RACIAL IDENTITIES, RACIAL ENACTMENTS, AND NORMATIVE UNCONSCIOUS PROCESSES

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The author surveys various views of racial and ethnic identity, and proposes a model of thinking about identity aimed at capturing both its oppressive and its facilitating character. To further elaborate the dual nature of identity, she discusses the way that inequities in the social world, and the ideologies that sustain them, produce narcissistic wounds that are then enacted consciously and unconsciously by both patient and therapist. A variety of such enactments are presented in a summary of the author’s work with an Asian American patient, during which she began to recognize unconscious racial and cultural underpinnings of some of the ways she has thought about certain “basics” of psychoanalytic practice: dependence, independence, happiness, and love.

ON RACIAL / ETHNIC IDENTITY

What do we mean when we speak of racial or ethnic identities? Do we refer to categories that are coherent, socially constructed, and inherently oppressive, as many theorists assert? Dalal (2002), for example, argues that racism precedes the concept of race, and Rustin (1991) asserts that “Race’ is both an empty category and one of the most destructive and powerful forms of social categoriza-
Lacanian cultural critics often argue that coherent identities are oppressive fictions, and Morgan (2002) cites DNA evidence that “the term ‘race’ is a constructed idea with no objective basis in biology” (p. 567). Or, as those who see “identity” as less problematic argue (e.g., Volkan 2004), is it human nature to need a large-group identity and to form that identity by creating an us-them divide?

Or, as liberal multiculturalists might claim, are racial and ethnic identities simply based in cultural and/or biological differences not necessarily built on repudiation of otherness, differences that ought to be celebrated rather than denigrated? Do we understand racial and ethnic differences as discrete (the liberal as well as conservative model) or as related to each other and interimplicated (the poststructuralist model)? More particularly, do we think that nonwhite, non-Protestant identities are built in reference to dominant whiteness and Protestantism? And do those in subordinate positions then create hierarchical relations among and between themselves, all marked in some way by white dominance (Friedman 1995; Gooding-Williams 1993; Layton 1998)?

If we believe the latter, how do we understand such relations psychologically? In terms of perpetrators and victims? Do we then focus politically on redressing long histories of systemic prejudice and discrimination? Or, as “colorblind” adherents claim, do racial and ethnic identities rest on cultural and/or biological differences that ought to be ignored, ought not to be taken into account, when, for example, hiring or admitting to college? Finally, does it even make sense to speak of racial identities without simultaneously speaking of the way they intersect with class, gender, and other identity categories (R. M. Williams 1997)? Can we assume, in other words, that a racial identity is homogeneous, that blacks and whites of all classes and both genders experience race in the same way?

Obviously, thinking about racial and ethnic identities requires us first to do some thinking about identity tout court. Currently,
there are any number of theories that contest the definition of identity, and the struggle to define both identity and race is definitely a political matter, the outcome of which has important social consequences (which is obvious when we think of the differences in policy that derive from liberal ideology, e.g., affirmative action, versus colorblind ideology).

In earlier work (Layton 1998), I proposed a model for thinking about gender identity that I thought could account both for the narcissistic wounds incurred from living in a sexist culture and for the kind of gendered experiences we all have that make us feel good about being men or women or something in between. I called it a negotiation model, because I wanted to capture the way we constantly negotiate gender identity, both from what Benjamin (1988) and others call doer–done to relations and from relations of mutuality. In part, I was writing "against" postmodern and Lacanian theories that suggest that identity categories are necessarily coercive and oppressive, that no version of gender or racial identity is healthy (see, for example, several essays in Appiah and Gates 1995; Butler 1990; George 2001; Haraway 1985; several essays in Lane 1998; Mitchell and Rose 1985; Riley 1988).

At the same time, I wanted to give the coercive aspect of identities their due, because so often psychoanalytic theory ignores the psychic effects of the power hierarchies in which we live. The negotiation model accounts psychologically for the defensive and regressive use of identity categories (see Dimen 2003; Goldner 1991; May 1986), as well as for the progressive use of identity categories (for example, in liberation struggles and in the resiliency manifested by oppressed groups in spite of the hateful projections to which they are subjected).

To better understand the regressive and foreclosing use of identity categories, I have elaborated a concept I refer to as normative unconscious processes (Layton 2002, 2004a, 2004b, 2005, 2006). With this term, I refer to the psychological consequences of living in a culture in which many norms serve the dominant ideologues.
logical purpose of maintaining a power status quo. More particularly, I have investigated the consequences of living within particular class, race, sex, and gender hierarchies. My assumption is that these hierarchies, which confer power and exist for the benefit of those with power, tend not only to idealize certain subject positions and devalue others, but tend to do so by splitting human capacities and attributes and giving them class or race or gender assignations.

Such assignations cause narcissistic wounds that organize the desire to belong to one group rather than another. These wounds become lived as class, race, gender, and sexual identities. In Who’s That Girl? Who’s That Boy? (Layton 1998), for example, I argued that gender inequality creates two different sub-versions of narcissism in men and women. I understand narcissism (drawing on Kohut 1971, 1977; Kernberg 1975; and, particularly, Fairbairn 1954 and Guntrip 1971, who refer to the syndrome as schizoid) to be a bipolar disorder in which fragile selves, wounded by traumatic failures in caretaking, oscillate between self-deprecation and grandiosity, idealization of the other and denigration, longings to merge and needs radically to distance the self from others (Layton, unpublished).

