

## Transference and Race

An Intersubjective Conceptualization

**Kris Yi PhD** 

Discussions of race-based transference in the psychoanalytic literature have been infrequent. When present, such transference has been described from the Freudian or Kleinian perspective, as either a manifestation of intrapsychic conflicts or projection of unwanted mental content onto the racial other. These views, although helpful in some situations, exclude other possible meanings of interracial transference. This article describes an approach based on contemporary intersubjective theories in which race-related transference is seen as one aspect of a person's ongoing construction of experience and understanding of the unique meaning of race for each patient is emphasized. The far-reaching influence of the analyst's race and culture in the development of transference is then described, and it is argued that the analyst needs to be aware of the culture embeddedness of her or his therapeutic endeavors. Treatment issues are discussed with clinical examples.

The psychoanalytic and psychotherapy literature on the topic of race-related transference is sparse: Earlier literature dwelt on such issues as whether Blacks could be analyzed (the answer was yes) and whether the racial difference between the analyst and the patient served as a facilitator of or a deterrence against development of true transference (Goldberg, Myers, & Zeifman, 1974;

*Kris Y. Yi, PhD, independent practice, Los Angeles, California.*

*I thank Bill Coburn for his helpful comments on this article.*

*Correspondence concerning this article should be addressed to Kris Y. Yi, PhD, 11777 San Vicente Boulevard, Suite 700, Los Angeles, California 90049. Electronic mail may be sent to [kyi@pomona.edu](mailto:kyi@pomona.edu).*

Schachter & Butts, 1971). Some White analysts noted their countertransferential guilt for the social injustice suffered by their Black patients and issued a caution against a tendency to explain away neurotic behaviors to the realistic effects of racism and miss intrapsychic meanings. Also reported in the literature is the presence of race-based stereotypes and prejudicial feelings in most interracial dyads. Published clinical accounts in the literature seem to lend validity to the existence of negative racial transference based on stereotypes and prejudice (Comas-Diaz & Jacobsen, 1991; Greenson, Toney, Lim, & Romero, 1982; Holmes, 1992; Schachter & Butts, 1971; Tan, 1993): White therapists, based on stereotypes toward Black patients, feared that their Black patients were aggressive, impulsive, and lacking in insight. In cases involving Black and White male dyads, the Black man's sexuality invariably came up as an issue. For example, Ralph Greenson, who is White, noted his countertransferential contempt toward his Black male analysand's sexual activities, which he later recognized as envy (Greenson et al., 1982). Similar fear and envy of sexuality were reported by Schachter and Butts (1971) in a White male analysand toward his Black analyst. Other reactions of White patients to Black therapists have centered around feelings of superiority, hostility, paranoid fears of the Black therapist's aggressive powers, or contempt and devaluation of the (ethnic) therapist's linguistic, intellectual competence to help the patient.

Within the psychoanalytic literature, two main types of explanations have been offered for the race-based (usually negative) transference phenomenon. They are broadly classified as the intrapsychic drive model and the Kleinian–contemporary Kleinian model. The drive model attempts to explain race-based transference as a manifestation of the patient's intrapsychic instinctual conflicts, whereas the Kleinian and contemporary Kleinian ideas (Tan, 1993) view the patient's negative racial transference as a defensively motivated projection of the undesirable aspects of the self onto the race of the therapist. Here I review and critique these two approaches in detail and propose an intersubjective view.

## **Intrapsychic Drive Model**

In the intrapsychic drive model, Black race is usually seen as a symbol of libidinal and aggressive instincts. Hence, Black patients' race-based self-depreciation is seen as their equating their skin color with unconscious

instinctual fantasies. Fischer (1971, p. 741) discussed a female Black patient's idealization of her White male therapist as her using the Black-White racial barrier as the "backdrop for her reawakened incestuous transference wishes and conflicts." Fischer also discussed his own counter-transferential denial of color differences as denial of aggressive and sexual impulses. A question some authors asked was whether Black patients could transfer their instinctual impulses and wishes onto their White therapists or whether they would resist doing so because of the color barrier (Goldberg et al., 1974; Schachter & Butts, 1971). In the case of the 3 Black patients and their White analysts reported in Goldberg et al. (1974), the conclusion was that the racial difference was not a barrier but a facilitator of the development of the transference. More specifically, the female patients developed eroticized, masochistic transference to their White analysts, which was understood as a defense against underlying aggressive impulses toward the analysts. The authors thought that this eroticized, masochistic transference developed rapidly as a result of the cultural stereotype about Black aggression.

