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RACE, AFRICAN AMERICANS, AND PSYCHOANALYSIS: COLLECTIVE SILENCE IN THE THERAPEUTIC CONVERSATION

Both historically and currently, assaults on the black body and mind have been ubiquitous in American society, posing a counterargument to America as a postracial, color-blind society. Yet the collective silence of psychoanalysts on this societal reality limits our ability to explore, teach, and treat the effects, both interpersonal and intrapsychic, of race, racism, racialized trauma, and implicit bias and privilege. This silence, which challenges our relevance as a profession, must be explored in the context of America's racialized identity as an outgrowth of slavery and institutional racism. Racial identifications that maintain whiteness as a construct privileged over otherness are an obstacle to conducting analytic work. Examples of work with racial tensions and biases illustrate its therapeutic potential. The challenge for us as clinicians is to acknowledge and explore our racial bias, ignorance, blind spots, and privilege, along with identifications with the oppressed and the oppressor, as contributors to our silence.

Keywords: race, psychoanalysis, diversity, African American, Black Mental Health, psychotherapy, racial bias, cross-cultural treatments, silence, racism

At the 2013 IPA Congress in Prague, psychoanalysts from around the world sat silently as moderators attempted to access their reactions to the theme of the congress: Facing the Pain. Continuing from the

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2007 Berlin Congress (Trauma: New Developments in Psychoanalysis), this was the first of a three-day large-group discussion for analysts, providing a forum to reflect and experience ourselves collectively returned for the first time since World War II to a region that was the birthplace of psychoanalysis. The silence was deafening. Its source was particularly unique to this region of Europe and the tragedies that had occurred there. Sitting with my colleagues, attempting to capture imaginatively the painful silence of the moment, I offered the following:

> I could only attempt to imagine what Prague means to most of you as you remember loved ones lost to Nazism, anti-Semitism, the Holocaust and Communism. Your experience reminds me of what is taking place in America right now, especially for a particular segment of the population: for a young teenage boy, Trayvon Martin, was visiting his father in Sanford, Florida. Walking back to his father's condo, talking to his girlfriend on his cell phone, anticipating the NBA All Star game; it starts to rain, and Trayvon pulls up his hoodie. He realizes he's no longer alone. Following Trayvon was George Zimmerman in his car, on the phone with the police: "These f-ing punks! These assholes, they always get away." George Zimmerman shot and killed Trayvon Martin and was acquitted of Trayvon's death, claiming self-defense. Trayvon was unarmed. If you were an African American parent, the next calls were to your sons, imploring them to be vigilant when walking down the street, to be mindful when it rains and you cover your head, and to caution that there's an extra price to pay in trying to be a normal kid when you're black!

After that the floodgates opened as analysts began to speak freely about their terror, joy, guilt, and loss, as though their ancestors were speaking through them. They were no longer "haunted" into silence. We were collectively facing the pain.

My observations in Prague came into focus as a foreign observer, an African American woman, of the unique trauma and atrocities that occurred in that part of the world, and yet I suggest that my outsider status provided the psychic space to contemplate and speak as the traumas of then (Eastern Europe) and now (the United States) intersected (Biale, Galchinsky, and Heschel 1998). Psychoanalysts have extensively explored the dynamics leading to the Holocaust, mass violence, genocide, and the seeds for within-nation conflicts that result in murderous violence, along with its psychological sequelae in a European context (Dawidowicz 1975; Volkan 1988, 1997, 2001, 2003; Volkan, Ast, and

Greer 2002; Kernberg 2003a,b; Casoni and Brunet 2007; Kuriloff 2010).[1] Less explored is the psychic impact of American slavery on the minds of the nation's inhabitants. I wondered how, had my colleagues remained here, in Eastern Europe, where such massive trauma had occurred, their ability to work, to think, and to speak would have been affected. Or would silence have prevailed? This experience and others have led to my attempt here to understand our silence as American psychoanalysts when it comes to race, racism, and racialized trauma within the clinical situation.

We are confronted daily with the precariousness of the black body: black bodies that we encounter through social media and the news, milliseconds before and after their deaths.[2] Yet American psychoanalysts appear blind and mute to race, culture, implicit bias, racism, and white privilege as informing our therapeutic work. How attuned are we as clinicians, as fellow citizens, to the collective tragedy that is racism in America, especially as reflected in the clinical situation, but also within us? To imaginatively embody, and vicariously hold and contain, the trauma of another is the daily task of psychoanalysts. And yet racialized trauma, especially as it pertains to African Americans, is seldom discussed in the psychoanalytic literature, with a few notable exceptions (Fanon 1952; Kovel 1970; Fischer 1971; Wolfenstein 1981, 1991; Holmes 1992, 2006, 2016; Young-Bruehl 1996; Leary 1997, 2012; Thompson 1998; Altman 1995, 2000, 2006; Cushman 2000; Hamer 2002; White 2004; Layton 2006; Moss 2006; Davis 2007; Bonovitz 2005, 2009; Gump 2010, 2017; Akhtar 2012; Winograd 2014; Harris, Kalb, and Klebanoff 2016a,b; Stoute 2017).

[1]Rarely explicated are the psychological consequences of the uniquely American genocide of Native and African peoples forcefully enslaved in America. The United Nations defines genocide as "any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part." As subjects of an intentional action to destroy a people in whole (Native Americans) or in part (for African slaves, destruction of enough of the self to internalize a subhuman existence dependent on white domination), both groups embody the psychological consequences of the dominant group's attempts at psychological destruction while simultaneously fostering pathological dependency.

[2]The descriptors African American or black should be taken to include individuals from the larger African diaspora: Caribbean, South American, African, and European. The ethnic, racial, and cultural diversity of New York City, where I practice, serves as a reminder of the uniqueness of the clinical situation, and the specificity of treatment pairs, which challenge any attempt to make global speculations, especially when addressing race and culture. Being mindful of our patients' race and culture, while aware of how this shapes the individual self, is critical.

It is still safe to assume that most people of color will not be treated by someone of their race, while white patients will. African Americans account for 12 percent of the 309 million citizens of the United States, but of the over three thousand members of the American Psychoanalytic Association, only seven in a thousand are black (US Census Bureau 2010).[3] If topics of race are engaged predominantly when the analyst belongs to a racial minority, then psychoanalysis will continually fail to speak to the experience of segments of the population that are most affected; it will also fail to explore the ongoing effects of racism on all Americans who seek treatment. Our silence will increasingly constrict the relevance of our profession for an increasingly diverse American population.

Within psychoanalysis the absence of diversity, of otherness, in those we treat, train, and teach is notable. This absence has reached a level of acceptance such that in presentions of clinical work race for the most part is mentioned only when the patient is *not white*. How, as clinicians and academicians, can we understand the meaning of this absence or lack within our field—the psychoanalytic enterprise that values the dynamic unconscious, the multidetermined self, and the multidetermined other that forms our therapeutic edge? What role, if any, do we as mental health practitioners have in speaking to our patients, candidates, supervisees, and colleagues regarding race, racism, implicit bias, and white privilege as encountered in the arenas in which we function?

