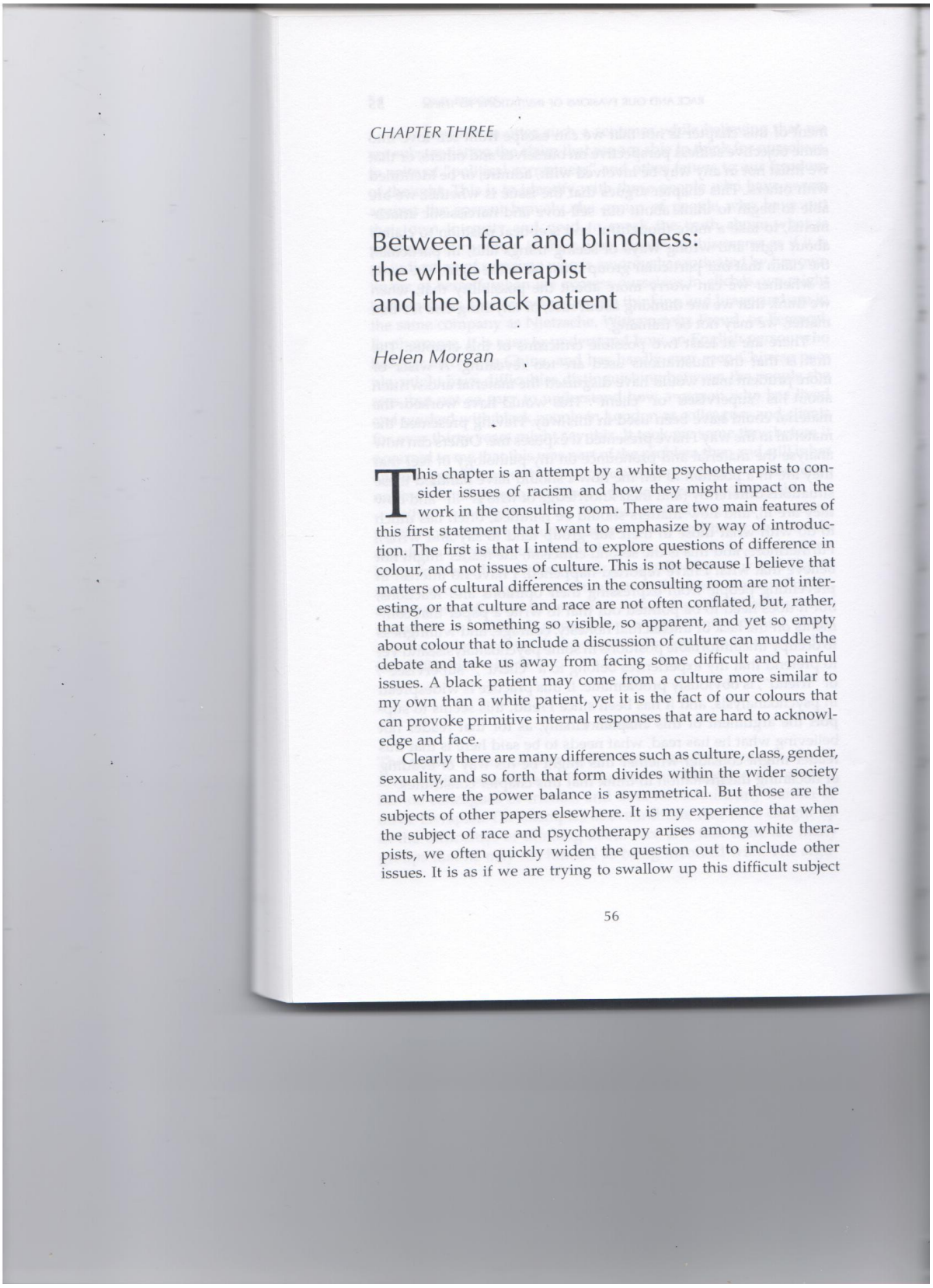
Morgan, H. (2014) "Between fear and blindness: the white therapist and the black patient" in *Thinking Space: Promoting Thinking about Race, Culture, and Diversity in Psychotherapy and Beyond*. London: Karnac.