It is clear that the questions these authors focused on were consistent with their classical Freudian orientation (i.e., whether race was a conduit of libidinal and aggressive impulses and whether transference of these impulses could be established across racial barriers). In object relations, self-psychology, and the more recent relational theories, this classical position would be seen as too restrictive in its view of race as carrying meaning only about libidinal and aggressive instincts. The classical position leaves out the many other possible meanings attached to race, for example, concerning one's internal and external object relationships and self-object needs and longings.

Furthermore, the intrapsychic drive model assumes that psychopathology involves conflicts within the person over unresolved childhood instinctual impulses. Here the therapist's role is to remain a blank screen and not to interfere with the emergence of these instinctual wishes (and defenses against them). The therapist therefore believes that he or she does not contribute to the development of the patient's attitudes and feelings. Hence, transference is considered a solipsistic event rather than a relational event. This intrapsychic model of transference contrasts sharply with the more recently advanced relational view in which the therapist is seen as either contributing to the development of transference or co-constructing it together with the patient (Mitchell, 1988; Stolorow, Brandchaft, & Atwood, 1987). Hence, this view places emphasis on the nature and the shape of the therapist's contribution to the patient's subjectivity.

The potentially adverse therapeutic consequence of the intrapsychic drive model is that the therapist is conveniently left out from the question as to how she or he might contribute to the development of race-based transference. Consider the case of Mr. C, a Black lawyer, reported by Holmes (1992). According to Holmes, Mr. C leaves analysis prematurely as a result of his "severe character pathology." In the segment she reports in detail, Mr. C was upset at seeing a White woman in the therapist's waiting room (the therapist herself is Black). Holmes (1992) reported the following exchange to have taken place:

*Mr. C: What is that "honky" doing in the waiting room?*

*Analyst: Clearly, you feel that her presence is intolerable. What's bad about her being there?*

*Mr. C: That you're a god damned traitor. You fraternize with the enemy! (He flailed about on the couch and cried inconsolably.)*

*Analyst: Your great distress makes me wonder about what other betrayals have hurt and angered you so? [emphasis added]*

*Mr. C (struggling for composure) My grandmother, she let my Uncle Joe get killed! (p. 5)*

Holmes framed Mr. C's rageful reactions to Whites as defensive in nature and, more specifically, as defensive displacement onto Whites of Mr. C's experiences of victimization at the hands of his grandmother. This view frames the patient's experience of the analytic relationship solely in terms of the patient's past and leaves out the analyst's own contribution. Holmes did not explore the meaning Mr. C attached to seeing the White patient in the therapist's office or inquire about the significance of the perceived betrayal from a Black therapist; instead, she shifted the focus away from here-and-now transference to the patient's past, in essence diverting their attention from exploring in detail the apparently emotion-laden perception of his Black therapist's betrayal. Furthermore, the therapist's strategy of directing him to look at other sources of his anger may have left the patient feeling scolded and that his rage was inappropriate to the situation. Is it possible that the therapist was feeling hurt or annoyed and critical of Mr. C's intense, angry reactions and was, thus, quickly working to get him to see these reactions as defensive and inappropriate? One wonders whether this kind of interaction between the therapist and the patient, especially if it occurred routinely, was responsible for the patient's premature termination from therapy.

## Kleinian–Contemporary Kleinian Conceptualization

Within psychoanalysis, the Kleinian school, with its dark vision of human nature, has offered perhaps the most compelling explanation for the horrors of racism, racial violence, and genocide at the societal level carried out in the various parts of the world in the 20th century (Chasseguet-Smirgle, 1987, 1990). However, very little has been written about the race-related issues in therapy using Kleinian concepts. Only two writers have used the Kleinian concepts of projection and projective identification to specifically explain race-related transference in therapy (Altman, 1995; Tan, 1993). Altman (1995) stated that Western culture has constructed Black and White racial categories to create a focus for projection and introjection. The “opposite” race creates a category of people who are “not me” into which one can project unwanted psychic content, such as aggression, which is then introjected by the other racial category of people. Altman believes that a complex moving back and forth of projective identification takes place in interracial therapy using race as a focus. According to Stern (1994), the term *projective identification* has carried both intrapsychic and interpersonal meanings. Originally conceived of by Klein as a defensive process by which individuals rid themselves of unwanted mental content, subsequent theorists such as Bion, Racker, and Kernberg highlighted the communicative aspect of this concept by stressing that the subject attempts to communicate to the object via the projected material, which is felt and identified with by the object (Stern, 1994).

