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RACE, SELF-DISCLOSURE, AND "FORBIDDEN TALK": RACE AND ETHNICITY IN CONTEMPORARY CLINICAL PRACTICE

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In this paper I attempt to extend the psychoanalytic conversation about race and ethnicity by discussing the intersubjectivity of race and racial difference. I present clinical material from an interracial treatment in which disclosures about race played an important role in deepening the clinical process. The resulting interactions permitted the patient to admit more of her self into the treatment space. I suggest that contemporary psychoanalytic formulations and multicultural perspectives from outside of psychoanalysis can together create more meaningful conceptualizations which take into account the lived realities of race and the ways in which these may be shaped by individual psychology.

In an interview with uncommon relevance for the present day,Ralph Greenson and Ellis Toney (Greenson, Toney, Lim,and Romero, 1982) shared their thoughts about the impact of race on their analytic work. Toney's training analysis-conducted by Greenson from 1948 through 1954-was one of the first analyses to involve a black and white analytic dyad. Greenson, reflecting on the analysis, commented on his realization that "we lived in two

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different worlds and we were trying to understand each other's. It took an unusual amount of courage on Toney's part and on my part to admit that we were millions of miles apart in certain ways of thinking, values and so forth" (p. 186). Toney, in reply, delin-eated trust as one of the most difficult areas in black-white rela-tionships: "... practically every black individual today has been traumatized in some way by the white person. If blacks have not been traumatized directly by whites, then through talk and hear-say, they have incorporated experiences that were traumatic"(p.188). This interview-remarkable for itsparticipants' candor and willingness to consider analytic interactions with respect to race-stands out as an effort to open up a psychoanalytic discussion on race, culture, and the analytic process.

The aim of this paper is to extend psychoanalytic conversation about race and ethnicity. I will consider some of the ways in which race and ethnicity-and the social milieu in which they come to have meaning-influence the frame of psychoanalytic work both explicitly and subtly. To do so, I will present material from an interracia treatment in which interactions around race played an important role in deepening the clinical process. I will try to ar-ticulate some of the intersubjectivity of race and racial difference that characterizes contemporary life, from which the psychoana-lytic situation is not immune. I will suggest that our understanding of race and ethnicity may benefit from a consideration of contem-porary psychoanalytic formulations and multicultural perspectives from outside psychoanalysis. These approaches may together de-fine a new site for psychoanalytically meaningful conceptualiza-tions of race which take into account bothsocial realities and personal psychology.

Some forty years after Greenson's analysis of Toney, race rela-tions remains one of the most pressing problems of contemporary social life in theUnited States. In recent years, the popular imagi-nation of this country has been captivated by public events in which race figured prominently. Race and racial resentments, never far from center stage, are again the focus of social con-sciousness through events like the Clarence Thomas hearings,the

acquittal of police in the beating of Rodney King, and in the open debate over Herrnstein and Murphy's *The* Bell *Curve* (1994). Nowhere was this more evident than in the aftermath of the O.J.Simpson criminal trial and the differing reactions of many blacks and whites to the verdict of not guilty. At the instant that many whites recoiled in stunned silence, many African-Americans cheered either because it seemed entirely plausible that Simpson had been framed by a police department long recognized as racist or because Simpson-guilty or innocent-was one of few black men in history who could marshal the resources necessary to use the legal system to his full advantage, making his success an ironic affirmation of social progress.

If nothing else, these reactions to the Simpson verdict confirm a postmodern social reality: in significant ways, most blacks and whites construct and are constructed by vastly different social worlds. At the same time, when these multiple realities interact,the result is far from a postmodern ideal of the coexistence of contradictory points of view. Instead, the clash of opposing reali-ties often generates violence of one kinad or another. For example,while whites feared blacks would riot in Los Angeles following the Rodney King verdict, many African-Americans expected that whites might enact some revenge for Simpson's acquittal in legis-latures and courtrooms by further undermining affirmative action and other social programs.

At the *fin de siècle,* we remain a country obsessed with the prob-lem of racial division and its multiple realities while we are often paralyzed in our attempts to respond effectively. As one columnist recently put it, “[NJothing is more important in America than what blacks and whites do in the name of race, to themselves or each other” ' (Rosenthal, 1995). In this respect, we have moved from the notion of a melting pot to the recognition that the pot is boiling over. How then does the racial divide of our culture affect the culture of the consulting room?

When I open the door to my waiting room to greet a new patient, the fact that I am a person of color carries important social meanings. Race and ethnicity-particularly when they are

observable features of the analyst's self-represent a kind of sel f-disclosure. Although I have not conveyed anything in particular about myself, the fact that race is written on my face shapes t he clinical dialogue to follow. While it is reasonable to argue th at any of our particularities as individuals (e.g., age, gender, or the way that we furnish our offices) also represent disclosures o f this kind,I believe that the valence of race may be of a differ ent order in the present climate of the racial divide.