CHAPTER THREE

Between fear and blindness: the white therapist and the black patient

Helen Morgan

This chapter is an attempt by a white psychotherapist to consider issues of racism and how they might impact on the work in the consulting room. There are two main features of this first statement that I want to emphasize by way of introduction. The first is that I intend to explore questions of difference in colour, and not issues of culture. This is not because I believe that matters of cultural differences in the consulting room are not interesting, or that culture and race are not often conflated, but, rather, that there is something so visible, so apparent, and yet so empty about colour that to include a discussion of culture can muddle the debate and take us away from facing some difficult and painful issues. A black patient may come from a culture more similar to my own than a white patient, yet it is the fact of our colours that can provoke primitive internal responses that are hard to acknowledge and face.

Clearly there are many differences such as culture, class, gender, sexuality, and so forth that form divides within the wider society and where the power balance is asymmetrical. But those are the subjects of other papers elsewhere. It is my experience that when the subject of race and psychotherapy arises among white therapists, we often quickly widen the question out to include other issues. It is as if we are trying to swallow up this difficult subject

and lose it in a generality of difference. I am always struck by how very hard it is to think about racism, for it is essentially such an irrational phenomenon and yet one that is so insidious and pervasive. Colour blindness, ignoring difference of this nature, is more comfortable, but I believe it to be a denial and a defence against a complex array of emotions that includes anxiety, fear, guilt, shame, and envy. No wonder we do our best to avoid the subject.

The other point I wish to make is that this chapter is written from the perspective of the white therapist. It is the only position I might have any authority from which to speak. There are worryingly few black people entering this profession, but it seems that those who have are impelled by their experience in the consulting room with both black and white patients to consider matters of racism. Some have written of their subsequent thinking. On the other hand, there is a notable paucity of writing from white therapists on this subject. Paul Gordon conducted a survey of psychoanalytic psychotherapy trainings and equal opportunity policies in 1993 and concluded:

> . . . not only that few organisations had actually done anything meaningful in this respect, but that many simply did not regard it as a problem and some completely misunderstood the issues. [Gordon, 1996, p. 196]

Because this is an essentially white profession within a society where white holds power, the white therapist can go through life avoiding this matter altogether, assuming it to be a problem only for black colleagues. Pressures to think about it may be dismissed as mere fashion and political correctness. I will suggest that we as individuals, our work, and the profession in general are the poorer for such avoidance.

A paper by Bob Young on how little the issue of racism is addressed within training organizations is entitled "Psychoanalysis and Racism: A Loud Silence" (1994b). There is a silence generally within our profession concerning racism, but I believe also that a silence can too easily develop in the consulting room. It is a dangerous silence for the therapy because it contains too much background noise for it not to infect all the other work we try to do. A frequent response by the black patient is to stop and leave therapy, often silently. Another response is not to enter in the first place—which is the loudest silence of all.

Psychotherapy—"What's race got to do with it . . .?"

In its essence, psychotherapy is a process of an individual therapist working with an individual patient. In that work, a relationship develops that is specific to those two individuals. The focus is on the vicissitudes of the internal world of the patient and how it emerges transferentially within that relationship. The terms "black" and "white" are definitions of collective categories of so-called race. Racism involves such collective definitions which carry a process of de-personalization, seeing only the characteristics ascribed to that category and not the individual. What, therefore, has such a topic to do with the business of psychotherapy?

Assuming racism to be a non-issue for psychotherapy is tempting. However, I believe that racism forms a backdrop that exists for any therapeutic encounter. It is a form of pathology and, therefore, should be open to the exploration of therapy. It is so for our white patients and needs, therefore, to be available to analysis where it appears. When a black patient enters therapy, because of the effects racism will have had on him or her, these experiences will be present in the room. Power differences, both real and perceived, between a white therapist and a black patient will exist, and we need a way of exploring them, especially when they occur as transference resistances.

Racism

In "The Good Society and the Inner World", Michael Rustin describes the concept of "race" as "an empty category":

> . . . differences of biological race are largely lacking in substance. Racial differences go no further, in their essence, than superficial variations in bodily appearance and shape—modal tallness of different groups, colour of skin, facial shape, hair, etc. Given the variations that occur within these so-called groups, and give rise to no general categorisations or clusterings . . ., it is hard to find any significance in these differences except those that are arbitrarily assigned to them (. . . even physical visibility has been lacking in important cases of racism as a ground of distinction—the Nazis compelled Jews to wear the Star of David because they were not readily identifiable as Jews . . .). Racial differences depend on the definition given to them by the other

> . . . and the most powerful definitions of these kinds are those which are negative—definitions that we can call racist. [Rustin, 1991, p. 58]