Although the concept of defensive projection may fit some people's use of racial categories as containers for unwanted impulses, it may not explain individuals' attitudes and feelings toward race in every case. In particular, this concept, as a result of its emphasis on defensive warding off of inherently bad innate impulses, may obscure the developmental dimensions underlying one's attitudes and feelings toward members of other races. Stolorow et al. (1987) pointed out another important potential pitfall in invoking the concept of projective identification in therapy: It may be used in a self-serving way for the therapist. By explaining away the therapist's feelings as foreign material injected by the patient's aggression and hostility, the therapist can maintain a modicum of intact identity. In this scenario, there is no room for the therapist's own preexisting vulnerabilities to cause unpleasant and painful feelings in the therapist.

The adverse therapeutic consequence of “blaming” the patient for the therapist's vulnerable feelings when race is at issue is illustrated in the

following report of a clinical case by Tan (1993). Tan, a foreign-born Asian therapist, used the concepts of projection and projective identification in his work with a White male social worker whose occupation brought him in constant contact with Asian immigrant clients. Noting that his patient had a strong sense of pride in being similar to the therapist in that both were in the helping profession, Tan (1993) stated that this sense of similarity “created for him [the client] an ideal space for his projections into me of unwanted parts of himself” (p. 36). Sometime into the treatment, this patient started to complain of being stuck in therapy. His feelings at work were similar, that he was useless and helpless as a result of his immigrant (Asian) clients' lack of understanding of the English language. Noting his own parallel feelings of being “extremely frustrated and made to feel useless” (p. 36), the therapist set out to show that the client was feeling hostile toward the therapist and was attacking “[me to] disarm me from doing him any good, and that, furthermore, he was only able to maintain me by feeling superior because I, like his clients, was not white” (p. 36). Tan believed that the client's reference to the “lack of understanding of the English language” was a thinly disguised denigration of the non-White, foreign-born therapist. Tan (1993) went on to state:

*This reflects the way he dealt with his clients by seeing them with contempt and inferiority, the unbearable painful parts of himself. In particular it was very difficult for him to accept help from me (who is foreign, inferior and his client in phantasy) as this would make him feel inferior which he found intolerable. The intensity of his feeling in this regard was intensified by my saying to him that he was polite towards me in an “obsequious” way and, as such, was in fact secreting contemptuous feelings towards me. This threw him into a state of anxiety because I had used a word which he did not understand, i.e., obsequious. He had often told me of his interest in literature and that he spent his time writing and hoped to be published one day.... During these times, I would find myself being over-cautious with my choice of words, with an overriding feeling of inadequacy and inferiority in the use of the English language. I was surprised, therefore, when he reported to me in the next session that his being unfamiliar with the word had caused him so much shame and anger. At this point it was a touch and go as to whether he would be able to carry on with therapy as he felt extremely persecuted and pained by his intense feelings of inadequacy and inferiority. (pp. 36-37)*

From another vantage point, one can see the iatrogenic contributions to the predicament of this therapy's situation. First of all, the Asian therapist assumed that the White client was looking for a ready opportunity to unload his dark,

hostile impulses onto the therapist when the client felt pride in being similar to the therapist. He did not entertain the possibility of

250

growth-oriented meaning in this patient's desire to be equal to the therapist (i.e., to be in the same league with the therapist, who was perceived to be competent and esteemed). In fact, the therapist's assumption of the patient's destructive motivation of hostility and intent of projection of unwanted aspects of himself onto the therapist permeated all of his perceptions of the patient. Although it is certainly possible that the client was subtly feeling superior to the foreign-born, non-White therapist, the only evidence Tan used to support this possibility was his own, apparently very strong countertransference feelings of helplessness and insecurity. He informed the patient that the patient wanted to feel superior, wanted to render him impotent and useless and was being "obsequious" to defend against this underlying hostility. This line of interpretation amounts to an abusive attack on the patient. Understandably, the therapy suffered as the patient became extremely anxious and justifiably felt persecuted.

## **Intersubjective Conceptualization**

The previous sections have outlined the problematic aspects of the intrapsychic and Kleinian views as applied to race-related transference in therapy. The goal of this section is to provide an alternate conceptualization from more recently advanced views such as social constructivism (Hoffman, 1992), hermeneutics (Strenger, 1991), intersubjectivity (Stolorow, Brandchaft, & Atwood, 1987), and relational theories (Mitchell, 1988). For the purposes of this article, I refer to these views collectively as *intersubjectivity theories*. Although the views are certainly not synonymous, one central common assumption is rejection of the classical psychoanalytic view that equated the therapist's perception with objective knowledge concerning the client's mental state, replacing it with a view that increasingly recognizes that the therapist and the client have different sets of experienced realities, one not any more objective or valid than the other. This view holds that the therapist, far from being neutral and objective, operates out of a subjective reality that may or may not be similar to the subjective world of the client but that nevertheless has much influence on the therapeutic process.

