The aim of this paper is to discuss racial enactments for what they might contribute to our understanding of the intersubjectivity of race and racial experience. “Racial enactments” designate interactive sequences embodying the actualization in the clinical situation of cultural attitudes toward race and racial difference. I present examples of racial enactments in several social contexts, as well as in an extended clinical vignette. I consider racial enactments in the light of contemporary psychoanalytic theory and suggest that collaborative methods facilitate the effective analysis of racial material.

It is no longer a matter of real controversy to say that effective treatment includes some actualization of the patient's transference and some enactment of the analyst's countertransference. Ten years ago, Boesky (1990) captured the sensibility of a generation of contemporary analysts across different psychoanalytic schools when he wrote that, “if the analyst does not get emotionally involved in some way he [or she] had not intended, the analysis will not proceed to a successful conclusion” (p. 572). This change in the clinical atmosphere has led to the fortuitous outcome that more analysts now appear inclined to write about what they actually do with their patients and to submit their observations of their activity for our collective consideration.

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The aim of this paper is to discuss racial enactments for what they might contribute to our understanding of the intersubjectivity of race and racial experience. I use the term racial
enactments to designate those interactive sequences that embody the actualization in the clinical situation of cultural attitudes toward race and racial difference. Before turning to some clinical material in which racial enactments figured prominently, I present a vignette that might be termed a social enactment around race.

An analyst I didn't know approached me at a psychoanalytic meeting last year. He smiled, extended his hand, and said, “Sandy! I've looked forward to meeting you.” I accepted his hand and said, “I'm Kim Leary.” He drew back in puzzlement: “Aren't you Sandy Walker from Seattle, Washington?” “No,” I assured him, “Kim Leary from Ann Arbor, Michigan.”

Sandy, as you have probably guessed, is an African American woman who is also a candidate. The analyst remained flustered and inquired further: “Well, do the two of you look alike?” “Not really,” I answered, picturing Sandy, whose skin is lighter than my own and whose hair is considerably shorter. Now the analyst looked stricken. He began to apologize. “I'm really sorry,” he said with what appeared to be genuine feeling, “It's just ... you know ...” “Yes,” I replied, “I understand.”

But this story is not yet complete. I met some friends for dinner later that evening and invited along an Asian colleague I had met on a recent trip to the Far East. We had gotten along in her country and fallen into an easy companionship. I was aware of wanting the dinner to go well and especially hoped that my Asian friend would feel comfortable and included. Somewhere in the middle of our dinnertime conversation, I noticed a slight frown on my friend's face—a frown that, in retrospect, I recognized had been there throughout most of the meal. Only then did I become aware that I had been speaking much too slowly and using sentences that were much too simple given my friend's fluency with English. I was mortified and leaned over to apologize: “I'm sorry,” I said, “You don't need my help at all. It's just ... you see.” “Yes,” she replied, “I understand.”

I think that what was “understood” on both occasions was that the principals had fallen quite unwittingly into a social enactment around race. Despite conscious efforts on my part—and I think, on the part of the analyst who approached me—to forge new connections and to establish better communication, we nevertheless managed to actualize some of the tensions, stereotypes, and prejudices of the culture in which we live. Each of us found in ourselves an unintended bit of racism and ethnocentrism that was exposed as being our own.

Abbasi (1998) noted that repeated intrusions on the self-esteem of individuals and the groups to which they belong are traumatic. Misrecognitions of the sort I have described,
however inadvertent, can and do function as “micro-traumas” (cf. Bell, 1997). Over time, they can erode the self, as a self that goes unrecognized or that is consistently misconstructed is made narcissistically vulnerable. On the other side, awareness of our own racism—or real acceptance that our actions feel racist to others—is also the occasion of narcissistic exposure. If my analytic colleague's experience with me was anything like what I felt with my Asian friend—and I suspect that it was—then a racial enactment also provokes deep discomfort and shame.

Despite the public rhetoric of diversity and multiculturalism, race remains one of the most vulnerable social discourses in America today. This is so because of the ways in which racial experience has been constructed in this country. Much of our racial discourse is organized around affirmation and exclusion. The dynamics of race center on the dialectics of deprivation and domination, powerlessness and control, and privilege and rejection (cf. Thompson, 1996, p. 139). This is the “deep structure” of our cultural conversations about race. In this sense, racial experience may have something in common with what Stern (1997) called unformulated experience—that is, experience that is not yet reflected on or linguistically encoded but that nevertheless remains a part of our everyday psychic grammar.