The emptiness of this category "race" emphasizes the irrational foundation of racism. Any analysis of these foundations has to include a political and economic perspective. Colonization and the riches of power and wealth that were exploited by white Europeans in the past, and the continuation of such exploitation in the process of globalization, require moral and psychological constructs as a justification for the exploiters. Exploration of the psychology behind and within the process can be helpful if it goes alongside other approaches. In his paper "Souls in Armour", Gordon argues that:

> Psychoanalysis cannot provide a theory of racism, although it can—and should—be part of one. Racism is in the material world as well as the psyche and our attempt to understand it—like our attempts to understand all other phenomena—must be in two places at once. [Gordon, 1993b, p. 73]

Those who have considered the subject of racism from a psychoanalytic perspective focus on different possible aspects. Rustin sees racism as akin to a psychotic state of mind. The mechanism includes a paranoid splitting of objects into the loved and the hated, and the racial other becomes the container for the split-off, hated aspect, which is then feared and attacked. Rustin argues that it is the very meaninglessness of the racial distinction in real terms that makes it such an ideal container, for no other complications of reality can intrude. Splitting mechanisms include idealization as well as denigration. The latter is mobilized and expressed in political speeches that refer to excrement and the terror of floods of immigrants taking over the country. The former is evident in the idealization of African Caribbean youth culture and the attribution of abilities in sport, music, and dance. This process of idealization carries with it the dynamics of envy.

Frank Lowe suggests that it is useful to consider white racism as a borderline phenomenon, as it

> helps us better understand the white's inability to make contact with the black other because it arouses immense anxiety and there is a fear of loss, of fragmentation or dissolution of self and identity. [Lowe, 2006b, p. 59]

Davids (2011) argues that it is because the racist thought is unconscious, universal, and operates at a pre-verbal level that it leads to such a sense of rupture and immobilization of thought. In his model he posits three steps: The first is the perception of a difference between ourselves and the "racial other". The second is where the designation of this "racial other" provides a container for unwanted aspects of the psyche which are split off and projected. The split is a mechanism for protecting the subject from unbearable anxiety, which is rooted in the experience of infantile helplessness and dependency. It is his introduction of the third step which takes us beyond the usual understanding and offers a more complex way of thinking about the internal processes. Here, Davids argues that an "organizing internal template" is established to "govern the relationship between subject, now free of his unwanted aspects, and object, now containing them" (p. 30). The purpose of the template is to cover up the racist nature of the first two steps, which otherwise would provoke unbearable shame and guilt, and to provide a construct whereby subject and object are given strictly defined, unchallengeable roles and relationships. As long as these roles are complied with and the subject stays loyal to the organization, safety and freedom from the original anxiety is assured. Although allied to the concept of the pathological organization posited by Steiner (1987), Davids argues that this template of inner racism is rooted in the ordinary infantile experience of helplessness and so is a feature of the "ordinary" mind and is not, in itself, pathological.

Farhad Dalal (2002) draws on the works of the group analyst S. H. Foulkes and the sociologist Norbert Elias to present a post-structuralist understanding of how social groups, as well as the subsequent power relations between them, are established. He argues that racist labelling is constructed in order to maintain a hierarchical ordering forming what he terms the social unconscious. This ordering means that such differentiations as white positivity and black negativity are, in fact, constructs deeply imbedded in society, language, and the psyche, but which come to be accepted as natural. Dalal uses the ideas of the Chilean psychoanalyst Ignacio Matte-Blanco with those of Elias to show how differences are created and then maintained so the more powerful become idealized and the less powerful marginalized and stigmatized. The implications of his argument are that differences such as skin colour cannot be overcome with well-intentioned wilful efforts on the part

of either individuals or governments through legislation and that we must accept that we are born into a racist society and operate with racist psyches.

Stephen Frosh (1989) argues that racism is a response to modernity and the fragmentation that is experienced. The move to a more pluralistic society together with the dismantling of much of the external forms of superego control carried by the established institutions, such as church and state, may mean greater freedom, it but places a considerable strain on the individual ego to manage that freedom and hold the depressive position. The fragile ego, fearful of fragmentation, must find ways of defending itself. The need is to establish a boundary between self and other and to then define the other as inferior and thus the self as superior. Hated feelings can be projected into the other and feared, envied, and attacked. Frosh predicts that the retreat to fundamentalism and the growth of racism will be the key problem for modern society.