In these views, transference is no longer conceptualized as solely the projection of the client's feelings, drives, fantasies, and defenses onto the blank-slate

therapist. Rather, it is a product co-created by the subjectivities of the therapist and the client (Hoffman, 1992).

In particular, Stolorow et al. (1987) defined transference as organizing activity, an expression of the rules one uses to understand and process

251

the information about oneself, others, and the world (Stolorow et al., 1987). Hence, a person's attitudes and feelings regarding race are understood as one aspect of the person's ongoing construction of experience. And, depending on a patient's unique organization of experiences and psychological makeup, any number of possible meanings can be attributed to the patient's or therapist's race. For some, race may not take on salience or significance; for others, it is the central pivot around which experiences are processed. It is my personal impression, from teaching psychology graduate students, engaging in discussions with colleagues, and working with both White and racial minority patients, that race is more important and salient to racial minority individuals than to Whites. This is apparently true of therapists as well: Racial minority therapists are more cognizant of race and of the impact of race on therapy than White therapists. For some racial minority therapists, race may become so important that it is forced on clients regardless of the clients' own positions and experiences concerning race. For example, Carter (1995) reported therapy conducted by a Black male therapist with a White female patient in which he insisted that they look at the race relationship between them over her repeated statements that race was not her main issue. The heightened salience of race for racial minority individuals may be a function of their attention to both overt and subtle racial inequalities represented pervasively at societal and cultural levels. Whites, because of the privilege that their race has accorded them in society, may not have as much reason to question the racial status quo.

### **Case 1**

A. is an art historian of Jewish extraction in her 40s who sought psychoanalytic psychotherapy. She was referred to me by a colleague who let her know that I was an Asian. During our initial meetings, she spoke of a deeply held sense of herself as defective at the core. She suffered at the hands of a highly volatile, emotionally and verbally abusive father and an alternatively depressed and anxious mother. Given the favored status of her two older brothers, she also thought of herself as being an outsider in her family. Her sense of being an outsider sometimes was extreme enough to make her feel like an alien, outside of the human race.

As an art historian, A. developed deep interest in works of those artists branded as outcasts in society, homosexual and foreign-born artists, and her heroes tended to be foreign-born women whose artwork depicted themes of alienation and oppression. A. consciously acknowledged her resonance with the painful struggles of these individuals and was imbued with hope and strength by their ultimate triumph achieved in their art. And,

252

although unspoken, my status as a racial minority, a perceived outsider, was a source of powerful hope that motivated her to embark on a course of therapy.

However, my racial status and foreign background were also a source of deeply held fears: She was to voice numerous concerns and fears about my being an Asian and being of a foreign background. A. was afraid that, because my native language was not English, I would not be able to provide a precise understanding of her experience. And when my choice of words did not accurately describe her experience, she became extremely angry. A. also spoke of her fear that I might be emotionally unresponsive, as her impressions of her quiet Asian colleagues seemed to suggest to her. She was very vigilant and anger prone when any signs of my emotional “inaccessibility” were present. For example, on one occasion, she felt herself to be in a terrible internal crisis regarding performing some work tasks. In the session, she was agitated and extremely angry, saying that I was like a “wall,” emotionally unmoved by her crisis and doing nothing to help her feel calmer. A. was quite prone to have such emotional outbursts when she perceived me to be emotionally overcontrolled and emotionally blank. This line of perception was explored over and over again and was in time linked to her profoundly depressed mother, who at times appeared in A.'s dreams as an armless, black couch, with A. being perched precariously on its edge. Repeated work in the area of repetitive transference (as described earlier) eventually ushered in a period of her coming forth with deeply felt longing for contact with and attachment to me. She spoke of just wanting to be with me, without speaking words.<sup>1</sup>

## Case 2

B. is a 40-year-old, third-generation Chinese-American woman in ongoing psychotherapy for the past year and a half. Her presenting problem was her inability to experience an intimate and committed love relationship. (She had had some superficial dating relationships and friendships but was

<sup>1</sup>*And at this time, we were first able to put into words her reactions to each session's ending: She spoke of feeling immobilized after each session and needing to take time to gradually get ready for her day. This immobilization was understood as her body and mind being numb from unspeakable grief, grief originally from repeated separations from her mother, who in spite of my patient's pleadings would leave her alone in the house to go to work each day. In the sessions, the patient would feel overwhelmingly sad and would sob, sometimes with her face buried in her hands, as if feeling ashamed of showing her feelings to me. In this ongoing case, the therapy goal is that a repeated working through of these affect states will lead her to better recognize them and hence integrate them into her conscious mental life.*

253

generally isolated and withdrawn from others.) She was working full time and putting herself through school, studying in an Asian discipline, with a hope of eventually having a professional career in that area. In the initial meeting, B. said that she had been in psychotherapy for 7 months with a White male psychologist about a year previously but had discontinued the sessions because she often felt criticized by him. She hoped for a better experience with me, because I (as an Asian woman) might understand her better.

