

# RACISM IN THE CONSULTING ROOM: MYTH OR REALITY?

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This paper explores ways in which issues of race might impact on, and/or be ignored within, the practice of psychotherapy. Racial difference, that is being white as well as being black, taps into ingrained patterns of binary thinking that create hierarchies of “otherness.” This generates anxiety which leads some therapists to avoid seeing race or naming its resonance in the therapeutic alliance. The origins of this splitting may lie in the unconscious, from whence it can be subtly nudged into more conscious awareness, as a seminal paper by Andrew Curry, published in this journal, suggested some forty-five years ago. Other modalities bring these dynamics more directly into the therapeutic space by exploring the patient’s familial history or their daily lived experiences of racial (dis)advantage from an explicitly empowering standpoint. But whatever route is taken, *racism* is not an animal that can, or should, be left sleeping in the corner of the consulting room.

The victims [testifying to the South African Commission for Truth and Reconciliation] ask the hardest of all the questions: “How is it possible that the person I loved so much lit no spark of humanity in you?”  
—Krog, *Country of My Skull*

In 1964 Andrew Curry<sup>1</sup> wrote a seminal paper on race within psychotherapy, “Myth, Transference and the Black Psychotherapist,”

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Where case studies are included in the paper, names and minor details have been changed to assure the patient’s anonymity. Within the text, the authors of this paper sometimes refer to themselves using their respective initials, NM and HB.

published in this journal (Curry, 1964a), in which he attempted to name the difficult dynamics and silencing that he experienced as a pioneering black psychotherapist working in the United States at the height of the civil rights movement. This paper started as an exploration of how his insights could be applied to our own work in the English mental health system almost fifty years later. Since then much has changed, but still there is a kind of evasion at the heart of many therapeutic encounters. Whereas in Curry's time these issues were thought too dangerous to be spoken out loud, now it is as if many white practitioners assume that "race" has been resolved, and is no longer salient. Others try to occupy the middle ground, waiting until race is raised by the patient. But this is a place of shifting sands—a kind of no-man's-land, where we are always wondering what should be brought into awareness and what should be glossed over.

Our view is that "race" is far from resolved. Emancipatory movements across the globe may have achieved major shifts, including the defeat of the oppressive apartheid regime in South Africa, the election of Barack Obama in the United States, and the widespread introduction of antidiscrimination legislation in many European countries, but this is not the whole story. In Western countries the gulf between rich and poor is greater than ever, so much so that Dorling (2010) has argued that wealth inequality in London is higher than at any time since the slave trade and that the ideologies that are used to justify this include "a quiet tolerance of racist ideas" (p. 229). Meanwhile a recent U.S. study finds that "a typical white family is now five times richer than its African-American counterpart of the same class," and that a quarter of black families have no assets at all (McGreal, 2010, p. 15). So it is no wonder that those seeking racial equality continue to hit glass ceilings and that, despite "hope," many would take issue with the idea that Obama's historic victory took place in, or indeed heralded, a "postracial" America (see Harris, 2008). He said himself, after an earlier victory (to the presidency of the Harvard Law Review), "The fact that I have been elected shows a lot of progress but it is important that stories like mine are not used to say that everything is OK for blacks . . . you have to remember that for every one of me, there are hundreds or thousands of

black students with equal talents who don't get a chance" (Obama, 2009, p. 32).

In other parts of the world, hot spots escalate into racial violence, human rights abuses are widespread, and forced migration continues to scar individuals and to fracture nations (Gorman, 2001). There seems always to be an undertow, so that last year's achievements give way to this year's bigotry; in Europe, where economies are struggling, the ugly head of explicitly racist politics is on the rise, challenging the boundaries of representative democracy and free speech. That is why we felt it timely to revisit Curry's contribution and to ask, "What has changed?" and "How can we take these issues into the therapy room?"

## AN ANALYTIC STANCE

But why is this an "issue" for the analytic community? We would argue that there are two imperatives at work.

- One is to bring the skills and insights of analysis to bear on the phenomenon of racism because it becomes manifest in layers of projection, splitting, and dissociation (Kareem & Littlewood, 1992, p. 137). We would also argue that racism tells us powerfully about the process of "othering" and that this illuminates other forms of oppression and disadvantage with which psychoanalysis is concerned.
- The other imperative is that we consider that our profession, which is predominantly white, has a *moral* responsibility to take black people's experiences of racism properly into account in the consulting room.

We see this as a "moral" rather than a bureaucratic imperative because, despite the huge, and mostly democratizing, changes that have been wrought in psychotherapy (Shay & Wheelis, 2000, p. 2), black psychotherapists continue to face daunting economic and cultural barriers throughout their training and entry into the profession (Msebele, 2007a), and black patients continue to meet with therapists who are unable or unwilling to validate their real and cumulative experiences of racism and disadvantage. Meanwhile it is easy for white therapists and white patients to dissociate

their own privileged positions from this state of affairs, mistakenly considering themselves to be operating outside, and independently of, the racial hierarchies that structure so much of our lived experience.

As we see below, Curry (1964a) chose mythology as his way of raising these issues, but even now there is nothing mythical about the impact of racially structured privilege in everyday life and the ways in which it intrudes into the consulting room. Given this backdrop and our subjective sense of the difficulties of relating across racial and religious divides, we believe the time is ripe for further consideration of the important issues raised in Curry's paper.

#### A NOTE ABOUT AUTHORSHIP

Writing this paper has created its own dynamics and dilemmas for us, including the issue of what, or whose, should be the authorial voice. Within this "us" is a white British woman and a black Southern African man; we are members of the same generation but our coming of age could not have been more different. To say we have different perspectives and lived experiences is an understatement. Should we therefore write in the "third" person, using what Morrison (1993) referred to as "the proud but calcified language of the academy," designed, as Rich asserted, to "obscure the influence of the personal and subjective but also to give the impression of divine origin" (Rich, 1975, p. 144), or position ourselves explicitly in relation to the issues we are discussing? And is it enough to adopt the first-person plural without attributing the ideas to us as different individuals? Each "idea" might be vindication to one of us, while challenging to the other at many levels.

Moreover, we are writing about the issues that black therapists face but also the assumptions that white therapists make and how these are reenacted within the therapeutic space, and in doing so we address ourselves to readers who fall into both groups. This is necessarily a crisscrossing and multivoiced debate whoever's fingers are on the keys, with multiple "addressees," where, as Bakhtin (1981) states, ". . . the internally persuasive word is half ours and half someone else's. Its creativity and productiveness consists precisely in the fact that such a word awakens new and

independent words . . . it enters into inter-animating relationships with new contexts” (quoted in Pollard, 2008, p. 4). So this “we” is shorthand for something much more complex and is taut with the tension between “knowing” and “knowing about” racism (Msebele, 2007b, p. 16).

We started with Curry’s paper, examining our separate and shared responses to it, and it was through this dialogue (that led at times to common ground but at others to brick walls of misunderstanding) that we reached a tentative sense of how pervasive the impact of race is, both to being black and to being white, to our “selves” and therefore to our practice. NM carries with him the most evil memories of racism, which cannot be neatly left at the door of the consulting room but neither are these experiences allowed to dominate inside it. Managing the countertransference in the interest of the patient is every psychotherapist’s struggle, but overcoming racial hatred has been an act of will rather than of emotion, “for-giving,” not necessarily in a religious sense, but in order to use one’s own pain for the patient’s gain. As a feminist woman HB brought a framework for understanding internalized oppression of a different kind, but this has been a more gradual and empowering process. Visceral suffering requires an act of will to contain it, whereas privilege demands a commitment to connectedness. But neither of us could or would have written *this* paper without the “other,” because the process of writing created, over and over again, live examples of “othering” when “we” dissolved into these two people with very different and very unequal experiences of life. These first-hand moments informed us as coauthors, as therapists, and as friends, and it was the drive to understand these dynamics that sustained us in the process of writing and relating. We learned through these sometimes painful breaches how to heal ruptures and through failing we have developed a confidence that these matters can be talked about and worked through: that by naming them they lose their sting.

## DEFINING “RACISM”

It is important that we start by defining the way we are using the terms “race” and “racism” because these are contested and cannot

be used interchangeably. Wachtel, (1999) warns against bandying these terms about, arguing that “racism” and “racist” have become “conversation stoppers” in that they have been “overused . . . to the detriment of the clarity and precision of our language and of our ability to overcome our racial divisions” (p. 27) and hence as a blunt instrument in the battle against prejudice. Woolley (2010) decries the fact that “we only have one crude term to describe a whole range of individual and institutional practices and prejudices” (p. 26).

