for him. I went on to ask him to call me in person when he canceled, rather than have his secretary call me; I said I wanted to talk personally with him when he canceled. He agreed to this and said that he knew he was trying to avoid a confrontation with me by having his secretary call. The
referring colleague had mentioned a fee that Mr. A had told her he could pay weekly. I regarded this fee as moderate—not close to my full fee but not close to the lowest fee I was accepting either. Mr. A and I had agreed on this fee in our first meeting. Then, his first check bounced. He claimed to be mystified and said he would look into the matter at the bank and would bring me cash the following week. The next week, he duly brought me cash, and said something vague about the bank's being a tool of the capitalist system. This comment struck a chord of guilt in me: I felt like a tool of the capitalist system in my pursuit of his money. This guilt distracted me from inquiring into just what he meant or how it happened that the check had bounced. I let the comment pass. Over a period of months, this sequence of events became a pattern. Early on in the treatment, he called to warn me that something may have gone wrong at his bank, and to ask that I call him immediately if his check bounced. The check bounced, I called, and he brought cash the next time. During the third month, a check bounced, but Mr A didn't call to warn me. I asked him to pay me in cash, and I summoned up the courage to say that we had to look at the situation—every check he wrote me over three months had bounced. In retrospect, I wonder why it took me so long to confront Mr. A.

Even before the first check had bounced, I had the marginal thought that Mr. A would not pay me. I cannot be sure of all the sources of this thought, but I believe my thinking went something like this: I can't believe that this man, who has fought his way up from poverty and who still struggles to make ends meet, is going to give substantial sums of money to a privileged person like me. At a somewhat deeper level was a racially prejudiced thought: I thought of him as more likely to stiff me because he was black. Feeding this thought were, I think, classism and stereotypes involving black people, irresponsibility, and criminality. I also got caught in a tangled web of guilt, anger, and greed. A complementary anti-Jewish stereotype was activated as well. I began to feel like the stereotypical greedy Jew, like the Jewish landlord feeding off the poverty-stricken residents of the ghetto.

In the face of my sense of shame about all these feelings, it was difficult for me to confront Mr. A about the bounced checks. I was afraid that doing so would expose all these prejudices, would reveal both my own greed and my sense of him as out to stiff me. My professional self was still in control, however, and I confronted him: “Every check you have written to me has bounced.” Mr. A said that he would bring cash from now on, he would not let this happen again.
I said that the most important thing is that we understand what is happening between us. He said no, the most important thing is that my needs be taken care of. I was shocked—he thought that taking care of my needs is the most important thing? Why were we there? With the benefit of hindsight, I can see that he may have been indicating that he thought I was putting my needs ahead of his—and that he was accepting this situation consciously, but protesting unconsciously via the bounced checks. At the time, though, I guiltily felt that there was some truth to his statement about the priority of my needs. Distracted and confused by this sense of guilt, I said, “What about your needs?” He said that he felt his needs were being met, that he was quite satisfied with my availability and understanding as a therapist. I pressed on. I said I wondered if he resented paying for the numerous sessions he had not attended—in this way, his needs were not being met at all. He returned to his idea of the justice involved in paying me for the missed sessions (i.e., I had set aside the time and waited for him).

At this point, feeling somewhat frustrated, I decided to take a leap far beyond where Mr. A was consciously at the moment. I said,

You know, the situation that develops when you bounce a check is like that between you and your father. I know that, unlike your father, you eventually pay me. But when you bounce the check, it puts me in your position in relation to your father, having been promised some money, feeling that I got it, and then having it withdrawn. I think you may, without intending it, be letting me know something about how it feels to be you in relation to your father.