Over a period of time, I came to think of B. as “a woman without shadow,” as a result of her intense focus on the present with a striking indifference to her past. It seemed as if her life was contained in the present only, with no continuity with the past. Her account of her early experiences of important others was extremely sketchy, not moving beyond her one-dimensional characterization of her mother as having been critical of her school grades. I came to understand that this omission made sense, because these figures provided no real acknowledgment or affirmation of B. as a person. As an adult, B. had been in a series of relationships, all of which were disappointments. Overall, I hypothesized that she had an enduring, extremely shameful and despairing conviction about herself as alone and unable to get close to others. This enduring sense of herself was concretized by a vivid image she had in her 20s of herself dying alone in a nursing home. In light of this, I gradually came to understand the importance our shared Asian background had for B.: She sought out treatment with me imbued by a fantasied bond with me as a result of our common Asian background. Given her profound conviction about herself as being alone, her use of race as a basis for a possible bond with me was significant, because it carried her hope for contact and connection with another person. Given her hopelessly distant relationship with her Chinese mother and lack of other affirming relationships in her life (she once said that “icicles”

surrounded her heart), I also sensed that her hope for attachment with me was fragile and there was deep-seated fear that once again she would be let down.

### **Case 3**

C., a White, unmarried male graduate student at a large university who had “relationship problems,” sought treatment at a clinic and was assigned an Asian female therapist in her mid 20's. Even before their first face-to-face contact, C. developed a powerful reaction to the therapist's race: He later told the therapist that when she called him to make the first appointment, he detected an accent in her English; he also said the therapist's voice was

254

“small.” These were unmistakable signs of her inadequacy. In the initial face-to-face meeting, C. said that he did not think the therapist could help him. He said that, in his experience, Asian women were a “sexual fetish” for White men, and this was evident to him from a large number of White men dating Asian women at his school. The therapist felt horrified by his blatant and unbridled racist and sexist statements while struggling with feeling personally assaulted by his unwarranted attack on her. She asked him how, considering they had just met, he could have these judgments about her as passive and inadequate.<sup>2</sup> C. was able to agree with the therapist that he, in fact, had very little knowledge of her. And with an agonized look on his face, he began speaking about an ex-girlfriend, an Asian, whom he perceived as passive and empty-brained. He did not respect her. However, when she suddenly left him, he was devastated and fell into a profound depression. And although a number of years had passed, C. had not completely recovered from this experience, nor has he had any significant relationship with a woman since then. C. came from an abusive family: His alcoholic father abused his mother physically and emotionally when drunk. C. despised his mother, who could not stand up for herself and who helplessly took the abuse. C. felt tortured by his intense ambivalence toward his mother, his ex-girlfriend, and, now, his new therapist. After a couple of meetings, C. decided that he felt too conflicted to continue the work and asked to be referred to a White male therapist within the clinic.

### **Discussion: Cases 1-3**

It is my experience that, in cross-racial therapy dyads or in same-race dyads in which both participants are members of a racial minority, race becomes a salient issue more often than not. Whereas a classically oriented analyst might

be inclined to assign aggressive and libidinally related meanings to race-based transference, an intersubjective therapist entertains a much broader array of possible meanings, mindful of the person's unique history and of the psychological makeup of the intersubjective milieu that might have given rise to the patient's unique take on race. Hence, for C., the therapist's race became linked to a helpless, dependent mother; for A., it was associated with an unresponsive, depressed mother. For B., the

<sup>2</sup>*This response was perhaps inappropriate, because it challenged and disqualified the patient's transference perception. On reflection, the therapist was able to recognize that her response was based on her painful personal experiences of having been a victim of racist incidents.*

255

therapist's Asian race was taken positively, stimulating a fragile hope for attachment.