As Benjamin (1988), Chodorow (1978), and other feminist theorists have written, for a long period of capitalist-patriarchal history, dominant norms of middle-class masculinity idealized a form

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1 The way I formulate the connection between power hierarchies and lived experience (Layton 1998, 2002) derives from the way I put together relational psychoanalytic feminist and social theory—as described, for example, by Altman (1995), Benjamin (1988), Chodorow (1978), Dimen (2003), Goldner (1991), Harris (1991), Leary (1995, 1997), Lesser (1997), Schwartz (1992, 1995)—with poststructuralist theories, especially the work of Butler (1995), and Bourdieu’s (1984) work on “distinction” and class. My theory of normative unconscious processes also owes a debt to the culturalist psychoanalytic tradition of Fromm (1941), to Kohut’s (1971, 1977) theories of narcissism, and to Fairbairn’s (1954) theories of schizoid personality, as well as to Klein’s (1946) theories of schizoid mechanisms. A few clinicians in Great Britain, primarily of the group psychoanalytic tradition, have also elaborated ideas about a social unconscious in relation to clinical practice; I refer the reader particularly to Hopper (2003) and Dalal (2002), as well as to one of Dalal’s primary sources, Foulkes (1990).
of autonomy that comes into being by splitting off dependency, vulnerability, and embeddedness in relationships. This form of autonomy values mastery over external and internal nature, and so rejects an *I-Thou* relation to nature. Such valuation produces a dominant ideal that leads with one-half of the narcissistic polarities: grandiosity, denigration of the other, and withdrawal from intimate connection. This is not to say that the other half is not present in those who live this dominant ideal, but rather that the ideal is to be omnipotent and to have no need for another. Dominant norms of femininity, at least before the feminist “revolution,” idealized the other narcissistic polarity: self-deprecation, idealization of the other (“You are perfect, and I am part of you” [Kohut 1971, p. 25]), and longings for merger.²

These coercive norms form the crucible in which we become male or female, no matter where we are located in social space (Layton 1998). For these norms are not only gender norms, but race and class norms as well. Working-class white women and middle-class black women grow up with norms particular to their social location, but, as Bourdieu (1984) and other social theorists have made clear, no social location exists without reference to all the others, and all create their own identities by taking up some cognitive and affective position toward dominant cultural ideals. Power hierarchies create and sustain differences that mark out what is high and low, good and bad, pure and impure, and there is certainly a general tendency for those not in power to internalize the denigrating attributions that come at them (see Dalal 2002; Moss 2003; White 2002).

Nonetheless, it would be a mistake to think that norms are internalized without conflict (Layton 1998, 2004a). Because the hierarchies split and categorize human attributes and capacities, we find in the clinic and in our lives unceasing conflict between those unconscious processes that seek to maintain those splits and those

² Currently, dominant norms of femininity are in flux, and one recently articulated middle-class ideal, in fact, looks quite a bit like the dominant masculine norm of defensive autonomy (Layton 2004c, 2004d).
that refuse them. The ones that seek to maintain the splits are those that I call normative unconscious processes.

Normative unconscious processes refer to that aspect of the unconscious that pulls to repeat affect/behavior/cognition patterns that uphold the very social norms that cause psychic distress in the first place. Enactments occur when the therapist is unconsciously pulled by the same norms as those pulling the patient, or when the therapist is pulled by destructive norms. Such enactments are more easily unraveled if we are aware of these norms and how they operate. Let us return to the example of gender, in which we found the cultural mandate to split capacities for connection and dependence from capacities for agency and independence, and to gender the former as female and the latter as male. Such a mandate causes the very symptoms we treat: for example, it can make and has made women feel “unfemale” and hurtful to others when they pursue their own interests, and men feel “feminine” when they cry or express vulnerability. The alignment of, for example, femininity with dependence can be made conscious (the feminist movement accomplished this). When it comes to the impact of social hierarchies, however, what is unconscious and conflictual is produced from the way a culture or subculture’s inegalitarian norms psychologically (and performatively, via constant repetition) constitute dependence and independence. In U.S. culture, for example, sex, gender, class, and racial hierarchies produce a variety of social norms and ideologies that require the splitting of dependence from independence and the repudiation/devaluation of dependence that the dominant mode of enacting autonomy requires. Patients tend to have no idea that what they suffer from is the way they have split the two, why it is so difficult to feel like a man when feeling vulnerable, why it is so hard simultaneously to accomplish a sense of competence and a sense of connection.

My concept of normative unconscious processes differs from other views of the social unconscious in important ways. Dalal (2002), for example, distinguishes what is repressed from the hidden evaluations of people and things that we inherit by learning our language and its categories:
In contrast to the repressed . . . what is so powerful and perhaps insidious about these “hidden evaluations” which are implicit, is that they slide into the psyche with no resistance . . . . These hidden evaluations are nothing other than the social unconscious. [p. 130, italics in original]

In my view, these valuations do not slide into the psyche with no resistance—in fact, the familial and cultural transmission of racial as well as class, sex, and gender valuations is generally deeply conflictual, precisely because these categories are the products of splitting human capacities and needs. Our relational world is at least in part the ground of all of our conflictual internalizations of the class, race, gender, and sex antagonisms that structure society, internalizations that cause neurotic misery.

Normative unconscious processes, then, are one of the psychic forces that push to consolidate the “right” kind of identity and to obfuscate the workings of unequal power hierarchies. They protect the psychic splits that cultural norms mandate, and they do so because the risk of contesting them is loss of love and social approval. But let us not forget that the result of splitting is to keep what has been split off near. Repetition compulsions are the very place where the struggle between coercive normative unconscious processes and counternormative unconscious processes are enacted. And since all identities are relational and not individual possessions (in Dalal’s words, “who I am” really boils down to “where I belong” [2002, p. 187]), these repetitions are stirred up and played out in relationships.

In the clinic, then, we are likely to find patient and analyst engaging all the time in enactments of normative unconscious processes. The concept of normative unconscious processes usefully demonstrates the inextricable link between the psychic and the social: the regimes of power that define relations between the genders, between the races and classes, and between those with different sexual desires condition the very way we experience dependence and independence, separation and individuation, affects such as shame, and a host of other psychoanalytic staples not usually thought of in social terms.
Psychoanalytic views of race differ depending on the way a school (or theorist) formulates its theory of aggression and its theory of what constitutes the self-other relation. Dalal (2001) surveyed the psychoanalytic clinical literature on race and discovered that, in all cases, it was assumed that the differences between races are essential rather than constituted historically. None of the authors in his survey wondered, he notes, how “whites” come to be white. He found that there were two types of assumptions in the psychoanalytic literature: either that, deep down, we are all alike and culture is just an overlay; or that, deep down, we are all unique, and the social contaminates or swamps our uniqueness. In either case, culture is considered external to internal psychic functions.