Accordingly, social enactments around race are far from rare. We have only to think of the white schoolteacher in Brooklyn, Ruth Sherman, who in reading the book Nappy Hair to a third-grade class consisting exclusively of African American and Puerto Rican youngsters, raised the ire of a number of their parents (Holloway, 1998). The teacher's apparent intent was to promote a positive self-image with the story of a Caribbean girl's efforts to take pleasure in her tightly curled hair. Given the fact that, within the United States, a European phenotype remains to a significant degree the standard of American beauty, hair and hair care can be a source of intense conflict in some African American families. As I construe it, the issue of concern for the disgruntled parents was not the book itself. Instead, the problem seemed to center on the very idea of a white teacher—possessing the cultural ideal of blonde hair—who presumed the right to speak with black children about their experience of their hair.

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It seems inevitable that each of us will, at one time or another, drift into unintended racial thoughts, feelings, and actions to which we or others will later attach verbal labels and psychological meaning. As a result, social conversations about race are extremely fragile and easily subject to collapse. Likewise, when racial enactments emerge in treatment, they offer—perhaps even more acutely than other enactments—the potential to open up an important piece of clinical understanding or to derail the exchange if they are not effectively metabolized.
Clinical Illustration

Gloria, a 50-year-old, professional, African American woman, began her Tuesday session by saying that she wanted to talk about Peter, a man to whom she is attracted but who does not seem to be as interested in her. For some time, we had explored Gloria's penchant for choosing romantic partners who were unavailable to her in one way or another.

“But first,” Gloria said, “I'd like to talk about the previous session…. Last time I asked you about why you needed to change the schedule in the fall, and you told me you were going to begin analytic training.” Gloria and I had, for the five years we had met, kept the same schedule of early morning hours that she found to be especially convenient. I knew that my commute into Detroit for training meant that we would have to rearrange all her appointments. For my part, I knew that I was anxious about the schedule myself and at that time wasn't at all sure how I would meet the complicated time demands of analytic training. Gloria continued, “Usually it seems that when I ask questions, you ask me about my thoughts. This time you answered my question directly. I'd like to know why.”

I replied that I realized the upcoming schedule change would be a significant disruption. I hand't wanted to be mysterious about what was happening and thought I was when I first mentioned the schedule change. “So when you asked again, I thought it made sense to tell you why I needed to reschedule the appointments.”

Gloria responded with a sigh. She said, “When you first told me things would change, I worried something was wrong.” Gloria's concerns about changes reflected, in part, her experience with her previous therapist, who had died following a neurological illness that went undiagnosed until near the time of his death. Gloria's therapist had become increasingly erratic as he decompensated, sharing with Gloria his paranoid suspicions about plots to discredit him. Gloria's own mother had been less than forthright with her as she grew up. Gloria's father had died mysteriously when she was a young child. Her mother told her then that he had died of a “kidney disease.” She later learned that the cause of death was alcohol poisoning. Gloria's mother never remarried but was romantically involved with a number of men, some of whom were married. Although Gloria's mother presented these men as “just friends,” Gloria was instructed never to mention her mother's male visitors.
Gloria said she was glad I told her why I needed to change the sessions, although she wasn't altogether sure as to what analytic training was. After a pause, she said, “Well, I'm going through some changes myself.” She resumed discussing her plans to change the spelling of her last name. Even though she was now using the new spelling, she deliberated over whether to make it legal and petition to have her name changed. Gloria went on at some length about how this change was a declaration of independence from her ex-husband and a way of staking out a new identity for herself.

As she was speaking, I remember thinking that Gloria seemed to be exaggerating the liberating claims of this new spelling. I said something to this effect, but, the moment I spoke, I recognized it for the critical remark it was, as did Gloria. She replied, “You know, you are one of the few black women I know who kept your name after you got married. I've always thought of that as a ‘white thing.’” She quickly added that this was not so, as she knows several black academics who kept their names too. When I wondered about it being a “white thing,” Gloria replied that she really wasn't sure what she meant. “That just slipped out.” She's sure I won't be offended but mused that implying I had done a “white thing” wasn't such a nice thing to say. She then mentioned feeling left out at a recent seminar attended by a number of high-powered black women. Most of them, she said, had attended HBCs, whereas she had attended a university where she had been one of a handful of blacks. Although she didn't define the acronym, I knew it to refer to Historically Black Colleges.