From a Jungian perspective, James Hillman in his paper "Notes on White Supremacy" explores the meaning of the colours white and black:

> Our culture, by which I mean the imagination, beliefs, enactments and values collectively and unconsciously shared by Northern Europeans and Americans, is white supremacist. Inescapably white supremacist, in that superiority of whiteness is affirmed by our major texts and is fundamental to our linguistic roots, and thus our perceptual structures. We tend to see white as first, as best, as most embracing, and define it in superior terms. [Hillman, 1986, p. 29]

In his paper "The Soul of Underdevelopment", presented to the International Congress for Analytical Psychology in Zurich in 1995, Roberto Gambini quotes a statement of the Pope at the time of the conquest of South America: "There is no sin below the Equator." Gambini notes that:

> In sixteenth Century catholic Europe, the shadow was kept under relative control by ethical institutions and civil law. . . . The shadow stayed in the corner, pressed for a way out to be lived and projected. Thus, when a vast geographical area was opened under the rubric, "Here it is allowed," the shadow disembarks on the shore and runs free, proclaiming gladly: "I made it! This is home!" [Gambini, 1997, p. 142]

Hillman talks of the projection of the shadow onto the black population. The very nature of white and its equation with light, bright, and innocent means it cannot include the dark within it. He suggests that "whiteness does not admit shadow, that its supremacy rejects distinctions and perceives any tincture as dullness, stain, dirt or obscurity" (Hillman, 1986, p. 40). White, therefore, casts its own white shadow and casts it into the black.

The concept of projection of the shadow into the other who is then feared, hated, envied, and so forth allows a generality that leaves open the question of what that shadow aspect might consist of. Different so-called racial groups—the Jew, the African, the African Caribbean, the Asian, the Middle Eastern, and others—all carry separate collective projections and evoke various primitive responses. The threat each category is perceived to contain, from a white racist perspective, is seen to be different in each case, as is what is perceived to be enviable. Each is seen to be available to carry an aspect of the white shadow. The effect of the process in each case is one of depersonalization and dehumanization.

Furthermore, I am not saying that the process of shadow projection is the prerogative of white people only. To do so would be to engage in a reverse form of splitting, assuming pathology to belong to white people and health to black people. This would be to deny the facts and to idealize the other. However, I do want to keep focused on white racism, for two reasons. One is that the power balance between white and black in this society is not symmetrical and needs to be owned as a reality. The second is that my concern in this chapter is the white therapist and the implications of white racism for him or her.

The white liberal

The racist self is an ugly creature and one to which we wish to give no house room. This ugliness has expression in such groups as the British National Party (BNP), the Ku Klux Klan, apartheid, and so forth. It does untold harm to the black "Other" who is the recipient of the evacuation of the hated parts of the racist self and who then is hated and attacked. Their existence is also a problem for the white liberal in that, in themselves, they provide a container into which we can project the racist self.

When we consider racism as a splitting or projective mechanism, it is easiest to focus on the extreme forms of overt racist attack, genocide, slavery, and exploitation. Of course, this is important, but the danger can be that those of us who do not engage in such acts of hatred and who abhor such groups can retreat to a fairly comfortable position of disassociating ourselves from the whole process. Racism is a pervasive business, and it gets into everything and everyone. I doubt whether there is any black person living in this country who hasn't been subject to it in some form or another in their life. But nor am I, as a white person, free of it. Like everyone else, I grew up in a racist society, and it would be a supreme statement of omnipotence to say that it has not got into me too. When we attempt to disassociate ourselves from the phenomena, I believe that this is denial and another sort of defence, a defence against something ugly we fear in ourselves.

Julian Lousada describes two traumatic aspects of racism in his paper "The Hidden History of an Idea: The Difficulties of Adopting Anti-Racism":

> There are, it seems to me, two primary traumas associated with racism. The first is the appalling inhumanity that is perpetrated in its name. The second is the recognition of the failure of the "natural" caring/humanitarian instincts and of thinking to be victorious over this evil. We should not underestimate the anxiety that attends the recognition of these traumas. In its extreme form this anxiety can produce an obsequious guilt which undertakes reparation (towards the oppressed object) regardless of the price. What this recognition of a profoundly negative force fundamentally challenges is the comfort of optimism, the back to basics idea that we are all inherently decent and that evil and hatred belong to others. Being able to tolerate the renunciation of this idea, and the capacity to live in the presence of our own positive and destructive thoughts and instincts is the only basis on which the commitment to change can survive without recourse to fundamentalism. [Lousada, 1997, p. 41]

This trauma of racism, therefore, is not, in Lousada's view, just the horror of the racist act, but the problem for us all that it exists. The problem for the white liberal is not only the negative racist feelings we may have towards the black "other", but our need for denial of them out of guilt and shame.