I might have emphasized his identification with his father more, but I was trying to attenuate—by emphasizing his role as victim rather than as perpetrator of a wrong—what I was afraid would be experienced by him as an attack. Mr. A looked stunned. He stared at me for a moment, then acknowledged that that was an interesting slant on what was happening. Then he said that what he was most concerned about was his pattern of letting relationships die. He said that, throughout his life, after a certain point, he would stop calling people. It was only those who didn't give up, who kept calling and calling him, who became lasting friends. He provided an example and said that he did not want the same thing to happen to us, and that that was why he was concerned about staying on top of paying me. As the session ended,
I was encouraged that he had both described the threat to our relationship and expressed a determination to make the relationship work. I was also daunted by the complexity and possible insolubility of the situation: Pursuing him for money would be the way I would “keep calling him” but would also be the way I would be letting him down by putting my needs ahead of his. I finish this vignette by describing how our regular meetings ended after eight months of treatment. After missing two sessions in a row, which he had never done before, Mr. A arrived for the first session of a new month; I expected, or hoped, that he would pay me then for the previous month. (actually, for the previous two months). Arriving late, he said that an important meeting had run long and that he hadn't had enough time to go to a cash machine. Would I take a check for both months—a check that he guaranteed would not bounce—or would I rather wait until next week for cash? I felt caught between a rock and a hard place. If I took the check, I would be giving him enough rope to hang himself; if I said I would wait for cash, there was every likelihood that he would not show up the next week or two, and I would have to wait longer than I was comfortable with for the money. I took the check. As I reached out and took it, I had a strong sense that our relationship was doomed. In retrospect, I wonder why I did not “freeze” the situation in place and reflect on what had developed between us. The bottom line is that I had reached my limit with Mr. A. I needed the money, and I was angry.

The next week, after I received a notice from my bank that Mr. A's check had bounced, his secretary called at session time to say he could not attend and to schedule a new appointment. I said that I wanted to speak with Mr. A directly. He did not call me back. Over a period of weeks, he failed to respond to my calls, then letters. I began sending bills, more bills, and, after eight months, a statement of my intention to sue him in small claims court if he did not respond. I eventually did sue him, and obtained a judgment against him (he did not show up in court). He did not pay even after being served with the judgment.

I am aware that this case can be discussed in terms of an enactment of internalized relationships with Mr. A's father and mother, without reference to a racial element. One might say, as I did at one point to Mr. A, that he was promising me money and then reneging, as his father had done to him. I then came to feel cheated and abandoned, as he had felt with regard to his father. I believe that he may also have felt that I took advantage of him, as he paid for missed sessions (certainly my countertransference was such that I was ready to believe.
that he felt that way). We had discussed these dynamics, so that the ideas were available to conscious reflection. The real action, however, was on the unconscious level, as the dynamic organized our interaction in the “trenches” of the emotionally supercharged events that transpired between us. In the end, we both felt abandoned by the other, which in various ways probably replicated facets of his having been sent away to foster care.

So why add a racial element to our understanding of this case? One answer to this question is, for me, that it was just there. Beyond this basic fact, adding the racial element, in my view, deepens and expands this sort of dynamic understanding and roots it more firmly in the here-and-now flow of unconscious communication. I think about the racial factor first of all in terms of projective and introjective processes. My prejudicial image of Mr. A served a defensive, projective function for me by protecting my preferred self-image as a responsible, solid citizen. Meanwhile, Mr. A, I speculate, had internalized such denigrated images of himself as a black man. Within our interaction, this process was reinforced as Mr. A presumably identified with my covertly racist image of him. He might have inferred that I held such an image of him from, for example, my delay in confronting his bounced checks, as if I were bending over backward to deny that I found his behavior to be irresponsible. On his side, Mr. A may also have had a defensive interest in attributing to me a derogated image of himself that he may have unconsciously held. Perhaps Mr. A had a racist (though plausible) preconception of me—that I would exploit and demean him while pretending to be helping him. All these preconceptions that we presumably had about each other got actualized between us, so that preconception and reality came to coincide too much for us to reflect on the internalized scenarios that we each held, in a way that would allow for a significant degree of perspective. One reason I feel justified in assuming race-linked preconceptions of me and of himself on Mr. A's part is that we are both shaped by the same society, with its racial and racist stereotypes. I (Altman, 1995) and others such as Cushman (1995) and Greenberg (1991) have referred to society in this way as a sort of third person in the room. Both Mr. A and I knew that racism is in us, at some level, simply because we are members of North American society. If we said that racism is “out there,” in racist society, and not “in here,” in our very psyches, we would be splitting off and denying an important “bad object” experience between us. This is not to deny that we don't also hate this racism, strive to transcend it, and have loving, admiring, and identificatory
feelings across racial lines. It is precisely because we do have such a multiplicity of feelings that societal racism does not shape us in any sort of monolithic way. Society is itself not monolithic in its racial attitudes, or in any other respect. So we are all under social influence, and yet we each consciously and unconsciously pick and choose which aspects of that influence to be shaped by as well as bring to bear our own powers of resistance, creativity, and agency.