“Race” usually refers to any group or population definable on the basis of visible characteristics, such as facial features or skin color. This stands as the marker of “difference” despite the fact that genome analysis shows us all to be the product of generations of intermarriage, conquest, and migration, which has resulted in marginal variation in all but a few areas of our genetic make-up (Channel 4, 2009). What differences there are exist mostly to confer resistance to specific diseases or parasites in different parts of the world. So in theory the concept of “race” should be quite neutral, but its use, historically and in the present time, as a means of dividing people and ascribing differential value to them renders it emotive and volatile.

*Racism* is therefore defined in the Cambridge online dictionary (accessed March 11, 2009) as “the belief that people’s qualities are influenced by their race and that the members of other races are not as good as the members of your own, . . . or the resulting unfair treatment of members of other races.” But this neutral, even-handed definition masks the fact that it is usually black people who are considered inferior by white people and not the other way around. Wachtel, (1999) argues that there is no point citing a dictionary definition without asking “what color were the people who wrote the dictionaries” (p. 26), and most people would now accept that power is central to the way racial categories have been constructed and imposed.

In some countries, racialized categories were ascribed on the basis of a sharp dividing line, for example, in the United States where the “one-drop-rule” decreed that a person with any degree of African heritage was to be deemed black (see, for example, Marx & Cose, 2007), whereas in other colonized countries “de-

grees” of African heritage were used as the basis of insidious “ranks” of civic status. For example, in the Caribbean white plantation owners raped black women, and their mixed race children, labeled “mulatto” or “quadroon” or “octoroon,” were differentially burdened with degrees of servitude according to their skin color. Elsewhere rigid caste systems had evolved *within* races, or a more informal spectrum emerged from the practices of colonialism. Comparing racisms across countries, Marx and Cose, (1997) remarked that South Africa and the United States had, until relatively recently, systems in which “racism was not only sanctioned but compelled” (pp. 1–2), whereas in Brazil the similarly corrosive levels of inequality and discrimination existed without being codified in law, leading one commentator to describe Brazil as a “chronocracy” in which lighter skin had conferred advantage in a chaotic but irrefutable way (Channel 4, 2009).

Although African peoples have more often been victims of racism from white majority populations than other groups, other minorities, for example Jewish people and Roma, have routinely been discriminated against in Europe along with minority groups disadvantaged on the basis of different lifestyles, sexualities, religious schisms or historical enmities. Moreover, racism persists in European, Asian, and African countries *within* as well as *between* white and nonwhite races, or there would have been no Kosovo, no Northern Ireland, and no Rwandan genocide. It is as if people have a capacity to make black and white out of the tiniest gradations of difference, because as Dalal (2006) asserts, “the Othering process is a work that is continually being done, because there is the ever present danger that some of ‘them’ will become ‘us’” (quoted in Msebele, 2007a, p. 33).

At different points in time, racism has been manifest in different forms, which Kovel (1988) described as “dominative,” “a racism of direct physical oppression and sexual obsession” in contrast to “aversive” racism, which “is the racism of coldness and the fantasy of dirt” (p. lxxv), that leads individuals to look down on, or seal themselves off from, racial others because, as Young (1994) says, “No matter how a prejudiced—against person scrubs himself, he will always smell dirty to the true bigot” (p. 94). Kovel (1988) associates the former with the old South in the United

States and traces the latter to the northern cities with their inner-city ghettos and white-flight suburbs. Wachtel (1999) also discusses the way that racism interacted with European immigration into the United States in the years following the ending of slavery (pp. 10–11). By upholding racist divisions of labor, new (poor white) immigrants could claim at least some status by looking down on black people who were confined to the dirtiest and least rewarding jobs. This “aversive” racism operated where people from different groups were not kept apart by law but perpetuated divisions at ground level, leading to *de facto* apartheid. These two forms of explicit racism are extremes on a spectrum with much variegated ground in between.

Moreover, overt racisms exercised at a personal level have to some extent been overtaken by a more modern and impersonal form of discrimination that Kovel (1988) named as “meta-racism,” recognizing that in most developed countries, individuals do not need to be “racist” to enforce racial divisions when our economic arrangements and housing policies do this for us (p. lxviii). He speaks of a racism that is “being administered impersonally through the cold savagery of the economy” (1988, p. lxviii), which reproduces segregation without individual intent or agency. So racism in its more personal manifestations can be “officially” disavowed, downplayed, or denied, as it was in the recent U.K. election campaign, but like an underground volcano it is still actively spewing out unfairness beneath the subtly disguised, passive, and nebulous forms of evasion that are enacted between unequal citizens, summed up by Wachtel’s phrase (1999) “otherness and in-difference” (p. 35). This growing convergence in all our countries toward a position of public denial has been described by Cose (in Marx & Cose, 1997) as “magical thinking,” as if by merely declaring that racism no longer plays a part in civic life (p. 2) one could stop it from operating. This led Marx and Cose (1997) to the view that “you can have the end of Jim Crow and Apartheid and still have significant racism practiced and felt and lived and . . . the end of legal encodements may make it . . . more difficult to challenge those inequalities and outcomes because you don’t have the law as a target for your protests, for your action, for your concerns” (p. 2). This official distancing is practiced in all our coun-

tries, leading to confusion about the mechanisms and outcomes of unequal treatment. It is this disguised and disavowed “brand” of racism that has had the greatest propensity to creep into our practices as a profession.

But racism should never be thought of merely as ideology, it permeates relationship at every level of our economic, social, personal, and professional lives. Dalal (2006) defines it as a *process* whereby difference is used as a means “of Othering, a racializing process, of exploiting, of dehumanizing, of creating and maintaining a buffer of hatred, disgust, contempt, and of exclusion (pp. 21, 31, 33). Griffin (1961), writing of his experience of passing for a black man on a six-week journey through the segregated southern states of America, a journey embarked upon so that he could experience what, as a white man, he might otherwise not be able to understand, emphasized the human face of racism as the “real story . . . of men who destroy the souls and bodies of other men. . . . the story of the persecuted, the defrauded, the feared and detested” (p. 7). It is this that Obama (2008) alludes to in his autobiography when he writes that the stories that emanate from black communities are not only those that deal with concrete and pressing struggles against poverty, but also those that speak of “a very particular experience of hate” (p. 195).

## TAKING THE HISTORICAL CONTEXT INTO ACCOUNT

Racisms also have their own specific histories (see Richards, 1997). This led us to think about the timelines of black people’s different struggles and migrations because, as Samuels (2001) remarks, “Individuals live not only their own individual lives but also the life of the times” (p. 28). It is their time that shapes the identities to which, and from which, they have to respond.

Curry (1964a) wrote his paper against the backdrop of the civil rights struggles in the southern United States, and in revisiting his careful contribution, we could not fail to be struck by the fact that it had been written while churches were being burned, black people lynched, school students bused and civil rights activists murdered. We thought deeply about why his paper had been so careful in its critique given these daily realities; racial politics

would have been in the news at each and every bulletin, and yet Curry's paper is like a whisper across the bow of a turbulent ship. He was living through momentous times, and within twelve months either side of his paper's publication, John F. Kennedy had spoken out in inspirational terms to herald the introduction of civil rights legislation but he had also been stopped in his tracks by the assassin's bullet.

We considered that Curry would have had to be mindful of the whiteness of the academic and analytic establishments at that time, as they would be vetting his paper. Perhaps that is why he chose such a gentle discourse, but is it also possible that his use of mythology was a coded way of trying to address his own, lived and far from mythical, experience? We surmised that he might have been trying to "get under the radar" of racial prejudice by not stirring "up anything but try[ing] to keep things peaceful" (Griffin, 1961, p. 9). There was nothing nebulous about the oppression of those times, which continue to cast a long shadow. Today, patients presenting in their fifties and sixties will have lived through these events in the United States; in the United Kingdom, the first generation of African-Caribbean migrants stepped off the ship "Windrush" in 1948 into postwar austerity and narrow-mindedness. In Southern Africa the conflict raged through the 1960s, 1970s, and 1980s, traumatizing and displacing black communities, while those identified as troublemakers were tortured and incarcerated.

Occasionally a therapist in London or New York will find himself or herself sitting across the room from someone with this history, or working with someone whose immediate forebears made this hard journey: The pain and injustice of it are palpable, and they are handed down from one generation to the next, reverberating to this day through our inner-city and suburban clinics. Therapists may gloss over this heritage, afraid of giving offense, but the patient needs to be able to feel that the therapist is willing to hear his real story and not a sanitized version of it, so that he could say "From now on you don't only see a smiling black man in front of you, but you also know what I carry inside of me. I've always known it, now you also know" (Krog, 1998, p. 68, quoting a victim's testimony to the South African Commission for Truth and Reconciliation).