Further, Dalal found that the actual fact of cultural racism was just about never taken into account as a cause of problems in the clinical psychoanalytic encounter. The patient is frequently assumed to be acting out infantile fantasies; at best, race becomes intertwined with those fantasies, but it is never determinant. Racism is conceptualized as an effect of individual prejudice, never as a cause of it. Dalal (2001) hypothesizes that external reality is kept out of psychoanalytic explanations of racial prejudice because of white guilt.

More recent clinical discussions of race do take external racism into account, and these often lead inexorably to discussions of the effects of trauma, particularly traumas that are unspoken but passed on intergenerationally (Apprey 1993; George 2001; Layton 2002; Volkan 2004; Walls 2006). The hatred involved in external racism may cling defensively to racial identity in order to avoid dealing with the unsymbolized trauma of slavery. According to George’s Lacanian schema, racial identities function all too frequently to suture the gap in subjectivity caused by the trauma of slavery. The unsymbolized trauma in the Real gives rise to repetition. While racial identity can be used to further a progressive politics when acknowledged as socially constructed and provisional, racial identity too frequently is used defensively to foreclose the mourning necessary to work through trauma.

For an excellent summary of psychoanalytic theories of race, see Dalal 2002, chapter 2.
racist policies and racist projections tends to issue forth in all the well-known sequelae of trauma: intense shame and self-hatred, splitting, dissociation, suicidal or homicidal wishes, to name some of these (Walls 2006; White 2002). Herman (1992) writes that the psychic consequences of trauma often result in a three-part internal structure that includes the positions of victim, perpetrator, and rescuer. As the clinical vignette I will present suggests, it is important always to keep all three positions in mind as we work—as well as the ways in which all three will be stirred in us.

Clinicians influenced by poststructuralist antiracism walk the fine line between skepticism toward the category of “race” and respect for the fact that the “fiction” of racial difference is nonetheless a traumatic, lived reality, because of the forces of racism and the many possible responses to them. Leary (1995, 1997) and Altman (2000) have both argued compellingly that, whether or not it is spoken about, race is always in the room when the dyad is interracial, and the analyst who does not bring it up risks avoiding difficult but likely present material. The trauma of racism affects both “victims” and “perpetrators” alike. It affects each differently, but as Altman’s (2000) clinical example demonstrates, victim and perpetrator are psychically connected, and the two roles are easily reversed.

In my own clinical experience, I have at times found it useful to bring up race, or at least race privilege, even when patient and analyst are both white (Layton 2006). On the other hand, Dalal (2002) asserts (with reference to voluminous data on the historicity of the processes of racialization) that racism historically preceded the concept of race, and, in his view, any reference to race assumes a basis for differentiation of races that is spurious (see also Kovel 1988). If we take this to be true, then bringing up race in therapy is as complicated as pretending that it is not

Dalal (2002) writes that “the terms race, ethnicity and culture are all names for differences” (p. 23, italics in original). In his view, the very function of differentiation, usually hidden, is to naturalize power relations. He urges us to look not at difference but at the function of difference, and why any given difference gets “heated up” at particular times.
there, for what exactly is racial difference? While physical distinctions might anchor our notions of racial difference, what it actually is, in its oppressive mode, has to do with the power to split asunder human capacities and to call some white and others non-white. It has to do with an ideological means of maintaining power differentials, of assigning, as Bourdieu (1984) might say, distinction to one group of people and a lack of distinction—or, at best, second classness—to others.

As Dalal (2002) notes, citing Elias (1991), words and categories carry embedded emotions, and the positive or negative valence of words and categories derives from power relations: “Emotions are evoked and utilized to fulfill functions of differentiation . . . . The emotions are a technique that is exploited in the task of differentiation, and not the ‘cause’ of differentiation that they are mistakenly taken to be” (Dalal 2002, p. 131, italics in original). When we look more closely at the content of racial splitting (as I shall in the vignette discussed later in this paper), we find all sorts of effects of these splitting processes: among others, cognitive effects, effects in the way attachment and agency are defined and valued, and effects in emotional states, expression, and range.

On the other hand, drawing again on the negotiation model of identity, racial difference also has to do with whatever the people labeled as racially other—i.e., nonwhite—collectively and individually have fashioned historically from being so labeled. Where I differ from many determinist views on identity is in my sense that racial identities and the relation between dominant and subordinate identities are not closed systems; subordinate groups’ identities are never fully determined by the power of dominant groups. As Hall (1982) and Laclau and Mouffe (1985) assert, elaborating on Gramsci’s (1971) concept of hegemony, social and political life in modernity involves a ceaseless struggle between subordinate and dominant groups over the power to define precisely such constructs as race.

Thus, aspects of the identities that nonwhite groups fashion for themselves are healthy, at times psychologically healthier than the psychic states of those who identify with the split cultural ideals
of whiteness. Leary (1995, 1997) and Altman (2000) persuasively argue that, because of racism and the different living conditions it entails, blacks and whites in U.S. culture see the same phenomena quite differently, another argument for the need to address racial difference in the clinical setting. Dalal’s theory of race, which implies that calling attention to race is itself racist, suggests that we cannot avoid racist enactments in the clinic, no matter what we do: we enact racializing processes when we bring racial difference into the consulting room, as well as when we deny the significance of such differences.

In the vignette below, I explore this problem via a series of enactments with an Asian American patient, one with whom normative unconscious processes pulled me, all too comfortably, into a position of whiteness. After examining the clinical significance of the ambivalence of stereotypes, I will go on to discuss the increasing discomfort I felt with this patient as I explored what I considered to be his tendency to self-abnegation. And, finally, I look at the patient’s struggle to know what love is, a struggle that showed the ways that love—as well as many other constructs that analysts rarely think of in cultural terms—is itself racialized. The interactions I have selected reveal as well the way that race intersects with gender, class, and sexuality.