When I work with patients of color, most of them directly ac -knowledge our shared racial background or shared status as me m-bers of minority groups. Many have elected to see me becau se I am a person of color. In due time we usually discover tog ether the particular realities and fantasies that undergird their c hoice.By contrast,many of my white patients do not explicitly m ention our racial difference. At the same time, their metaphors, allusions,and other derivatives suggest to me that it is very muc h on their minds-for example, in the case of a patient in consul tation who repeatedly states his "ability to get along with ever ybody, I mean everybody" when this is ostensibly not a part of the difficulties he is trying to communicate to me. When racial similarity or differ-ence is not mentioned during the early part o f a treatment, I have found it useful to comment on this. In su ch a case, I might ac-knowledge the social climate surrounding open talk about race in this country and then wonder with the patient whether, for ex-ample, his thoughts about his ability to get along with all people represents his way of speaking about something he did not feel he could approach more directly. In t his way, I am offering the pa-tient an opportunity to consider t he expanded possibilities for communication provided by treatme nt.

At the same time, I am also responding to the social milieu i n which we practice. In contemporary America race carries pro-f ound meaning. While it is undoubtedly true that my observation that the patient has avoided mention of our racial difference f o-cuses attention on only one aspect of the interactive field, it seems to me that clinical silence about race is equally directive. Failing to acknowledge racial difference is not neutral. We might consider,

for example, what is conveyed when the clinician does not speak to her/his blackness, or when her/his whiteness is assumed to speak for itself. Clinical silence about race may be perceived-and with some justification-as a commentary on the analyst's effort to stay out of the fray, to opt out of the tension that comes with open talk about race. Ambiguity of this sort can close off the clinical encounter in ways that are at odds with what we ideally wish to offer our patients. Most of the time, my observation that the pa-tient and I have not yet talked about the fact that the patient is white (or Japanese, or Latina, etc.) andI am African-American does not prevent exploration of the patient's racial meanings or obviate fantasy. If anything, I think it facilitates the admission of fantasy to the treatment relationship and sets a tone for the ex-ploration to follow (cf. Greenberg, 1995), as that which had been excluded from conversation is invited to assume a voice in the consulting room. If the invitation cannot be accepted,under-standing the reasons for this over time defines an equally impor-tant analytic exploration.

When previously unmentioned racial difference is brought into the treatment relationship, my experience has been that white patients respond nearly universally by saying the difference is "not a problem," although this is usually then followed by an implicit statement of exactly the problem that the patient expects will complicate the treatment, namely, the fear of saying something that would be perceived as racist or discriminatory. Holmes (1992) has commented that this is a familiar fear for patients in cross-race treatment dyads. She notes that patients worry that they will express aggressive urges in racist attitudes and often hope that racial material will not be interpreted even if it enters their asso-ciations. Simpson (1993) suggests that therapists also fear that their countertransference will be coded in racial terms. He further notes that it is "strange that those of us who are prepared to accept our murderous wishes, for example, towards members of our families cannot, or will not, accept that we might have 'racist'thoughts or feelings" ' (p. 291).

It seems inevitable that all of us-patients and analysts-will

have racial thoughts and feelings that are libidinally and aggres-sivel y tinged. Just as the analyst may become aware of the patient's e xplicit and subtle immersion in cultural and personally idiosyn-cratic dialogues about race, it is also quite likely that the patient will, in time, catch the analyst in some unintended racial reflec-tions of his or her own. Speaking to the patient's concerns about racist conte nt and the sociocultural realities of race can become a way of und erstanding the patient's relationship to ideas, feelings,and behaviors that evoke anxiety and vulnerability. I believe that a parallel proces s may occur with respect to the analyst's racial countertransference .

Clinical Illustration

Ms. C was a thirty-year-old white woman who entered treatment in an effort to cope with the divided loyalties she felt between p rogressing in her career and staying at home to raise her two you ng sons. She felt trapped by either option: she was critical of wom en who “abandoned" their children to day care to fulfill their per sonal ambitions, and she was unhappy with the prospect of being what she termed a “fifties housewife with no brain,"dependent on her husband for financial security. At the same time,Ms.C wanted very much to be a good mother and worried that she was not. Sh e felt constant anger toward her husband,whom she believed was untroubled by comparable soul-searching,and she was extremely criti cal of him in ways that dismayed both of them.

Ms. C felt very uncertain about what she really wanted for her -self. She also felt guilty that she was in the privileged position of being able to decide. She criticized herself equally for wanting to r eturn to work and for desiring to remain at home with her chil-dr en. Although Ms. C was friendly and warm during her sessions,at ti mes she seemed excessively polite. I had the impression that she was expecting our interactions to deteriorate into animosity.From th e start, she was anxious about the prospect of talking

about herself. She wished to speak freely, and she understood th e need for candor but was worried about what her treatment wo uld reveal about herself.

In the early sessions, we discussed some of the reasons behind Ms. C's concern and aspects of her history which seemed to relat e to this issue. She recognized that feeling criticized and being crit i-cal in turn were problems that regularly occurred in her marriage .A similar difficulty had pervaded her relationship with her mother, which had soured when Ms. C entered adolescence.Mother and da ughter argued violently until Ms. C was well into her twenties, rea ching a rapprochement just before Ms. C's own marriage. Since th en, good will between them seemed to have been purchased thro ugh the patient's defensive idealization of her mother.

