

3 Racist states of mind: an attack on thinking and curiosity

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In psychoanalysis, the acquisition of knowledge has a special significance, in the sense that our capacity to comprehend and relate to reality is thought to be intimately connected with our emotional development. This means that we are often preoccupied with understanding the kinds of anxieties and quality of thinking in particular states of mind that obstruct the desire to learn and acquire knowledge about ourselves in relation to others in the world.

The aim of this chapter is to explore how this discovery is obstructed by a retreat into racist thinking as part of a pathological organisation of the mind whose aim is to put the brakes on psychic growth and development. One of the main functions of such an organisation is thought to be a defence against the experience of separateness.

This means all manner of differences and therefore potential conflicts in the self are felt to be threatening. Minor but salient differences such as the colour of the therapist's skin can also be seized upon and targeted for attack because it triggers underlying anxieties to do with the prospect of change and development.

Pathological organisations of the personality (e.g. O'Shaunessy 1981a) have also been referred to as 'psychic retreats' (Steiner 1993) which offer shelter from both persecutory and depressive anxieties that the experience of separateness can bring to the fore.

They are brought into play when the individual is unable to cope with anxieties of a paranoid-schizoid nature such as fragmentation and chaos or the pain of mourning such as guilt that the depressive position can give rise to (Klein 1946).

All manner of differences and potential conflicts in the self are hated because movements in either direction represent potential changes in the self. One way in which this is dealt with is to obliterate the object representing these differences and potential threats to the self by a retreat into racist thinking. In this way it gives expression to the inner workings of a pathological organisation whilst providing the military arsenal to defend it.

Despite the suffering, the retreat offers relative security and comfort from the illusion of permanence which can override the anxiety of coming out of the retreat as represented by emotional contact with the therapist. Freud (1937) was preoccupied with this problem in 'Analysis Terminable and Interminable' when he tried to understand why his patients preferred their own versions of reality in the face of understanding even when this was at the cost of an impoverished and crippled life.

Our experiences in the consulting room would confirm this picture when we witness our patients' struggle to keep things the same at considerable cost to the self. Where violence and destructiveness play a major role, these highly organised defences

have come to be known as narcissistic object relations in which recognition of dependency and separateness is viciously attacked (Rosenfeld 1971).

We can often sense a menacing atmosphere in the patient's internal world in the way they describe feeling gripped and seduced by parts of themselves which can only be described as a 'corrupt gang' offering easy painless solutions to their life difficulties. This shortcut is aimed at keeping everything same and familiar versus the inevitable pain of mourning that conflict, change and growth involve. It is often voiced in terms of a predicament between risking the feelings of shame, embarrassment and humiliation of being exposed versus the relief offered by remaining in the retreat at the cost of much pain, frustration and despair.

Racist thinking and feeling appears to be underpinned by a specific phantasy of fusion with an object and can come into play by a hostile attempt to control the object in such a way that you are not allowed to be yourself as a separate person with an identity (Kovel 1970, Fanon 1986, Davids 1992, Tan 1993).

The level of brutality can emerge in both overt and covert ways which may or may not accompany physical violence. When it is done covertly there is often the experience of being at the receiving end of something awful being done to you without being able to pinpoint the experience in any tangible way except that there is often a sense of outrage after the event.

I have suggested elsewhere that a minor difference such as skin colour as a visible sign of difference can upset an inner equilibrium by triggering unconscious anxieties to do with the recognition of dependency on and separation from the maternal object in the first instance, widening out to include the paternal object in a triangular or oedipal situation. This upset could be described as a narcissistic rage that emanates from what is perceived as an injury or insult to the self (Keval 2001).

Whilst Freud (1917) thought that the effects of such a 'narcissism of minor differences' was relatively harmless he underestimated the power of the destructive forces that could be unleashed when the narcissistic phantasy is punctured.

Quite why a minor difference should unleash such destructiveness is not clear but it is thought that feelings of shame, humiliation and embarrassment may play a critical role (Steiner 2001). Perhaps these are the intervening factors which culminate in an insult that drives the rage and destructiveness. The following quote from Hitler's (1939) 'Mein Kampf' illustrates his blueprint for creating a world of sameness, an attempt to keep a narcissistic phantasy and the integrity of a pathological organisation intact with chilling consequences:

'the systematic concentration of pure blood, together with the expulsion of all that is foreign or undesirable is the only way to succeed in eliminating impurities in the body of the nation. The body of the nation must be purified. The German people must become a single body in order to be able to unite with mother earth'.