## TAKING THE OUTSIDE WORLD INSIDE

This history and its legacy of structural oppression are passed from one generation to the next, fermenting into personal struggles that look like individual pathology, family dysfunction, personality disorder, or fundamentalist religion, when these are merely the fruits of endemic disadvantage. Just as the class system comes to inflict “low self-esteem and self-blame” as the “hidden injuries of class” (Altman, 1995, p. 83), this history gets replayed as a never-ending loop of racial hurt and hurting. Any psychotherapist working in any large city in the developed world can and should, therefore, expect his or her black patients to be facing real, not imagined or exaggerated, difficulties, including poverty, unemployment, the after-effects of what has often been a forced migration, and a higher than usual chance that they, or their parents, will be suffering from the after-effects of persecution and/or torture. Of course there will be huge variations within, and between, marginalized communities, but it is difficult to escape the reach of these deep and ingrained inequalities.

Meanwhile, although there have been changes on the surface, many white therapists and patients continue to live in largely segregated (sometimes even gated and razor-wired) communities, and benefit from the expectation of a privileged place in society. White people tend not to realize that they subscribe to ideologies that are predicated on a sense of entitlement until these are thwarted by unemployment or other setbacks. In times of plenty, a belief in the superiority of white people, however subliminal, provides justification for their privileged place in an unequal world, and in times of hardship it feeds simplistic explanations of their slide into deprivation.

Class differences may also shape the ways in which white people interact with black people, with the inference that conflict is more likely to be overt when working class and disadvantaged white people find themselves directly in competition for jobs or resources, while more middle-class white people find ways around expressing open hostility by avoiding contact or maintaining social distance. When middle-class white people say that in the United Kingdom there is no racism, what they mean is that there are

rarely times when they are asked to participate in it directly or to witness at first-hand, but this does not mean that the machinery of discrimination (Wachtel's [1999] meta-racism) stops delivering unequal opportunities and difficulties into the laps of black people living here. Wachtel (1999) says that in modern times white America is guilty more of indifference than of racist intent, but that "indifference in the face of severe human suffering is not a minor offense" (p. 35). Moreover, many white people shrink from recognizing their strategies as a cousin, however distant, of the more virulent and outspoken race hatred that was so recently given full vent in southern Africa.

We would argue, however, that there is much to be learned from the explicit rawness of that struggle, because it laid bare the way that racial identities are forged *reciprocally*. Once this dynamic is acknowledged, it challenges us all to see how it is replicated, however "nicely," in the way we relate today in our schools, workplaces, churches, and health care settings. Whatever one's therapeutic modality, such cumulative disadvantage cannot simply be set aside as if it is extraneous to therapy when our interior lives and emotional expectations are etched out of this very stone. There is consensus across all theoretical perspectives that the roles we find ourselves cast into during our early lives become part of our mental furniture and the building blocks of our capacity for resilience. Structural issues influence the stability of our personal and familial relationships, the embodiment of our personal distress, and the resources we have at our disposal to offset our difficulties. Opportunities for self-care, enjoyment, and social life are tied up in these same material and political realities, as Dawes (1992) made clear in relation to his work as a white psychologist who worked with South African activists during the struggle,

It is perhaps difficult to imagine, but many . . . did not regard it as legitimate to take time off to go to the sea with their families once in a while, or to go to a cinema. To have done so would have indicated that they did not care while their comrades were suffering . . . . The struggle to accept one's own needs is understandable in a context which is so pregnant with contradictions . . . and in which guilt is so readily mobilised in those who have any degree of socio-political awareness . . . . (p. 89).

These racial hierarchies also “color” our *interior* lives; consider this exchange between two characters in a novel by Andre Brink (1979), Stanley, a black taxi driver, and Ben, a white teacher, are discussing the death in custody of the black caretaker at Ben’s school during the apartheid struggle:

“It’s a terrible thing that happened,” said Ben awkwardly.

“Well we knew it was going to happen, didn’t we?”

Ben was shocked by Stanley’s nonchalance. “How can you say that? I was hoping all the time—”

“You’re white.” As if that summarised everything. “Hope comes easy to you. You’re used to it.”

“Surely that’s got nothing to do with black or white!”

“Don’t be so sure.” (p. 83)

Racial oppression may also forge our moral frameworks and the imperative toward “toughness,” social cohesion, and conformity. Krog (1998) interviewed the author of one of the first Afrikaans novels written by a black man, in which he wrote of two black vagabonds who murdered a Jewish shop owner. The main character later condemns a black man who informs on them. She asked the author,

“Why does your main character condemn the splitter and not the murderers?”

“Because black people must always stick together.”

But the woman who saw a white man running away from Chris Hani’s dead body didn’t say “He was white, so I’ll shut up.” She said “The deed is wrong, so I’ll speak out.”

He looks at me. “No-one can destroy whites—they have survival in their bones. But for us, if we don’t stand together no matter what, we’ll be wiped out.” (p. 18)

We have drawn on these rawest of literatures wrought from the politics of southern Africa, because these voices speak so loudly and with such humanity.

## THE "POSITIONED VOICE"

Narcissus, searching within himself for a "view of his own soul" (Curry, 1964a, p. 549) might have seen more had he looked outward toward these unequal material and social relations because it is out of these that selfhood is forged. Furthermore, we would argue that because these social realities are *inevitably* encoded into a person's inner world, it cannot be assumed that benchmarks of "good parenting," "mental health," and "emotional well-being" are ever either universal or morally neutral. To appreciate this requires an awareness of what Shotter (1993) described as the "positioned voice" (p. 63). This "positioning" may not be conscious or based in well-thought-out or rational views, but it originates from a person's "sense of how, semiotically, they are 'positioned' in relation to the others around them" (p. 63). And, as Raggatt (2007) explains, this positioning can take place in a variety of ways, in that it can

- happen in conversations,
- form in our relationships,
- emerge in the stories we tell or
- be imposed by the political and social order" (p. 361).

Because this is a two-sided process it follows that race is not only a determinant of *black* personhood but of white (Sandoval, 1997, p. 98), fundamentally forging the inner world of white people and their expectations of the social world (Frankenberg, 1993). Sandoval's (1997, p. 102) review of the work of both Fanon and Barthes in the 1950s makes explicit how far the consciousness of *dominating/advantaged* as well as *dominated/disadvantaged* peoples are shaped in, and by, unequal interactions. As a result, white people may overestimate the extent to which they have personal agency in the world and see themselves as responsible, and/or take credit, for things that are the result of wider economic advantage. At other times they may feel doubly disappointed or grandiosely entitled. Psychotherapy training should therefore attend to whiteness and its impact on the therapeutic space, not focus exclusively on "racial others [rather] than on dominant selves" (Frankenberg, 1997, p. 18; Ryde, 2009, p. 50). As Msebele (2007b) remarks, "As a training issue it is important that race is acknowl-

edged not only when it *is* brought up in the placement but when it is *not*" (p. 13).

## TALKING ABOUT RACE

This is important because talking about race is not easy (Fuertes, Bartolomeo, & Nichols, 2001). Frankenberg (1993, p. 30) describes three different modes of discourse: first, an *essentialist* biological racist discourse: This is sometimes also referred to as scientific racism because it draws on a distorted version of Darwinism to imply inferiority in black peoples. As a reaction to and rejection of this, a second, "color-blind," "*power-evasive*" approach has taken root to allow white people to "not see" race, as a way of slightly defying, without ever really confronting, the damaging myths and assumptions that they are heir to (see also Williams, 1997).

There is recent empirical evidence that demonstrates how this "not-seeing" operates and is learned by white people. Apfelbaum, Sommers, and Norton (2008) conducted a series of experiments in which participants, in pairs, had to pick a target card by asking simple yes/no questions. The photo cards depicted a range of individuals who differed on a number of variables including gender and race. Eliminating cards by asking about race was an efficient way to complete the task, but many white people did not do so. Further versions of this experiment, (Apfelbaum, Pauker, Ambady, Norton, & Sommers, 2008) were conducted with children, showing this to be a strategy learned by the age of ten, by which time white children had internalized the prioritizing of *not seeing* race as a social norm over speaking positively or even neutrally about it.

Participants' willingness to make race explicit in these experiments varied: White people were more likely to do so if they were paired with another white person, but less likely to do so if paired with a black person. They were *most* likely to do so if their black coparticipant modeled openness about race, and in mixed race pairs they seemed to be dependent on the black partner for permission to acknowledge race at all. This mirrors our clinical experience, which suggests that it is usually left to the black person in a black-white dyad to raise the issue of race, whether they are the

therapist or the patient, and that this contributes to a blurring of the boundary and to confusion in the countertransference.