South Africa's Truth and Reconciliation Council succeeded in bringing a long-held trauma to the experiential level (Gobodo-Madikizela 2004, 2008). In the United States, similarly, race, implicit bias, racism, white privilege, and generational transmission of trauma require explication at an experiential level, in the here-and-now clinical encounter, in order to forge any comprehensive meaning or healing impact. This would

[3]Even though black Americans seek therapy at lower rates than whites (around 38 percent less than the 40 percent of white Americans who do), there still are not enough black analysts to keep up with demand. African Americans seek treatment less often than society generally, due to (1) the history of racism in medicine, particularly within our field, and (2) socioeconomic conditions that suppress access to mental health care. If anything, African American reluctance to pursue mental health treatment and/or training is part of a pernicious cycle of silence that perpetuates unchallenged myths within the black community regarding the risks of pursuing medical treatment (e.g., the infamous Tuskegee Syphilis Experiment; Mississippi "appendectomies" and the forced sterilization of black women in both the North and the South [see Roberts 1997]). See also Skloot (2010) and Bahrampour (2013).

require not only exploring the effects of institutional racism on our patients, but also a thorough consideration regarding our own racial biases, white privilege, guilt, and sense of superiority as they interface and interfere with our work (Balbus 2004). Christopher Bollas's plenary at the 2015 IPA Congress reminded the audience that despite the loftiness of the ideals espoused by America's founding fathers, the level of brutality present today is equivalent to what once drove millions to these shores, the fundamental difference being the race of those being persecuted. Bollas was not silent about the current tale of two Americas. With the death count rising, I believe we must face the pain of our collective silence regarding racism. It is an open wound that keeps on hurting, and a deep signifier of meaning. Breaking our silence as mental health professionals, analysts, and psychotherapists can let us bring meaning to our national trauma in a way that can benefit us, our patients, and perhaps America as a whole.

HISTORICAL CONTEXT

One does not need to look far through the annals of American history to discover evidence of mistreatment of America's black population at the hands of whites (Skloot 2010). Instead of presenting a litany of atrocities visited upon the ancestors of today's African Americans, it should suffice to examine a particularly egregious phenomenon, as its purpose was to maintain a collective silence stratified along racial lines. Our silence as clinicians reflects the shared history of slavery, its aftermath, and the traumatogenic effects of racism for all Americans.

For a significant portion of America's history, lynching was a socially, if not legally, sanctioned reality whose purpose was to prevent the psychological emancipation of people of color. It was a form of terror and manipulation, with the intent to fortify impenetrable racial lines, that has its vestiges in modern society, contributing to the continued silence of our nation and our field. (See Figure 1.) The words of Colson Whitehead, in the National Book Award winning *The Underground Railroad,* capture this uniquely harrowing American form of terror:

> The corpses hung from trees as rotting ornaments. Some of them naked, others partially clothed, the trousers black where their bowels emptied when their

Figure 1. Witnesses to the lynching of Thomas Shipp and Abram Smith, Marion Indiana, August 7, 1930. This photo inspired the poem "Strange Fruit" by Abel Meeropol, immortalized in song by Billie Holiday in 1939

> necks snapped. Gross wounds and injuries marked the flesh of those closest to her. . . .
>
> One had been castrated, an ugly mouth gaping where his manhood had been. The other was a woman. Her belly curved. . . . Their bulging eyes seemed to rebuke her stares, but what were the attentions of one girl, disturbing their rest, compared to how the world had scourged them since the day they were brought into it? "They call this road the Freedom Trail now," . . . "The bodies go all the way to town." "In what kind of hell had the train let her off?" [2016, pp. 152–153].

In 1909 alone, the year of the Freud-Jung lectures at Clark University, there were sixty-nine documented lynchings of black people in this country. Solomon Carter Fuller (1872–1953), America's first African American psychiatrist, was the lone person of color attending those lectures (see Figure 2), which had been arranged by G. Stanley Hall, the university's president. Fuller was Hall's personal physician and perhaps his analyst, and there is evidence that Fuller corresponded with Freud (Akhtar 2011; Kaplan 2005, pp. 50–51). The achievements of Fuller, W.E.B. Dubois, and other African Americans, when juxtaposed with the traumatic reality

Figure 2. Solomon Carter Fuller (top row, farthest to the right), Freud-Jung lectures, Clark University, Wooster, MA, 1909

of lynching, encourage splitting, disavowal, and silence as the psychic sequelae of those unpunished crimes of terror. From 1882 to 1968, there were 3,486 documented lynchings of blacks in the U.S., of whom 150 were women (four of them pregnant), occurring in forty-four of the fifty states, including New York, New Jersey, Michigan, Illinois, Pennsylvania, and Vermont. While there were instances of successful interventions against lynching, most white Americans would risk loss of property, job, or life were they to show any sign of opposition to these acts of domestic terror.

Although public lynchings no longer occur, the mass media provide a nearly daily menu of dead black bodies for us to witness. The image of Michael Brown's lifeless body, instantaneously broadcast throughout the world, is analogous to historical lynchings in terms of the fear and terror it generates (see Figure 3). We witness white supremacist groups that historically carried out public lynchings marching, emboldened and united with neo-Nazis, performing acts of domestic terrorism with impunity. Whether viewed or ignored, these incidents and images weigh on our consciences and contribute to a silencing antedating our becoming psychoanalysts; this silence requires acknowledgment that we might be mindful of its impact. As the history of lynching suggests, two hundred fifty years of chattel slavery and the Jim Crow America that followed have had lasting effects on blacks and whites alike. Our silence as

Figure 3. Michael Brown: shot and killed by a police officer, Ferguson, MO, August 9, 2014

American psychoanalysts is persuasively predetermined by this racist system that predates our training and contributes to "racist states of mind" that have been internalized and require our recognition (Keval 2016).

Mindful of these effects, Donald Moss proposes in "Mapping Racism" (2006) that we are all afflicted by racial stereotypes, including how we locate others psychologically based on their race, class, and various differences. Results from the Implicit Association Tests confirm in part that the vast majority of us negatively and unconsciously characterize groups based on race, religion, gender, and/or sexual orientation (Greenwald and Banaji 1995; Greenwald, McGhee, and Schwartz 1998; Gladwell 2005).

The fields of clinical psychology and psychoanalysis are not free of culpability in contributing to America's fraught racial past in a way that leaves lingering ripples in present society. For instance, "drapetomania," flight-from-home madness, was a psychological term referring to an affliction of slaves who attempted to run away from their masters to gain their freedom (Thomas and Sillen 1972, p. 2). It was a commonly held belief that a slave must be ill to yearn for what every other person in America took for granted. To defend slavery psychologists promoted pseudosciences claiming to demonstrate that the slave was an intellectually inferior, dependent subhuman requiring dominance and control (Gay 2016). Slavery was deemed preventive of the "dementia praecox, insanity

and idiocy" that would result if the African were freed (Thomas and Sillen 1972, pp. 16–22). These lingering beliefs regarding the inferiority of African Americans are the unconscious legacy of slavery and continue to pervade modern society, including our clinical practices. African Americans were long considered "unanalyzable" due to white biases regarding their intelligence, reflective capacity, and psychological mindedeness (pp. 67–82). These stereotypes, while decreasing, continue to require vigilance and active challenges.