Among the broad array of meanings that race may bear in therapy, it may be fruitful to give particular consideration to the larger societal and cultural milieu in which race relations are shaped. To begin with, racial stereotypes available in the general culture may enter into therapy: In the cases of A. and C., negative stereotypes about Asians were quickly activated and were important organizers of these patients' initial experiences of their therapists. For C., the young female Asian therapist evoked a "China doll" image of Asian women as exotic, sexy playthings. For A., the stereotype of Asians as being emotionally inscrutable was eventually linked to her unresponsive, depressed mother, a source of profound dread. In my experience, although it is not always pleasant to deal with stereotypes in therapy, they are invariably useful in understanding patients' relational configurations.

Furthermore, the power disparity evident in general society between races is often reflected in cross-racial therapy dyads as well. In A.'s case, aspects of this differential relationship were organized to reflect her pre-existing internal object relations configuration originally shaped and maintained in the power differential relationship with her parents: The racial minority therapist was equated with A.'s own experience of herself in her family of origin, as an outsider, alienated and marginalized.

From the intersubjective position, if the therapist's race evokes an intense negative reaction (as was the case with both A. and C), it should be understood as race being organized in such a way as to activate fear of repetition of some

aspects of the patient's painful experiences with caregivers. C.'s fear of the "China doll" therapist was that of being stuck in a relationship that could potentially repeat his extremely painful experiences with his dependent, helpless mother. For A., the therapist's race stimulated fear of an experience in which her relationship with an emotionally unresponsive mother would be repeated. In sharp contrast to the Kleinian position, in which patients' negative reactions are likely to be viewed as a defensive projection of inherent aggression or hostility, an intersubjective position would emphasize developmental elements underlying the negative reaction, the assumption being that understanding and a gentle articulation of the patient's fears would result in the patient's feeling understood and would bring forth the patient's developmental yearnings. In A.'s case, this was successfully accomplished; repeated work on her fears ushered in a deepening therapeutic bond. In C.'s case, had he stayed in treatment, the therapist's understanding and articulation of his fears would have created

256

an opportunity for him to experience the seemingly weak therapist-girlfriend-mother in a way facilitative to his growth.

## **Therapist Race and Empathic-Introspective Inquiry**

A relevant question to an intersubjective therapist working with race is how the therapist's race contributes to the shape and nature of transference in therapy. I believe that the impact of race in this regard is profound. Perhaps not much different from the way gender influences and shapes identity, race seems to influence individuals' characteristic ways of being in the world, how they come to construe who they are in the world and the ideals they live by. And therapists are influenced similarly by their racial background. One finds a compelling example of this when one sees that the "truths" that psychoanalysts operate out of are not universal but are products of the world view and values of the Euro-American culture. These values include a bounded, autonomous self with an affect-filled interiority, assertiveness of personal needs, personal achievement, personal identity, democracy, introspection, and interpersonal equality (Cushman, 1990). How closely a patient, regardless of his or her racial background, personifies these values is intimately linked to the analyst's conscious and unconscious judgments about the patient's pathology or psychological health and psychotherapy goals. A number of writers have pointed out that when these values are applied to non-White patients, it may be considered ethnocentric: Frantz Fanon decried the ethnocentric nature of

classical psychoanalytic theories as applied to Blacks (Bulhan, 1985a, 1985b). Others have pointed out the inappropriateness of applying the psychoanalytic concepts of individuation and autonomy (Yi, 1995) and of self psychology (Cushman, 1996) to Asian individuals.

#### **Case 4**

D. is a White woman in her 40s in psychoanalytic psychotherapy for 2 years. One day she wanted to sue her boss for unpaid compensation for some extra work she did. She was in the right, because the company policy clearly called for compensation for such extra work. In outrage, D. had consulted a lawyer about suing her boss. When she brought into therapy a draft of a letter to the boss threatening a lawsuit for me to read before sending it off, I had a strong feeling of aversion. She asked for my reaction to the letter and, before being able to resort to an analytically inquiring mode, I blurted out, "Well, maybe this is our individual differences, but a

257

lawsuit would not be something I would be thinking about." D. appeared to feel some shame initially at my less than enthusiastic support for her idea, but she went on to reflect on how she felt deeply victimized at the hands of her boss, who, like her father, was perceived to be an authoritarian prone to arbitrary use of power. Although it seemed fruitful for D. to reflect on her intense anger at her boss and its connection to her father, I was left to wonder about my rather spontaneous, strong disapproval of not so much her rage but the manner in which she set about to resolve the interpersonal dispute (i.e., through a lawsuit). After some reflection, I came to think of this incident not as an example of differences in our idiosyncratic personal preferences but, rather, as a revealing example of our cultural differences: I realized that my aversion to the lawsuit was congruent with an Asian cultural preference for interpersonal harmony, even at the cost of personal sacrifice, and resolution of injustice through appeal to moral obligation. Conversely, D.'s stance seemed to be congruent with her mainstream cultural value of asserting individual rights and resolving interpersonal problems by invoking contractual agreements.