The pure/impure split keeps internal anxieties manageable at the expense of considerable distortion of reality that racist thinking gives rise to. This distortion has the effect of creating misery and suffering in those at the receiving end who are deemed 'impure' and has profound consequences on the way mental space is structured which will affect the development of the mind of the individual or group who habitually use this form of defence to cope with anxiety.

Racism as a defence against thinking and curiosity

In order to keep the integrity of a pathological organisation intact certain types of knowledge or 'facts of life' (Money-Kyrle 1968) or in the case of the above, undesirable or foreign knowledge has to be kept out of awareness. Minor differences which are attacked in racism are part of a defence against the recognition of major differences such as the sexual differences and the differences of generations.

This means that the discovery and recognition of mother as a separate person on whom one is dependent would be the first rumblings of curiosity in the unconscious, paving the path out of the psychic retreat and one step away from a further recognition that she has an independent mind and life of her own, particularly a relationship with her partner, introducing parental sexuality and the Oedipus complex.

In this way contemporary analysts have been interested in exploring and elaborating the link between the 'epistemophilic drive' (Klein 1946), the in-built desire to explore the mother's body and the discovery of the parental intercourse (Britton 1989, Feldman 1989).

Working through of the depressive position which recognises the separateness of mother also parallels the working through of the Oedipus complex with all the oedipal anxieties of exclusion, envy and jealousy that this situation can bring to the fore. This discovery or its obstruction has profound consequences for the way mental space is structured affecting the capacity to comprehend and relate to reality (Britton 1989).

The triangular situation introduces new anxiety-provoking challenges to the child's mind. If the anxieties of feeling excluded from the parental relation are manageable it introduces different possibilities, that of being an observer of the parental relation and allowing oneself to be observed in relation to another. This capacity is dependent on whether the individual can 'play' with different configuration of links between objects in the mind, i.e. become curious about these links and what it gives rise to. This in turn determines whether mental space will expand with curiosity or contract if the anxiety that links give rise to is too intolerable.

In this way a link can be made between the quality of thinking and the degree of recognition of separateness. The prevalent anxieties dominating the individual at any given moment are likely to determine whether thinking changes from two to three dimensional. Thus the capacity for symbolic thinking is thought to be a continuous process which enables the differentiation of inside and outside spaces, subject from object, mindlessness and mindfulness and the bringing together and integration of past and present experiences including the comprehension of time, space and ultimately one's mortality.

The difficulty in creating a space for thinking thoughts (Bion 1962) is borne out in our clinical observations when we see some patients who are unable to think with us as if the anxiety of exploring or letting their mind wander is too catastrophic. They seem unable to play with ideas to act as symbols bridging into the possibility of a space in which they could potentially observe themselves and others in relation to one another. In other words degree of separateness and symbol formation are intimately connected (Segal 1957). The difference seems to be whether the symbol is the mother's body in which case we witness a concrete thinking and relative impenetrability in our patient that characterises paranoid-schizoid functioning or whether the symbol *represents* the mother, characteristic of the depressive

mode of functioning where mourning has led to a possibility for both curiosity and creativity to proceed.

In a similar way I would like to suggest that the racist imagination or state of mind captures the struggle to avoid this dual recognition in the service of achieving a fusion with the maternal object.

Meltzer (1992) argues what is often masquerading as curiosity is actually an attempt to get inside, possess and control the maternal object and space. Put another way the masquerade is one way in which discovery and knowledge of the parental intercourse is denied which affects the capacity to form links in thought processes that determine how curiosity, learning and creativity will proceed.

If we look at some of the contents of racist imagery one cannot help but notice that it echoes anxieties that centre on the coming together of two objects in a productive intercourse that is life enhancing, be it the relationship between mouth and nipple or penis and vagina. In the racist imagination these links are attacked (Bion 1959) in various guises. For example, there is often a curiosity about the size of a black man's penis attributing him with a possession of unbridled sexual potency contrasted with how this object of imagined potency is violently intruded and robbed by portraying him as a little boy and treated with a paternalistic attitude as if he was stupid. Similarly, the black woman is often perceived as an object of unbridled eroticism and the 'mama' with bountiful breasts treated with a mixture of idealisation and contempt in various ways. They all contain a lethal mixture of curiosity, excitement, threat and violence to the potency of both the mother-infant and parental relations. This envious castration has been amply observed in colonial history (Baldwin 1952, Wolfenstein 1988) which points to an observation often overlooked. The object of racism is of enormous significance in the psyche, important enough to be eventually attacked.