Going further with the idea of a third person in the room, I think of Ogden's (1994) concept of the analytic third, by which he means an intersubjectively created space in which patient and analyst are both created anew within their interaction. Ogden looks to his own reverie processes for clues as to the unconscious transformation processes that have taken place in him within any particular analytic third. One can regard my racist and anti-Semitic “reveries” as my entrée into the intersubjectively created analytic third in this case, in which Mr. A had become the deprived, oppressed black man seeking recompense through anti-social activity (in the manner described by Winnicott, 1956, when he discussed stealing as a sign of hope) and I had become the greedy Jew chasing after money, taking what was rightfully his. Mr. A presented himself as looking after my needs, but, finally, the joke was on me. On another level, my resistance and anxiety about becoming the greedy Jew, as well as my fear of becoming the oppressive white man, led me to delay confronting Mr. A about his bounced checks or taking up the issue of racism with him. My level of anger may also have made the specter of racist violence too powerful a fantasy. Within our intersubjectively created third space, one of us was to be victimized, and the other was to be the victimizer. It is fascinating how intersubjectively generated third and societal third coincide in this case and how the dyadic interaction is subsumed within the analytic third.

I believe that it might have been helpful if I had used my awareness of racism in myself to explore more explicitly race-linked feelings between us. My failure to do so may well constitute another modality in which my racism, along with my anxiety about my racism, was transmitted. Nonetheless, I have argued that my attempt to be aware of my own racism was an indispensable first step toward engaging the unconscious communication between us and toward becoming aware of the dynamics within the third space between us, the intersubjective/ societal third. I am not necessarily advocating explicit disclosure of such feelings and images to patients. Rather, I am advocating the use of the analyst's hostility and contempt to tune in to extremely problematic aspects of the unconscious interaction, which by virtue
of their very unacceptability become of the highest importance analytically. If we do not confront such feelings in ourselves, we do not stand a chance of being able to process such interactions therapeutically, in words and in action. I now turn to a case, presented by Leary (1997), in which patient and analyst explicitly discussed race as well as engaged in a complicated level of enactment that I found fascinating.

Leary, who is African American, described her work with a 30-year-old white woman whom she called Ms. C. Early on in the treatment, Ms. C worried about the racial difference and about the possibility that she might say something that would offend her therapist. In the segment that most interested me, Ms. C talked about the film Pulp Fiction, in which a black character and a white character get to know each other very well. Ms. C was “disturbed (and fascinated) by the racial epithets used in the film by both blacks and whites” (p. 174), hesitated to use the word nigger when mentioning these epithets, and was afraid that saying the word, even in the context of reporting its use by someone else, would offend her therapist. Ms. C was also curious, however, about how Leary would react. Ms. C noted that blacks could use this term among themselves with impunity, whereas whites could not. Leary responded that whites certainly do use the term in the film. Ms. C replied that “she wondered how comfortable a black person could really feel with a white person, given the discrimination blacks encountered” (p. 179). Leary then said to her, “This, of course, also raised the issue of what whites really thought about blacks” (p. 175). In subsequent sessions, Ms. C talked about violence—violence between blacks and whites and violence between blacks, but not violence between whites. White-on-white violence “didn't mean anything” to her (p. 175). Leary saw this as evidence of how whiteness (implying nonviolence) got defined in relation to people of color (seen as violent). Some time later, Ms. C, talking about her ambivalence about affirmative action, told Leary of a “fantasy” that Leary was “second rate and unable to make it on [her] own” (p. 176). Although Ms. C qualified and backtracked, she was worried about Leary's reaction. Leary said,

I acknowledged openly that her fantasy contained an idea designed to injure, and that most African-Americans would agree. I said because I had grown up having to deal with these kinds of ideas, it was possible that I wouldn't be hurt by them in the ways that she feared. From my perspective, however, I thought that
what was more important was why she needed to offend, and I would try to help her understand this [p. 176].

In a later session, Ms. C expressed a fantasy that Leary was biracial, a product of a “sexual tie between black and white,” (p. 177) which Leary took as suggesting an erotic component to Ms. C.’s wishes for intimacy with her.

I find this vignette remarkable for the openness with which feelings connected with race were discussed, for the way in which Leary fostered an environment in which the patient felt free to be so forthcoming. According to my reading, in referring to the use of the word nigger, Ms. C. was referring to her own racism. She noted that blacks feel free to use the term among themselves, whereas whites cannot, and she wondered what blacks really think about whites and how comfortable a black person can be with a white person, given the history. I read this as indicating that Ms. C. was worried about expressing her racism and wanted to know how put off Leary would be if she gave voice to it. I suspect that Ms. C may also have been saying, in effect, “If blacks are free to express antiblack racism, how come I can’t?” Leary responded, as previously noted, “This, of course, raised also the issue of what whites really thought about blacks.”