On being white

When I first began to think about these issues, largely via my contact with black friends, colleagues, and clients, I found that the previous basic assumptions about my own identity were challenged. Growing up as a white person in a white society, I had no cause to question either my culture or my colour. If asked to describe who I was, I would not have even considered defining myself as white.

Doubtless such primary assumptions exist for all human beings. However, I cannot imagine a black child growing up in this country who does not have to face, fairly early on, that he or she is black. The luxury of it never crossing my mind that I was white is not allowed the black person. I call it a "luxury" because of the sense of ease that being permitted to take an aspect of my identity for granted brings. But I wonder. Taking something for granted is a near relative of it being unconscious.

In his book *Partisans in an Uncertain World*, Paul Hoggett says:

> . . . uncritical thought will not simply be passive but will actively cling to a belief in the appearance of certain things. It actively refuses, rejects as perverse or crazy, any view that may contradict it. To think critically one must therefore be able to use aggression to break through the limitations of one's own assumptions or to challenge the "squatting rights" of the colonizer within one's own internal world. [Hoggett, 1992a, p. 29]

He goes on to suggest that if the movement of thought is to be sustained, the act of aggression must be followed up by the act of play. He quotes Winnicott:

> The creativity that we are studying belongs to the approach of the individual to external reality. . . . Contrasted with this is a relationship to external reality which is one of compliance, the world and its details being recognised but only as something to be fitted in with or demanding adaptation. [Winnicott, 1971, pp. 68, 65]

Given the fact of global colonization by white Western Christian culture, those us who are defined as belonging to such a culture can, if we choose, avoid external pressure to make that act of aggression that challenges the "squatting rights" of the internal colonizer. But not noticing this figure who inhabits at least a corner of our minds demanding compliance does not mean that

it does not exist. I suggest that we are the poorer if we do not attempt the act of aggression to break through our assumptions, for they then remain an area of internal life that is unexamined. The tenacity of the uncritical thought that actively clings to a belief in the appearance of certain things in Hoggett's quote may give us a clue to the tenacity of the fact of racism despite legislation and attempts at training. For me to think differently about my place in the world and the privileges it has brought me requires an undoing of a well-laid system of assumptions about myself. The fact that those assumptions existed and continue to exist does not make me an inherently bad person, but to break through their limitations is hard work. For Hoggett to then suggest that I am required to take it further into the area of play is asking a lot. This is not an easy subject to "play" with. It raises feelings of guilt, shame, envy, denial, and defiance, all of which are hard enough to face in the privacy of one's own life. To explore it publicly can bring up in me a fear of getting it wrong, of saying the unforgivable and of exposing a badness in me.

I wish now to consider work with two patients, one white and one black, to illustrate the issues as I perceive them in therapeutic work.

A white therapist and a white patient

J was a white woman in her late forties who at the time of the incident described below had been in therapy with me for several years. She arrived at one session disturbed and shocked. J was a social worker in an inner-city area. She had been working with a client for some time and had become emotionally close to this young woman of 18, whom she saw as vulnerable and abused. That day the client had told J that she had started going out with a black man she had met in Brixton. J's immediate reaction to this news had been one of fear and loathing; this was followed by real distress at her own "unthinking" reaction. J considered herself to be a rational liberal person who was used to having black colleagues and friends and thought she had "worked through" issues of racism.

J reported the news and her reaction at the start of the session but hastened to assure me that she had had a chance to think it through and things were OK now. She realized her reaction had

been from a stereotype of a black man and she was ashamed of her initial response, which she considered primitive and racist. Soon she was on to another subject and apparently the matter was over and done with. I was struggling to work out what might be going on here. The telling me of this event had the feel of the confessional, where J was telling her secret "sin" to me. It seemed that the telling of the secret was enough and, with a sigh of relief, we could both move on.

In this she seemed to be appealing to my "understanding" as another white woman on two levels. One was a recognition of the stereotypes conjured up by the words "black man" and "Brixton". The other was a liberalism that had no truck with such silly notions. Both expectations were accurate. The questions in my mind, then, were: What was her immediate response about in terms of her internal world? What was she defending against in the shame and the wish to move on? What was being re-enacted in the transference?