The next day, D. thanked me for my "prudent" approach to the situation and told me that she had decided not to go ahead with the lawsuit. She successfully received compensation for the extra work by speaking to the general manager of her company, who in turn exerted pressure on her boss. Although the impact of my reaction to her idea of the lawsuit was not explored in therapy thereafter, there were other opportunities to do so; D. went on to have similar experiences

at work, where she felt inadequately compensated and at the mercy of her boss's arbitrary use of power. She had memories of going to her mother when she felt abused by her father, only to be told not to cry and that her father was right after all. She felt that I, too, wanted her to keep quiet and not complain. By then, I was becoming painfully aware of my role in re-creating her experience with her mother in transference.

D.'s case demonstrates the contribution the analyst's race-based culture makes to the nature and shape of transference. From the intersubjective position, it is considered impossible for the therapist and patient not to influence each other; attitude can be communicated, if not overtly, then subtly through gestures, postures, lines of inquiry, and so forth. The point to be underscored here is that analysts' racial background and associated cultural values are an important part of their subjectivity and influence their therapeutic endeavors, from their views of human nature to their choice of techniques to therapy goals. In D.'s case, another analyst of non-Asian background might have found her idea of a lawsuit more agreeable than I

258

did. In fact, a Euro-American therapist might be more likely to view it as objectionable, self-defeating passivity if the patient did not protest the lack of compensation for the extra work. And if the patient were an Asian who did not insist on being compensated for the extra work, what would happen to transference if the assertive Euro-American attitude was subtly (or not so subtly) communicated?

Precisely because the analyst's cultural values cannot be kept out of cross-racial therapy, an analyst who is not reflective with respect to the culture embeddedness of her or his therapeutic endeavors may suffer the danger of being ethnocentric. I believe that what is in order is an approach that allows the analyst to gain access to the patient's subjective experiential world but also to reflect on the culture embeddedness of her or his therapeutic maneuvers. This approach is tantamount to what some intersubjective theorists (Stolorow et al., 1987) call the *empathic-introspective* mode of inquiry. This term, *empathic-introspective*, as opposed to empathic, places dual emphases on the therapist's attempt to empathize (to understand the patient's experiences from a perspective within) and on the therapist's attempt to introspect with regard to the role her or his subjective organizing principles play in understanding and shaping the therapeutic relationship with the patient.

Although the empathic-introspective approach has emerged as a useful therapeutic construct, its significance in terms of working with racially different

clients has not been previously recognized in the literature. Maintenance of the emphatic-introspective mode of inquiry is of paramount importance in working with racially different clients given that, when properly exercised, it requires therapists to self-reflect on their subjective organizing principles, including their assumptions, thoughts, ideas, and feelings that are culture-bound.

## Conclusions

There is no doubt that the issue of race has been insufficiently explored in psychoanalytic literature. This is a problem, because race is an important and salient organizer of experience for a growing number of people of different racial backgrounds who make up the patient base. Not addressing this problem would result in doing a disservice to a large and growing number of individuals of different racial backgrounds who may need their therapist's assistance in understanding and exploring their feelings about their own or the therapist's race. The currently existing psychoanalysis literature on race-based transference falls broadly into the classical and

259

Kleinian views. In this article, I have attempted to point out the problems with these views. The classical position, with its ideal of the blank screen therapist, may omit the therapist's contribution to transference and may be too restricted in its emphasis on intrapsychic meaning to the exclusion of other possible meanings. The Kleinian view is limited in its strong tendency to consider negative transference as defensive projection on the part of the patient, a defensive maneuver to dump unwanted mental content to the racial other. The problem of blaming the patient becomes more extreme if the concept of projective identification is invoked, in which the therapist assumes that his or her negative reaction to the patient is caused by the patient's destructive impulses. In this article, these views have been contrasted with an intersubjectively based view in which race-related transference is seen as an instance of a person's ongoing organizing activity, and understanding of the unique meaning of race for each patient is emphasized.