The psychological assault on the mind and the challenges for African Americans who pursue analytic training are embodied by the experience of Margaret Morgan Lawrence, the first African American psychoanalyst to complete training in the United States. Her training was done at the Columbia University Center for Psychoanalytic Training and Research in the years 1946 through 1951. Lawrence's life has been lovingly told by her daughter, Sarah Lawrence-Lightfoot, in *Balm in Gilead: Journey of a Healer* (1988). Lawrence faced tremendous obstacles, including being a child of the deep South raised under the strictures of Jim Crow, encountering resistance toward her analytic training due to her race, and being treated as a foreigner in her own country. The opposition she faced at Columbia included Sándor Radó's questioning Lawrence's preparedness for graduation. Despite the candidate's meeting all requirements and having the support of Viola Bernard and Benjamin Spock, Radó informed Lawrence that an additional consultation with Abram Kardiner, a member of the graduation committee, was required (Lawrence-Lightfoot 1988, pp. 178–184).[4] Although Lawrence refused to meet with Kardiner and the

[4]Kardiner, with Lionel Oversey, had recently finished *The Mark of Oppression,* a controversial psychoanalytically based exploration of Negro oppression and the resulting psychological damage from generations of enslavement, the development of within-race caste systems, and the ongoing necessity by whites to degrade the status of blacks (Kardiner and Ovesey 1951). Lawrence refused to assist in the book's creation, having suspected the racist ideological overtones in the book that her presence at Columbia directly challenged. While the case studies present a two-dimensional minimization of multidetermined factors of development, there are in Kardiner and Ovesey's book prescient insights, including proper attribution of a "Negro personality" as being *not* genetically determined but, rather, built up during the multigenerational trauma of slavery and oppression (p. 50). Additionally, there are negative observations on whites, both Northern and Southern: "The degradation of the Negro's status served to narcotize the white man's social conscience against the ethical issues involved in slavery. . . . Once you degrade someone in that way, the sense of guilt makes it imperative to degrade the object further to justify the entire procedure" (p. 379). Unfortunately, as Thomas and Sillen (1972) note, the book is hampered by its own degradation of the Negro personality, characterized as blacks having low self-esteem, a sense of inferiority and a "wretched internal life."

request was withdrawn, the impact of the additional requirement remained with Lawrence as a humiliating assault on her self (Margaret Morgan Lawrence, personal communication, 2010). While Lawrence's experience speaks to her time, I can attest, as a supervisor and mentor to several trainees of color, that racial micro-aggressions and pejorative racial bias continue to plague the candidate experience. Yet candidates today are more sensitively attuned and accepting of the multiply determined self as a gendered, racial, and cultural subject. Most important, they are ready to challenge these biases and prejudices actively within their training.

To address the silence in our field regarding race as reflecting American society more generally (Powell 2012), it is important to first establish the breadth and depth of the impact of America's sordid past on the present day by incorporating a sociological perspective. While I cannot give a thorough accounting of the sociological impact of racism, it is necessary to highlight a few concepts from sociology as a foundation for what will follow.

The sociologists Tricia Rose (2015), Lawrence Bobo (2001, 2004), and Eduardo Bonilla-Silva (2015) speak to the evolution of racism from overt manifestations such as slavery, Jim Crow, and lynching to more subtle contemporary manifestations, including implicit bias, color-blind racism, and laissez-faire racism. Bonilla-Silva (2015) argues that "racism creates race," in that the structuralizing institutions of colonialism and slavery promoted societal categorization based on one's closeness to a white ideal (p. 2). While the overtly racist legal systems that created today's racially stratified society have manifestly been dismantled, discrimination persists at every level of society, affecting access to health care, education, housing, and employment. The relevance of including and integrating social reality in analytic thinking is best captured by Wolfenstein (1991): "I sometimes say to my patients that reality is the best defence against the experience of psychic pain. But if, e.g., a woman has been subjected to demeaning sexist behaviour, it is not analytic to deny that social reality. To put it another way: to bracket social reality is not to disavow it" (p. 546).

Generation after generation, oppression is externally experienced and internally reinforced by both the oppressed and the oppressor. This generational transmission of trauma has been foundational to the psychic structure of our country, where new arrivals face the implied questions of where do you stand, what are you willing to tolerate or ignore in order to

belong, how white are you, and what are the compromises of your citizenship? Transformation from oppressed to oppressor is based on the ability to assimilate into the larger white society. Racial tribalism has thus become the signifier of our times, with whiteness its imprimatur.

In reference to Americans of African descent, DeGruy (2005) has coined the term "Post-Traumatic Slave Syndrome" for the multigenerational trauma and ongoing oppression that underlie their belief, justified or not, that the opportunities the rest of society enjoys are unavailable to them (p. 121). David Walker's *Appeal* (1830) captures this collective experience of slavery and its ongoing legacy almost two centuries ago: The "vile habits often acquired in a state of servitude are not easily thrown off" (p. xiv). Those "habits" are ingrained in the American psyche, to a large extent on an unconscious level. Thus, while America may continue to be experienced as the land of opportunity for immigrants who readily assimilate into white culture, for those who have not come from another country and whose ancestors were enslaved, the same opportunities are not perceived as available. And for too many that perception is true. This cultural binary of white and other, represented at one extreme by African Americans, becomes entrenched in the American psyche, at times with explosive and deadly consequences (witness the events of August 12–13, 2017, in Charlottesville, Virginia).

Finally, while we are reluctant to speak negatively of our founding father, Sigmund Freud, his racial hierarchy is available for our consideration. Freud did not discourage or prevent several early psychoanalysts from adopting his use of lower-order animals and the simplicity of children to analogize and describe people of African descent as primitive, simplistic, and not fully actualized adult human beings (Thomas and Sillen 1972, pp. 7–10; Rizzolo 2017). Specifically, there is the oft-referenced cartoon in *Fliegende Blatter* showing a lion yawning while muttering, "Twelve o'clock and no negro," which Freud frequently took to stand for his noon hour patients (Jones 1953, p. 151). The phrase "my negro" was later used jokingly by Freud in reference to an American patient (Jones 1957, p. 105). Several interpretations are readily available regarding Freud's frequent allusion to this cartoon; as an example of his paltry economic condition after his marriage to Martha Bernays; as an analogy for relying on his patients for his economic livelihood, like a lion awaiting its African/Negro prey; as a reflection of Freud's tenacious attempt to discover the primitive man, represented by the Negro; or as a displacement of

Freud's strides toward legitimacy and acceptance in Viennese gentile society, needing to redirect his own otherness, his being Jewish, onto the Negro body and mind. Ironically, it would be America, for whom the Negro also represented foreignness, that would be entrusted with the preservation and survival of psychoanalysis decades later with the outbreak of war in Europe.

These are uncomfortable truths to bear. Ta-Nehisi Coates, in *Between the World and Me* (2015), states there is a "need to live in the discomfort—the chaos—that is race and to live in that truth" and not remain in what he calls "the dream" (a state of deception) (pp. 50–52). In our field the dream, a state of deception, manifests as our silence when confronted with race, racism, and otherness in the clinical situation (Dalal 2006).

RACE AND PSYCHOANALYSIS: WITHIN AND WITHOUT THE CONSULTING ROOM

The following examples demonstrate how race arises as a concern to be worked through in the therapeutic conversation.