**CLINICAL VIGNETTE**

Michael was a gay, Asian American male in his mid-thirties who entered therapy because he could not get his former boyfriend, who was white and middle class, out of his mind. The patient was worried that this would get in the way of his new relationship, and hoped that therapy, which he had never done before, might help him extirpate disturbing thoughts of the ex-boyfriend, particularly the compulsion to compare himself unfavorably to the ex and to feel socially inept in relation to him. Michael had long felt socially inept, and at least part of the origin of this feeling was that his mother, who strongly valued family and education, did not let him have much of a social life outside the family. He was expected to focus single-mindedly on schoolwork.
His mother and father had emigrated from Asia to a suburb of a big city while in their early twenties, and Michael considered many of his thoughts and feelings to be products of his non-Western culture—and he valued them as such. Nonetheless, he felt that he had problems with self-esteem and hoped that therapy might help with that. At the same time, he was clearly conflicted about being in therapy from the outset. It seems that one of the ways his parents had differentiated themselves from “Westerners” was by feeling superior about their capacity to be private people; Westerners, the parents felt, talk too loudly, too publicly, and too long about their private business. They also make far too much of their emotions. Michael often thought so, too.

Michael's lived experience illustrates the splitting, and, in this case, racializing and nationalizing, of human capacities: In the family, emotion and rationality were split off and labeled Western and non-Western, respectively. This is not the way capacities are usually split by dominant Western groups, to be sure, but if the parents saw their best shot at success in being rational and scientific, then it served them psychologically to distinguish themselves from the other in terms of superior rationality. Yet, how much more complex these things are than they first appear. It turned out that Michael’s mother could herself become highly “irrational” at times—yelling, screaming, and imposing rules that to Michael made no sense. Ironically, this only heightened Michael’s identification with rationality and against emotion.6

In high school, Michael was aware of longings to be part of the white in-crowd, but he also joined his Asian friends in denigrating the popular kids' practices—for example, derisively noting that whites seemed to keep switching romantic partners, but only took

6 Note that I refer to “rationality,” not reason. I do so because I want to emphasize that split polarities tend to be monstrous versions of what they claim to be. As Freud (1915) once said of repression, the content of what is repressed does not remain what it was when originally repressed. Rather, it “proliferates in the dark . . . and takes on extreme forms of expression” (p. 149). This is true of what is split and dissociated as well, so that when I say emotion and reason are split, I want to make it clear that the result of the split will always be pathological versions of what I take to be the usual human capacities for emotion and reason.
partners of the same racial group. Michael figured that he was the only one of the Asian kids who longed to be part of the white crowd; as he told me, it would not be logical for the Asian kids to denigrate something that they really desired to join. (Here I gently noted that this was precisely what he was doing, and perhaps logic is not always all that it is cracked up to be.) Because of his longings, Michael must have felt a certain degree of alienation from his friends as well, which exacerbated his feeling of being socially inept. What was striking about his ambivalent place between Asians and Caucasians, East and West, was that it left him quite uncertain—both about what he felt, and about the value of what he felt, for it pulled him into denigrating the very things he longed for.

From my first sessions with Michael, I saw two grids begin to form, one that associated certain attributes with white Westerners and others to superior Asians, and another that denigrated Asians and idealized white Westerners. These stereotypes were not just racial and ethnic; they were nodal points that stitched together race, ethnicity, gender, and sexuality. Michael and I were both aware of the grids, and, at one point, he laughed and said, "I rely on stereotypes a lot, don’t I?"

I invoke Michael’s story because his way of splitting and racializing attributes, sometimes with whiteness in the superior position, sometimes in the inferior, stirred a lot of thought and feeling in me and a lot of questions about how best to work with him. It also kept me conscious of my own ways of categorizing and judging, and made me wary of some of the certainties with which I found myself operating. The therapy raised a number of issues about the way intersecting identity categories are lived and the way power differentials create differences: differences in emotional range and expression, in the relation between emotion and cognition, in modes of separation and attachment, in one’s very experience of love. I do not take Michael to be representative of Asian Americans in general; rather, I draw on our work together to

7 I am well aware that Japanese Americans, for example, do not have the same background as Chinese or Indian Americans, although, to preserve confidentiality, I obscure those differences at certain points in the paper.
explore in more depth the way ideologies of race, ethnicity, gender, and sexuality intersect and are lived and enacted in treatment.

As I mentioned earlier, Michael both idealized and denigrated Caucasians, which put me now in a superior, now in an inferior, position. Although he was conscious of his tendency to stereotype, what was unconscious for Michael was the splitting upon which this rested, and the trauma that caused the splitting in the first place. Splitting and projection may be universal mechanisms of defense, but racism creates the wounds that marshal such defenses, and it is within a racist field that people enact the repetitions that simultaneously keep the wounds fresh and seek to heal them (Dalal 2002; Layton 2002).

Michael’s ex-boyfriend (who was in fact a mid-level corporate employee and not a higher executive, as the patient’s admiration had implied) incarnated in Michael’s fantasy everything that Michael was not: he was handsome, dashing, well dressed, athletic, a corporate success, and, most important, socially suave and popular. Michael’s attraction was clearly a mix of sexual desire and the desire to have what he thought the ex-boyfriend had. To be the right kind of male in Michael’s economy, one had to be white. The fantasied ideal of whiteness that organized his desire was upper class, worldly, popular, and—as the ex-boyfriend was not fully comfortable self-identifying as gay—at least semi-straight and homophobic.

Michael denigrated what he thought of as Asian masculinity, and did not think he could be attracted to an Asian male. He felt that neither white men, the ones worth having, nor Asian men were attracted to Asian men. At the same time, he and his Asian friends had disdain for what was seen as his ex-boyfriend’s culture of self-serving, false sincerity. As Bourdieu (1984) noted, one of the central mechanisms of the aspect of identity formation built on a repudiation of otherness is to claim virtue for whatever social group one finds oneself in (thus, the title of Bourdieu’s book, Distinction).

Michael’s Asian friends served the function of asking, “Who wants to be white, anyway?” Whites are selfish. Indeed, the patient’s
ex and his friends pretended to be concerned for others, Michael said, but, really, they were always manipulating social scenes to get what they wanted. Michael even complained that his current, loving boyfriend had that white Western way of thinking of himself first. For example, in restaurants, Michael observed, his white friends would pour water or tea for themselves when they wanted it, whereas he and other Asians he knew would always pour for everyone else first, and for themselves last. So here was yet another stereotype: that white Westerners are self-absorbed and Asians more polite and considerate of others.

