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Race remains one of the most highly charged subjects of discourse in our society. At a cultural level, white racial identity has become dissociatively split off from the rest of identity formation. A racialized subjectivity is usually carried by those with darker skin colors, whereas whiteness is experienced as an unmarked and invisible state. The author argues that whites have dissociated the historical position of the oppressor from collective consciousness, due to our inability to tolerate an identification with the aggressor. Our disavowal of race as constitutive of subjectivity ensures that race becomes a site for enactments.

This paper follows the transference-countertransference dynamics between an African American patient mandated to treatment and the author, a white analyst born in South Africa. The haunting presence of racial trauma infused the analysis. Focus is placed on the rich, often unmetabolizable experiences of race, including the ways in which the structure of the treatment recreated the racial dynamics of slavery.

The true focus of revolutionary change is never merely the oppressive situations which we seek to escape, but that piece of the oppressor which is planted deep within each of us.

—Andre Lorde, Sister Outsider

The history of psychoanalysis and race is intriguing, mostly by its absence. Given that psychoanalysis is a theory steeped in the construction of subjectivity, the lack of a serious analysis of race is notable. Except for the work of Frantz Fanon in the 1950s and several theorists in the last decade, psychoanalysis has not considered the exploration of racial difference as potentially

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constitutive of psychic development (Walton, 1997). According to Eng (2001), psychoanalysis has systematically encoded race as an issue of sexual development. There has, indeed, been a privileging of sexuality as the central organizing principle of identity formation, to the exclusion of other forms of social difference. The relative silence of psychoanalysis concerning the investigation of processes of racialization is puzzling. Perhaps the integrity of psychoanalysis is based on its unacknowledged racial whiteness (Walton, 1997). The challenge for psychoanalysis is to incorporate social processes such as race, ethnicity, and class into a multidimensional model of subjectivity. Many forms of difference intersect, disrupt, enhance, and disturb the complex formation of subjectivity. Sexual and gendered differences have been uncritically elevated to the central role in our thinking.

It is not accurate to claim that psychoanalysis excised race from its rhetoric simply because the focus of clinical practice was on white, European patients. To the contrary, psychoanalysis was involved from the beginning with the problem of racial difference in the form of Jewish difference. According to Gilman (1993), race is at the center of Freud's work. Categories of religious difference (Christian/Jewish) were changed into categories of racial difference (Aryan/Jew) in the late 19th century Austro-German literature. Therefore, the "dark" Jew was not considered "white." The Jew was described as inherently pathological, intellectually deficient, sexually degenerate, and predisposed to diseases such as syphilis and insanity. Furthermore, the prevailing view at the time was that the male Jew was feminized. For example, there was the myth of Jewish male menstruation. The circumcised penis was compared to the "small organ" of the woman as evidence of Jewish male effeminacy. In Viennese slang, the clitoris was known as the Jud (Jew), and female masturbation was referred to as "playing with the Jew." In a very interesting hypothesis, Gilman suggested that Freud had transmuted the rhetoric of race into gender. In trying to overcome the pathological femininity and racialized inferiority of the male Jew, Freud shifted the burden of lack and inferiority onto woman; the Jewish body became the body of the woman.

The anxieties attendant on Freud's own experiences of difference may have haunted and distorted his account of sexual difference (Pellegrini, 1997). He minimized the differences of race and Jewishness in the construction of subjectivity by maximizing the differences of gender and sexuality. The primary opposition of interest to

psychoanalysis became that of male/female, with race having been successfully excised from the discourse.

"I have a very interesting referral for you," said the voice on my answering machine. "She's smart, a Yale grad, African-American lesbian, who came to me at the EAP because of an abusive relationship with her ex-girlfriend. She wants someone strong who is sensitive to gay and lesbian issues. So I thought of you and told her that you are white and South African. And by the way, it's not a big deal, but every six months you will need to write an update of the treatment; she is court-mandated to go to therapy once a week for a year to avoid a prison term."

Sam turned out to be just that, an interesting and challenging person indeed. She was the oldest of seven children, growing up in a working-class family. Her parents fought constantly, both verbally and physically, and their battles ended with her mother's using a knife to stab her father but wounding her one-year-old brother instead. Sam's parents divorced when she was seven, with her father leaving the family physically and her mother abandoning them emotionally. The mother was hospitalized for two months after the divorce, possibly for psychiatric reasons, but without any follow-up treatment or family discussion. Sam felt as if she had lost both parents simultaneously and was expected to be the parent in the house. Her father went on to get a college degree and pursue a professional career. He did not consistently support the family financially, and Sam had memories of the electricity's being cut off when her mother was unable to pay the bill.