Racism appears to be a story of how knowledge about 'facts of life' is distorted through an internal attack on the links in object relationships. This means that just as objects are not allowed to come together in the mind so do thoughts representing these objects. The result is a sterility in thinking aimed at putting the psychic brakes on growth and development.

Thinking and curiosity are felt to be dangerous because they imply links to be made between objects paving the path towards the discovery of not only dependency and separation from the maternal object but also the parental intercourse leading to a central conflict in the human psyche, the Oedipus complex and recognition of one's place in the world.

Case material

In this case study I hope to show how the patient oscillated between spaces in her mind represented by the paranoid-schizoid and depressive positions with racist thinking that seizes the most salient differences between us, namely the colour of our skin (white female patient-Indian male therapist) to bring into play the workings of a pathological organisation in order to put the brakes on further growth and development. I have mentioned only those aspects of the patient's material that are relevant to the main themes of this chapter.

Ms. A

Ms. A was a doctor in her late thirties who came into treatment because she was stuck in her life. I came to learn that this applied to almost everything she did. This included her job which she disliked but 'stuck it out' for the security it offered, her unfinished research papers, and a relationship with a man which was going nowhere, sexually or otherwise. I later came to learn that she was terrified of being penetrated by him. I got the impression she was going through the motions of living her life but was not plugged into anything real which was in sharp contrast to something I found rather hopeful. This was a certain desperation in her voice when she spoke of life passing her by but feeling unable to do much about it.

Ms. A had the outward impression of managing well but gave me the impression of being phobic in almost every aspect of her life. During her adolescence I learnt that she was petrified when she had her first period and dreaded both her physical bodily changes and the emergence of sexual feelings within herself that made her feel terribly out of control. In appearance she wore clothes that kept her shape hidden, an apt metaphor for her life. Similarly, on the couch she often appeared stiff and terrified that I might say things which could touch her emotionally and catch her 'off guard' or say things that she had not thought of herself.

The opening gambit is her first meeting with me when she remarked on the dark colour of my carpet in the consulting room as a 'most unwelcoming colour' and said she preferred 'lighter colours'.

She brought a dream the following session in which she was sitting behind the couch whilst I was sitting at the bottom of the couch with my shirt off and having a conversation with her. She said she could not recall the content of the conversation but knew that I was married to a woman with blonde hair (the patient has blonde hair) and had a baby who also had blonde hair.

The session I am describing in some detail was following a summer break and about two years into her three times weekly treatment.

Ms. A started by telling me she had an uncomfortable thought that was usually expressed by some of her white friends. She said she did not take kindly to the grass being replaced by hard wooden decking in my garden and thought it must be related to Asians not wanting to take the time and trouble to spend cultivating nice gardens opting instead for an easy, bland and unimaginative solution. She quickly tried to reassure me that she was aware it was a ridiculous thought and went on to speak of her fondness for the green countryside. She recalled an early memory of travelling alone to her aunt's house in the summer break and watching the uninterrupted countryside rush pass her in the fast train, a trip that she resented because she did not want to be separated from her parents.

In our break she tried to complete her research in the library but felt too intimidated by the prospect of approaching the staff to ask for help. She also felt intimidated by others in the library who looked like they were working hard and then the thought of 'labouring' over her paper with little satisfaction put the final nail in the coffin when she left the library to go home.

At one point in the session she said she had also gone shopping in an area of London with a large population of people from the ethnic community. She said she felt frustrated and resented the language and food which was so unfamiliar to her and felt invaded by 'all this foreign stuff'. However, much to her surprise she liked

the way the Asian greengrocers talked to the old ladies and then later in the session she imagined that I had invited people for a party in my garden during the summer break.

Discussion

At the beginning of treatment I understood her dream to be telling me about how she imagined the treatment would pan out. I was to be under no illusions about who was going to be the vulnerable and exposed patient in treatment. She was going to keep me at arms length by remaining in control behind the couch and keep me at the other end of the couch. Whilst ostensibly having a conversation together it was empty (she could not recall the content). One of the first things that struck me about the dream was the colour of the baby's hair which had no trace of my colour or presence. This pointed to a particular version of her oedipal phantasy which left no trace of the 'unwelcome colour' and presence of the father.