Years ago Ms. A., a white professional in psychodynamic psychotherapy, was suddenly convinced that I was going to abruptly terminate her treatment. I initially believed we were in familiar conflictual territory surrounding her maternal transference of an aloof mother she thought preferred other activities over being with her daughter. We had spoken openly on many occasions regarding racial issues and tensions between us, including her steadfast feeling that I preferred my African American female patients, with whom she competed to secure my undivided attention. George Zimmerman's not guilty verdict led to an abrupt rise in Ms. A.'s anxiety. Noting the intensity of Ms. A.'s experience, I stepped away from a familiar dynamic between us and arranged an emergency meeting. Ms. A., shaking with fear, panic, and trepidation, described how an all-white female jury (including one light-skinned Puerto Rican) had acquitted Zimmerman of murdering Trayvon Martin.

> Ms. A.: I know you want to stop my treatment now.
> Analyst: What's led you to that conclusion?
> Ms. A.: An all-white female jury acquitted a murderer! I'm a white woman. This is horrible! How can you even look at me!

ANALYST: The intensity of your feelings, the shame and guilt, suggests there's more to what you're experiencing than the actual facts of George Zimmerman's acquittal.

Ms. A.: Can't you see he's guilty and he's getting away with murder!

ANALYST: I can see that, but I also see your reaction as if you're personally affected, that *you* have acquitted a murderer.

She was now convinced I would expel her from treatment based on the jury's decision, as if she were one of the jurors. She feared that I had lost *my* capability of experiencing *her* uniquely, our years of intensive work evaporating, and that I identified her as belonging to the oppressive group that had freed a murderer.

Ms. A.'s projective identification was unabashedly evident. Manifestly, the connection between my patient's statements on the denial of justice in the Trayvon Martin case and her sudden fear that I would abandon her was readily ascribed to a disjuncture in the treatment along racial lines. But I was aware that her unconscious guilt and fear of punishment had earlier antecedents that would often attach themselves to racial events.

Later in the same session, Ms. A., slightly calmer, said, "It's my family, their history, my guilt again. It's difficult for me as a white woman. Based on my education, my wealth, and my privilege I should feel the verdict was justified. But I don't. I just feel guilty."

In this instance her German ancestry, including both resisters and members of the Nazi Party, was a deeper contributing source. This was the unconscious connection of my patient's abrupt guilt and veiled fear of punishment for unspeakable crimes. What we were unaware of was the extent of her generational trauma. Interpreting and working through Ms. A.'s guilt and fear of punishment resulted in a de-escalation of her anxiety, along with renewed interest in social justice as reparative of crimes in both Germany and the United States.

Thus death, punishment, fear, silence, shame, and guilt emerge to be reexperienced through the prism of race. My patient's mother, reportedly, had silenced any curiosity about her history and her relatives' pasts, leaving my patient frightened that she would have to experience her current anxieties about us in isolation. When I moved from a position of apparent knowing, setting aside my established notions regarding her dynamics in terms of race, and instead operated from a position of curiosity that encouraged a mutual desire to understand, our work together, though

challenging, deepened and progressed. My emphasis here is on the internal work required by the analyst/therapist to recognize and bring forward racial dynamics alluded to in treatment, dynamics that may reflect areas of psychic conflict, rather than dismiss reactions as reflecting a merely societal reality with no psychic meaning.

Mr. T., single and Jewish, entered psychoanalysis four times weekly on the couch, presenting inhibitions and anxieties that prevented his advancement in love and work. A key aspect of his background was his preference for the diverse urban environment of his early childhood, as against the religiously homogeneous upper-middle-class suburbs of his middle and high school years. He vividly recalled his father's unveiled dinner conversation about the "black animals" he was "forced" to engage with at work. Although an erotic sadomasochistic paternal transference, presented in starkly racial terms, was prominent in the first years of analysis, this transference was defensive, serving to ward off affectionate and tender feelings toward me. Mr. T. was initially convinced he was receiving an inferior analysis because of my race. As his treatment deepened and drew closer to his identification with his father, his sadomasochistic masturbatory fantasies and aggressive behavior intensified. This included a prominent somatic symptom, occurring at peak moments of impotent rage and/or longing, that was understood as a displacement of his castration anxiety. Despite this intensity, or perhaps because of it, he would keep a tissue from my office in his pants pocket, which he would tenderly rub in moments of stress throughout the day. Mr. T. became convinced that I resembled his mother, or at least a fantasized maternal ideal that would be available and loving toward him. These expressions of a positive transference provided a psychic reprieve from the volatility of the analysis, suggesting a capacity for developing a reflective ego. What presented as an obstacle, his violent racial and sexualized attacks, were understood as defensive reactions to Mr. T.'s vulnerability, low self-esteem, and impotence whenever feelings of dependence and affection emerged.

Race, culture, and the effects of racism did not figure as topics in my formal analytic training. Thus, analytic silence was my default position in my work with Mr. T. In silence I would absorb and reflect on his racist and frequently sexualized attacks. My silence only escalated the tensions between us as I experienced within the transference his father's stranglehold on Mr. T. Recovering my ability to think, reflect, and be curious

about these dynamics, first within myself and later with Mr. T., led to new levels of understanding.

Of equal importance was examining the superego inhibitions that led to my countertransferential disengagement, couched under the rubric of maintaining therapeutic neutrality. I would sanitize and attempt to mitigate Mr. T.'s stark language, thinly veiled eroticized dreams, and descriptions of his masturbatory fantasies, frequently of black women, by, for instance, using less profane and charged language. Ultimately, my working through of my superego inhibitions allowed for more direct contact with Mr. T. This included exploring my own narratives regarding white men who loved, hated, and sexualized black women in my familial past. During the peak of the transference neurosis, when he was virtually paralyzed by his somatic symptoms, I commented: "You are like a lion backed into a corner with a sharp thorn in your paw, and my job is to remove the thorn and not be annihilated."

> MR. T: I'm in so much pain. I want to destroy you, fuck you and love you. I feel so paralyzed and numb. I feel it in my body! This is so Freudian!
>
> ANALYST: There's a lot of pain there that you don't know what to do with. How can we understand this pain, remove the thorn, and survive?

Exchanges like this were often followed by confirmatory dreams that increasingly allowed me to help him, but these were immediately followed by masochistic attacks imputing mercenary motives to me, These were understood as an internal saboteur that required Mr. T.'s absolute allegiance. My emerging understanding of the strength of this object relationship, in direct conflict with what he was experiencing within the new analytic relationship, became the focus of our work. The hate that was required for connection with his internal objects was in sharp contrast to his loving, vulnerable, and dependent feelings toward me.

The basic question that Mr. T. and I answered together was, Is it okay to be different, one's authentic self, if that means separating from an internalized object that espouses and demands hatred in exchange for love? As the positive transference deepened, Mr. T. became increasingly challenged by the depth of his paternal identifications, especially in his relations with ethnic others, most specifically his analyst. To work with Mr. T. effectively I had to confront my own negative identifications regarding whites, including my need to de-escalate the sexual hostilities and tension

that Mr. T. used defensively. This allowed us to face what once seemed impossible to bear and to "play" with this highly charged regressive material with increasing depth and insight (Coen 2005).