Gloria then wondered if I would have felt out of place among these women as she had. She then expressed some curiosity about where I went to college and complained that she knew nothing about me. This, too, was an exaggerated claim, as Gloria actually knew a good deal about me as a result of her own researches and through the happenstance of our living in a relatively small community. Specifically, she had previously noted the alumni decal on my car, and so she knew which college I had attended. When I reminded her of our earlier conversation about the decal, Gloria expressed some doubt about whether we had really spoken of this at all, as she didn't remember our exchange. She said that the next time she saw my car, she would look to see if the decal was there. I said that would fine with me. As she left the session, I reminded her that my car is usually parked out front. Over her shoulder, she said she would check it out, if only to prove I wasn't lying to her.

Two days later, Gloria began the next session by saying that she hadn't liked the previous hour at all. She thought we had been very direct with each other, and she didn't like it. But then she thought, “What is the alternative? Still, I didn't like that you were so direct with me.” She then wondered if my directness was something new, and whether it had...
something to do with my analytic training. What bothered her was realizing that she had been baiting me. I said, “I took the bait, didn't I?” She agreed and went on, “You know, I think that what I was really asking was ‘Are you really black?’ I've wondered that before but haven't said it out loud. I was going at it with you on Tuesday, and you got tired of it. It's like you said, ‘Enough already. If you want to know what college I went to, go look!’” I said, “You know, you're right. Saying my car was out front was a crack more than anything else.” Gloria thought so too but felt she'd deserved it. She did feel a little badly about egging me on, but she also liked that she got to me and saw me lose my cool. However, she still felt uncertain about what she meant by asking if I was really black. Once she'd asked me about Martha's Vineyard, and I knew where that was. She joked that she took that as evidence that I wasn't really black, even though she knows that some blacks vacation on Martha's Vineyard.

Gloria then wondered if her question about my blackness had to do with her curiosity about my husband. “I think he's probably white,” she said, “but I know lots of black women in this town who are married to white men, and I don't wonder if they are really black. So why do I wonder that about you?” She noted that she had originally come to see me after she got my name off a roster of black therapists. I said, “I suppose that conveys that I see myself as black, but your question is about how you see me.”

Gloria's next thought was whether her question about me was also a question she had about herself. At the seminar with the high-powered black women, she protested that one of their apparent definitions of black identity—attendance at a Historically Black College—meant that neither she nor her daughters were black, as they had not wanted to attend Howard or Spellman. She then mused that both her daughters are very light-skinned: “They are lighter than you. People have wondered if their father was white, and, except for his hair, you wouldn't know.” She added, “I used to think you were biracial, but now I don't think so.” Still, she didn't think that was what she meant with her question. “It's more personal, something about your core. Sure, I want to know if your husband is white, but what I really want to know is about your relationship with him. How you are with him. Then, I think, I would really know who you are.” I said, “Know my core?” Gloria began to cry, and said, “I've never told anyone this, but I think I decided to marry my ex-husband because he was so light. I've thought it, but I've never said it out loud before.”

Several hours later that same day, Gloria left me a voicemail message. Her tone was breezy as she informed me that she would miss a session the following week. Rather than pay for the missed session, which was our customary arrangement if we couldn't reschedule the appointment, she called to suggest that we add 15 minutes to each of the
next three sessions. “No need to call me black,” she said brightly, “I'll speak with you tomorrow.”

The following morning Gloria was tense and again wanted to talk about Peter. She knew she was more interested in him than he was in her, but she didn't want to accept this. She wanted to confront him and push him, but she knew that, if she did so, he would probably stop calling altogether. She asked tearfully, “Why do I do this? I'm going to mess things up.”

I said to Gloria that I thought that maybe our recent conversation left her worried that she could mess things up with me. She said, “Well, I've been pushing you too, asking if you are really black. What an awful thing to say! It is painful to have this out in the open and to see how I push people.” She added, “You know, I used just the initials HBC to test you.” I said, “I know that you have been trying to test me. Today, though, I have the sense that it feels like a two-way street. I think that you are also feeling concerned about my assessment of you.” Gloria responded, “I still can't believe I told you that I chose my ex-husband because he was so light-skinned. That also feels like an awful thing to say. I feel badly I did that, but it's true. That is why I was attracted to him. It's the way people thought back then, sometimes still think right now.”