It was supposed to look like we had made a baby together but no intercourse would have taken place, it would be fake, the same course I thought she intended her treatment to take to ensure that she remained stuck in her life.

This material was consistent with the way her sessions were full of associations and dream material but I was sometimes left with the feeling of being dissatisfied, like a sterile marriage devoid of any real emotional intimacy or contact.

I came to learn that as a baby, Ms. A experienced considerable difficulties in being breast fed. Her mother told her that as a baby she behaved as if she lacked an appetite and had difficulties latching on to the nipple. She brought an association which she imagined was an actual experience of choking whilst being breast fed and imagined this to be her mother forcing the nipple down her mouth.

Her next association to this memory was that she found the idea of a penis and giving oral sex quite abhorrent.

I wondered about this early situation she described and its possible link with the way she frequently interacted with me in the session. She would often pre-empt what I was going to say by trying to complete my sentence. I felt she snatched what I said and completed the sentence on her own. It gave the impression that she knew what I was going to say as if both of us were working in harmony but it was designed to be a seamless transition that robbed my train of thoughts.

I felt her frustration out of waiting became so intolerable that she wanted to hurry me along as if to say 'yes, yes I know, get a move on'. This did not square with somebody who lacked an appetite.

Initially, I found myself either slowing down or hurrying what I spoke, thinking that I could fend off her predatory behaviour but of course I was clumsily trying to establish my own space to think. I am reminded of an instance, not in this session, when she physically choked as she was telling me about a colleague who had managed to get their research published which she said she was unable to read because it would make her feel useless.

She experienced similar difficulties with me when she was unable to listen to my interpretations because she felt that it emphasised just how inadequate she was in her thinking compared to my capacity to think. She felt that she should have been able to come up with the same interpretation herself without having to rely on me.

Instead of mulling over the content of my comments or interpretations she was more preoccupied with my motive which she felt was to dazzle her for the purpose of making her painfully aware of something she lacked.

I thought in Ms. A's mind, my thinking appeared to both choke and make her feel small and helpless like an infant. I think her predatory behaviour was an attempt to both intrude and disrupt my thinking in order to make it her own. In this way she violated our separateness and ensured that she kept the illusion of her self sufficiency intact whilst remaining inside her psychic retreat at the cost of watching her life go by but giving the impression that she was working with me; like in the dream she brought her intention was to keep me at arms length.

This becomes racialised in the material about changes that have occurred in my garden in the summer break without her permission. The changes represented by contrasting hard and soft textures in the garden represent the struggles that Ms. A was experiencing between an internal parental couple. At one level, it seems to represent an unwelcome presence of a hard texture similar to the unwelcome colour of the oedipal father but in my view it had deeper origins linked to the dark colour and texture of the mother's nipple in contrast to the soft and lighter shade of her breasts.

Perhaps the persecutory experience of choking at the breast associated with the dark nipple was transferred to the penis so that both milk and semen were now equated in her mind with something toxic. Toxic because it made her feel utterly small, helpless and dependent not only in the feeding relationship but also in relation to the parental couple from which she felt excluded.

This internal scenario was being re-enacted with me but despite her determination to remain stuck there was a secret desire and hunger to be reached hence the desperation in her voice that she was going to miss out on life.

She found contrasting relations (mother/father, male/female, hard/soft, dark/light, etc.) not only too conflicting, unfamiliar and bewildering but also potentially exciting and rewarding as she could see that despite their differences, the greengrocer/therapist and the old lady could have affectionate, rewarding conversations together, something she missed having with me because of our summer break.

I thought this was hopeful because she was not content with looking through the window of her psychic retreat and had started to become curious, dipping her foot out of the retreat which suggested that some mourning had taken place from our separation in the summer break and prompted her to look for me symbolically amongst the people from the ethnic community which she unconsciously associated with me.

This journey, however, that her curiosity was taking, was short-lived when she experienced a rich and different mix of languages and people from which she also felt terribly excluded. Hearing a foreign language with people talking in their 'mother tongues' must have also brought home to her our separation in the break. Her anger then escalated into a hostile racist response tantamount to running back into her mental retreat.

However, this was still a development if compared to the state of mind she displayed when we first met which suggested very little or no space for difference to exist between us. In fact the momentary awareness (colour of the carpet/me) was immediately expelled from her mind.