But there was a further covert element in these experiments whereby a video of participants' interactions was later evaluated by an independent researcher. White people who did not mention race as part of the task were, paradoxically, assessed as *less* friendly than those who were able to frankly acknowledge race when it was salient. This was explained in information-processing terms and ascribed to the fact that they were using up too much cognitive processing in censoring themselves to be able to effectively regulate their nonverbal behavior and manage their self-presentation. Extrapolating from this experiment into the therapy room, it might be that those white therapists who are most motivated to appear unprejudiced to their black patients embark on a counterproductive strategy that leads them to seem unfriendly and uncaring. Not "noticing" race puts their self-management in jeopardy in this most needing-to-be-managed "therapist" role. It is therefore vital that this simple naming of race is made explicit as an element within multicultural counseling competencies (Fuertes et al., 2001; Sue et al., 1998). Whereas in the 1980s the clumsy blaming versions of antiracist training and of what has come to be known derisively as "politically correct" language acted as a barrier to dialogue (Msebele, 2007a, p. 14), it seems as if in the 2000s it is this polite "not-noticing" that literally and metaphorically "shuts people up."

Moreover, it is this not-noticing that has become entrenched as the prevailing *public* discourse in the United Kingdom (and to some extent in the United States, which is why Obama's election campaign was so remarkable in breaking the mold). This has resulted in a stultifying public discourse in which long stretches of awkward silence are punctuated by a few "maverick" salvos (see Gopal, 2008). Gopal describes this state of affairs as one in which

Pervasive silences or gaps in knowledge around difficult issues of race, class and difference may be periodically breached by . . . [an] apparently eccentric academic or writer [who] will toss out a provocative and authoritative pronouncement that seems to fly delightfully in the face of "political correctness." Such putatively daring truth claims ("Islam is the problem," "Racism is natural," "Men are being emasculated by women") allow for silences to be broken dramatically and temporarily, while closing off the possibility of

sustained and knowledgeable debate. Pronouncement, outcry, apology—so unfolds the soap opera after which we return to business as usual. (p. 34)

But as therapists we cannot afford to return to business as usual, and therefore we have to aspire to Frankenberg's (1993) third option, which is what she terms a *race-cognizant* way of thinking and speaking one that acknowledges both historical and current abuses of power in relation to race in ways that are explicit and empowering. It is with the aim of extending this concept into the therapy room that we have written this paper. Curry's exploration of the way race gets played out in the therapeutic alliance was key to our understanding in this respect.

### CURRY'S 1964 THESIS

Curry had argued (1964a, 1964b) that race was such a definitive marker of "otherness" in American society of the 1950s and 1960s that when a white patient was faced with a black therapist, an additional layer of projections came into play that blocked the normal transference between patient and therapist. He framed these by referring back to the world of myth and archetype. These are projections that cannot be screened out by the analysts' usual strategy of resisting self-disclosure, because race is obvious (alongside gender) and is clearly so salient that it defines a large part of the interaction—both parties understanding that there is a racial hierarchy operating but usually pretending that this is not so. Our emotional responses in the consulting room are bound to contain these reverberations, and they have to be managed in the interests of the patient, whether black or white. Hevey (1992) had argued along similar lines in relation to disability, describing how a disabled person's visible vulnerabilities draw projections from the fearful nondisabled until disabled people become "dustbins for disavowal" of unwanted elements of human experience. But between black and white, this projection goes beyond an individual process of disowning vulnerable or split-off parts of oneself because it is suffused with both conscious and unconscious meanings and associations absorbed as part of one's enculturation (Ryde, 2009, p. 22).<sup>2</sup>

Moreover, although Curry fought shy of commenting on the

treatment of black people in psychoanalytic theory, the psychoanalytic establishment had not only remained silent but to some extent perpetuated these myths through their own writings (Lowe, 2006, pp. 46–47). Msebele (2007b, p. 35) has addressed the implicit, and sometimes explicit, racism manifest in the writing of both Freud and Jung, noting that even founding fathers are men of their times. He cites, for example the way that Freud expressed surprise at the taboo on incest in African culture, as if this confronted the prevalent racist construct that black races were savages who lived as primitive cannibals with uncontrollable sexual drives in contrast, we might infer, to other more civilized races (Freud, 1913, p. 133, cited in Msebele, 2007b, p. 14). Freud's priority had been the pursuance of scientific respectability, leading him to present his ideas as absolutes, rather than as culturally specific constructs. He maintained this focus despite his racially motivated exclusion from the medical establishment of his day and the growing anti-Semitism he experienced. Young (1994) referred to this as Freud's "swinging reductionism," whether born of ethnocentrism or of more widespread ignorance (p. 110). So these inequalities, as Curry (1964a) saw them, constituted "important, but little examined, dynamic-economic theoretical factors" that motivated "symbolic processes" in the patient's mind (p. 547), and they had not been helpfully addressed in psychoanalytic theory from the outset.

Curry (1964a) gave three layers of explanation for these dynamics:

- "archaic, mythologic images,"
- "neurotic distortions, racial biases and prejudices" and
- "socially acceptable patterns of inter-racial interaction." (p. 553)

He chose not to make explicit conscious prejudices, devaluing beliefs, or racial hatred that patients brought into the therapeutic space, but focused instead on the unconscious, less-articulated material that lurked below the surface, and he tried to nudge this into consciousness by referring back to mythology with its ubiquitous "otherness" and binary thinking, citing the "frequent themes . . . that light and darkness, black and white are complementary and inseparably related in some type of dynamic tension

or equilibrium” (p. 548). To black is accorded darkness, sleep, death, the Devil, and evil; white gets illumination, light, and awareness, but these cannot exist “without these complements” (p. 548).

Curry (1946a) noted that *magic* was tied to the underworld and unconsciousness, and hence attributed to black people, whereas white was related to the “orderly rational progression of life” (p. 548). Other writers have noted, counterintuitively, that these associations occur across cultures (see Ryde, 2009, pp. 68–70; see Richards, 1997, p. 6 for an alternative view). Constructs are always defined in relation to their polarities with the result that, as Curry (1964a) noted, “Black people are always conceived of in counterpoint (especially to white upper class men) along a range of continua, including their supposed inferiority, badness, and emotional abandon” (p. 553). Since then theorists of race have continued to challenge the mechanisms *by* which, and the extent *to* which, black people are constructed as “other” in limiting and damaging ways (see, e.g., Young, 1994, or Frankenberg, 1997) and to explore how polarization and splitting operate as the mechanisms by which this “otherness” is manufactured and maintained.

### CASTING GROUPS IN THE ROLE OF “OTHER”

Curry (1964a, p. 552) named these dynamics of otherness in the therapy room as a set of “reciprocal responses to race,” and Frankenberg described how patterns of relating (which in different modalities might be theorized in terms of object relations, reciprocal roles, schemas, patterns of attachment, or constructs) are hammered out interactively within the prevailing power structure. She showed how these roles and the mythologies surrounding them were “co-constructed,” “complementary,” and “binary” at a societal, as well as at an interpersonal, level (Frankenberg, 1997, p. 12; see also Ryle, 1978, 1995). In his other role as the editor of *Dust*—a black literary magazine—Curry (1964a) was quoted as saying that “It is almost as if you *cannot* write about being black without doing it in terms of your relationship to Whitey, and when it all goes down, Black–White may be that deeply related, for Whitey cannot

define himself as being White without using the reference point of black" (quoted in Keller, 1969, p. 37).

But white people do keep trying to deny the connection. Theorists from a range of disciplines share the insight that one marker of dominance, whether as individuals or as nations, is that it allows the privileged group to forget that their position has been forged *in relation to* the less advantaged "other" in this way. This connection is actively disowned at many levels. For example, at the level of city governments in the United Kingdom: Bristol and Liverpool are built on the wealth of the slave trade, the profits of which have percolated down through generations, capitalizing businesses and enriching particular families, but this has only recently been made explicit (Beckford, 2004), and black people continue to be portrayed as the undeserving recipients of these cities' wealth, not as the originators of it. Ryde (2009) describes how this denial is portrayed as taking a "neutral" stance, as if white people could "opt out" of having a racial identity (p. 39). Freed from the recognition of this bond, the privileged can act as if they are legitimated representatives of, and reference points for, humanity as a whole, and regard themselves as "everyman" against which a range of differentnesses and inferiorities can be measured. This has been described as the "unmarked-dominant-posing-as-universal" position (Sandoval, 1997, p. 102, after Barthes) and is the means whereby the definers get to consider their experiences as typical, and their successes, self-made. Samuels (2001) describes this perspective as a kind of "papal balcony from which to survey the universe" (p. 36). In this way "whiteness [has become] integral to the standards by which identity, confidence, humanity, gender, knowledge and academic values are constructed" (Frankenberg, 1997, p. 18). What these dynamics obscure is the fact that to be this "somebody," white people leave black people to occupy what Martin Luther King described as "a degenerating sense of 'nobodiness'" (quoted in Msebele, 2007b, p. 10), and that this is clearly a reciprocal role.