The end of the hour was approaching, and I asked Gloria about her voicemail message, and wondered if it, too, was a test. She said, “I've been wondering what you would say about that. I don't like paying for missed sessions, and I know it is usually hard for us to reschedule. I thought I was being active and taking a stand, but I think what I'm really doing is pushing you again. I just want it my way.” Gloria became tearful. “My call was a test, to see if you really care about me.” She then asked directly if I would tack 15 minutes onto the other sessions the following week. I told her I would not, but I agreed to try and reschedule the hour (in the end, though, we weren't able to find a mutually agreeable time).

**Race and Racial Enactments**

These sessions reflect an ordinary sequence of hours with the usual mix of realized potentials and missed opportunities. I'm inclined to think that these sessions brought some movement in the therapeutic work. The sessions were marked by a series of enactments, some of which included specifically racial content.
When my plans for analytic training interrupted our well-established clinical schedule, I eventually told Gloria the particular reason I would need to reschedule her hours. Strictly speaking, there was no need to provide that level of explanation, although, of course, I also knew that the imminent arrival of my analytic couch would function as announcement of the same.

Gloria, of course, was relieved to learn that nothing was wrong—that is, that I wasn't changing the schedule because of a problem. However, the knowledge that I was seeking advanced training brought to the fore competitive feelings, as the patient brought up her plans to orchestrate a change of her own. This is a potent illustration of the way in which my intention to spare the patient what I expected might be some unnecessary anxiety about a schedule change was received and processed by the patient very differently—namely, as an unrecognized competitive bid.

For my part, up until this point I had been more aware of occasional competitive feelings I had about Gloria's daughters than about Gloria, for they had enjoyed opportunities I would have relished. These sessions marked my awareness of direct competitive feelings between Gloria and me—feelings from which, I could see with hindsight, we had both shied, and the avoidance of which constituted an enactment in and of itself.

In retrospect, I also realized that I had been receding from Gloria's striving to be close to me, specifically by rebuffing her attempt to match

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an important shift in my life with one of her own. In this context, Gloria's comment about my doing a “white thing” can be understood as retaliation for my relational snub. It also initiated that part of the enactment sequence that we can think of being as explicitly racial. Gloria knew even before I did the extent to which her remark had gotten to me. She was well aware that, in directing her to look at my car, I was expressing my irritation with her racial provocation.

That Gloria drew from the powerful arsenal of race for her counterattack is evidence, I think, of the narcissistic injury I wrought. When I questioned an aspect of her identity (changing the spelling of her name), she promptly cast doubt on my identity as black. Thus, the racial enactment was coincident with an experience of narcissistic disruption on the part of both patient and therapist.

This exchange with Gloria then ushered in a number of explicit narcissistic concerns about her status, and mine, among black women. In subsequent sessions, we were able to talk directly about her jealousy that I was seeking additional training and address her own inhibitions about following up on plans to develop aspects of her own career. We
discussed the way in which she had felt trumped by my announcement as well as her thought that my seeking any analytic training might reflect a “white thing,” and a move away from her, because as she later put it, she had “never heard of a black Sigmund Freud.”

Although Gloria was initially put off by the directness between us in these sessions, the open acknowledgement of her hostility, and mine, seemed to open a productive line of engagement. She was able to voice questions about me (“Are you really black??”) and to reveal certain struggles with her own racial identity, including some internalized racism (e.g., in her preference for light-skinned men) that she had not openly formulated out loud before. Gloria also used these sessions to better come to terms with aspects of her own character—her pushy, willful insistence on getting her own way—that have complicated her romantic relationships. These same feelings then entered the transference when Gloria made her explicit demand of me regarding the missed session.

Theorizing About Racial Enactments

I think that the most common racial enactment has been our relative silence about racial issues. Even though psychoanalysis has articulated the mechanics of the projections underlying racial prejudices (e.g.,

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Young-Bruehl, 1996), we have been slow to develop effective clinical theory about race and racial difference. This “developmental lag” in theory (Busch, 1995) occurred in part because traditional analytic theory considered race—if it was thought about at all—as a matter of sociology rather than one of psychology. Accordingly, it lay outside the analytic purview.