Her behaviour in the library showed how she managed to snub out the fires of her curiosity but this time it did not culminate in a racist response. Witnessing others

engaged in productive work in the library and drawing on the help from staff to 'labour' over ideas for her research meant having to tolerate the experience of being in a feeding relationship and allowing a feeding relationship to flourish in her mind as represented by the 'labour' of thoughts and feelings. She had convinced herself that the fruits of her labour would amount to nothing.

Yet she clearly found the experience of the greengrocer and the old lady pleasurable if only for a moment before her narcissistic defences in the form of a racist assault began to unfold to help her recover from the injury. She could see that in fact something quite the opposite of bland, unimaginative and easy had taken place in our relationship before the break. Indeed it was her need for me as a separate human being which had been cultivated that created the problem for her. She wanted to have the pleasurable conversation with me, the greengrocer/therapist rather than the old lady or as she had imagined my party guests.

These painful feelings of loss, exclusion and narcissistic injury are expressed in the conflict between the old and new/same and different. Here the wish to cling to the old and familiar was also a wish to have things back to the way they were before my summer break, particular the phantasy of only me and her in a cosy retreat which excluded everything and everybody, idealised in the form of the retreat into uninterrupted green pastures of the countryside. Perhaps this served to comfort her from the grief and anger when she experienced the separation from her parents and from me in the break. In her mind she wanted to keep time frozen and believe that a separation had not taken place, much like she imagined the 'uninterrupted' green pastures to cope with her feelings of grief.

This must have been suddenly punctured when she saw my garden on her return from the break. Her anger was to do with the sudden traumatic recognition that the new garden triggered, namely that she and I were separate and that I also had a life independent of her. This is expressed in her grievance about Asians who exercised their independence of mind in choosing to speak their language but made her feel small and helpless and excluded. She wanted me to take the time and trouble making her the centre of my preoccupation.

This difficulty in both being and allowing others to be separate pervaded her attempts to experience pleasure in her life. What I referred to as her phobic response seemed to be about not wanting to be touched or penetrated by anything that would put her in touch with either joy or pain. Instead she poisoned her mind with a grievance that attacked all potent links in her mind which she could have drawn on to become more resourceful and creative in her work. This is illustrated in a dream she brought.

She brought this dream following a session that I rescheduled for her so she could attend an important meeting at her work. In the dream, she reported going to a place with her friends who had been very helpful to her. She noticed that her mother was not present but she still managed to enjoy this experience, however this was only short lived as she started to feel resentful towards her for letting her go with her friends. She felt her mother wanted to get rid of her so that she could do other things without the patient. This escalated into a deep resentment which turned into a vicious berating of her mother.

Having worked together towards rescheduling her time for her benefit she could only enjoy this for a moment before her grievance got the better of her. Her need for this grievance poisoned her capacity to enjoy her independence and use her talents to

become more creative in her life. The stumbling block was that just as her grievance attacked the link between her internal parental couple so she was unable to link up with thoughts in her mind that would enable her to do her research and writing satisfactorily. Any thinking and potential creativity was therefore stifled.

Creating a mental space to play with curiosity in professional practice

Ms. A's difficulty in labouring over things in her mind and her life in general can help us to think more generally about issues to do with ethnicity and race that face social work thinking and practice.

Labouring over things can have at least two components. First, it requires taking risks in learning from experience (Bion 1962) which often involves much uncertainty, second it involves keeping linkages alive in the mind in order for a space to develop genuine collaboration which can pave the way for curiosity and ultimately creativity in thinking and practice.

As we know the general aim of a psychic retreat is to provide a shelter from anxieties to do with psychic growth and development. Specifically the aim is to avoid conflicts at any cost and thereby avoid any experience of and recognition of separateness or difference. Internally this means that links that lead to a recognition of the mother–infant relation and parental sexuality have to be severed or attacked in order to ensure retreat into a shelter which provides relative comfort and security from a sense of sameness and certainty even when this is quite deluded.

In a nutshell, Ms. A was unable to sustain a feeding relationship in her mind to be able to participate in a relationship, be an observer of it or be the object of observation, in a triangular situation. In the instance I have described she used racism as her defence against this acknowledgement which clearly affected not only her capacity to enjoy her own and others' fruits of labour but in her capacity to think and become more curious.

We know that professionals face pressures both from within and outside their organisations to create certainties in their work which may not always be possible. It is sometimes expressed in a culture of prescriptive thinking or a manual for thinking in place of discovery that can run into the danger of recreating a psychic retreat of sorts by avoiding the inevitable pain (and joy) of learning from experience and genuinely labouring over ideas.