Ms. C's expectation was that I would come to feel as critical of her as she felt about herself and she feared exposure. When I w ondered what she feared I would find fault with, she mentioned o ur racial difference. She acknowledged that upon first meeting me, she had been surprised to discover that I was black. She told me that the analyst who referred her to me had not mentioned that I was a person of color, and the thought that I might be black ha d simply not occurred to her. For Ms. C, and perhaps for most pa tients, the expectation is for the therapist to be white. Ms.C was quick to reassure me that she didn't expect “a problem." All the same, she worried openly that she might say something that woul d be offensive to me, or, worse, that she might unthinkingly make a comment that would otherwise strain our ability to develop a re -lationship. Her fear of her aggression, particularly her worry that she would be unintentionally hostile, was now located in her re-lat ionship with me. At the same time, Ms. C's social concern about t hese issues was also a significant resistance. Her apprehension abo ut the misunderstandings, antagonism, and sensitivities be-tween bl acks and whites inthe wider culture gave credence,she believed, to her view that her treatment would be interrupted by these same problems. As a result, although she tried to be open,she felt it re asonable to "play it safe."

During a session after I had been away on vacation, Ms.C greeted me in the waiting room and immediately noticed that I was now wearing an engagement ring. As she walked into the office, she asked excitedly, “Is that an engagement ring?" Settling into the hour, she repeated her question and appeared crestfallen when I responded with a query intended to help her expand upon her observation. I asked about her thought. She reasoned in a perfunctory fashion that while it certainly *looked* like an engage-ment ring, she couldn't be sure. Perhaps the ring was for some other purpose. She obliged with a series of associations, offered in a lackluster manner. My efforts to discover what had interfered with Ms. C's attempts to decide that the ring was an engagement ring, or what her feelings were about it, did not meet with success.

When I thought about this session later, I realized that Ms.C and I had engaged in something of ritualized encounter. I was aware that her question about my engagement ring was a request that we interact more personally. Although I had in effect intro-duced my personal life into the session by wearing the ring in the first place, I believe that my reluctance to acknowledge simply that I was engaged was a retreat into stereotyped technique and re-flected a hesitation to engage with my patient more fully.

In the next hour, I acknowledged that I had not answered Ms.C's question and told her that my ring was indeed an engagement ring. She became animated. She had been sure that it was an engagement ring but wanted confirmation. This time, however,her associations about my engagement were more productive and contained expression of her ambivalence about marriage and motherhood, including a joke about what I was getting myself into.

I wondered with Ms. C why she needed me to acknowledge something she already knew. She said that she was not sure, but my unwillingness to answer had felt strange to her and vaguely dishonest. Over the next several weeks, this same sequence was repeated: she would raise a question about a piece of information which she in fact already knew about me and present it for my confirmation. As an example, she saw my name on a fund-raising

list for our local institute and wondered if the name next to mine was that of my fiancé, even though all of the other paired names were those of married or partnered couples. When I provided corro boration-and noted that I thought she also knew the an-swer-her th oughts would soon encompass some piece of racial content, usually a reflection of some event from the media or some reference to th e fact that she was white and I black. The reference would not be connected to the previous content in any way that I could discern.

After I became aware of this sequence, I noted it with Ms.C,and we pieced together the following understanding. From her per-spectiv e, we were engaging in forbidden talk. She said that al-though she l iked the idea that I answered her questions, from what she underst ood about therapy she believed that I was break-ing some rule by d irectly responding. Both of us were doing some-thing we shouldn't. I said that it seemed important to her that we were both doing it an d then wondered if that might be the reason why her questions an d my answers were followed by her talking about black issues or bl ack-white problems. I said maybe her thoughts about blacks and whi tes felt like a risky thing to discuss,especially as a topic between us. Ms. C agreed. Although she had known some African-Americans, they had not talked about racial issues with each other even when this was something she had wanted to do. When reading the newspaper or watching television news, she felt worried about the state of race relations in the United States. She was concerned about crime in u rban areas (that were usually black) and troubled by how little conta ct she had with blacks (apart from me) and how little personal invol ve-ment blacks had with whites. At the same time, she felt that peo ple needed to be “careful"' around this topic because something pr oblematic could emerge (e.g., something racist), and the situ-ation w ould only get worse.

Ms. C and I now discussed more openly the implications of her f ears about the sensitivities that blacks and whites have with re-spect to each other. Whites are afraid of being labeled racist and blacks fear mistreatment based on past history. Ms. C mentioned

the likelihood that if I or any black person were to drive through her neighborhood, it would be assumed that we were en route to work rather than to our residence. Similarly, she wondered how we lcome she would be in my black community. She worried that her openness with me would result in my seeing racist attitudes in her that she herself might miss.

Ms. C, however, seemed to express her thoughts more freely foll owing this discussion-talking with more feeling about the problems of her adolescence and the friction with her mother.She became m ore attentive to the similarities and differences be-tween us as wo men. She could now acknowledge feeling competi-tive with me (bec ause I had what seemed to her to be a successful career) while p ermitting herself to express certain feelings of su-periority (which sh e connected to being the mother of a new baby son). She remain ed hampered in her ability to express her ag-gressive thoughts and feelings more overtly and in her capacity to talk openly about thos e that did emerge.

I believe that these interactions show that my willingness to ans wer my patient's questions established a tacit negotiation and repre sented an enactment. To the extent that I engaged in talk she con sidered to be forbidden (providing some answers to ques-tions), sh e would too (by mentioning racial issues previouslyiden-tified as so mething about which she was fearful). These interac-tions seemed t o allow the patient more associative freedom than before. She gra dually allowed herself to experience a greater al-though still restrict ed range of feelings toward me.