In much of our early history, when race was admitted for analytic reflection, it was taken for granted that racial differences would interfere in the analytic work (e.g., Kennedy, 1952). race was treated as though it had specific a priori meanings (Curry, 1964). Blackness, for example, was understood to stand in for devalued, repudiated, or pathological contents. Schacter and Butts (1968) and Gardner (1971) were among the first to advocate that race be approached in the context of the patient's personal psychology. Holmes (1992) and Tang and Gardner (1999) elaborated on this view and noted that race and ethnicity are often used to advance psychodynamically relevant agendas. Holmes's formulations, in particular, emphasized the way in which the affective valence of race may carry core developmental issues and transferences. She illustrated this perspective by describing how a patient devalued Holmes's race in order to deflect attention from the patient's own feelings of self-loathing and inferiority.
These papers successfully installed race and ethnicity within the psychoanalytic lexicon. At the same time—as I have written elsewhere—many of the authors writing along these lines also impose certain unintended boundaries. First, race and ethnicity have been largely emphasized as pertaining to people of color, rather than as dynamic constellations with relevance to all persons (Leary, 1995). Second, race and ethnicity have been treated mainly as vehicles for psychoanalytic conversations. The patient's (or the analyst's) race was viewed as something of an encrypted code to be deciphered into its underlying psychoanalytic meanings (Leary, 1997). Race, in some cases, has been implicitly theorized as being only “skin deep” and its importance as an intimate, valuable, and independent aspect of personal social identity deemphasized (Leary, 1997).

Contemporary psychoanalysis now downplays any sharp distinction between the social and the psychological. Analysts of all stripes now regard the analytic situation as profoundly relational. There is an emerging recognition that the particularities of the analyst's personality and his or her person—including his or her race, ethnicity, and gender—are always instrumental in evoking the clinical themes and dialogues that develop in the course of the work (Price, 1997).

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This turn in contemporary thinking has also yielded new analytic theory about race. As Thompson (1996) noted, “Black is never simply black.” It refers to a range of psychological and social experiences, rather than a color (Russell, Wilson, and Hall, 1992). Race, therefore, exists on a continuum comprised of multiple variables, including skin color, education, income, and geographic location (Davis, 1991; Thompson, 1996). In keeping with this, Hamer (1997) noted that a racial content is capable of meaning more than one thing and also more than one thing at once (italics his). Thus, race occupies a transitional conceptual space (cf. Dimen, 1991; Leary, 1995, 1997, 1999). In this sense, it is a material reality, pertaining to the real world, as well as a social construction with meanings shaped by the cultural milieu.

Clinical perspectives like these emphasize the performative aspects of race and racial identity and challenge the idea that race refers to a specific disposition or essence (cf. Butler, 1995). Recognition of the socially constructed nature of race has led to the view that race, like gender, is always a matter of performance (Butler, 1995). Race designates a set of social and psychological alliances that are given meaning within a political framework (Gubar, 1997). It is in the citing of racial norms that a person acquires the illusion of “really” being black (cf. Layton, 1997).

One outcome of this is that pride in one's culture is now widely viewed as an important if also complex source of psychological resilience (Greene, 1993). It is in this context that
Gloria's remark about my engagement with a “white thing” was meant as a narcissistic insult and understood as such by me.

Seen in this light, my exchanges with Gloria may be further understood as encompassing a dialogue on racial identity and racial authenticity. Gloria's “Are you really black?” was one question that she could and did put to each of us for our respective choices of colleges, husbands, and professional affiliations. In the play of transference and countertransference, blackness and whiteness became contingent and negotiable rather than static, established identities.

The implications for the clinical situation of this way of thinking are far-reaching. They require us to recognize that race does not in any meaningful sense speak for itself. It is instead a complex negotiation within persons as well as a complex negotiation between persons.

Racial enactments are therefore occasions of at least potential clinical productivity to the extent that each member of the analytic couple is able to learn from the immersion in the other's psychology.

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At the same time, they are also moments of clinical exposure for both the analyst and the patient. In this instance, for example, my exchanges with Gloria brought into the open the question of my own personal relationship with the “white things” in my life (e.g., as shown by the choices I had made in my life, including that of analytic training).