Ms. A tried to snub out the fires of her hostility towards me by trying to reassure me that *she* was not being racist towards me, it was her white friends. In this way she was trying to protect herself from acknowledging hateful impulses towards me to keep things cosy and what she imagined would be the damage these impulses would do to me as well as her fear that I may retaliate. In essence, the fear was of 'labouring' through the morass of feelings in relation to me/her treatment and deepening her bond. Similarly, she tried to do a runner from both the anxieties of seeing people from the ethnic community and the racist impulse that was unleashed in her.

As professionals grappling with issues of ethnicity and race there is often a temptation to do what Ms. A had the habit of doing but it comes in various guises. For instance, taking a purely intellectual approach to the subject matter and draining it

of any feeling so it becomes sanitised and 'safe' to work with. This is particularly the case with very contentious issues in social work practice.

Statutory regulations and procedures are facts of professional working life but once again the difference lies in whether their marriage to understanding is a happy productive one or sterile/hostile. The danger is to mimic the very simplicity and lack of depth or dimensionality that forms the very fabric of racist thinking.

Often the statutory function involves the social worker treading a fine line in their role which may involve an element of 'policing' on behalf of the state and being supportive or therapeutic to clients.

An example that comes to mind is one that was described to me in a seminar of social workers who were *grappling with thorny issues to do with ethnicity and race* in their daily work.

A black social worker who visited an elderly client in her home was faced with a barrage of racist remarks and phoned for assistance as the client needed to be taken into hospital for medical reasons. However, when her white colleagues arrived and witnessed the racist abuse, they refused to take the client to hospital and left the scene. According to their understanding of the 'antiracist' policy and procedures they did not have to assist the client who was being abusive, however, their 'antiracist' action left their black colleague alone having to deal with this vulnerable and hostile client. Had the ambulance staff and their black colleague been able to recover a space to link up and work together collaboratively they may have been able to rescue themselves from being drawn into the client's splitting that was getting re-enacted.

This elderly client seems to have projected her infantile anxieties of uncertainty and helplessness triggered by the thought of going into the hospital into the colour of the social worker's black skin. On this occasion the 'policing' functions of statutory regulation put a strangle-hold on thinking and colluded with the very splitting that is characteristic of racist thinking. Instead of a productive 'marriage' between the professionals thinking, the antiracist action resulted in an unwitting 'divorce', an attack on linking and thinking.

Ms. A was also 'policing' her psyche when she told me that it was her white friend, not her, that engaged in racist thinking. She too tried to 'escape the scene' just as the ambulance staff had left their black colleague.

This issue of 'escaping the scene' is a critical one for the way we think about how best to facilitate curiosity and learning about race and ethnicity for social work professionals. In my experience of running seminars for social workers I am initially experienced as the 'expert' with an expectation that I will give answers to questions that preoccupy them. I think this reflects a wish to escape their own minds and project the capacity to think into me. More often than not this means I am idealised in an unhelpful way because lurking in the shadows is a constant experience of me as a persecutory object on whom is projected the cloak of 'political correctness' or 'antiracism'. The issue then becomes the right and wrong way to think, inhibiting their own curiosity and learning. My task is to turn this around so that they will learn to use themselves as a potential resource for arriving at an answer that has undergone their own 'labour' of thought and feeling. To my mind this involves moving them from a dyadic space (them and me) to a triangular space in which they can start to observe their own thinking and feeling which involves not escape but engagement with often very difficult issues. When this state of mind starts to prevail in a group, the atmosphere is palpably different in the sense that it feels like a breath of fresh air.

There is literally more space to breathe and think more imaginatively and fluidly but the residue of depression in the group is not to be underestimated and is to be expected as the difficulties of truly engaging with issues of race and ethnicity without quick solutions start to become more real.

Much of racist thinking is aimed at keeping the world a flat place where there is little room for conflict, ambiguity, uncertainty or change. This is why racial stereotypes often have this painful but comical simplicity aimed at dissipating internal anxiety quickly. In the session I described it was the lack of depth or dimensionality that Ms. A was accusing me of being when she thought that I like all Asians was bland and lacked imagination. She obviously let the cat out of the bag because it was she who could not afford to become curious in her life because of the dangers involved in where her curiosity and imagination might take her.