The Ambivalence of the Stereotype

While the content of Michael’s beliefs and observations is important and tells us the way that he and his family split and racialized human capacities, I want first to look at the form the stereotyping took: the oscillating idealization and denigration. Michael’s conflicts and the way stereotypes functioned for him as pseudo-solutions resonate with, and even extend, recent theorizing about the ambivalence of the stereotype.

Writing in a Lacanian frame about colonial discourse, Bhabha (1994) argues that stereotypes function as fetishes: they attempt to fix a signifier to a signified, to a particular meaning (e.g., blacks are animals, Jews are cheap), and so deny the fact that signifiers are always open to multiple signifieds, and that identities can never be fixed. Subjectivity ceaselessly disrupts identity categories because it is, by nature, split by the existence of the unconscious and the unsymbolizable. (That split between meaning and being is what Lacan [1998] refers to as castration.) The fetish-stereotype operates in the narcissistic economy of the Lacanian Imaginary, the register in which the ego itself comes into being.

In this Lacanian economy, the child of eighteen months of age or so sees an image of itself that appears as a coherent whole. Yet, the child experiences the self as a fragmentary and chaotic jumble. The child identifies with this coherent version of self, the ideal ego. For Lacan, then, the ego is founded on the misrecognition that we are not castrated. We know that we are castrated.
beings, and yet we disavow it by trying to fix ourselves in seamless identities. If we have the power to do so, we use whatever is at our disposal—scientific knowledge, gender dominance, consumer goods—to deny the fact that subjectivity is essentially split, that the ego is not in control. Whatever reminds us of our fragmentary nature stirs aggression, narcissistic rage.

Stereotypes issue from the mind of the colonizer, who, for psychic reassurance, renders the other the same, all the time knowing that the other is different, and attempts to eradicate otherness in the self. To sustain the disavowal, the colonizer must not give the other a chance to speak. For when the other speaks, the fixity of signification that the colonizer seeks to impose (in, for example, colonialist ideologies of what blacks are like) is revealed to be fictional. The oscillation between knowing and not knowing is thus central to colonial discourse, which fantasizes the other as knowable and same, and yet is aware that the other is different and thus poses a challenge to attempts to fix him/her within the stereotyped grids of dominant discourse. The other’s difference, and acknowledging differences within the self, are both threats to the colonizer’s fantasy of wholeness and sameness.

Bhabha (1994) exemplifies the way that colonizer and colonized become co-implicated in colonial discourse via a well-known “scene” in Black Skin, White Masks (Fanon 1967, pp. 109-114). In this account, told in the first person, a child on a train sees Fanon and says to his mother, “Look, a nigger” (p. 109). At first amused, Fanon then becomes increasingly disturbed as he feels his humanness evaporate, his multiplicity as a man reduced to only a “black body” (what he calls a racialized epidermal schema). He shivers from cold. The boy, unconscious of his own aggression, now interprets the shiver as a shiver of rage, and, suddenly, he is frightened of the black man, scared that the “nigger” is going to eat him up. For Bhabha (following Lacan), the shaky ground upon which the bourgeois ego forms ensures that the attempt to deny or dominate difference will unleash continued aggression against both self and other.

Writing in a Kleinian frame about the relation between African Americans and whites, Balbus (2004) argues that the domi-
nant version of whiteness in the U.S. requires that whites split off emotion from reason, body from mind, nature from culture. Blackness becomes the container of what is split off from whiteness. Balbus maintains that white stereotypes of blacks yield significant evidence that whites both love and hate blacks, and that whites have tremendous guilt about what they have historically done to blacks in this country. The guilt, however, is not expressed in making reparation; rather, structural racism causes depressive anxiety at every phase of development—oral, anal, genital—to issue in the regressive splitting and projection characteristic of paranoid-schizoid relating. The stereotypes that whites develop about blacks at each developmental level reflect the split between unintegrated love and hate.

Balbus (2004)catalogues some of the contradictory evaluations in white stereotypes of blacks, including white perceptions that blacks are “lazy and shiftless,” but “laid back and cool”; that they are denigrated as “animals,” while being simultaneously idealized as “natural athletes.” Balbus argues that reparations, monetary ones, would be symbolic of an emotional reparation in which, rather than continue to split, whites would acknowledge the harm they have done to blacks and deal with the anxiety and guilt produced by this knowledge. His argument is that the taking back of white projections is crucial to the well-being not just of blacks, but also of whites themselves.

In essence, I come to the same conclusion as these writers, that the nature of the stereotype is ambivalent, but I come to it from a different psychoanalytic frame, for I locate ambivalence as deriving neither from an originary destructive instinct, nor from an originary split in our feelings about the breast/parent, nor from an originary refusal to acknowledge limits and loss. I derive it rather from racism: from the fact that dominant identity categories are defined by dividing up into binary pairs the human capacities and attributes that can only develop and thrive in tandem, such as dependence and independence, connection and agency, emotion and reason. Such dividing determines the ways in which we love, hate, create. And the reason why such divides exist has little to
do with human nature. Rather, they exist so that those in power, those with the power to define the proper identity, stay in power.

The oscillation between denigration and idealization that marks my patient Michael’s stereotyping is characteristic of narcissism, and it is part of my argument that racism and other cultural inequalities produce not just narcissistic injury, but narcissistic character and defenses as well. Michael frequently got caught in his web of projections, now disdaining what he in fact longed for, now disdaining what he felt he was. Is the fantasy behind the stereotyping process one of a “lost” wholeness that no one ever can or did attain (Bhabha 1994)? Is the love-hate relationship with whiteness rooted in originary destructive and libidinal drives, torn asunder by racism (Balbus 2004)?

I suggest that fantasies of lost wholeness and racist-driven splitting and projection arise from the ashes of racist-driven narcissistic wounding, which leads us to seek a place, a fantasy space, where we might no longer be vulnerable to hurt, humiliation, and isolation. Michael’s ex-boyfriend, who incarnated whiteness and whose rejection of Michael only made him more desirable, represented such a fantasy space for Michael. In this fantasy space, which Michael resisted relinquishing with all his might, he would either be loved by the ex or would himself be more like the ex—and he would never again feel the pain of inferiority.