Ralph Ellison's words from *Invisible Man* (1952) continue to capture the experience of being African American: "I am the invisible man. . . . I am a man of substance, of flesh and bone, fiber and liquids—and I might even be said to *possess a mind*. I am invisible, understand, simply because people refuse to see me. . . . When they approach they see only my surroundings, themselves, or figments of their imagination—indeed, everything and anything except me" (p. 3; emphasis added). This sentiment is currently reflected in Claudia Rankine's musings (2014) on tennis great Serena Williams's difficulties with unfair line calls: "Again Serena's frustrations, her disappointments, exist within *a system you understand, not to try to understand* in any fair-minded way, because to do so is to understand the erasure of the self as systemic, as ordinary" (p. 208; emphasis added). As a psychoanalyst, as an African American, as a woman of a certain age, I view the struggle to see and be seen, understood, and witnessed as the core of the psychoanalytic enterprise. As we function to help our patients become less opaque to themselves, we become more visible to ourselves as we appreciate the complexities of these mutual realizations. It is this fundamental capacity to be known by the other and to know one's self that is at the heart of our work.

As a first-year analytic candidate I was reminded of the unique interior self struggling for expression. Riding the subway uptown for my Freud class, I initially did not notice the large African American man sitting next to me and reading over my shoulder Freud's "Those Wrecked by Success" (1916). When his presence was acknowledged, he immediately reported that what he had read had happened to him. He had found it impossible to integrate the academic success he was having in high school with the realities of the street and his peers. He felt bad about leaving his neighborhood friends to actualize his potential in college. Eventually he involved himself with the wrong crowd and had only recently been released from jail, never having gone to college. He had no rational explanation for his behavior, except for feelings of guilt about leaving his friends and family behind and fears about what a future would mean in college and beyond, in a white environment less than accepting of his presence. His vulnerability, concealed beneath his size and bravado, was touchingly revealed. More important, this brief vignette illustrates a

narrative that competes with black representation in the news media, "coverage" that typically lacks nuance and texture, focusing as it does almost exclusively on black criminality. This man not only wanted to tell his story, but also wanted to articulate and find meaning behind several conflicting narratives. Would he lose his community by pursuing his studies? Would he lose his credibility and identity by leaving his friends? His intelligence was an entrée to an expanded life, but how did guilt and shame over leaving family and friends impact his subsequent behavior and aspirational dreams? Dorothy Holmes's paper on success neurosis (2006) directly explores this dynamic, as African Americans have individual narratives heavily influenced by collective experiences as an oppressed group subject to discrimination. A focus on the narrative, of the interior, its existence, depth, and complexity, yields nodal points of confluence between psychoanalysis and clinical work with African Americans. Toni Morrison's *Beloved* (1987) eloquently renders the internal landscape of her protagonist and in doing so "rewrites the traditional slave narrative by *reconstructing* what those stories silenced: the *interior self* of the slave" (Glaude 2007, p. 41; emphasis added). The articulation of this interior world housed within the self, as a continuous dynamic dialogue with past and present, is similar to the basic foundation of psychodynamic theories and mitigates the oppressive forces that confront oppressed people.

To be invisible to the majority of Americans and yet so intimately aware of our cultural heritage is a juxtaposition inherent in being black in America. One might argue that my race as an African American would have to be part of my conversation with my patients. This fails to grasp that race is a readily available area of exploration for same-race pairings as much as for interracial dyads. How this is revealed is of course specific to the actual treatment pair. Ms. S., an African American woman in four-times-weekly analysis who presented with difficulties in romantic relationships, would constantly say to me with conviction, "You know what I mean?" Of course not, but yes I did "know" in the broadest context of being an African American woman in this country. But her words were a sort of shorthand that I *should* understand: she was ascribing to me knowledge about her as a fellow African American woman. Implicitly acquiescing to my patient's subtle pressure to resonate with her based on our being African American women would have bypassed exploring in depth the particulars of her narrative: sexual overstimulation at an early age, her

mother's abandonment, and other offenses from loved ones in her past and current life that she projected into me as if we had experienced them together. I did not, of course, automatically know these aspects of her life, or the terror of being alone with these traumas. Within the treatment we confronted and discovered these things together, without the fantasy of knowing she wished to ascribe to me. My patient's fantasy was understood as her maternal transference involving simultaneous sexual overstimulation and neglect. This was my patient's apparent background of safety: that I would collude in re-creating this childhood trauma of seduction and avoidance, leaving Ms. S. to fend for herself (Sandler 1960). To presume a shared knowing within the analysis and forgo exploration would enact instead of explore the forbidden, the sexual, her desires, and, just as important, her neglect. This would be to possibly overexpose and overstimulate her, without containment or recognition of her terror. By not tacitly agreeing to a narrative superficially based on our shared race, and thereby foreclosing further exploration, depth and authenticity were maintained and the full gamut of her emotional landscape was open to be understood in all its complexities, including the maternal erotic.

In my work with African American patients, many implicitly assume that we share cultural norms regarding race, family dynamics, and perceptions of current events, as the preceding example emphasizes. These assumptions are often regarded as facts known between the two of us. Subtle but active attempts to pressure me into colluding or agreeing with a patient's leitmotif become part of the analytic dialogue. What I am describing is the tendency to regard cultural material as conflict-free, but it is not, or at least not always. Marianne Goldberger (1993) captures this phenomenon, referring to our "bright spots" when we fill in the spaces based on assumptions of our own (pp. 270–271). Early in my career as a psychoanalyst and psychotherapist, I would find myself getting far down this transference-countertransference road of bright spots, missing its subtlety before realizing what had occurred and having to rework material that had been understood quite superficially.

My final clinical example highlights the profound negative consequences of racial hatred, and the possibilities of bridging the racial divide through a dynamic therapeutic approach. As a third-year resident on my consultation-liaison psychiatry rotation, I was asked to consult on an elderly white man who had experienced a series of mild strokes that continued while he was in the hospital, despite exemplary medical care. His

treating physicians were baffled. In reading the patient's chart and speaking to the referring medical team and other relevant medical staff before meeting the patient, I uncovered the following: the patient, Mr. J., was the descendent of a proud Confederate family renowned and vilified for their staunch views regarding "race" and "place." In the hospital his symptoms, unbeknownst to his medical team, took a unique pattern: after the East Asian cardiologist consulted with Mr. J., his symptoms worsened, resulting in another small stroke. A similar fate occurred following his consultation with a Latino pulmonologist. The request for a psychiatric consultation followed the patient's request for a priest. It is easy to surmise Mr. J.'s response when a Chinese priest with clerical collar walked into his room to provide spiritual solace. None of this was obvious from his chart, but knowledge of his historical past and curiosity about why he continued to be symptomatic despite top-notch treatment led to exploration beyond the usual medical inquiries. Of note, Mr. J. did not exhibit these symptoms in his interactions with ancillary medical staff who were people of color: those who transported him to tests, brought him his meals, and drew his blood. They fit my patient's cultural norms, his racial map; they were "the help."

Armed with my data, I was ready to meet Mr. J., who had been informed that psychiatry had been consulted. At this point he was looking for any form of relief. As I entered his room with my white coat, name tag, and brown skin, I quickly observed my patient become flushed, diaphoretic, and short of breath. Immediate action was necessary. "Mr. J., I'm Dr. Powell, the psychiatrist called by your medical team to consult on your condition. I get it, if you could give me a minute to explain. You just want to be treated by white people, especially if they're going to be your doctors or your priest." Mr. J. looked at me with bewilderment, relieved by the message if not the messenger. As he visibly relaxed, Mr. J. wondered aloud if he could be transferred to another country, perhaps in Northern Europe, his ancestral home; anywhere to escape and actualize the fantasy of a white utopia. As we explored the limits of that possibility in a world of increasing multiculturalism, we were able to agree that his racism was truly killing him.