From one perspective, Ms. C's request that I answer questions al ready known to her could also be viewed as her making a parody of our clinical exchange. Her effort to denigrate and devalue me m ay have been expressed in this aspect of our interaction as was re vealed more directly later on in the treatment. During this phase, however, my predominant experience was that Ms. C's questions all owed her to evaluate whether or not I was being truthful with her , since she in fact already knew the answer. In this way, while her hostility was perhaps actualized through her dis-trust, my response, I think, conveyed my sense that our interaction

could weather it. At the same time, it is also conceivable that at t his juncture I was operating with a blind spot and was not yet will ing to recognize the portion of my patient's aggression that was di- rected at me.

My willingness to answer questions to which she already knew t he answer prompted Ms. C to raise the stakes. She began to ask more personal questions, although these were the kinds of topics th at would naturally emerge between two co-workers in almost any s etting other than a clinical treatment. In general, her questions conc erned some aspect of me as an African-American woman. She repor ted that she felt more vulnerable now because she did not already know the answers. As an example, she wondered about my plans f or Martin Luther King Day. Since she did not have a Mon-day sessi on, she wondered if I would be working. She was curious about w here I had grown up. Specifically, she wondered what sort of racial setting I had lived in. More cautiously, she allowed herself to fantas ize about my marriage, and eventually asked if my hus-band was al so African-American. I decided that I would try and answer the que stions that she asked to the extent that I felt it opened up our dia logue and as long as we could also learn more about the questions themselves and the ideas that prompted them. This also made sen se to Ms. C. Sometimes a question would remain between us for s everal sessions before I answered.

My sense was that my willingness to respond to her in a reason -ably direct way and my allowing her to know more about myself r esulted in a lessening of her constraint and an increase in her abilit y to be affectively expressive. My experience of Ms. C's ques-tions was that her interest was not superficial or voyeuristic. She confined many other of her thoughts about me (e.g., curiosity about my se xual life) to her associations alone and did not ask questions about them. It was my impression-shared with the pa-tient-that she was tr ying to get a fix on me as an African-American woman against who m she could reference herself.Her questions seemed designed to ass ess my racial self in terms of my difference from and similarity to her and the danger and safety she could expect with me.

Our interactions around the questions were also important. Ms.C was relieved by my responsiveness. Admitting my racial se lf into the consulting room in a way that could not fail to imp licate me personally seemed to permit her to grapple with hers elf more extensively and to expand what she could convey abo ut herself.She was also able to express some ambivalence abou t my willing-ness to respond. She and I talked about the disco mfort and several times assessed whether talking in this way w as helpful to her.On this point, she was unequivocal in saying t hat "it makes me feel like we are both here." On my side, I f elt as though my answers were a kind of "talking out of scho ol." I felt some anxiety about working in a way that left me fe eling particularly vulnerable even when I noticed that it seemed my ability to do so assisted my patient in speaking more freel y about a greater range of her ex-perience.

Ms. C began to describe her emotional reactions in greater detail. She seemed more comfortable with her awareness that her attention to racial issues reflected her interest in me and what went on in my mind. She spent the better part of a sess ion capti-vated by the film *Pulp Fiction,* especially the relationsh ip between the characters played by Samuel L. Jackson and Joh n Travolta-who enjoyed a casual and philosophical relationship with one another even while they were involved in a considera ble amount of violence. She thought that the characters-one bl ack and one white-spent their time together "getting into each other's head." This reminded her of some of the experence she had had with me. I also understood it as a commentary on h er view of the interactive relationship between us, which for M ls. C seemed to have an outlaw status.

Ms. C was disturbed (and fascinated) by the racial epithets u sed in the film by both blacks and whites. In talking with me, she hesitated to use the word "nigger"-the term used in the fil m-in her discussion. She was worried that the term would offe nd me but was also able to be curious about how I would rea ct if she did.She talked about the fact that blacks could use th is term among themselves with impunity but whites could not. When I pointed

out that whites certainly had used the term in the film,Ms.C wonde red what blacks really thought about whites. She wondered how co mfortable a black person could really feel with a white person, give n the discrimination blacks encountered. I pointed out that this, of course, also raised the issue of what whites really thought about bl acks. This became elaborated in terms of Ms. C's relationship with me.

Ms. C became preoccupied for a time with thoughts about racial violence between blacks and whites, as well as black-on-black crime. Consciously, she recognized she could also think about white-on-whit e violence but this “didn't mean anything' to her.Here, she was als o talking about the way in which her own ethnic identity as a Euro pean-American mainly acquired its meaning to her in relation to so meone of color. Talking about violence in black communities, she wa s puzzled about how people “in the same group and the same co mmunity" could do this to each other. Her associations led her to d iscuss unacceptable impulses in herself. She began to talk about the extent of the trouble she was experiencing as a mother to her you ng sons. The struggles between Ms. C and her boys reminded her o f her adolescent rebellion against her mother. Ms. C feared that her children were deliberately provoking her as she had done to her m other. She was frightened of her extremely angry responses, felt mu ch less in control of them than she had been able to let on, and worried that she would hurt her sons if she did not get help. Until this point,Ms. C had been silently struggling with her feelings of rag e be-cause she felt too ashamed to admit them.

Ms. C's sense of her unacceptable feelings led her to think mor e about her feelings of racism. She remained fearful of what she w ould unintentionally reveal about herself but now tried to talk about those feelings of which she was aware. She discussed her recent r eactions to blacks, focusing on the negative judgments she had mad e and hated herself for making. These included her ex-pectation of t rouble when she saw young black men walking down the street and her dislike of several local African-American poli-ticians.