Whiteness

For Bhabha (1994) and others (e.g., George 2001), the colonial ideal ego is white, and whatever threatens one’s claim to whiteness is apt to unleash anxiety and aggression. A major stake of discourses that reinforce racial difference is to define who can lay claim to whiteness/wholeness and who cannot. In their article on racial melancholia, Eng and Han (2002) argue that different stereotypes haunt Asian Americans from those that haunt African Americans. These authors focus specifically on the psychic effects of the model-minority stereotype. In their view, many middle-class or upwardly mobile Asians become melancholic because to be successful in white America often requires a rejection of part of who
they are. Further, Eng and Han assert that, while Asian Americans can become wealthy and successful in their fields, they can never become white; if the inclusion that comes with whiteness is what they covet, the psychic mission is doomed to failure.

My patient Michael felt that he had the wrong attributes, including body type, to be the right kind of man. The love that Michael felt for his ex-boyfriend reminded me of the psychic positions Benjamin identified in The Bonds of Love (1988), the ones I referred to earlier as versions of narcissism. For, in that relationship, Michael had taken up the self-denying, submissive position typical of dominant white femininity in its relation to dominant white masculinity. Again, his wish seemed to echo the Kohutian formula, “You are perfect and I am part of you” (Kohut 1971).

All this felt fairly obvious to me, and I believed that, in the course of therapy, Michael would probably come to see that he did not so much want the ex-boyfriend as he wanted what this man represented that he himself lacked. What was less obvious to me until later was that, in the many interchanges about his desire, Michael had put me in—and I had unconsciously assumed—the position of the white one. While it is certainly true that in our particular historical moment, I am called and call myself white (as opposed to historical moments when Jews were considered nonwhite), and while it is true that I have many of the privileges of whiteness, it is also true, as Lacan (1977, 1998) might have said, that whiteness embodies a fantasy of wholeness to which no one can lay claim.

The pretense to incarnating whiteness is precisely the kind of normative unconscious process that sustains racial inequality. What might be termed my unconscious wish to occupy the position of what I would call invulnerability (rather than wholeness)—a collusion with Michael’s wish—demonstrates that racism and class inequality not only split the psyche of the subordinate; they also bolster the fantasmatic position of the dominant, and both parties want to hold to the fantasy that—again, as Lacan might say—someone has the phallus (see the discussion of Bhabha 1994, above) and is invulnerable to pain and loss.
It seems to me important to think about how, technically, we might deal with the splitting inherent to racial categories without fostering a fantasy of wholeness. It was while listening to a talk by Leary (2003) one evening that I suddenly realized I had that very day adopted the position of whiteness vis-à-vis my patient. Michael and I had been talking about the psychic function that his ex-boyfriend had served for him, the connection to whiteness that that relationship brought him, and I recall saying something like, “And you can never be white.” Thinking of the Eng and Han (2002) article, I recall adding to myself something like: “Poor guy. He’ll never be white and he shall have to mourn that.”

Once aware of my collusion with the norm that splits white and nonwhite, however, I began to ask different kinds of questions: For example, what was whiteness to him, what was desirable about the attributes he associated with it, and how had these attributes fallen into the category of not-me? More importantly, I asked Michael if he was assuming I was white and what that meant to him. While acknowledging the privilege I have from the fact that I am associated with whiteness, I yet tried to transmute the categories of white and Asian into what they stood for in a racialized culture and in his racialized imagination. In consequence, at the same time that whiteness as a narcissistic structure was either denigrated or idealized, there arose a third space of whiteness in which Michael used the fantasy that his ex-boyfriend and I “held whiteness,” in order to be able to explore what he had coveted and what he had shut himself off from in life.

On Politeness and Self-Absorption, Emotion, and Reason

And now I will turn to the content of the stereotypes and how that content played out in treatment. On numerous occasions, Michael’s therapy not only confronted me with my own stereotypes, but it also rendered both conscious and problematic some of the assumptions of health that I have held, assumptions that also get enacted unconsciously in treatment and that serve to sustain a particular power status quo.
As I mentioned earlier, Michael’s Western/non-Western binary construct at times seemed to take the form of what I was familiar with as a male/female binary. One day, he told me that his ex-boyfriend had pointed out to him that whenever Michael walked down the street and someone came toward him in the opposite direction, it was always Michael who deferred and moved to the side. Michael also sometimes wondered why he did not feel anger in situations in which he knew his Western friends would be angry. He often noted that Westerners seemed angry a lot—for example, they would say they were having a bad day, rather than merely that some random thing had not worked out. In other words, he felt Westerners had an irrational way of seeing nonpersonal events—like bad weather—as personal.

More than once, I found myself thinking that, if Michael had been a white female and told me some of the things he did, I would have known right away that we were dealing with problems with self-assertion. But what made me less certain, for this case and perhaps for all, was that I happened to read an article by Rothblum et al. (2000) that brought to my attention the possibility that some of the tension in the therapy, Michael’s ongoing discomfort with being in therapy, might have something to do with my conscious and unconscious assumptions and how I was enacting them.

Rothblum et al. argue that the basic tenets of attachment theory—for example, that secure attachment promotes freedom to explore—are not universal, but rather are the product of Western psychological assumptions. Contrasting Western with Japanese child-rearing practices, they note that, while Western parents encourage their children to assert themselves, to figure out what they need and ask for it, Japanese parents tend to anticipate the child’s needs and fears, to create an environment in which needs are met without the child’s having to ask. The Japanese mother, they argue, fosters emotional closeness, while the Western mother fosters exploration and autonomy. Where the Western ideal of competence values getting what one needs for one’s self, versus depending on others to meet one’s needs, in Japanese child-rearing practices, the focus is on coordinating one’s needs with the needs
of others. In the West, babies are encouraged to explore and to be oriented to the environment; in Japan, babies explore less and are encouraged to be more oriented to their mothers, more dependent. While in the West, value is placed on linking attachment and exploration, in Japan, the primary link is between attachment and dependence. This serves the Japanese value of accommodation or social fittedness. “These terms,” the authors write, “refer to children’s empathy with others, their compliance with others’ wishes, and their responsiveness to social cues and norms” (Rothblum et al. 2000, p. 1099).