## References

**Altman, N.** ( 1995). *The analyst in the inner city*. Hillsdale, NJ: Analytic Press.

- Bulhan, H.** ( 1985a). Black Americans and psychopathology: An overview of research and theory. *Psychotherapy*, 22, 370-378.
- Bulhan, H.** ( 1985b). Frantz Fanon and the psychology of oppression. New York: Plenum.
- Carter, R.** ( 1995). The influence of race and racial identity in psychotherapy: Toward a racially inclusive model. New York: Wiley.
- Chasseguet-Smirgel, J.** ( 1987). 'Time's White Hair We Ruffle'. Reflections on the Hamburg Congress. *Int. R. Psycho-Anal.*14:433-444 [↗](#)
- Chasseguet-Smirgle, J.** ( 1990). Reflections of a psychoanalyst upon the Nazi biocracy and genocide *International Review of Psycho-Analysis*17:169-176 [↗](#)
- Comas-Diaz, L., & Jacobsen, F.** ( 1991). Ethnocultural transference and countertransference in the therapeutic dyad. *Am. J. Orthopsychiat.*, 61, 392-402.
- Cushman, P.** ( 1990). Why the self is empty: Toward a historically situated psychology. *American Psychologist*, 45, 599-611.
- Cushman, P.** ( 1996). More Surprises, Less Certainty: Commentary on Roland's Paper *Psychoanal. Dial.*6:477-488 [↗](#)
- Fischer, N.** ( 1971). An Interracial Analysis: Transference and Countertransference Significance. *J. Amer. Psychoanal. Assn.*19:736-745 [↗](#)
- Goldberg, E. L., Myers, W. A. and Zeifman, I.** ( 1974). Some Observations on Three Interracial Analyses. *Int. J. Psycho-Anal.*55:495-500 [↗](#)
- Greenson, R., Toney, E., Lim, P. & Romero, A.** ( 1982). Transference and countertransference in interracial psychotherapy. In B. A. Bass, G. L. Wyatt, & G. J. Powell (Eds.), *The Afro-American family: Assessment, treatment, and research issues* (pp. 183-201). New York: Grune & Stratton.
- Hoffman, I. Z.** ( 1992). Some Practical Implications of a Social-Constructivist View of the Psychoanalytic Situation *Psychoanal. Dial.*2:287-304 [↗](#)
- Holmes, D. E.** ( 1992). Race and Transference in Psychoanalysis and Psychotherapy. *Int. J. Psycho-Anal.*73:1-11 [↗](#)
- Mitchell, S.** ( 1988). *Relational concepts in psychoanalysis*. Cambridge, MA: Harvard University Press.

**Schachter, J. S. and Butts, H. F.** ( 1968). Transference and Countertransference in Interracial Analyses. *J. Amer. Psychoanal. Assn.* 16:792-808 [↗](#)

**Stern, S.** ( 1994). Needed Relationships and Repeated Relationships: An Integrated Relational Perspective *Psychoanal. Dial.* 4:317-346 [↗](#)

**Stolorow, R., Brandchaft, B., & Atwood, G.** ( 1987). Psychoanalytic treatment: An intersubjective approach. Hillsdale, NJ: Analytic Press.

**Strenger, C.** ( 1991). Between hermeneutics and science. New York: International Universities Press.

**Tan, R.** ( 1993). Racism and similarity: Paranoid-schizoid structures. *British Journal of Psychotherapy*, 10, 33-43. [↗](#)

**Yi, K.** ( 1995). Psychoanalytic psychotherapy with Asian clients: Transference and therapeutic considerations. *Psychotherapy*, 32, 308-316.

261

## Authorized Users

For use only by krisyiphd@gmail.com. Reproduction prohibited. Usage subject to PEP terms & conditions (see [terms.pep-web.org](https://terms.pep-web.org)).

## PEP-Web Copyright

**Copyright.** The PEP-Web Archive is protected by United States copyright laws and international treaty provisions.

- 1. All copyright (electronic and other) of the text, images, and photographs of the publications appearing on PEP-Web is retained by the original publishers of the Journals, Books, and Videos. Saving the exceptions noted below, no portion of any of the text, images, photographs, or videos may be reproduced or stored in any form without prior permission of the Copyright owners.*
- 2. Authorized Uses. Authorized Users may make all use of the Licensed Materials as is consistent with the Fair Use Provisions of United States and international law. Nothing in this Agreement is intended to limit in any way whatsoever any Authorized User's rights under the Fair Use provisions of United States or international law to use the Licensed Materials.*

*3. During the term of any subscription the Licensed Materials may be used for purposes of research, education or other non-commercial use as follows:*

- 1. Digitally Copy. Authorized Users may download and digitally copy a reasonable portion of the Licensed Materials for their own use only.*
- 2. Print Copy. Authorized Users may print (one copy per user) reasonable portions of the Licensed Materials for their own use only.*