It is clear that Ms. C's selective focus on violence in African -American communities (a selectivity echoed in our culture at l arge) was a means of contending with aggressive impulses fro m which she struggled to distance herself. Although she could now permit herself to be more openly critcal of me, she conti nued to expect that I would be damaged by any rebuke or an ger. This was especially the case when her racial reflections inc luded talking about her profound ambivalence about affirmative action.She expected that I had received some benefit from th ese programs,and the tenor of her comments pointed to her f antasy of me as second-rate and unable to make it on my ow n. Aware now of the devaluing message she was conveying, M s. C attempted to rescue both of us by associating to the soci al realities of racism in this country. Reversing herself, she spo ke about the way in which rac-ism can impede people of color regardless of their talents and abilities, making affirmative acti on necessary if controversial.She now felt worried about my re action.

I noted that Ms. C seemed troubled by her fantasy because we shared the awareness that racial meanings carry cultural w eight and pack considerable firepower.I acknowledged openly th at her fantasy contained an idea designed to injure,and that m ost Afri-can-Americans would agree. I said because I had grown up having to deal with these kinds of ideas, it was possible t hat I wouldn't be hurt by them in theways that she feared. Fr om my perspective,however, I thought that what was more im portant was why she needed to offend, and I would try to hel p her to understand this.This then permitted us to examine in more detail what it meant to Ms. C to subject others to her anger and devaluation only to restore them later, as had occur red repeatedly in her relationships with her sons, her husband, and her mother. It also opened up an additional pathway to explore her own self-criticism and denigra-tion.

On other occasions, Ms. C's racial reflections had a more lib id-inal cast and included expression of longings previously ward ed off.Her associations about black cultural life included envy o f the

familiarity and close connections she observed between many blacks. By virtue of my blackness I could belong and have access to an involvement from which she felt excluded.

Reading an article on black feminism in the aftermath of the O. J. Simpson criminal trial, Ms. C became interested in the ques-tion of whether African-American women would side with Simp-son because he is black or withhold support because of his history of domestic violence. Were African-American women more com-mitted to racial solidarity than to their connections with other women? This echoed concerns Ms. C had in her relationship with me. Expecting the article to confirm her ideas about race (namely, that commitments to race superseded all else), Ms.C was surprised to read that younger African-American women, in par-ticular, self-consciously differed from their mothers in permitting themselves more latitude, especially in finding important connec-tions in their relationships with other women. She seemed par-ticularly intrigued by the idea that mothers and daughters could think differently from one another and tolerate their differences,something she had not experienced in her relationship with her own mother. Ms. C also responded with some excitement to a phrase in the article which indicated that some younger African-American women declared that being black did not mitigate their attachments to whites (“some of whom we love"). Now Ms. C felt that there might be room for her in myworld. That this might also include an erotic bond was revealed through her articulation of the fantasy that I was biracial, a product of a sexual tie between black and white. Her fantasy also suggests another meaning for her designation of racial talk as forbidden. Her involvement with me seemed to stir up conflicted wishes for an intimacy that she perceived as dangerous and destabilizing.

It remains my sense that the talk about race and racial differ-ence between Ms. C and myself-once a forbidden topic-ushered in her ability to approach other material that felt risky to her, especially her fears about harming her young sons.Her present-day concerns about herself could then be admitted to the

session for our joint consideration of their place in her history, although they remained under the rubric of "forbidden talk"' f or some time.

Race, Ethnicity, and Culture in Psychoanalytic Treatment

As Goldstein (1994) notes, self-disclosures can take many for ms: disclosing information requested by the patient (e.g., Ep-stei n, 1995); countertransference disclosure (Ehrenberg,1995);the ana lyst's own difficulties in the analysis (Miletic, 1996) as well as t he analyst's difficulties in his/her own life (Abend, 1995; De-wal d, 1982), all of which may require the patient to accommodate to the analyst's subjectivity. Similarly, analysts write that while t hey disclose for a variety of intended and unintended purposes, the motivation is often either to create room in the treatment space or to repair a breach. In this way, the therapist's interact ive availabil-ity constitutes the bricks and mortar of dyadic trans actions. Just as two houses can have different designs requiring different plans for effective maintenance,clinical work requires th e flexibility of em-ploying different tools at different times.

My clinical illustration concerned two types of disclosure: an implicit self-dlisclosure occasioned by the therapist's being a pe r-son of color and a series of explicit answers in response to q ues-tions asked by the patient about the therapist's racial experi ence.The therapist confirmed a reality (that the ring she was w earing was indeed an engagement ring) following a mild rupture occa-sioned by the therapist's use of stereotyped technique an d a rebuff of the patient's interest in a more personal response .Thereafter,disclosures were employed in the context of clinical i nteractions directed at assisting the patient in saying what was on her mind (Kris, 1982). My initial willingness to answer questi ons about in-formation already known to the patient did increas e her desire to know more and led her to formulate a more s pecific, personal inquiry about my life circumstances and attitud es.The patient did not, in my view, become "insatiable" (Freu d, 1912),although her

involvement in her treatment deepened. As was evident here, pa-tients' and analysts' talk about race can enliven a psychoanaly tic dialogue. In some treatments, in fact, the talk about race ma y be the only way to enter into a psychoanalytic encounter, so great are the social challenges of race in contemporary society.