Moreover, white people and their organizations are disproportionately backed up by economic privileges and sanctions, so that black people are forced into roles that placate and defer, and are more likely to be penalized for challenges or defiance.<sup>3</sup> These

reciprocal positions are sometimes negatively perceived to be childlike, passive, or manipulative (see Malinoswki, 1961), but when power is inequitably invested in one party to an exchange it is easy for there to be subterfuge and deception, disguise, and demurring; in this way power and privilege are lived with, denied, defused, mocked, or obfuscated. This may be construed as a “false” or proxy self (Lago & Thompson, 1997), when it is in fact a self intent on surviving and one that is adaptive to the needs of the situation and the necessity of keeping the interaction in play. In a context of extreme inequality there will be reciprocity without the possibility of equivalence. The other side of this coin is, as Altman (1995) describes, a situation where a white therapist may inadvertently reinforce such roles in order to “feel a sense of security and usefulness in an effective and dominant position” (p. 77).

Theorists exploring other forms of differentness have arrived at similar models to explain how otherness is created and policed in ways that serve the dominant race, class, or gender and maintain their illusion that the values against which they measure themselves are universal and uncontested. Simone de Beauvoir elaborated this model of difference in relation to women in her 1949 book *The Second Sex*. Disability theorists such as Oliver (1996) and Finkelstein (1997) developed the same model in relation to disability. Brown and Smith (1989) explored the links between these and the way that social movements such as “normalization” would founder if they did not acknowledge both poles of these binary relationships. Altman (1995) applies the same analysis to class and argues that at “a deeper level these categories are interchangeable, simply different surface manifestations of the process whereby a denigrated or demonized or simply disowned “other” is created” (p. 74).

These polarizations are sometimes accidentally illuminated by unconscious role reversals whereby white people, when they are challenged, assume that they are the persecuted ones, or switch into victim mode, as for example occurred when Nick Griffin (the leader of the racist U.K. British National Party) spoke for the first time on mainstream British television in October 2009 (BBC, 2009b). Having defended his association with a prominent member of the Ku Klux Klan on the grounds that the

KKK was really a nonviolent organization, he later complained that the challenging audience had acted as a “*lynch mob*” in relation to him.

Oppressive categorizing is also “shown-up” by the self-aware and ironic labeling that disadvantaged groups apply to themselves when they take back epithets that others have burdened them with, in a defiant positioning of themselves as “cripples with attitude,” or “queers,” or by using the N word in mockery of those who used it and meant it. Switches, such as these, attempt to break the stranglehold of this binary mode of thinking by drawing attention to it. These assertions “perform” a new narrative (Speedy, 2008, p. 47) that both echoes and exposes dominant ways of seeing the world and stand as testimony to the creativity and resilience of those labeled when *they* do the naming rather than allowing themselves to be caught in the processes that create “others” of them. For the same reason, self-segregation is different from exclusion. Speedy (2008, p. 17) cites Bird (2004), who advocates “escaping from the binaries” and exploring instead the meanings that these categories have in the spaces in between them. This is what needs to happen in therapy because when *unspoken*, these norms cannot be “played with” in these ways: They simply lurk in the shadows.

But while binary thinking limits, it does not necessarily preclude, warm alliances or helpful interactions. One would think that these would start to undo stereotypes and generalizations, but Curry (1964a) noted that as white people start to see black people as human, they stop seeing them as black and start to co-opt them—he mentioned one patient who wrote, after their therapy had concluded, that “the longer I worked with you, the whiter you became . . .” (p. 551). Donald Woods (1976), a committed white anti-apartheid campaigner, articulated a similar paradox in his writing about the Black Consciousness movement as it was epitomized by Steve Biko; he wrote

The movement’s adherents were impressively different from most blacks one encountered. They walked taller, were more confident, at ease and articulate. Ironically for purveyors of black consciousness, their blackness was the easiest thing to forget about them. This was particularly so in Steve Biko’s case in that his personality

and philosophy *transcended matters of race and colour*. (emphasis added).

This position has no mirror image, it is unlikely that a black person becoming close to a white person would describe them as “more black.” The process at work seems to be that the supposedly “exceptional” black person literally steps out of the white person’s stereotype, and in becoming an individual can no longer be subsumed as one of “them,” so in binary terms has to be included as one of “us.” Even on inauguration day Ben Bradley, former editor of the *Washington Post*, when prompted to comment on the historical significance of Obama’s election as the first black president of the United States, replied “Well I don’t think of him as black, when I look at him I don’t see a black man” (BBC, 2009a). Thus stereotypes survive at the expense of real people: Exceptions are dismissed on the grounds that they “prove the rule,” when what they actually do is fly in the face of it.

## BINARY THINKING

Curry (1964a), speaking in his chosen, and we hypothesize safe, idiom retold the ancient myths in Greek and Roman legend that embody this binary thinking, and traced its tenacity in our shared mental constructs. So how did he see these archetypes getting played out in the therapeutic alliance? According to Curry, “. . . firstly the patient endows the therapist with characteristics and powers that the therapist does not in fact possess and secondly the patient then begins to respond to these characteristics as if the therapist actually possessed them” (p. 551), thereby eliciting and setting in motion the reciprocal set of object-relations. But as Curry points out, “All this is irrational, the attributing and responding: a process of mythologizing felt meanings and externalizing them” (p. 551). He argued in another paper (Curry, 1964b) that this went beyond normal transference reactions that

denote an irrational and infantile attribution of characteristics to another person . . . [because] when complex symbolic processes, fantasies, fears, and counterphobic reactions are motivated by characteristics the other person does possess such as black skin, such responses are not transference reactions. Rather they are re-

siduals of fairy tales, folk tales and children's stories that deal with darkness, bogeymen, badness, and evil." (p. 134)

So, Curry (1964a) thought that patients were responding on the basis of "a mythic or symbolic elaboration upon the meanings extractable from the emotionally laden sign (and symbol) 'Negro' . . . [sic]" and that "these meanings have extremely archaic, unconscious roots" (p. 553). By formulating these responses as "archaic," it is as if he perceived the negative meanings of blackness to be too entrenched and pervasive to be kept out of the therapeutic relationship, where they would inevitably skew and undermine the transference (see Richards, 1997, pp. 5–6, for a discussion of this position). These meanings are even embedded in our language, where one can "blacken" a person's name or "denigrate" them. But Speedy (2008) declares herself "uncomfortable with [these] culturally fixed notions of 'archetypal' stories," saying instead that it can be useful to explore "the way narratives are performed within the dominant discourses of their cultural or social milieu, or are habitual narratives that are well rehearsed; or appear as more local or personal narratives that are peculiar to circumstances and life spaces and/or as alternative, emergent narratives co-constructed in the moment" (p. 46).

Raggatt (2007) talks about these narratives in terms of "good and bad stories in opposing relationships" in that difference is not only noticed as diversity, but encrypted alongside, and in terms of, dominant discourses that ascribe superiority/inferiority to others in line with prevailing structural disadvantage and cultural constructs (p. 364). So at specific points in time, we see racist beliefs being hijacked or orchestrated by governments and used to bolster specific class/economic interests. When personal hostilities are legitimized and/or magnified in pervasive public discourse, they seem prone to tip into extremes of persecution, pogroms, expulsions, and genocides. As Msebele (2007b) notes, in apartheid South Africa, black people were not just "other" but "hated" and, we could add, "hounded" other (p. 17). Explicitly racist discourse both elicits and condones cruelty and sadism and was apartheid's *modus operandi*, so shocking that, in relation to one case, Krog (1998) asked in disbelief, "How could we lose our humanity like that? . . . What kind of person, what kind of human being keeps another's hand in a fruit jar on his desk?" (p. 67).