We began a series of conversations about the importance of keeping the races separate, his acts of commission and omission when it came to his racial past in the South, and the regrets and consequences of a lifetime of hate. This hate was not confined to other races, but was also expressed toward his most

intimate relations as they began to accept and even form close relationships with people that Mr. J. vilified as the enemy. He had become a very lonely and isolated man, hate his constant and sole companion, and a major cause of his physical symptoms. We worked together to find ways to honor his heritage and explored his deep identification with his family's past, in which hate was required to receive love, while moving away from his need to destroy others. It was painful, transformative work. Mr. J. looked forward to our talks and in a short time was discharged from the hospital with no further neurological events and an improved prognosis.

EXAMINING OUR COLLECTIVE SILENCE: RACE AND PSYCHOANALYSIS

As analysts we remain silent in order not to foreclose or influence what may emerge, but are we also unconsciously conveying intentionality when we are silent about our patient's race or culture, or racial events that unfold in our multicultural milieu? While psychoanalysts are ambassadors of the talking cure, our working function is primarily spent listening, in silence. Silence provides a space to reflect, to synthesize, to construct, to feel, but also a place for defense, rationalization, and avoidance. As analysts, we accentuate the former and deny the latter. In this regard, silence isn't always golden, especially if it limits or forestalls active communication and curiosity. All too often our silence conceals our bias, prejudice, and racism under the rubric of staying with the patient's freely associative material.

Racism affects us all, particularly when we are least reflective on our privilege, distancing ourselves from those who are oppressed. In a rarely seen 1976 video interview, Ellis Toney and Ralph Greenson discuss the interracial training analysis the latter conducted during Toney's training at the Los Angeles Psychoanalytic Institute in the late 1940s and early 1950s (Greenson et al. 1982). In this interview we witness Greenson breaking his silence as he acknowledges multiple incidences of ignorance. For example, Greenson accused Toney of being paranoid when Toney requested a different Friday appointment because he was routinely stopped by the police on his way to Greenson's Beverly Hills office. Despite Greenson's presumed liberalism, he is not shy in acknowledging his naivete and his being curious to delve deeper into matters pertaining to Toney and the racial tensions between them. Greenson both speaks to

and demonstrates his ignorance as he attempts to dominate Toney twenty-five years after the end of his analysis. In the interview they both speak to the institutional opposition to Toney's training, recounting incidents reminiscent of Margaret Morgan Lawrence's experience at Columbia (personal communication, 2010; see also Lawrence-Lightfoot 1988). Greenson and Toney also address features of their background that assisted the therapeutic relationship. They were able to establish a working relationship that stabilized the treatment, protecting it from racial assaults from within and without the consulting room. Transference remained the area of both resistance and deep therapeutic gains; despite the participants' being from very different worlds, they continued to seek out common ground. This is similar to my work with Mr. T.

Having doubts about one's liberalism is a salient feature of interracial analyses, and being able to be informed by our patients, seeing them as they want to be known, is essential in building the therapeutic relationship. This includes an expanding awareness of our own prejudices and racial blind and bright spots, and an ongoing desire to not foreclose but open up the therapeutic dialogue.

As in the larger society, we hide behind our professional veneer and turn a blind eye to race. There is a false sense of protection in white, heteronormative privilege (Galatzer-Levy and Galatzer-Levy 2012; Holmes 2016). To look at present reality for black people, or Native American people or Latin American people is too frightening, too reminiscent of being singled out for one's religion or ethnicity, to be seen as the other. As we are all ethnic others to this land, the psychic reality of atrocities occurring in our homeland is difficult to believe (Keval 2016). And therefore we don't. Salman Akhtar and Emily Kuriloff propose that the majority of European analysts came to the United States not as immigrants but as exiles attempting to assimilate and not speak of their foreignness or their trauma (Akhtar 2006; Kuriloff 2010). As for immigrants of color, Eng and Han (2000) capture the racial melancholia that ensues: "In the United States today, assimilation into mainstream culture for people of color still means adopting a set of dominant norms and ideals—whiteness, heterosexuality, middle-class family values—often foreclosed to them. The loss of these norms—the reiterated loss of whiteness as an ideal, for example—establishes one melancholic framework for delineating assimilation and racialization processes in the United States precisely as a series of failed and unresolved integrations" (p. 670).

Ruby Sales—civil rights activist, theologian, educator, and founder of the Spirit House Project—proposes that becoming "white" in America requires a form of ethnic cleansing that robs the soul and spirit (personal communication. 2018). Thus, attaining whiteness moves one further away from one's ancestral legacy, culture, and foundational roots. James Baldwin (1955, 1962) proposes that African Americans continue to serve as a mirror to what is sacrificed by *becoming* white: one's culture, soul, and spirit. Baldwin in this regard is privileging the black experience as containing a rich cultural heritage of pride, identity, and familial connection that rejects assimilation and whiteness as the sole pathway to being an American. A possible counter to white assimilation, then, is to reembrace one's cultural heritage and thus reappropriate one's unique ethnicities and signifiers, which can mitigate whiteness as a construct supporting tribalism and other isms that fracture society. One can observe the beginning appreciation of our multicultural heritage in the expanding pursuit of DNA ancestry testing.

Racism does most of its damage psychologically, as my clinical examples have shown. An erasure of self, of family, of culture, and of historical signifiers occurs when we reduce ourselves to being merely black or white or other. We approach each other with our unique racial identity, both genetically and culturally imposed, along with dynamic identifications solidified over time. We map ourselves and others. We assume familiarity where there is none, and are vexed when someone falls outside our racial stereotypes. Embedded within what Keval (2016) refers to as the racist state of mind are envy and murderous rage toward what we lack, projected onto the other.

Now the silence within our profession is maintained at its peril, and challenges conceptualizations regarding empathy and the universal applicability of our field with all cultural, racial, and ethnic groups. It behooves psychoanalysts to become curious and question issues of race, not only with people of color, but with all our patients. It is up to us, as therapists and analysts, to provide an atmosphere, a container, where communication is welcomed, with an eye to mutual understanding. An important part of addressing race entails accepting a certain humility. even a clumsiness, about addressing these issues straightforwardly with our patients. It also entails having a sense of doubt regarding our notions of the other, as well as an openness to relearning strongly held beliefs about one another and ourselves. Patients have described preferring an open and curious, if

awkward, approach to discussing these issues, which overtly and covertly affect their lives, over considering issues of race, including trauma, micro-aggressions, and their own racially oppressive thoughts and behavior, as outside the boundaries of the therapeutic dyad.

Equally important, one cannot reconcile what is not recognized and acknowledged. As analysts we are witness, participant, and co-constructor. Exploring, accepting, and acknowledging our own racism, racial prejudice, and implicit bias allows us to approach our patients less defensively. None of this is attained overnight. It is a practice, not a cure.

CONCLUDING REMARKS

As analysts, we work with and through trauma. The history of America is a history of racial trauma that continues to this day, and affects us all. Our capacity to immerse ourselves in our patients' traumas is assisted by our ability to vicariously introspect and discover links with our own traumatic pasts (Kohut 1984; Frankel 1998; Leary 1997; Connolly 2011; Philips 2011; Peskin 2012), as my opening example illustrates.