Despite an uncomfortable feeling in the room, I returned to the subject of the client's boyfriend and tried to explore her associations more explicitly. Brixton, it emerged, was like London's "Heart of Darkness". It was for J a vibrant, but fearful, place, which both repelled and fascinated her. Locating this black man in Brixton imbued him with both excitement and fear. J imagined this man to be sexually active and attractive, and she feared what he might do to her client. She was able to acknowledge both her fear of him as threat, and her envy of the client having this exciting sexual object. She feared he might have AIDS, and had already imagined the man making the young woman pregnant then abandoning her. The fear of the aggressive, contaminating, and feckless man was evident.

Clearly there are some complex processes occurring here that were specific to the internal world of my patient. For the purpose of this chapter I want to emphasize a few main themes. Put simplistically, one theme was how she had projected a primitive animal male sexuality onto the man, and an innocent pure femininity onto the client who had to be protected. But there was also the issue of her sense of "badness" and shame at having these feelings. After all the work she had done on herself in developing her awareness of her racism, she still was capable of such "bad" thoughts. These thoughts had intruded into her mind like an aggressive attack. In themselves they were shadow aspects which penetrated, left her

with a shitty baby and then abandoned her. The client, perceived as the victim of the black man, was also "innocent" and "pure" of such nasty thoughts.

In seeing the black man through her initial lens which she defined as "racist", she employed a mechanism of projecting the aggressive, physical and sexual masculinity onto him and the innocent feminine victim onto the white female client. As such it was a projective defence. However, the more difficult issue to explore was how her denial of her racist feelings was also a defence against her own aggressive and penetrating thoughts. By telling me of the initial reaction and the subsequent process back to a more comfortable position she was inviting me to collude both with her initial disgust and with her subsequent shame. We were to be "in this together". Her "confession" followed by the response "it's all right now" seemed to be an appeal for me to ally myself with the aggressive intruding thought, with the innocent female victim and the rescuer who protected my patient from this attack by denial.

What I want to emphasize for the purposes of this chapter is the following:

1. "Bad" intolerable aspects of aggression and sexuality were projected onto the black man and onto Brixton. As with all projections, their acknowledgement allows the possibility of their withdrawal and these "bad" aspects integrated into the self.
2. The projection itself was experienced as a thought that was invasive and intolerable as it evoked shame, guilt, and anxiety.
3. The patient tried to resolve a dilemma by "confessing" the initial reaction to me and then making a speedy retreat from the subject. Shame and anxiety led her to avoid exploring the projective processes and their potential access into internal structures.
4. Because both the racist "bad" thought and the shame this produced echoed in me, the patient's invitation to collude with her avoidance was tempting. I was required to face and accept my own responses in order that there was permission for the patient to explore some important material. While these responses may

have been used unconsciously by my patient to support her avoidance, they were not of themselves countertransference responses. They were more general processes familiar to me as a white individual, living in a white racist society.

A white therapist and a black patient

D is a woman of African descent who was brought up abroad. In her mid-fifties when she first came to see me, she was the eldest of four having come from a religious family where a strict, sometimes harsh discipline was imposed on all the children. This discipline was often experienced as arbitrary, and D responded by retreating into a fantasy world inside herself. It was only in her late teens that she discovered that she had been adopted when she was 6 months old and that her "mother" was, in fact, her aunt who had just married at the time of D's birth. They had then had three children of their own. The birth mother left the area, and all contact with her was lost after the adoption. The identity of the father was not known by the adoptive parents.

At our initial interview, I raised the fact of the black/white differences between us. She assured me that this was not an issue, that she was used to living in a predominantly white culture and knew that she was unlikely to find a black therapist anyway. It made no difference to her. In my experience this is a common response. I know there is an argument that the therapist should wait for things to come up in the material and not refer to these matters unless the patient does. On the issue of difference in colour, I disagree. I believe that, given power issues and possible anxiety the patient may be feeling about my response as a white person, it is a lot to expect that a black patient will risk raising the issue him/herself. Stating that the difference is noticed and acknowledged by the therapist and that it can be talked about gives permission for the matter to emerge at a later date.

D was very polite and well-behaved in her sessions for some time, and, while the work went on, there was a sense of a lack of engagement. It was only after the first long break came that any negativity surfaced, when she began to miss occasional sessions. We both understood this to be an expression of anger and a re-

enactment of her "disappearance" from the family as a child, but it remained a theoretical understanding and was not felt in the room by either of us. Gradually I became aware of a feeling in me in her sessions of wanting her to leave. I would look at her on the couch, and the phrase that came into my mind was "cuckoo in the nest". More to the point, she was a "cuckoo in my nest" and I did not want her there.