If she started to become curious about me, which she showed some signs of becoming, this put her in touch with painful feelings of loss introducing her to a recognition of her dependency, with feelings of frustration and envy. It would also mean a recognition that I did not belong to her and was part of a couple (e.g. the imagined conversations I was having with my party guests) from which she felt excluded. The difficulty in acknowledging these links first of a dyadic then a triangular nature meant that thoughts representing these links were not allowed to come together in her mind.

She managed to become seduced into opting for an apparently easier solution by giving up asking for help in the library and labouring over her thesis. The first example she brought suggested that she had indeed managed to keep the link with me alive and symbolically translated this into an unconscious search for me in her curiosity about people from the ethnic community but this was cut short by her intolerable anxiety, which she reacted to by retreating into her racist thinking. Her second example was also an attempt to come out of her retreat and begin to unconsciously 'play' with her internal parents represented in her wish to play with ideas in her thesis. Having got to the library, this was as far as she could go before running away again. She could not stand the 'busyness' of the people in the library whom she imagined were being productive in their work.

An area of work that remains contentious is the issue of matching patients to therapists on grounds of race/culture. Again I think there is a question to be asked here about whether the solution proposed is an escape or engagement and I expect that this will also have some bearing on issues to do with matching parents on grounds of race/culture to children in fostering and adoption cases which I am less familiar with.

One of the arguments put forward by those who support the idea of matching therapists and patients on grounds of racial and/or cultural similarity is that it facilitates the positive transference or the 'therapeutic alliance', a partnership in the service of understanding the patient's difficulties. I imagine that by 'matching' it is also assumed that the experience of strangeness and alienation is minimised on the part of the patient, facilitating trust and empathy.

First, there is the obvious need for having a common language between patient and therapist that both can share, therefore matching on these grounds seems pretty straightforward but what about the situation of matching on other differences such as assumed racial/cultural similarity? It is not too difficult to see how this argument could be used where, for example, a patient has been racially abused in such a brutal way by say a white person that he is completely dominated by concrete thinking characteristic of the paranoid-schizoid mode of functioning as a result of the trauma.

He may have temporarily lost the faculty to discriminate between the white racist and white people in general, a faculty that needs a capacity for symbolic thinking which is the first casualty in a traumatic incident. He may therefore insist on being seen only by a therapist from what he deems to be his own racial/cultural background if only to feel temporarily safe, which is understandable from the point of view of his psychic state.

However, it is also a matter for the individual therapist and/or institution to decide whether to comply with this request and use the opportunity to explore the patient's thinking and reasoning behind his choice or not to go along with this request if it was felt to be colluding with the patient's difficulties and deemed unhelpful.

Whatever decision one arrives at, it is still an interesting issue to unpack and explore. For example, what is it that one is being matched for when it is race or culture? Is it really possible to do something called 'matching' on such an amorphous and diverse concept without reducing it to concrete categories like skin colour or which part of the world one comes from? We know that race or culture is not something one puts in the pocket to carry around but it gets spoken and even thought about often in that way and I wonder what it is that we have got drawn into when we do this.

I am quite aware of the argument often used that matching also ensures that the therapist chosen is aware of certain issues of sensitivity that might apply to a particular ethnic group, be it religious beliefs or, say, the experience of racism which a white therapist if aware of may not regard it as important enough to explore or grapple with in the transference. There is some mileage in this when one sees how often the issues of difference, particularly race or racism get overlooked in the thinking of clinical cases in many institutions. However, there is also the opposite problem of placing too much emphasis on external events and not enough on their connection with internal factors or dynamics.

The real difficulty seems to be centred on keeping the linkage between the internal and external alive long enough to allow some curiosity to flourish before it becomes hijacked by a rush into certainty. This would be equivalent to my patient running away from the brown faces she saw on the streets of London or the ambulance staff who escaped the heat of the moment.

There is an argument that it is precisely when confronted with difference that the real 'grit' of therapy emerges, i.e. issues that really matter can emerge in the transference to be worked through rather than remain hidden behind a phantasy of sameness.

The real challenge is to be able to create a proper space in oneself or the organisation (if that is not too omnipotent) to be able to think and take different positions to arrive at a conclusion. The opposite would be the two-dimensional thinking that often pervades these discussions driven more by a wish to tidy everything up and reduce ambiguity in order to soothe the skin, something that is human and understandable but not necessarily helpful.

References

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