As Kuriloff (2001) observes, these attempts to find common ground with our patients are not meant as "modeling or self-disclosure" but rather reflect "a less conscious quality of relatedness within the working dyad, changing what becomes possible for each participant to bear" (p. 680). Cultivating this ability allows us to approach our patients' traumas as they touch upon our own. Reflecting in silence, being openly curious about trauma revealed in subtle manifestations, and "speaking to" our patients' trauma and resilience can lead to profound understandings that are transformative.

It is important to add that while we bear witness to our patients' traumas, in this instance racial traumas, which tend to be chronic, we must simultaneously appreciate the resilience and adaptations that contribute to survival. This privileges the adaptive capabilities of the human spirit, mitigating revictimization.

Psychoanalysis and psychodynamic psychotherapy have the potential to heal deep-seated racial wounds, if we are capable of breaking our silence. Or, as stated over fifty years ago by Dr. Martin Luther King, "Like life, racial understanding is not something that we find but something that we must create. . . . And so the ability of Negroes and Whites to work together, to understand each other, will not be found ready-made; it

must be created by the fact of contact" (1967, p. 28). We are no longer bound by silence. Silence regarding otherness, particularly regarding race and culture, threatens every facet of our field. It is not enough to wait until others bring up these topics to engage with them. We are charged to *make* contact. Doubt and exploration about our beliefs regarding race as engaged in treatment is essential. Curiosity and empathy, as clinicians and for our patients, is the only path toward understanding.

REFERENCES

Akhtar, S. (2006). Technical challenges faced by the immigrant psychoanalyst. *Psychoanaytic Quarterly* 75:21–43.

Akhtar, S. (2011). Personal communication with Ivan Ward, director of education, Freud Museum, London.

Akhtar, S., ed. (2012). *The African American Experience: Psychoanalytic Perspectives*. Lanham, MD: Aronson.

Altman, N. (1995). *The Analyst in the Inner City: Race, Class, and Culture through a Psychoanalytic Lens*. Hillsdale, NJ: Analytic Press.

Altman, N. (2000). Black and white thinking: A psychoanalyst reconsiders race. *Psychoanalytic Dialogues* 10:589–605.

Altman, N. (2006). Whiteness. *Psychoanalytic Quarterly* 75:45–72.

Bahrampour, T. (2013). Therapists say African Americans are increasingly seeking help for mental illness. *The Washington Post,* July 9, 2013.

Balbus, I. (2004). The psychodynamics of racial reparations. *Psychoanalysis, Culture, & Society* 9:159–185.

Baldwin, J. (1955). *Notes of a Native Son*. Boston: Beacon Press.

Baldwin, J. (1962). *The Fire Next Time*. New York: Vintage International, 1993.

Biale, D., Galchinsky, M., & Heschel, S. (1998). *Insider/Outsider: American Jews and Multiculturalism*. Berkeley: University of California Press.

Bobo, L.D. (2001). Racial attitudes and relations at the close of the twentieth century. In *America Becoming: Racial Trends and Their Consequences,* ed. N. Smelser, W.J. Wilson, & F. Mitchell. Washington, DC: National Academy Press, pp. 262–299.

Bobo, L.D. (2004). Inequalities that endure? Racial ideology, American politics, and the peculiar role of the social sciences. In *The Changing Terrain of Race and Ethnicity,* ed. M. Krysan & A.E. Lewis. New York: Russell Sage Foundation, pp. 13–42.

Bollas, C. (2015). Psychoanalysis in the age of bewilderment: On the return of the oppressed. *International Journal of Psychoanalysis* 96:535–551.

Bonilla-Silva, E. (2015). The structure of racism in color-blind, "post-racial" America. *American Behavioral Scientist* 59:1358–1376.

Bonovitz, C. (2005). Locating culture in the psychic field: Transference and countertransference as cultural products. *Contemporary Psychoanalysis* 41:55–76.

Bonovitz, C. (2009). Mixed race and the negotiation of racialized selves: Developing the capacity for internal conflict. *Psychoanalytic Dialogues* 19:426–441.

Casoni, D., & Brunet, L. (2007). The psychodynamics that lead to violence: The case of "ordinary" people involved in mass violence. *Canadian Journal of Psychoanalysis* 15:261–280.

Coates, T.-N. (2015). *Between the World and Me*. New York: Penguin Random House.

Coen, S.J. (2005). How to play with patients who would rather remain remote. *Journal of the Ameican Psychoanalytic Association* 53:811–834.

Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Journal of Analytic Psychology* 56:607–626.

Cushman, P. (2000). White guilt, political activity, and the analyst. *Psychoanalytic Dialogues* 10:607–618.

Dalal, F. (2006). Racism: Processes of detachment, dehumanization, and hatred. *Psychoanalytic Quarterly* 75:131–161.

Davidowicz, L.S. (1975). *The War against Jews, 1933–1945*. New York: Bantam Books.

Davis, S. (2007). Racism as trauma: Some reflections on psychotherapeutic work with clients from the African-Carribean diaspora from an attachment-based perspective. *Attachment: New Directions in Psychotherapy and Relational Psychoanlysis Journal* 1:179–199.

DeGruy, J. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Uptone Press.

Ellison, R. (1952). *Invisible Man*. New York: Random House.

Eng, D., & Han, S. (2000). A dialogue on racial melancholia. *Psychoanalytic Dialogues* 10:667–700.

Fanon, F. (1952). *Black Skin, White Masks,* transl. R. Philcox. New York: Grove Press, 2008.

Fischer, N. (1971). An interracial analysis: Transference and countertransference significance. *Journal of the American Psychological Association* 19:736–745.

Frankel, J.B. (1998). Ferenczi's trauma theory. *American Joournal of Psychoanlysis* 58:41–61.

Freud, S. (1916). Some character-types met with in psycho-analytic work. *Standard Edition* 14: 311–333.

Galatzer-Levy, B.A., & Galatzer-Levy, R.M. (2012). Ordinary police interrogation in the United Sates: The destruction of meaning and persons: A psychoanalytic-ethical investigation. *American Imago* 69:57–106.

Gay, V. (2016). *On the Pleasures of Owning Persons: The Hidden Face of American Slavery*. New York: International Psychoanalytic Books.

Gladwell, M. (2005). *Blink: The Power of Thinking without Thought*. New York: Little, Brown.

Glaude, J., & E.S. Jr. (2007). *In a Shade of Blue: Pragmatism and the Politics of Black America*. Chicago: University of Chicago Press.

Gobodo-Madikizela, P. (2004). *A Human Being Died That Night: A South African Woman Confronts the Legacy of Apartheid*. New York: Mariner Books.

Gobodo-Madikizela, P. (2008). Trauma, forgiveness and the witnessing dance: Making public spaces intimate. *Journal of Analytical Psychology* 53:169–188.

Goldberger, M. (1993). Bright spot, a variant of "blind spot." *Psychoanalytic Quarterly* 62:270–273.

Greenson, R.E., Toney, L., Lim, P., & Romero, A. (1982). Transference and countertransference in interracial psychotherapy. In *The Afro-American Family: Assessment, Treatment and Research Issues,* ed. B.A. Bass, G.E. Wyatt, & G.J. Powell. New York: Grune & Stratton, pp. 183–201,

Greenwald, A.G., & Banaji, M.R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review* 102:4–27.

Greenwald, A.G., McGhee, D.E., & Schwartz, J.L.K. (1998). Measuring individual differences in implicit cognition: The implicit association test. *Journal of Personality & Social Psychology* 74:1464–1480.