I hear Leary's response in a variety of ways. She seemed to sidestep Ms. C's anxiety about expressing her racism and her desire to know how Leary would receive it. She seemed to be saying, “Rather than focusing on how I feel about you, we should be focusing on how you feel about me.” Although one might question the value of bypassing Ms. C's anxiety in this way, there is another way in which Leary's response seemed facilitative. That is, I believe Leary met aggression with aggression, the aggression implicit in the patient's racism with her own aggressively tinged challenge. The unconscious communication was: “I recognize the aggression in your racism, and I'm prepared to meet it with my own, and thus survive any attack you may have in store for me.” Ms. C then let loose with her unconscious aggression when she described her “fantasy” (a curiously tentative term) that Leary is second-rate, unable to make it on her own. In Kleinian fashion, I see this image of Leary as evidence of a destructive attack on her as good object in the patient's internal world. In short, Leary was demolished in Ms. C's mind. Again, Leary recognized the aggression, and countered with her own: She told Ms. C that her fantasy contains an idea designed to injure. It seemed that Leary was saying, “My
perception that you are trying to injure me is not based on my personal sensitivity, because most African Americans would agree. But I've been through all this before, I've developed a tough skin [also implying that she's been scarred] and ways of coping, so let's move on and see why you need to attack me in this way.” I think Ms. C responded positively to this evidence of Leary's survivability, as shown by her fantasy of Leary as biracial. I heard this fantasy as not only sexual, in a narrow sense, but also as conveying a sense that black and white could come together and be productive.

Although I admire Leary's use of her aggression as described in this vignette, I believe there is a potential downside in terms of not recognizing Ms. C's more loving and protective impulses toward her, including Ms. C's wish to protect Leary from herself. Focusing on the libidinal aspect of some of Ms. C's fantasies, rather than on her loving side, may have the same disadvantage.

Finally, with respect to this vignette, it occurred to me that it might well have been more difficult for a white therapist with a black patient to use her aggression in the way Leary was able to. My sense is that Leary and Ms. C agreed that the historical context of white-on-black violence haunted their interaction. Leary's aggression, in that context, was directed at a very powerful adversary, in a sense. As a white therapist, I, for one, feel constrained by the accumulated damage already done by a group of people with whom I identify.

My intention has been to argue that it is crucial for the analyst to attempt to become familiar with his or her own racial attitudes and feelings, including racism, in the countertransference. In the first case illustration, I demonstrate, I hope, that my own racism worked in tandem with the patient's negative self-image—based on an identification with his father and perhaps his own racism—to create a powerful dynamic in our relationship. My racism was a piece of the unconscious interaction, perhaps most evident to the patient in the form of the defense against it (i.e., my delay in confronting him about his bounced checks). I believe that, in the second case illustration, the analyst's aggression in a racially charged context was an important part of the interaction. I believe that the analyst's evident comfort with her aggression worked positively to further the analysis, although a price may have been paid in terms of contact with the patient's more positive feelings. As I said, I am not advocating explicit disclosure of the analyst's feelings. It should be clear that I believe that such feelings make a strong impact on the patient without their being talked about explicitly. I also believe that any necessary working through on
the analyst's part can be done as part of his or her self-reflection and through the ways in which he or she repositions himself or herself in the interaction.

Although I wish an end to racism were possible, I believe that, given the present state of society and the human psyche, it should be taken for granted that none of us will be able to overcome our personal racist attitudes altogether. Thus, I am advocating that clinicians become familiar with their racism, not that they overcome their racist feelings and attitudes. The danger in implying that clinicians can and should overcome their racist feelings is that they will mistake their conscious goodwill and good intentions for a thoroughgoing nonracist attitude. As with countertransference in general, no sooner do we deal with one of its manifestations than another appears from the unlikeliest quarter. If it were not so, the analyst's unconscious would have disappeared. Psychoanalysis, in the version that most appeals to me, teaches that no one's unconscious, including the best analyzed analyst's, will ever disappear. Racism, then, will not be dealt with by any finite list of its manifestations against which we can attempt to immunize or guard ourselves. It is better that we take the attitude that racism is always there and that vigilance is always required. For most of us, liberal veterans of the Civil Rights Movement and other causes, the danger of an insidious unconscious racism is far greater than consciously held racist attitudes. As analysts we are in a unique position to study this pervasive phenomenon in ourselves and others.