For Michael, many things made therapy difficult, not least of which was the idea that he was supposed to start the sessions. He told me that he felt he was being “pushy” to talk just about himself; it made him feel as though he were intruding on me. I would interpret this as a problem with self-assertion, but perhaps it was not that at all! And yet, as someone caught between two cultures, it was obvious that Michael struggled, just as Eng and Han (2002) suggest, between being like a Westerner and being like his family.

Am I, then, to be the cultural agent that makes Michael more comfortable operating within Western norms, in effect taking a side of the conflict? Or is my job merely to point out the diverse norms, the conflict, and let Michael find his own path? Consciously, I believe my job is the latter, but I fear I fairly frequently perform the former, relying on the ideals of health that my Western training has championed, ideals incorporated not only in technique, but even in the treatment frame. I suppose one could argue that such performances are conscious, for, after all, I can articulate what the ideals are. But it is my view that, even while the ideals may be conscious, the splitting and devaluation they rest on are not. Repeatedly performing the norms of my profession, I maintain the approval/love of my peers while sustaining a certain distribution of power.

Then one day, Michael presents a dilemma he has with his current boyfriend. Michael doesn’t really know whether or not he loves him; he knows that he himself is loved, but that’s not enough. I ask him what his feelings are. He says that he knows he...
loves his parents because he wants them to be happy, and wants
to do what he can to make them happy. Is that a feeling, he asks?
I float the hypothesis that there is something that inhibits him
from feeling and knowing what he feels, and I think it has to do
with the way feelings have been identified as Western and bad. He
repeats his sense that Westerners react out of proportion to the
cause when bad things happen, and he is glad that he doesn’t do
this. But sometimes he would like to get angry—and he’s not sure
he should. In fact, he does feel angry sometimes; and then he
mentions a new game he’s playing with himself, where he waits a
little longer before moving out of the way when someone walks
toward him on the street. He guesses that, because his ex-boy-
friend remarked on the fact that he always moves out of the way
first, he now thinks there must be something wrong with this be-
behavior. But he does get angry that others don’t step out of the
way—it’s not fair, and it’s rude. He’s glad he’s like he is—but is he
getting stepped on?

I struggled in this treatment because my working hypothesis,
based on some things Michael said that showed a desire to express
more emotion, was that the whole Western/non-Western thing
was one way in which he kept himself inhibited, kept himself
from integrating emotion and reason. I also felt that his mother’s
yelling fits, sometimes paired with humiliation-engendering be-
behavior, made emotion frightening for him. And yet, I certainly
agreed with him that Western forms of assertion (or, at least, their
U.S. East Coast version) often crossed the line into rudeness and
incivility.

At one point, I spoke to Michael about some of my confu-
sions. He was talking about the fun he had had during the past
weekend with a visiting friend, a man who laughed a lot at Mi-
chael’s jokes. He remarked that he generally felt responsible for
showing his guests a good time, without focusing on whether he
himself was having a good time. Because I again read this as self-
abnegation, I brought up the confusions I had been feeling about
the Western/non-Western dichotomization. I told him I was con-
cerned that, like the ex-boyfriend, I might have been pathologiz-
ing something about these values of civility and duty that guided his behavior, and I told him that my therapy culture tends to understand some of these ways of being as self-abnegation.

I mentioned I was pretty sure that, if I were treating a Western female, I would move in the direction of seeing such behavior as self-abnegating. I said, “I suppose what matters is whether or not you find that these ways of being get in your way; do you want things to be different?”

Michael then revisited some of the examples he saw of Western rudeness, and in the new rendition, matters were more complicated, more East-West: he said that, when he pours tea, he is aware that if there isn’t much in the pot, he might not get any; this does, in fact, bother him. Indeed, he said that the responsibility to make others happy was also self-focused: if his friend did not like what he thought would constitute a good time, he would feel devalued as well as guilty.

He then noted how frequently his ex-boyfriend used to leave him alone at parties, and how the boyfriend would rationalize his behavior by asserting a value on independence and a disdain for clinginess. But, Michael said, “I told him more than once that I was uncomfortable in those situations, and he shouldn’t have left me alone.”

“Indeed,” I replied, and realized at the same time that this was not about which value system was right; it was about being in tune with your partner, conscious of his vulnerabilities.

At this point, I decided to ask Michael if he might be having any feelings about my upcoming vacation, since he had mentioned being left alone. The rest of the session focused on his question of whether or not he really needed therapy: he associated to the first therapist he saw, the one who had referred him to me over a year earlier, and expressed a feeling that her office was much more conveniently located than mine, and that he would be glad to be able to sleep in while I was gone, and to think, in my absence, about whether he should stop therapy.

He then associated to his friend’s girlfriend as not being very good-looking, even though the friend himself was quite attractive.
And when I asked what this might have to do with what had come before, he concluded the sequence by saying that his new boyfriend didn’t think he really needed therapy. “I think the issues I have, a lot of people have—and I don’t think others are in therapy with such issues.” I thought to myself that this expression of his discomfort with therapy related to all of what had come before, about what was Western, what was not. I said to Michael, both defensively and nondefensively, that many are in therapy for just the issues he has brought. And then he told me that he would not pay my fee if his insurance were not paying, and he felt guilty about that; he had just learned that his insurance coverage would end in two months’ time.

This material is so full of suggestive moments that I almost hesitate to offer an interpretation. But my best guess is that Michael may have felt wounded when I suggested a connection between his psychology and that of Western femininity. Had I inadvertently feminized this Asian man who was already sensitive to the feminizing stereotype—both as a gay man and as an Asian man? Perhaps he then wanted to point out to me that he really is much more assertive and self-focused, more masculine, than I think. Perhaps the next association, about abandonment, did not have as much to do with my impending vacation as with the way I had wounded him. Like his ex-boyfriend, I perhaps should have known that what I said would make him uncomfortable.

I venture this guess because the material that came after, about whether or not he should quit therapy and whether or not it was worth paying for, had a somewhat hostile edge. It was also not lost on me that the therapist whom he had first seen was not only closer to his home, but was also quite young and beautiful—was he perhaps trying to wound me by questioning my femininity?

At the same time, Michael’s conflict about therapy had other roots as well. A major issue with his current boyfriend was that the boyfriend did not seem to value processing, and Michael was coming more and more to see how much he himself did value it. I believe that he found his desire for insight somewhat taboo, and perhaps even associated it with the degraded feminine as well as the degraded Western.
What Is Love?