Gump, J.P. (2010). Reality matters: The shadow of trauma on African American subjectivity. *Psychoanalytic Psychology* 27:42–54.

Gump, J.P. (2017). The presence of the past: Transmission of slavery's traumas. In *Demons in the Consulting Room: Echoes of Genocide, Slavery and Extreme Trauma in Psychoanalytic Practice,* ed. A. Harris, M. Kalb, & S. Klebanoff. New York: Routledge.

Hamer, F.M. (2002). Guards at the gate: Race, resistance, and psychic reality. *Journal of the American Psychoanalytic Association* 50:1219–1237.

Harris, A., Kalb, M., & Klebanoff, S., eds. (2016a). *Demons in the Consulting Room: Echoes of Genocide, Slavery and Extreme Trauma in Psychoanalytic Practice*. New York: Routledge.

Harris, A., Kalb, M., & Klebanoff, S., eds. (2016b). *Ghosts in the Consulting Room: Echoes of Trauma in Psychoanalysis*. New York: Routledge.

Holmes, D.E. (1992). Race and transference in psychoanalysis and psychotherapy. *International. Journal of Psychoanalysis* 73:1–11.

Holmes, D.E. (2006). The wrecking effects of race and social class on self and success. *Psychoanalytic Quarterly* 75:215–235.

Holmes, D.E. (2016). Come hither, American psychoanalysis: Our complex multicultural America needs what we have to offer. *Journal of the American Psychoanalytic Association* 64:569–586.

Jones, E. (1953). *The Life and Work of Sigmund Freud: Vol. 1. The Formative Years and the Great Discoveries, 1856–1900*. New York: Basic Books.

Jones, E. (1957). *The Life and Work of Sigmund Freud: Vol. 3. The Last Phase, 1919–1939*. New York: Basic Books.

Kaplan, M. (2005). *Solomon Carter Fuller: Where My Caravan Has Rested*. Lanham, MD: University Press of America.

Kardiner, A., & Ovesey, L. (1951). *The Mark of Oppression: Explorations in the Personality of the American Negro*. New York: Meridian.

Kernberg, O.F. (2003a). Sanctioned social violence: A psychodynamic view—Part 1. *International Journal of Psychoanalysis* 84:683–698.

Kernberg, O.F. (2003b). Sanctioned social violence: A psychodynamic view—Part 2. *International Journal of Psychoanalysis* 84:953–968.

Keval, N. (2016). *Racist States of Mind: Understanding the Perversion of Curiosity and Concern*. London: Karnac Books.

King, M.L. Jr. (1967). *Where Do We Go From Here: Chaos or Community?* New York: Harper.

Kohut, H. (1984). *How Does Analysis Cure?* Chicago: University of Chicago Press.

Kovel, J. (1970). *White Racism: A Psychohistory*. New York: Columbia University Press.

Kuriloff, E.A. (2001). A two-culture psychology: The role of national and ethnic origin in the therapeutic dyad. *Contemporary Psychoanalysis* 37:673–681.

Kuriloff, E.A. (2010). The Holocaust and psychoanalytic theory and praxis. *Contemporary Psychoanalysis* 46:395–422.

Lawrence-Lightfoot, S. (1988). *Balm in Gilead: Journey of a Healer*. New York: Addison-Wesley.

Layton, L. (2006). Racial identities, racial enactments, and normative unconscious processes. *Psychoanalytic Quarterly* 75:237–269.

Leary, K. (1997). Race, self-disclosure, and "forbidden talk": Race and ethnicity in contemporary clinical practice. *Psychoanalytic Quarterly* 66:163–189.

Leary, K. (2012). Race as an adaptive challenge: Working with diversity in the clinical consulting room. *Psychoanalytic Psychology* 29:279–291.

Morrison, T. (1987). *Beloved*. New York: Knopf.
Moss, D. (2006). Mapping racism. *Psychoanalytic Quarterly* 75:271–294.
Peskin, H. (2012). "Man is a wolf to man": Disorders of dehumanization in psychoanalysis. *Psychoanalytic Dialogues* 22:190–205.
Philips, T. (2011). Race, place, and self in the experience of a bystander. *International Journal of Psychoanalytic Self Psychology* 6:405–426.
Powell, D. (2012). Psychoanalysis and African Americans: Past, present, and future. In *The African American Experience: Psychoanalytic Perspectives,* ed. S. Akhtar. Lanham. MD: Aronson.
Rankine, C. (2014). *Citizen: An American Lyric*. Minneapolis: Graywolf Press.
Rizzolo, G.S. (2017). The specter of the primitive. *Journal of the American Psychoanalytic Association* 65:945–977.
Roberts, D. (1997). *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Pantheon.
Rose, T. (2015). *How Structural Racism Works Project*. Brown University Center for the Study of Race and Ethnicity.
Sandler, J. (1960). The background of safety. *International Journal of Psychoanalysis* 41:352–356.
Skloot, R. (2010). *The Immortal Life of Henrieta Lacks*. New York: Crown Publishers.
Stoute, B.J. (2017). Race and racism in psychoanalytic thought: Ghosts in our nursery. *The American Psychoanalyst* 51(1).
Thomas, A., & Sillen, S. (1972). *Racism and Psychiatry*. Secaucus, NJ: Citadel Press.
Thompson, C. (1998). Does insight serve a purpose? The value of psychoanalytic psychotherapy with diverse African American patients. In *African American Mental Health,* ed. R.L. Jones. Berkeley, CA: Cobb & Henry, pp 455–503.
Volkan, V.D. (1988). *The Need to Have Enemies and Allies: From Clinical Practice to International Relationships*. Northvale, NJ: Aronson.
Volkan, V.D. (1997). *Bloodlines: From Ethnic Pride to Ethnic Terrorism*. New York: Farrar, Straus, & Giroux.
Volkan, V.D. (2001). September 11 and societal regression. *Mind & Human Interaction* 13:49–76.
Volkan, V.D. (2003). Traumatized societies. In *Violence or Dialogue? Psychoanalytic Insights on Terror and Terrorism,* ed. S. Varvin & V.D. Volkan. London: Routledge.
Volkan, V.D., Ast, G., & Greer, W. (2002). *The Third Reich in the Unconscious: Transgenerational Transmission and Its Consequences*. New York: Brunner-Routledge.

WALKER, D. (1830). *Walker's Appeal, in four Articles; Together with a Preamble, to the oloured Citizens of the World, but in Particular, and Very Expressly, to Those of the United States of America*. Boston: David Walker.

WHITE, C. (2004). Culture, influence and the "I-ness" of Me: Commentary on papers by Susan Bodnar, Gary B. Walls, and Steven Botticelli. *Psychoanalytic Dialogues* 14:653–691.

WHITEHEAD, C. (2016). *The Underground Railroad*. New York: Doubleday.

WINOGRAD, B. (2014). *Black Psychoanalysts Speak*. PEP Video Grants, 1:1.

WOLFENSTEIN, E.V. (1981). *The Victims of Democracy: Malcolm X and the Black Revolution*. Berkeley: University of California Press.

WOLFENSTEIN, E.V. (1991). On the uses and abuses of psychoanalysis in cultural research. *Free Associations* 2:515–547.

YOUNG-BRUEHL, E. (1996). *The Anatomy of Prejudices*. Cambridge: Harvard University Press.

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