Psychoanalytic clinicians have convincingly argued that clinical attention be directed at racial issues and racial stereotypes, espe -cially when they overlap with conflicted affects and desires in t he transference (Holmes, 1992; Schacter and Butts, 1968). Race and ethnicity are understood to be the context for expression of the patient's personal psychology and may be deployed to serv e psy-chodynamically relevant agendas. Holmes (1992) offers one ex-ample of this approach, describing how her patient's belittling attack against the analyst's race and gender served the protectiv e function of warding off recognition of the patient's own feelin gs of self-loathing and rage. In this way, race comes to be treat ed as a psychoanalytic issue.

Although clinically valuable,this perspective may have the un-in tended consequence of obscuringthe way in which race is both a psychoanalytic and a cultural experience. Talk about race be-co mes a vehicle for a psychoanalytic conversation and recedes as a matter of importance in and of itself. There is a tendency for race to become something to get past rather than something to live within. Race becomes only “skin deep,” rather than an in ti-mate and enduring aspect of personal social identity.As a furth er illustration of thispoint, while psychoanalysis has a richly com pli-cated and contested theory of gender and sexual identity, the re is no comparable body of psychoanalytic work with respect t o racial and cultural identity.Even when race and ethnicity are c onsidered more broadly,they are often treated as qualities that p ertain only to patients or analysts of color. There is little in our literature,for instance,about the meaning that a shared racial bac kground has when both members of the analytic dyad are white . Frankenberg (1993)sug-gests that whiteness is an unnoticed asp ect of identity for most Americans. In recognition of this, Chodo row (1995) notes that

her work with European-American women has not typically "prob-lematized their whiteness and its contribution to their sense of ge nder and sexuality"(p.526,n.).'

In a great many ways, psychoanalysis has maintained a contra-di ctory relationship to culture. Psychoanalysis is cut from the very fa bric of culture, albeit a very selective cloth.Our psychoanalytic mod els are based nearly exclusively on the protections and pa-thologie s afforded by the Western nuclear family, which is itself a cultural entity.Although psychoanalysis resonates with the West-ern culture i n which it is chiefly practiced, for most of its history it has also c onsidered itself as offering a universal scientific ren-dering of huma n experience (Mayer,1996).

In a recent paper, Elliott and Spezzano (1996) argue that psy-ch oanalysis is no more impervious to its cultural surround than was modern thought to the imprimatur of psychoanalysis. During the la st fifteen years, cultural shifts on how human beings under-stand t hemselves and the very nature of reality have occasioned major c hanges in the clinical theory of psychoanalysis (Mitchell,1993). The technical emphasis on the analyst's anonymity and abstinence shar es the stage with models attending to the facilita-tive utility of th e analyst's presence, self-disclosure, and therapeu-tic provision (e.g., Bader, 1995; Lindon, 1994, Renik, 1995). Post-modern critiques are now increasingly imported into contempo-rary psychoanalytic practi ces (e.g., Barratt, 1993),although these

Connecting whiteness to European-American identity is itself a problematic cul-tural affair.Berke Breathed, the creator of the comic strip, Bloom County, offers us one perspective on the difficulty in a piece he published in the late 198o's.Oliver,an African-American youngster, walks into the local drug store to buy a copy of Ebony magazine. When the clerk asks him what Ebony is about, Oliver te lls him "black per-sons, written for black persons, with exclusively black persons in the ads," then cheer-fully purchases the latest iss ue. Moments later, Binkley, a white youngster,enters the store inqu iring about Ivory magazine, whereupon the clerk anxiously shoos hi m out.saying. "I run a progressive newsstand here." For many Ame ricans, white identity is synonymous with the idea of white supre macy. The hidden narTrative is that whiteness can mean only one thing-a self-conscious, violently inclined superiority that must be ke pt under wraps. Ironically, thishidden idea remains protected when whiteness is not assumed to be a meaningful marker of identity a nd is not deconstructed psychoana lytically or culturally.

are not without their pitfalls (cf., Dunn 1995; Glass, 1993; Leary,19 94).

As Elliott and Spezzano indicate, it is also clear that psycho-anal ysis contributes to and is moved by cultural changes of all kinds. Renik (1990) suggests, for example, that the oedipal con-stellation-sexual rivalry in the context of love-is an important psychic organi zer because of the prevalence of nuclear families and the way th at relationships are structured within them. He notes that "futur e social changes may alter the shape of normative psychosexual d evelopment" (p. 201). It seems likely, for example,that ongoing re visions of the psychoanalytic theories of dlevelop-ment and mind will be required as psychoanalysis takes seriously the extended fa mily structure of African-, Hispanic- and Asian-Americans, families headed by gay partners, as well as the new reproductive technolo gies currently reshaping the contemporary definition of "family."

Contemporary Psychoanalytic Practice and Multicultural Perspectives

The interactive landscape that psychoanalysis now occupies (Mitc hell, 1995) means that the analyst's authoritative rendering of the analysand's subjectivity has given way to attending also to the psy chology of the analyst at work. The analyst is assumed to be a r eal counterforce in the treatment with a subjectivity of his/her o wn. As a result, psychoanalytic treatment has been increasingly re cast as involving negotiated (Goldberg, 1987; Hatcher, 1992;Pizer, 1 992) and intersubjective processes (e.g., Stolorow and At-wood,199 2).