Individualist ethics and political neutrality are inadequate in the face of such extreme splitting. As Speedy (2008) reminds her readers, “the myth of neutrality represents the taking up of a position” in itself (p. 30). Similarly, Dawes (1992), while acknowledging the usual reticence about self-disclosure in therapy, argued (in the context of racial oppression in apartheid South Africa), that an *explicitly principled* stance was needed, in that “the therapeutic process . . . [has to become] . . . politicised in an overt sense. The general rule of neutrality in therapy could not be maintained as far as the political aspect was concerned, and was abandoned for the benefit of the person who needed help” (p. 85). Altman (1995) concurs, asserting that a psychoanalysis that does not address these issues “makes a statement of indifference to social issues or of collusion with the established order”(p. 75). This echoes Barthes’s critique of neither–norism, in which he argues that neutrality supports the status quo because an individual who take this position

. . . no longer has to choose between contending realities but only to endorse what already is . . . under the influence of neither–norism, one can appear to take “higher” moral ground and make no commitment to move in any alternative direction. This seeming neutrality encourages an inflexibility-of-being, however that supports the dominant rather than some other moral or political order. (Barthes, quoted in Sandoval, 1997, p. 93)

Hence, neutrality is all it takes to produce and sustain institutional racism—rules, models, and practices continue to be applied “impartially” and “neutrally” even when they have the inadvertent outcome of excluding black people or of failing to name and address issues of race. But despite these outcomes, neutrality allows biased practices to run on “uncritically” and without reflexivity (Msebele, 2007b, p. 18), until as, Fernando (1995) remarked, racial differences become fixed in the public mind as “deviancy from the norms of the culture, [when] on the contrary, [they are] very much a part of it” (p. 25).

At a personal level, a white therapist treating a black patient the “same” as a white patient will fail to address his or her particular experiences of racism and miss the significance of the patient’s personal issues. One patient, Anna, a black woman in her twenties, brought a pervasive feeling of shame about her body and her fam-

ily to therapy that seemed to be sexual in origin, but although this was traced back to an experience of abuse at the hands of a male relative, it was complicated by feelings of being dirty, shameful, and sexualized, attributes that spoiled her sense of herself as a *black* woman, and that echoed the experiences of her mother, who was one of the first generation of immigrants to the United Kingdom from the Caribbean. Exploring the issues of sexual abuse outside this context was not enough, but her white therapist did not, at the time, make these links.

### ADDRESSING RACE IN SUPERVISION

These links need to be made, because if things cannot be spoken about they do not go away. Curry's (1964a, p. 551) paper reported on the way that race bubbled along beneath the surface, leaking out in unexpected ways. He described a psychoanalytic group where numerous oblique references to blackness punctuated the interactions without the real issues being addressed. Msebele (2007b, p. 12) also described the crooked ways in which race leaks out when it is not openly acknowledged in the therapeutic space, as does Thomas (1995), who wrote of a patient who dreamt she had seen him in traditional African clothing wielding a spear and assegai (a traditional Zulu short spear) as if nothing had moved on. Black therapists working with white patients report having their credentials and expertise implicitly or explicitly challenged and their ability to empathize with their white patients called into question. And, as Curry (1964a) warns, this will be particularly difficult if the black therapist is unaware of, or has internalized, a sense of inferiority from the damaging racial hierarchy in society at large because "patients cannot help but detect these points of insecurity in the therapist and put him [sic] to painful tests around them" (p. 553).

These issues need to be made explicit in supervision for the sake of black therapists struggling with prejudice. One Asian trainee therapist had to spend most of a first session fielding challenges to her competence, qualifications, and credibility at the expense of extracting the usual history or fulfilling the expected tasks of engaging her white patient in the therapeutic alliance. In

supervision this was seen as a distraction, when compared to a “normal” first session, whereas this trainee had of necessity worked on an agenda that her white colleagues would not have faced. The white supervisor did not specifically acknowledge the painfulness of this or name the origins of this antagonism, leaving the trainee feeling angry and as if she had done less well than her white colleagues when actually she had done *more* than they would ever have had to do. This might be even more apparent in those agencies that require a therapist to act from a position of authority (see Curry, 1964b, p. 133). Another young black therapist was seeking to engage a white man with intellectual disabilities in therapy at a time when he was feeling aggrieved about being unemployed; the patient became quite aggressive toward her, saying that he should have a job, not her, because he “didn’t come from some island somewhere.” Although this was a difficult exchange, and one that was “ducked” by the therapist in the session, it paved the way for a discussion of race in supervision that proved to be supportive and empowering.

While some white patients hold forth because of prejudice, others may hold back out of guilt, as one woman in Curry’s group did by “admonishing herself for being unable to tolerate her ‘suffering’” [saying] that she felt ashamed to face the therapist for “you and your people have known true suffering” (Curry, 1964a, p. 551). Curry named this as an “over-inflation of the therapist’s tolerance for suffering” (p. 551). Guilt is also a reaction that black therapists may have to field in the consulting room, and it puts them in a difficult, godlike position, as if they could grant or withhold an absolution that can only come about by the white patient taking responsibility and which is not dissolved by expressing shame. Heron (2005) argues for a complex self-awareness in relation to these issues as opposed to a kneejerk reaction to disavow privilege because, for a white person, “admitting one’s privilege does not necessarily unsettle its operation” and may even confer additional benefits, which she names as “double comfort—the comfort of demonstrating that one is critically aware, and the comfort of *not* needing to act to undo privilege” (p. 344).

Tuckwell (2002, cited in Ryde, 2009, p. 46) comments on the way that parallel processes of othering are often used as a means

of denial when white people are confronted with, or challenged about, their whiteness. It is as if white people would rather focus on black group members, or intellectualize or think about gender or culture or seek refuge behind their friendships with individual black people than focus in on themselves and their advantaged position. Thus the tired old cliché “Some of my best friends are black” just misses the point. The work of putting things right is more complex than simply paying lip service to antiracism. We were moved by the way in which Krog (1998) not only reported on the Truth and Reconciliation hearings in South Africa but *engaged with* them and with what they meant for her own [Afrikaner] community as well as for the black victims who bore witness. For some this “work” will be expressed externally through economic or political campaigning, for others it will be inwardly directed and expressed in religious, meditative, or reflective activities. Swindoll, a white theologian, wrote the following prayer after reading Griffin’s (1961) *Black Like Me*.

Quietly and gratefully, our Father, we pose before turning the page. We need to spend time reflecting on what we’ve just read. Don’t just patch or tinker with our proud, prejudiced attitudes towards other people. Do a work of inner transformation! Refresh us with thoughts of forgiveness, acceptance, and the freedom of no longer being enslaved to the way we were taught or to how our parents may have lived their lives engulfed in prejudice . . . we pray this prayer with deliberate heart-deep surrender. . . . (Swindoll, 2004, p. 153)

And Ryde (2009, p. 50) describes a “white awareness” group in which participants moved through a cycle of denial, shame, and guilt toward a more profound shift in beliefs and attitudes.

## ADDRESSING RACE IN THE THERAPY ROOM

Curry was writing mainly out of his own experience as a black therapist treating white patients because this configuration confounded the usual expectations of who usually needs and offers help and thereby forced the issue into the open. But racism is also there, like a sleeping lion in the corner of the therapy room, when those concerned are white: White therapists working with white

patients may not recognize it there until too late, when they find they have been invited to collude with racist views or slurs on racial others. Taking the usual neutral stance draws them in further, seeming to support such views and leaving the therapist feeling uncomfortably implicated and exposed. But as Ryde (2009) remarks, it would be well outside social norms to draw attention to whiteness in this context “as if I would infringe a social code of conduct that could show me up as naive or on a wrong-headed campaign” (p. 45).

One white therapist found herself drawn in almost to the point of colluding with racist attitudes when working with John, a white working-class man in his fifties, who spent a lot of time making racist comments about his colleagues and insulting people who did not speak English as a first language. His remarks came from a contemptuous place in his mental life and mirrored needling criticism from his violent and dismissive father. For this relatively inexperienced therapist it was difficult to acknowledge but not collude with these criticisms. Gradually the patient registered that his remarks were not being endorsed, and he explained this in terms of her “having to” work with “all sorts” in this inner-city hospital. This created a tension in the therapeutic alliance: The patient was positioning himself and his masculinity as under threat from less competent (as he saw it) others. Furthermore, there was a part of the therapist that wanted to collude because she feared that otherwise some of these violent undercurrents might be directed toward her. His fiction that the therapist only worked with black people because she had to was his way of fudging this conflict, but it left the therapist with lots to manage in the countertransference and difficulty in naming this dynamic.

Emma, another white patient, living in the Northeast, came into therapy ostensibly to separate from her father, but she kept drawing him back into her life by entering into a series of casual relationships with black men, which she paraded before him. She put herself at risk by meeting these men in unsafe ways, acting rashly, lending money to partners she hardly knew, and taking risks with her sexual health. The white therapist became aware of the issues through the transference when she was left feeling very anxious and parental about a particularly high-risk encounter at

the end of one session that had seemingly been forgotten by the next week. Confronting the racist paradigm underlying these liaisons was delicate: The issue was not that the relationships were across lines of race *per se* but that Emma was using black men to say things to her “bullying” but, as she saw it, “loser” father, on the assumption that he would tune in to the myth of their sexual dangerousness. She hoped that at some level he would read her coded rejection of him in the fact that she chose partners who were not like him, while at the same time the relationships fostered an illusion of superiority that bolstered her own fragile self-esteem. Another white patient, Susan, quite explicitly used her black boyfriend as a bodyguard to threaten her father after a series of fights.