With this point of view in mind, consider the title of an article recently published in the *APA Monitor*, the newsletter of the American Psychological Association: “Racist Attitudes Can Be Unlearned” (1997). A heading there reads: “Humans may be innately predisposed to form prejudices, but can learn at an early age to overcome those feelings, a scholar says.” The scholar, Harold Fishbein of the University of Cincinnati, is quoted as saying, “When [we] view all Americans as belonging to the same group, [not] different or opposing ones, then the core problem [prejudice and discrimination] will disappear.” Fishbein developed an educational strategy, “cooperative learning,” to teach children to see one another as “insiders” or “teammates” rather than “outsiders.” I have nothing against such educational approaches; they sound quite constructive to me. What I do have a problem with is the idea that such programs ought to be expected to eliminate prejudice and discrimination. I have the same concern about classroom efforts to promote acceptance of diverse groups by teaching about them, by familiarizing students with other cultures, and so on. My
concern is that prejudice will be driven underground, will assume more subtle forms, or will be expressed or responded to overtly only by marginalized individuals within the classroom or workplace. In one classroom that I and a collaborator studied, great and effective efforts were made to familiarize the students with the culture(s) of each student. Largely as a result of this effort, I believe, the students in the class, when interviewed, said by and large that everyone in the class got along pretty well, even if they mostly socialized with kids from their own racial or ethnic group. One black girl reported, however, that there was another black girl in the class who felt that their white teacher treated her unfairly because she was black. This girl, she said, was probably using racial misunderstanding as an excuse for her difficulties in school. With a psychoanalytically trained ear, we can easily enough hear the other girl, in this case, as standing in for a disowned part of the girl who's speaking. That is, because feelings of being discriminated against and perceptions of racism are not supposed to occur in this enlightened classroom, the children disown such feelings and perceptions in themselves. A child who is marginal socially may end up being the person who gives voice to such feelings and perceptions on behalf of others in the group. This child may then be further marginalized for speaking what no one wants to hear. Such a development can be forestalled by an attitude that prejudice exists and that it needs to be recognized in oneself and in others and worked with openly.

As a society, we have to some extent committed ourselves to an ideal of acceptance of cultural and racial diversity. As a result, in many circles it is no longer socially acceptable to express overtly racist sentiments. This development makes it possible for some to believe that racism is no longer a serious issue in this country. Thus, it is frequently argued, affirmative action is no longer necessary, and so on. I think what has happened, however, is that racism has gone underground and now covertly informs the debates on welfare “reform,” affirmative action, immigration policy, and English as official language.

Social learning approaches to racism, I believe, underestimate both the subtlety and insidiousness of the social (and psychic) forces that promote racism. As psychoanalysts, we can help round out the picture with our sensitivity to unconscious factors.

In his paper, “Hate in the Countertransference,” Winnicott (1947) advocated that analysts take for granted that they are going to hate their patients, just as parents should take for granted that they are
going to hate their children. In his inimitably and deceptively simple fashion, Winnicott listed 18 good reasons parents hate their children. Winnicott believed that, if analysts or parents deny that they hate their charges, they will deal with them in a “sentimental” manner (i.e., in a syrupy sweet, patronizing manner that smacks of reaction formation). By contrast, sublimation as a defense takes aggression and destructiveness for granted and transforms it, turns it toward constructive ends. The Kleinian idea of reparation is similar. The Kleinian depressive position occurs when people take responsibility for their destructiveness and recognize that they can have destructive feelings, impulses, fantasies, and actions toward people whom they also love. Thus arises guilt, which in its constructive form can give rise to reparative actions. A relationship that accommodates hatred and provides for reparative action is stronger than one that denies hatred and thus becomes brittle. Denial of hatred very often implies denial of love. We can acknowledge our hatred when we recognize our love as a counterforce, when the motivation for repair is also strong. Even a racial difference built on projective mechanisms implies that the other race has been invested with aspects of our own psyches. We both love and hate the group that contains us. The violence and destruction visited upon black people by white people historically in this country impose a burden of guilt on white people that may promote efforts to disown individual responsibility for further hatred on the part of white individuals. These efforts are understandable but, I believe, counterproductive. My effort in this paper has been to advocate that we, as clinicians and otherwise, make room for racism, as well as love between the races, in the interest of promoting constructive, reparative action that will have a firm foundation.

References