The cultural landscape with respect to race and ethnicity has al so shifted-a fact that is not yet represented in the psychoana-lytic literature on race. On the surface, psychoanalytic formula-tions of race in the consulting room would already seem to em-body the quality of pluralistic meaning endorsed by contemporary practice: r ace is treated as a carrier of cultural meaning which can be empl oyed to serve any number of transference or defensive purposes.

A closer look at these conceptualizations, however, shows these r acial meanings as highly constrained at best, rather than plural-istic ormultifaceted. Rather than offering multiple perspectives,race here a ctually carries a number of cultural meanings. It most often symboli zes devalued, repudiated, or pathological contents.What is usually un der discussion in most psychoanalytic writing about race is less abo ut race per se than it is about racism and racial status. In consequ ence, much of the existing psychoanalytic literature is better appreci ated for illustrating the psychodynamics of racism than for offering a commentary on race or cultural identity.2

Culturally sensitive treatment perspectives, including an emerg-ing model of culturally sensitive psychoanalysis (e.g., Akhtar,1995), begin with the assumption that culture plays a significant role in the deve lopment and maintenance of the self. Comas-Diaz and Greene (1994) note that people in majority and minority cultures in the United S tates have multiple sources of identity which clash, leading to interp ersonal and intrapsychic conflict.Employing the construct of projective identification,as articulated by Burke and Tansey (1985), Comas-Diaz and Jacobsen (1987)have suggested that patients attribute ethnocultu ral characteris-tics to their therapists that relate to conflicts in their own ethno-cultural identities.

These models of ethnocentric identity and psychotherapy (e.g.,

Psychoanalysis does offer several useful models with which to arti culate the psychic reality of racism. The racially different other beco mes a container for projected wishes that the majority repudiates in themselves. Other theorists concerned with the narcis-sistic dimensi on of human experience suggest that racism is a response to the p ain attending difference. To notice distinction is to become cognizant that another mind,person, or group possesses something that one does not. In consequence, the racially different other disturbs the se nse of selfsufficiency and so evokes desire (Young-Bruehl, 1992). In either case, the group in power makes the other the repository of concerns that reflect its own preoccupations and effect a false sense of containing their disturbance by marginalizing the other. This bec omes one means by which individual and group dynamics become t ranslated into social policy with the result that psychic and social lif e become intertwined (Kaplan, 1993).

Greene and Comas-Diaz, 1994), emphasize that race may have a gr eater array of meanings culturally and psychologically than those occ asioned by racism. Consider the following examples. De-spite discrimi natory practices, the United States is also home to a stable African-American middle and professional class whose con-siderable earning power has not gone unnoticed, as evidenced by advertising campaig ns focused on people of color. Although at least four African-Americ ans have considered or attempted to run for the presidency, there was widespread speculation in 1996 that Colin Powell might have b een able to win. Furthermore, "identity politics" (Sampson, 1993) o ffers another choice for the cultural life of people of color by endo rsinng, for example, an Afrocentric cultural ideal of racial solidarity which can include an affirmative separatism. Whether or not one ag rees with these approaches,they now represent alternatives to the d evalued representations of people of color implicit in stereotypes. Ra ce can and does mean more than a devalued content, at least to s ome people. We would therefore expect that these new cultural me anings would have their own agendas, even as they enter the psych oanalytic consult-ing room to serve psychodynamically relevant agend as as well.This expanded array of racial meanings must become reco gniz-able to psychoanalysts if it is to enter into the psychoanalytic l exi-con(Chodorow, 1994).

While most models of culturally specific treatment recognize that the racial self is multiply determined, they also argue that in the so cial climate of the United States, racism remains a powerful and a significant commonality for people of color (Greene, 1993).The terms in which racism is expressed have undergone some revision. While de facto exclusion and marginalization are appar-ent and widespread, particularly in our cities, contemporary rac-ism also shows itself in institutional practices, "glass ceilings," and environmental attitudes. F urthermore, while these forms of rac-ism are maddeningly evident t o people of color and are experi-enced as an inescapable aspect of American social life (Smith,1993), they are often dismissed by many in the majority culture.

From this perspective, while race is a social construction and

specific racial meanings are socially determined,the fact of a ra-c ially identifiable body also puts constraints on the psychological experience of African-Americans. For this reason,Comas-Diaz and Minrath (1985) have suggested that therapeutic work in an inter -ethnic/racial patient-therapist dyad can progress only if both the manifest and the symbolic meanings of race and ethnicity are carefully worked through and if the reality of societal discrimina tion is acknowledged (incluading the possibility that discriminatio n exists in ways that the therapist cannot yet apprehend).

Cultural change, changes in contemporary psychoanalytic prac-ti ce, and the emergence of alternative formulations of race in tre atment models largely outside of psychoanalysis suggest the nee d to define new, psychoanalytically useful conceptualizations of r ace. First, race functions as a kind of positivistic fact: it is undo ubtedly real and pertains to real world history. Second, it operat es within the realm of postmodern possibility:particular racial me anings represent social constructions that are elastic and shaped in accord with specific prerogatives, personally (as was the case for Ms. C) and culturally (as evidenced by enduring stereo-types) .