Racial enactments typically implicate the very issues—idealization, envy, jealousy, and devaluation—likely to upset one's narcissistic equilibrium. Consequently, they embody the sort of interactions and affects that we might prefer to keep sequestered from public view. Cisz (1998) suggested that this may be so because of the distinctive nature of a racial enactment. She wrote that, although it is always possible that a therapist may unwittingly retraumatize a patient in his or her care, the analyst can usually be assured that he or she played no role in the patient's original trauma. By contrast, as Cisz noted, the institutional nature of racism and the differential privilege conferred on some members of a racial community mean that the analyst, by virtue of her participation in the social world of which the treatment is a part, may in fact be complicit in some forms of oppression. In this respect, it is important to remember that Gloria initially attributed the directness with which she was uncomfortable with my new-to-her interest in psychoanalysis.

On one side, enactments may be viewed, as Boesky (1990) suggested, as instances of jointly constructed resistances. In this context, my telling Gloria about my plans for
analytic training may be plausibly construed as a retreat from the work of helping Gloria to face her painful curiosity about a schedule change. Although an enactment may be put to good clinical use, it remains a distinctive clinical event, set apart from more typical ways of working.

Renik (1993, 1996), by contrast, held fast to the view that enactments constitute irreducible, rather than special, forms of clinical relating. He argued for establishing principles of technique that acknowledge that the analyst cannot know fully how he or she is participating in the exchange, which makes clinical understanding retrospective rather than predictive. More recently, Renik (1997) suggested that the analysis of the transference—and of everything else—would be facilitated by a collaborative method. In order for this to occur, “the patient has to feel free to perceive and discuss the analyst's activity; and in order for this to happen, the analyst has to be ready to submit his or her activity to scrutiny” (Renik, 1997, p. 11).

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I think that collaborative methods may have particular utility in the analysis of racial material, although it remains to be seen what a full collaboration about race might entail in either a clinical or a social setting. Whatever we ultimately conclude about this, it seems to me that it would require a conversation approaching a frank exchange of views, along with recognition of the emotional positions from which we articulate those views. This would include, for example, the fear of being labeled racist or the fear of being further marginalized. Collaborations of this sort do require a particular form of trust. I believe that this trust in its fullest expression must be earned rather than assumed by the analyst.

Collaborative methods may be viewed as supporting the patient's agency and as providing an opportunity for the patient's voice to be heard. The patient is encouraged, perhaps even required, to offer his or her perspective on the analyst and the analyst's activity. This, in turn, requires the analyst to really listen to things he or she may not wish to hear. This would include his or her complicity in racial matters and the patient's perception of the analyst's racial experiencing and/or racial conflicts.

I think that an effective analytic collaboration on a racial enactment would also involve some direct collaborative effort to deconstruct the stereotype or prejudice that was actualized. Such collaboration would not adopt as its primary goal the elimination of an enacted prejudice from the consulting room. Rather, the aim would be instead to give it full credence. The point of the deconstruction would be to accept the racial enactment and submit it to sustained reflection in order to examine and understand how it operates and works (R. Thomas, personal communications, 1998). This might involve an examination over time of which aspects of the status quo it maintained between patient
and analyst (in this way, my work with Gloria may be reasonably critiqued for failing to go far enough).

In some instances, full credence may require an expression of regret or apology as a marker of the real rupture that occurred between patient and analyst. Proponents of the restorative justice movement, for example, have noted that apologizing functions as a powerful acknowledgment of another's humanity and partially restores the profound “absence” that is the aftermath of political or interpersonal violence (Nuttall and Coetzee, 1998). Apologizing instantiates a relationship, as an apology is, by definition, a relational act (Cohen, 1999).

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Thus, emphasizing clinical collaborations with respect to racial experience shifts therapeutic aims. Rather than try to transcend differences, for instance, patient and analyst endeavor to live with them, subject them to careful consideration, and give them their full weight.

To live with differences in this way is to accept that racial enactments encompass considerably more than “mistakes of the head” (e.g., inattention to knowledge about other cultures). They also emanate from the sore spots in the heart that are the legacy of the social history of race in the United States (cf. Morrison, 1992). It is a history to which each of us is heir.

It is incumbent on us to develop effective clinical theory about race and racial difference. If we are to do so, this, then, the frank exchange of views between patient and analyst will need to be paralleled by more open conversations in our analytic communities.

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