Conversely, when a white therapist is working with a black client, naming their own “whiteness” in a nuanced way may allow the inequality of the relationship to be brought into awareness rather than papered over. Yasmin, a young woman in her first session in a public health setting, came to therapy wearing a headscarf but no veil. She had been living in the United Kingdom for ten years, her mother having fled to escape domestic and racial violence in her country of origin. The therapist asked Yasmin if it might be difficult for her to speak to a white woman and wondered if their racial difference made it hard for her to bring important things into the therapy. Yasmin initially responded using a power-evasive discourse, saying that it did not make any difference and that white people could be kind or not, just as people in her own community could be helpful or not—race was just about the color of your skin, she said. The therapist then persevered and said that although that was true, and that she agreed you could find kindness in all communities, it might make a difference that, as a white woman, she did not have to face day-to-day racism in the way that Yasmin might. Immediately Yasmin seemed relieved; she physically relaxed and said that, yes, she had in fact been assaulted only two weeks before, so that might be true.

Later in the session they returned to this assault. Yasmin explained that she had been wearing a veil and a white youth had gotten off his bike as she was walking along the pavement, and punched her in the face without any warning. She was pushed against a wall and fell to the ground, and an older white woman

helped her up. As a result of this attack she decided that she would not wear the veil again because it drew attention to her; instead, she would wear the scarf when she went out as a way of managing her own safety. God would judge her on her intentions, she said. But her partner disagreed with her, and this led to a lot of bullying at home. He was threatening to leave her if she would not wear the veil, calling her a whore, and telling her that she was trying to play “the man” in the relationship. As Speedy (2008) remarks, our work as therapists

commits us to a daily practice of multiple listening: a practice of listening to what is being said, to what is not being said, and to what is being referred and deferred to. It is within the gaps and cracks that exist between these different stories that the liminal or threshold spaces in the conversations, the points of entry to “other” sites and identity performances begin to appear. (p. 32)

It felt as if this material might not have been brought into the therapy if the gulf between the patient and the white therapist had not been explicitly acknowledged.

## DOES THERAPY EMPOWER OR DISEMPOWER?

If race goes unacknowledged when white therapists are consulted by black patients, they may end up seeming aloof and “helpful” in ways that pathologize rather than validate their patients’ struggles and the many ways in which racism has structurally impacted on patients’ sense of themselves and of others. Nadia, a young black woman, had lost her mother at the age of fourteen. Her family had been devastated, and, as the youngest in the family, Nadia had been referred for counseling to help her in her bereavement. But this period of personal vulnerability came back to haunt her when she later sought professional help for an unrelated and external issue related to institutional unfairness. Nadia had been taking a college course preparing her for entry into one of the top medical schools in the country and had been doing well until she challenged a lecturer who had been unacceptably angry to her in front of other students. Nadia had been five minutes late as a result of difficulties with public transport, and for this she was “told off” in this very public forum. Shortly afterward, a white student

walked in, making the same excuse about the trains that was in his case accepted; in other words, he was given the *benefit of the doubt* that had been denied to Nadia. After the lecture, when everybody had left the room, Nadia challenged the lecturer for treating her unfairly. There followed a series of related and unrelated administrative errors: Nadia's portfolio that should have been submitted to the medical school went missing; she was then told that she had failed to hand in two assignments even though she had the receipts to prove that she had submitted them on time. These pieces of work were later marked arbitrarily and, despite the previously high marks Nadia had attained, she was given a grade that brought her below the threshold to be invited for an interview.

For Nadia things seemed to have changed from the moment she had dared to challenge the "white man" (Griffin, 1961, p. 9). She was despondent and would have given up her studies had it not been for the encouragement of her family, who assured her that she could continue via a different route and still go to medical school at a future date. But this setback represented a very significant loss to Nadia, and even though it occurred eight years after the loss of her mother, it was as if her previous vulnerability was thrown back at her in terms of her "being oversensitive, and over-reacting." This compounded rather than relieved her distress. She later said of the counselor, "The therapist did not get it, did he?" Sometimes linking current difficulties with previous losses is experienced as helpful and motivating, but for Nadia the therapist's limited focus on her personal story had seemed to justify her unfair treatment by the university, to excuse it, to find reason for it. This says a lot about the potential for psychotherapy to obscure rather than validate racism and disadvantage.

It might be that the white therapist was unconsciously colluding with his predominantly white academic colleagues, or that he had failed to take into account Nadia's view that things had gone wrong as a direct result of her explicit challenge to a white man about racism in the classroom. Perhaps he was not able to identify with Nadia because he had no experience of the impact of cumulative discrimination, perhaps he simply did not know. This speaks to a significant gap in our training as a profession. A preoccupation with Nadia's past had stopped this therapist hearing about

her *present* anger and distress, because despite being a gifted student, she felt that her future had been jeopardized because she was a black woman. Jacobs (2000) helps us to think about the timing of such interventions and comments that it is not until “race issues have been well attended to, [that] we can be busy with another way of relating” (quoted in Ryde, 2009, p. 44), highlighting the way that these issues cannot be put aside while the focus is on something else because they literally color how those other issues are experienced.

We can also see that much *disadvantage* comes about as a result of failing to give a person the “benefit of the doubt” or allowing them a reasonable “margin of error,” and the converse of this is that racial *advantage* can often be conferred by one white person giving it to another, as the white lecturer did to the white student in Nadia’s class. For example, a white therapist in training did *not* report a white hospital doctor to his professional body even though a minor medical procedure performed on her had gone wrong. The doctor covered up his mistake as far as the hospital was concerned and politely apologized to the trainee in such a way that she would have felt it disloyal to bring the matter to the attention of the regulatory body. But, in the context of antiracism training, this trainee did subsequently question whether she might have acted in the same way if the doctor concerned had been black instead of white.

## WORKING TOWARDS A RACE-COGNIZANT PSYCHOTHERAPY

So, as part of a race-cognizant commitment, white therapists working with black patients need to give clear signals that they are aware of, and can hear, reports of racism or abuse, and that when this is brought into the therapy room it is not a diversion or distraction from the “real” therapeutic agenda, but a core part of it. A white therapist may need to wonder out loud about the patient’s experiences of such violence and acknowledge that these daily indignities are largely outside of his or her own experience, thereby indicating that he or she is ready to see the real person behind the mask.

Bringing an understanding of structural disadvantage will

also allow white therapists to tread carefully around any violence that emanates from a black patient's own community, because otherwise their patients may find it difficult to name issues such as harsh parenting or familial or sexual abuse without further stigmatizing themselves and their people, many of whom have suffered the traumas of exile or the pressures of migration. Without this perspective black victims of domestic violence or sexual abuse may feel caught in a trap whereby disclosing such experiences confirms the very racial stereotypes that are dragging them down alongside those who have abused them.

One black woman, Denise, was reflecting on a very difficult and violent relationship that she had been trapped in as a young woman. She felt a lot of self-blame, instead of compassion, for having gotten involved with her former partner, until she began to unravel how low her self-esteem had been at that time. The therapist triggered this process by having a "conversation about the conversation" they were having in the therapy and by wondering out loud whether their racial difference might be making it more difficult for Denise to talk about painful issues.

Later in that session Denise described growing up as the only black girl in an all-white school, feeling unattractive and wishing she were white. This had left her susceptible to the very possessive and controlling relationship that her previous boyfriend had offered, and it also meant that she had been very isolated when it turned nasty. By considering *his* experiences of racism they were able to explore an alternative set of explanations for his violence, which helped Denise to see that it was not her fault. The therapy offered a space in which Denise could confront her oppression as a woman at the hands of this man, but opening up this raw internalized racism also allowed her to explore the extent of her past vulnerability, and the roots of her partner's past violence, at a deeper level. They were able to bring into awareness how Denise's decision to cut off from this man had come at a high price, insofar as it had confirmed her sense of inhabiting a spoiled racial identity with him. It is no wonder that black women may prefer to suffer silently rather than open up their community to scrutiny and potential shame. However, because these realities had been named in this therapy, these feelings could be brought into the

therapeutic space to be worked with. White therapists should also be aware of local resources and black women's organizations that are in a position to affirm the twin aspirations for safety and solidarity.