I believe that a psychoanalytically meaningful approach to race for contemporary practice is situated in the conceptual space in between these perspectives. Race, in this sense, cannot be take n for granted as a material entity and does not speak for itself. Neither is it only a socially constructed harbinger of multiple rer eadings. A psychoanalytically productive conceptualization of race is, as a result, dynamic and context-dependent, even as race re mains something that is “really real" (Greene, 1993).' As a resu lt, the conceptual and clinical space in which racial experi-ence may be apprehended is fragile. It inheres in creative tension rat her than settling for one perspective or another.

"Kaplan (1993) articulates a similar position: '"Race and gender are constructs that produce material effects,material oppressions, even as one battles against such con-structions and argues that they ere alterable" (p.510)

The approach to race that I am developing has much in com-m on with Chodorow's (1994, 1995) recent theorizing with re-spect to gender. She argues that while psychoanalysts need to recognize the inextricable cultural and linguistic contributions to psychological gend er experience, gender is also "not entirely cul-turally or politically c onstructed'' (1995, p. 517). Gender,she argues, is given psychic life via a universal process of subjectivity,namely, the human capacity to endow experience with nonverbal emotion and unconscious fantasy meanings. This shared quality of subjectivity, however, does not giv e rise to universal or stable con-tents. Gender and sexual experienc e inhere in the way an indi-vidual personally appropriates cultural s tories (Chodorow, 1994).Like race, gender is worn and lived similarly *and* differently by each of us. The analysis of gender experience i n psychoanalysis is a "product of interaction between therapist and patient as they work to create a consensual account of what is init ially (and throughout) emotional, partially unconscious [and] fragmen -tary" (Chodorow, 1995, p. 525). Though Chodorow does not herself put it in these terms, her formulations suggest that gender flouris hes in the tension between universal and unique experience.

Issues of race are sensitive in our multicultural, multiethnic,and multiracial society, just as sexuality was a sensitive issue in Freud's day and continues to be in our own. As recent events like the Sim pson verdict show, it is difficult to discuss the texture of our differ ent world-views. It is clear that we as a country have considerable difficulty negotiating the racial divide. I am not sure that we fare t hat much better in the consulting room.

To the extent that one endorses the view that race exists in the tension between lived actualities and constructed possibilities,the psy choanalytic clinician requires a clinical stance that admits both poles of the tension into the treatment encounter.The whole of psychoa nalytic practice now recognizes that features of the ana-lyst's self ar e always at play, influencing the treatment interaction.This has led t o a new interest in how the analyst may best make use of herself /himself in order to further the goals of the treatment,

namely, the patient's capacity to better understand his or her o wn psychological experience.

Renik (1995) has offered a cogent critique of the notion of t he anonymous analyst, noting that the principle of anonymity, r ather than clearing the field, instead promotes active idealizatio n of the analyst by assuming that if the analyst's ideas were k nown, the patient would no longer be in a position to think fo r himself or herself. He offers the technical prescription that th e analyst should articulate everything that in his/her view will h elp the patient to understand where the analyst is coming from and where he/she wants to go with the patient. As Renik not es, this may require the analyst to depart from his or her pref erred ways of proceeding and to bear a measure of discomfort, just as the pa-tient is asked to do. The analyst's understanding is always open to a countercritique by the patient (Renik, 199 5).4 Disclosures may be said to acquire their meaning in the te nsion between the prin-ciples by which the analyst is guidedin offering them (Renik,1995) and the treatment effects of these d isclosures as evaluated by both patient and analyst.

I believe the interactive process between Ms. C and myself f a-cilitated the clinical work because of the particular way in wh ich race was discussed. Race and racial difference were sustaine d within a dynamic tension: Ms. C and I worked within a cont ext in which race was treated as an actuality and as a sociocul tural fact,even as it was also available for the patient's idiosync ratic scripting of it to serve dynamic agendas. In this case, the shared acknowl-edgment about the difficulty of speaking openly about race actu-alized a sociocultural reality and was real life b etween us. My

4It is also the case that once the analyst discloses something to the patient,or analyst and patient highlight an implicit disclo sure as being important, its status changes in the clinical encou nter. Simply put, it becomes "for real." It cannot be retrieved o r "taken back," even though analyst and patient may dsagree a bout the meaning of what was conveyed. Furthermore, as Gree nberg (1995) notes, "if it is true that every-thing we do reveals something, it is equally true that everything we do conceals s ome-thing else" (p. 195). Disclosuresalone do not resolve the pr oblem of the analyst's anonymity.

disclosures and the resultant open discussion about race and ra-cial differenc e permitted the patient to gain access to the reality of me as a racially dis tinct subject with vulnerabilities of my own. This permitted race and racial difference to exist between us as some-thing that enabled the racial divide to lead to a bridge to more meaningful clinical process (Margolis, 1996). Alt hough this oc-curred in the context of a tacit negotiation that emerged as an enactment-engaging in forbidden talk-it also allowed the pa-tient to enter more fully into her own subjectivity, including the ability to allow previousl y warded-off material into her therapy.

It is clear that race and ethnicity exist as a potent force in the social mi lieu in which psychoanalysis and psychoanalytic psycho-therapy are situated. I t makes sense to assume that it operates as a powerful and pervasive influ ence on the treatment process in ways that clinical psychoanalysis has not been in a position to appreciate before.Increasing attention to cultural issues at large is drawing attention to the culture of the consulting room. This,in turn, may point to the utility of critiquing not only the anonymous analyst, but the racially anonymous one as well.

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