I conclude my discussion of this vignette with another theme that Michael struggled with during the therapy: the question, what is love? Not only was this a presenting problem, but I also invoke it here to demonstrate how the constructs we tend to see as most universal and psychological, least culturally inflected, are in many ways simultaneously psychically and socially constructed.

Earlier, I noted that Michael did not feel sure he was in love with his current partner, and I also noted that he felt he was not very desirable—a feeling the ex-boyfriend heightened, but that the current boyfriend completely contradicted. The current boyfriend had only had two other partners in his life, and both were Asian. My patient wondered about white men who only desire Asians—he averred that, generally, only fat and old white men were into Asians. And Michael wondered why he was never attracted to Asian men either.

Countless works of fiction convince me that love is a social construct as well as a feeling, and that racism can destroy or severely interfere with the capacity for love. No work, perhaps, gets at the socially constructed nature of love better than does M. Butterfly (Hwang 1989). In this play, a white French diplomat, Gallimard, falls passionately in love with a person whom he thinks is a diminutive, female, Asian opera singer whom he has heard sing the title role in Madame Butterfly. She tells him the tragic story of the American sailor who seduced and then abandoned the Japanese Butterfly, who, in her desperation, committed suicide. And then she taunts Gallimard for finding the story beautiful. In a powerful speech, she underscores the way power relations infuse love:

It’s one of your favorite fantasies, isn’t it? The submissive Oriental woman and the cruel white man . . . . Consider it this way: what would you say if a blonde home-coming queen fell in love with a short Japanese businessman? He treats her cruelly, then goes home for three years, during which time she prays to his picture and turns down marriage from a young Kennedy. Then, when
she learns he has remarried, she kills herself. Now I believe you would consider this girl to be a deranged idiot, correct? But because it's an Oriental who kills herself for a Westerner—ah!—you find it beautiful. [Hwang 1989, p. 17]

And yet, this is just what the play enacts, the revenge of the short, thin, Asian male against the white Westerner. Having fallen madly in love with his Butterfly, Gallimard learns that the object of his love is actually a transvestite Asian male. Desperate to preserve the fantasy of true heterosexual love, where men are dominant and women submissive, Gallimard transforms himself into the female Asian Butterfly—and kills him-/herself for love.

And no writer perhaps better shows the damaging toll that racism takes on love than Toni Morrison. In one of her short stories, “Recitatif” (1983), two girls, one black and one white, are left at an orphanage because their mothers cannot care for them. One mother is physically ill; the other is mentally ill. We do not know which girl is black and which white, and Morrison, mixing up signifiers of class and race, makes her readers face our own racial stereotypes as we frantically try to figure out who is black and who is white. But the story moves us through the girls’ lives and shows us how, at every historical point, racism frustrates their possibility of refinding the mutual care and protectiveness that they once shared, when, on first meeting, each recognized in the other the vulnerability caused by maternal abandonment.

Such literary works suggest the reasons why Michael could love only white men, especially those who could not or would not be sexual with him. As the therapy went on, his membership in a gay, Asian activist organization seemed to decrease his homophobia, and he began to be attracted to men from certain Asian subcultures other than his own. It seemed to me that here was an example of the way that essentialist categories and identity politics can, in fact, facilitate growth, and can defeat internalized racist and sexist prejudice.

But there is more to the story of love and ethnicity in this case. For Michael, love was less a feeling than a sense of duty. He
came to understand that the passion he experienced for his ex-boyfriend had to do with the other man’s remaining inaccessible and rejecting. Michael’s only experiences of passion were on that model of unrequited love. (My interpretation was that his desire was fueled by his wish to have what the fantasied ex-boyfriend seemed to have.) Otherwise, of love, he knew only that he loved his parents, because he wanted them to be happy and because they had sacrificed themselves for him. He wanted to sacrifice for them in return, and he called that love. At the beginning of his therapy, he reported that he only cried in movies during scenes of parent–child love, never those of adult–adult love. In his view, adult–adult love was never pure, because, merely by desiring the other, “you are asking for something back for your love.”

During the treatment, I was never sure whether Michael simply did not love his current boyfriend, and was at best enjoying how much this man loved him, or if we were dealing with an inability to love that had to do with several other factors: the inhibition of feeling and of behaving “irrationally”; the self-denigration and internalized homophobia (“I don’t want to be a member of any club that wants me as a member”); and the confusion that seemed always to ensue when the other knew what s/he wanted of him. Indeed, it seemed to me that the legacy of Michael’s mother’s insistent presence—which he experienced as love, but also as control—was to make him unsure of what he felt whenever the other was sure. I thought that the constraints on his freedom that he had so disliked while growing up had become rationalized as a “true” kind of love, a selfless love.

And then I came across a paper on filial piety in Chinese culture (Gu 2006). The author of this paper argued that the Oedipus in this culture is different from the Western Oedipus. Specifically, it is marked by a loyalty between parent and child that transcends the loyalty between spouses. Once again, I was decentered by the recognition that my patient’s desire was not simply defensive, and perhaps only defensive when seen from within my particular frame. Am I so jaded that selfless love seems absurd to me? I certainly did not hear his rendition of his mother’s love as selfless;
to me, it seemed that her sacrifices were as much aimed at having her son achieve what she and her husband could not, as they were about her son being happy. But I suppose I should ask: what’s happiness got to do with it? Is the idea that we are meant to be happy yet another Western value?

I leave the reader with my confusion rather than with any attempts at answers.

CONCLUSION

This summary of my work with Michael gives some sense of the way that racist hierarchies create racial identities that are marked by oscillating idealizing and devaluing dynamics characteristic of narcissism. Norms of race, class, gender, and sexuality, norms transmitted within familial and cultural enclaves of love and hate (P. Williams 1997), are unconsciously enacted and further legitimized in the very way we assert ourselves in the world and in the very way we connect with others. As Altman (2000) has argued, clinicians have to assume that their racism pervades the clinical encounter in some way; I hope to have shown here some of the ways that patient and therapist enact the norms that split and racialize emotion and reason, dependence and independence, love and hate.

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8 This journal’s title is now *Psychoanalysis, Culture, and Society*. 
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