Black women therapists may also feel cornered by these dynamics and find themselves drawn into conveying that it is the role of black women to be stoical in relation to domestic violence or to minimize it, as if solidarity with the men of their own community should come before a woman's personal safety or fulfillment. Religious and community leaders may explicitly or implicitly endorse, or even enforce, this position (Kerbaj, 2008). If the therapist is working with interpreters (Emilion, 2008; Tribe & Raval, 2002), they may bring these conflicts right into the therapy room in a very direct way, creating another addressee within the therapeutic relationship who embodies this ethos. Denise, the patient referred to earlier, said it would have been "even more difficult to speak to another black woman about it, because of the stereotype that black women can handle anything."

Meanwhile, both black and white therapists may find themselves dealing with material that is explicitly about the impact of mixed-race relationships in their patients' lives. Some patients may have used the prevailing order of things to embark on sexual relationships that literally "take advantage of," rather than challenge, racialized and sexualized hierarchies, and thereby compound disadvantage. They may "buy" (even by mail-order) partners, or "use" them as a means to an end such as sex, immigration status, social standing, or accommodation. They may seek out people whose vulnerability, calibrated against the backdrop of a sexist, ageist, disablist, and racist society, allows them to bolster their own self-esteem at the other person's expense or puts them in a position to exercise unacceptable levels of control over their partner.

Others may be facing issues within relationships that have started in an optimistic vein to challenge the norms of implicit segregation (see, e.g., Turner, 2007). Partners in mixed relationships may experience constant repositioning and tests of loyalty in response to the multiple demands of their own and their partner's family and community. Frankenberg (1993, p. 123) inter-

viewed white women who had found themselves at this interface in their sexual relationships. Her research subjects spoke of a constant juggling act between being with their partners at the expense of seeming to have no families or of being seen as without a partner within their extended families, as if it were impossible to bring their two communities together across these divides. One respondent spoke of how she had not wanted to admit that her relationship had ended because she feared that this would play into the prejudices that her family had previously voiced. This almost parallels the situation of Orpheus, who “was a force for illumination . . . because he had entered the underworld . . . but when he disobeyed the forces of darkness, he lost not only the prize he sought . . . but his life as well” (Curry, 1964a, p. 548). Situating some of this “place of no return” distress at a societal rather than a personal level might allow people in this position to create a narrative that recognizes loss without giving ground in relation to their antiracist stance.

Barthes anticipated these difficulties in his work on colonizing consciousness, reflecting on the aloneness of his position, and on his fears that he would be cut off, or split apart, if he continued to “long for connection and community with the same dominant culture that he has committed himself to transform” (quoted in Sandoval, 1997, p. 97). Barthes was writing at the level of a whole culture, but it is easy to see how, at the level of a family or a circle of friends, embracing the role of critical outsider may be bought at the cost of sacrificing one’s right, or wish, to rejoin one’s own community. Sandoval (1997) talks about reaching for a middle ground where there is the potential for holding open a “permeable boundary,” and he speaks of entering a “vulnerable borderland through a new kind of interfacing: the ability to tell another story, to find a differing version” (p. 102).

Where *we* arrived at, in terms of our practice as psychotherapists, was that empowering practice involves, as a minimum, some signaling ahead to the patient that this is not something that needs to be left outside the therapy room, by

- Naming race and wondering aloud how this will impact on the therapy, for example, “I wonder if it might feel awkward for you as a black person to talk to me as a white therapist” or “I wonder

if you as a white person will wonder if I, as a black therapist, can empathize with you and your issues.”

- Situating both therapist and patient historically and locating them in terms of racial conflict, migration, or disadvantage, for example, “You must have been growing up at the time that Enoch Powell made his ‘rivers of blood’ speech,” or “There seems to be a history of recent migration in your family; what do you know about the situation your parents were fleeing from?”
- Demonstrating that as therapists (whether white or black) we are able to hear about racism, for example, “Have you encountered overt racism living in \_\_\_\_:” or “Do you find your workplace supportive of you as a black woman?”
- Reminding white patients that there are other stories, for example, “Well, we are both white but I expect black people might have a different view of that issue.”
- Bringing a wider perspective to bear on mixed-race relationships, for example, “How did your family feel about you bringing home a black partner . . . and how did that affect you both, separately as well as together?”

## CONCLUDING REMARKS

Back in the 1960s Curry broke through a sound barrier when he pointed to the dynamics of race in the consulting room, describing how his patients stumbled in their attempts to acknowledge his blackness in the therapeutic space and of how unhelpful assumptions permeated the countertransference. We thank him retrospectively, along with the many pioneers of intercultural psychotherapy in the United States and the United Kingdom, for opening up the reflective spaces within which racial inequality can continue to be named as a primary site of mental distress. But four decades later, despite many changes and innovations, the predominant mode of discourse could still be characterized as a kind of polite evasion that does not serve the therapeutic encounter. Instead it speaks to a want of understanding across our profession, and to a lack of awareness of the pervasiveness and insidious nature of material inequality and the racist discourse that feeds, and flows from, it.

Apfelbaum et al.'s (2008) findings, that white people fail to "see" or to acknowledge race, that they depend on black people to give them permission to speak about it, and that they censor themselves at the expense of authenticity and warmth, resonate with our clinical experience. So, it is our contention that the issue should be constantly under review, in training, in supervision, and in professional development, because there is a cost when race is trodden around softly. Each time a therapist (whether black or white) fails to name it as a concrete reality in the patient's daily lived experience, he or she misses an opportunity to understand their position—of relative privilege or of relative disadvantage—and to make sense of the expectations and feelings that go with these default settings.

It is as if the fear of *appearing*, as opposed to fear of *being* racist, has led many white therapists and supervisors to disavow their privileged position by failing to notice race, but this drives the issues underground and undermines the integrity of the therapeutic alliance. This fear of getting it "wrong" seems to preclude the possibility of getting it "right," leaving black colleagues and patients too often holding alone what should be a shared concern and commitment.

That is why we have argued for a more explicitly race-cognizant psychotherapy, because if psychotherapy has a mission it is to unlock and unfreeze people when they find themselves in a mental strait-jacket. Fanon said very clearly that any society that freezes social hierarchies into place is a society where equality and justice will be impossible to achieve. He did, however, have a more hopeful take on the position of those who stand outside the dominant culture, arguing that they could form "a new, original, revolutionary cadre that is cross-racial, cross-class and cross-nation: an alliance of country-people of the same psychic terrain" (quoted in Sandoval, 1997, p. 99). That would seem to be the territory in which psychotherapy belongs.

In this paper we have set out the case for *acknowledging* race and racism "out there" and "in here." We hope that the examples we have offered provide evidence that, even if this is done clumsily or without finesse, it demonstrates commitment to richer, and more respectful, dialogue. Without this willingness to engage with

the issues we are caught in a net of not-noticing that allows little to be said about something that means so much. Only if we can be open about race in the therapy room can we meet, and be moved by, each "other." We come closer to knowing how it feels to be cast in this light and how this contributes to states of mind and being that cannot simply be tidied away by labeling them as "depression" or "anxiety." These crippling states are forged out of fear, envy, hopelessness and anger, and facing them is how we come to know, and show that we know, the *roots* of a person's broken-ness. We have to become, as Cobbs and Grier (1968) argued, "clinicians who can distinguish unconscious depression from conscious despair, paranoia from adaptive weariness and who can tell the difference between the sick man and a sick nation" (p. 132).<sup>4</sup> Conversely, we also both have the opportunity to face up to the hollowness of a white person's sense of entitledness, indifference, or complicity in a less shaming and more constructive way. Together we reach for a sense of wholeness that is summed up in the Zulu word "Ubuntu" (humanity), a quality that cannot ever be earned by pretending not to notice racial difference and its impact on all our lives.

#### NOTES

1. Andrew Curry was a psychiatric social worker and psychoanalyst working in the San Francisco area in the 1960s and 1970s; he went on to edit a black literary review called *Dust*.
2. An example of this could be seen in the way that HB, who is white, felt deeply ashamed of knowing, and being able to recall, the words used earlier in this paper to describe degrees of African heritage (mulatto, quadroon, and octoroon), a vocabulary that had seeped into her taken-for-granted knowledge from trashy teenage historical novels read in her youth. She asked herself, How did I come to know these abhorrent terms and in what ways am I, as a white woman, responsible for, or complicit in, them?
3. See the case study about Nadia that follows in the section "Does Therapy Empower or Disempower?"
4. Cited by Wilmatine Blake from her 1971 dissertation, reported in a 1973 edition of the *Smith College Studies in Social Work Newsletter*, 43(3), p. 184.

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