Usually, of course, when I have negative thoughts about patients I am reasonably able to accept them, welcome them even, as a countertransference feeling and therefore of an indication of what is going on. This time I was also aware of an urge to push this feeling away. I felt I "should not" feel this way towards her, and an effort was required to stay with the thought. Eventually I said something about the wish for us not to be together. She seemed relieved and said she had been feeling she did not belong, that being in therapy was a betrayal of herself and maybe not right for her. There followed a period where she verbally attacked therapy in a contemptuous way, describing it as tyrannical and against people thinking. Implicit in her attacks was her superiority to me. I had been taken in by this tyranny, while she remained free. At one point she was saying how she feared that I would—and she meant to say "brainwash" her, but what she actually said was that I would "whitewash" her.

She was initially shocked by the idea that she was relating to me as a colonial, imperial power that could take her over with my mind. She was well read and understood theoretical constructs regarding transference, and she began to "wonder" whether her fear of brainwashing was about her fear of the therapist/mother. Her invitation to me was to interpret in terms of her internal world only. There were, indeed, thoughts about an engulfing adoptive mother who disciplined harshly, of her struggle to fit in with what is around her and only able to assert herself by leaving. I felt, however, that we needed to take care. All that was in the "brainwashing" scenario. Something more complex was expressed in that of the "whitewash", something we both might be finding difficult to face.

Staying with the subject of colour and the difference between us, she began to express a disparagement of blackness. She said she had been relieved that I was white when she first met me, because of a sense that a black therapist would be second rate and

she wanted the best. She was deeply ashamed of these feelings as a woman who was politically aware and dismissive of the mimicry she saw in some black people. The self-denigration in this was evident and illustrated how the black individual on the receiving end of white shadow projections can internalize this hostility and turn it into an attack on the self.

However, my job was to explore with her which aspects had been introjected by her and how this related to her internal world. From infancy, D retained a sense of abandonment. She was the odd one out, without understanding why. She had to be good to hold onto her mother's love, but she still kept getting beaten for crimes she did not always understand. Her general feeling throughout was of not being good enough, and her sense of belonging was extremely tenuous. Her rage at this had had no expression as a child, except in fantasies of suicide. She could only cope with the situation by imagining there was something fundamentally wrong with her.

The fact of being black in a white society fitted this sense of not belonging. Her experiences of racism had provided an unconscious confirmation that she was "bad" and deserving punishment. Despite political alignment with the black movement, her internal sense remained that of being an outsider, of being wrong and somehow dirty. White meant belonging and white meant what she was not: good, successful, and of value. My whiteness meant she could get close to the source of what was good, but she had to be careful that she did not antagonize me through any exposure of her "bad" rage.

As we explored the self-loathing inherent in her "secret" disparagement of "black", her comments switched from a denigration of the blackness of herself to a denigration of my whiteness. This was done largely through her accounts of the racism she had experienced. She seemed to be challenging me to take up a position. Was I allied with these white others, or would I join with her in her attack and become black like her? What was not to be allowed, it seemed, was our difference. I was to be for her or against her.

Whichever category was to be deemed superior to the other, the insistence that one had to be superior served to perpetuate the perception of me as "Other". "Other" with a capital "O" as, this way, I was being safely removed behind a shield of categorization.

Thus D could defend herself against the anxiety of her longing to become one with me and the terror of expulsion. If I rejected her, it could be because she was black and bad, or because I was white and bad. The pain and frustration of me being different and separate from her could be avoided.

In his paper "Racism and Psychotherapy: Working with Racism in the Consulting Room", Lennox Thomas describes a similar experience of a white therapist working with a black patient who was in supervision with him. Thomas says: "it is difficult for the therapist to recognise that the unconscious does not distinguish between colour as far as the perpetrators of pain are concerned" (Thomas, 1992, p. 138).

In the same paper, Thomas cites the concept, put forward by Andrew Curry, distinguishing between the pre-transference and the personal transference. This, to my mind, is a useful distinction. The pre-transference is described as

> the ideas, fantasies and values ascribed to the black psychotherapist and his race which are held by the white patient long before the two meet for the first time in the consulting room. Brought up in the society which holds negative views about black people, the white patient will have to work through this before engaging properly in the transference. The white psychotherapist too will need to deal with this when working with black patients. . . . This pre-transference is constituted of material from the past: fairy tales, images, myths and jokes. Current material, in the form of media images, may serve to top up this unconscious store of negative attributes. [Curry, 1964, quoted in Thomas, 1992, p. 137]

Dorothy Evans Holmes in her paper "Race and Transference in Psychoanalysis and Psychotherapy" (1992) considers the way that references to race can give access to transference reactions in the therapeutic situation. In the following extract she quotes from an earlier paper of hers:

> . . . often it is said that patients' racist remarks in therapy constitute a defensive shift away from more important underlying conflict. . . . While it is the therapist's ultimate aim to help the patient understand the protective uses of defences, this aim can best be achieved *only after* the defences are elaborated. [Holmes, 1992, p. 3]

For my patient D, the early loss of the mother, and the later felt tenuousness of the bond with the adoptive mother, constituted the pain that lay at the centre of her self. It was this pain and her consequent rage that had to enter the therapy and be survived before transformation could occur. White and black as placed in opposition to each other served as a vehicle to keep us apart and away from an engagement with each other.

This opposition formed a dividing line, provided by the wider society, and we were perceived to be on opposite sides. The line both exists in reality and is an internal, defensive construct. We both needed, I believe, to acknowledge its external reality and its consequences for each of us. As the white therapist, I was required to explore my pre-transference and where this colluded with the racist line. My shame and guilt had also to be owned internally. D needed to know I knew about the line and accepted its reality for her. A too-hasty interpretation of her response, as only a recapitulation of the original pain and the original defence, would have been a defensive denial on my part of a real divide.

However, the analytic stance required an understanding that the divide was also being used as a defence and that this had to be elaborated to give access to transference reactions. The generalities of race had to be interpreted and understood in terms of the specifics of her internal world and the transference. To do so, we had to withstand an engagement that held the possibility of aggression and hate.

The wish to make everything all right and deny anger and hatred in the relationship was rooted in D in her original childhood scene where her anger was not allowable. She was, in many senses, the cuckoo in the nest, not a real part of the family and not conscious of why. She had had to defend against her angry, destructive thoughts because she could be rejected altogether. Such a sense of not belonging was re-enforced by her move to another country, but also by her experience of being a black woman in a white world. In the transference, she had to take great care that she did not upset me, for her aggressive impulses could be so destructive she could do me damage.

On my side, I did not actually fear her anger or aggression. More problematic was the possibility of shame at having any racist thought about her. It was the fear of shame that was potentially more debilitating and paralysing. It seems to me that, in order that

we could work together, D and I had to hold two positions simultaneously, of "remembering" that she was black and I was white, and of "forgetting" it.

Conclusion

There are, it seems to me, a variety of routes a white therapist can take in our attitude to work with a black patient.

The first is to ignore the issue. This is a form of colour blindness and, in my view, a denial—a denial of difference and a denial of uncomfortable feelings this difference may invoke in both and in the relationship. It has the appearance of good therapeutic practice for it seems to be seeing the individual and not the category. A consequence of this is that, should the patient bring material of racist experiences, the therapist will interpret it only in terms of the patient's internal world. A reality is not acknowledged and an abusive situation reinforced by the denial of the reality of the abuse.

The second is to acknowledge that there is an issue, but it is one that exists for the black patient alone. It recognizes that the patient is likely to have experienced overt racism in his or her life, and that needs to be acknowledged and understood. This, I believe, still removes the problem to outside the consulting room and can be a defence on the part of the white therapist against his or her own racist responses and therefore against shame and guilt. The responsibility for the pre-transference is left on the shoulders of the black patient.

The third is to recognize that if I acknowledge a racist backdrop to our society, then as a white person I too cannot be free of the phenomenon. I also have inherited a prejudicial veil that forms before my eyes when I see the blackness of the individual. Such a veil is likely to include an embroidery of guilt, shame, and envy given that the relationship for the white liberal as opposed to the extreme racist is complicated by the hatred of the internal racist. Such shame is likely to prevent us from working through the reality of the external situation to an interpretation of the meaning of the situation for the individual.

Following on from this is a fourth position, which also recognizes that racism will affect the relationship between us and that

there is a power differential inherent in that relationship over and above the power relationship that both exists and is perceived to exist between any therapist and any patient. Elaboration and exploration of the reality of this differential may provide an important means of access to the transference. My argument is that we have to manage this fourth position if we are to get to the place I think we need to be—that is, through to the point where the issue is not an issue.

Note

An earlier version of this chapter was first published in the *BAP Journal*, No. 34, Vol. 3, January 1998.