When Sam was eight, her mother started attending school evenings and weekends, while working a factory job during the day, so that Sam saw her mother for only about an hour a day. Her baby-sitter was a religious older woman who took the children to church twice a day and whose 18-year-old son "fondled" Sam's breasts for several years. Sam's aunt was gang-raped when Sam was 10, and the child became obsessed with rape, reading everything she could and deciding that under no circumstances would she ever be in that position. The family history was replete with alcohol abuse, violence, criminal behavior, and possibly untreated psychiatric conditions. Sam remembered that she first became physically abusive at age eight when she hit her sister, who had called her "ugly," and she reported continuing the physical abuse whenever she felt someone was exposing her vulnerability.

At 32 years of age Sam had a personality constructed around the dynamics of power. She consciously refused to be in a position of

weakness, including the possibility of being abandoned. She was focused on attaining considerable financial wealth and status and had chosen a profession infused with power. She was wary of men because their physical strength gave them immediate power over her. The women she dated were always "beneath" her. This ensured that they were dependent on her and helped her minimize the fear of being abandoned. She had affairs during monogamous relationships to safeguard against being too open to one person and then being hurt. Her fantasies of dating a stripper were exciting because she would be the only one who would have sexual access to this beautiful woman. Being a pimp had similar exciting overtures in her ability to control the women who would be beneath her. She had physically attacked her previous girlfriend and then chased and smashed into her car after the woman wanted to end their relationship. She came to treatment complaining of depressive symptoms over the past six months since the break-up of a nine-year relationship. In addition, she was obsessed with winning her girlfriend back at any cost, because she did not like not getting what she wanted or not having the power to choose to have or not have her girlfriend.

Excising race and class from this picture, one could simply focus on Sam's internal world of object relations. More specifically, her internalized object relations were dominated by an identification with the aggressor, to deal with her feelings of powerlessness. Anna Freud (1936) described how "by impersonating the aggressor, assuming his attributes or imitating his aggression, the child transforms himself from the person threatened into the person who makes the threat" (p. 113). Sam had become the oppressor in order to avoid being in the position of the oppressed, to be the abuser rather than the abused. She refused an identification with her helpless, vulnerable, and weak mother. According to her family, she looked and acted like her father, dominating and controlling. (A sense of control was preferable to the vulnerable position of a helpless victim.) One could also understand her object relations as centering on sadomasochistic dynamics, with the role of sadist and masochist oscillating in a self-other dyad. In Kleinian terms, she was functioning in the paranoid-schizoid position, using manic defenses to ward off depressive anxieties. Much of our work focused on exploring her defenses and helping her move further into the depressive position by re-owning and tolerating her vulnerability.

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Yet it is impossible to view this case without understanding how race was threaded through her identity and interwoven in our relationship. At times it was articulated; at other times it lay dormant, silent and powerful.

When I refer to race, I do not simply mean skin color. Race refers to a range of complex psychological and social experiences. The black-white dichotomy is an abstraction. Race and racial experience, like gender, are socially constructed and historically contingent categories of identity. Race has no a priori significance or consensual biological definition (Helms and Cook, 1999). It acquires significance and meaning from the prevailing social conditions, which carry the weight of past significations, especially the history of slavery.

Fanon (1952) remarked on the capriciousness in the construction of a racial subjectivity. The boundaries of "being" white or "being" black are contestable and mobile. The lines demarcating racial groups are not at all obvious, but are often drawn for political purposes, such as to serve power and economic arrangements (West, 1993; Cushman, 2000). Instead of a simple classification of color, race can be viewed as a continuum of variables including skin color, education, income, and geographic location. According to Thompson (1996), the experience of being black is a "grid upon which every aspect of psychic development is constructed" (p. 124).

Historical, socioeconomic, political, familial, and intrapsychic events all contribute to a racialized identity. Even in the same geographic area, generation, or family, the meaning of race is seldom univocal. Dimen (1991) referenced to gender as resembling a force field, and race too can be viewed as a force field—a set of complex and shifting relations among multiple differences. In the therapeutic relationship, the meanings and valences that race carries are multiple. Leary (2000) suggests that race does not speak for itself but is instead a complex negotiation within and between people. I focus here on the role played by race in my work with Sam, because I, like my psychoanalytic predecessors, brought my own racialized dynamics and dis-identifications into the room.

"I'm not attracted to white women," Sam said, several months into our work together. "It's their smell, ummm, not very attractive." This was the first time Sam had allowed us to really talk openly about race. In the first few sessions, I had tried to explore what coming to see a white therapist meant for her. She was guarded and cautious. "As

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long as you're not racist, it should be fine. Actually, it's more important that you're not homophobic." Sam described how her being a lesbian was not openly acknowledged in her family. It was known, but other family members acted as if it were unknown. On the one occasion that she took her lover home, it was as her "friend."

To be an Ivy League graduate in Sam's family carried significant status and power. She was loath to lose that hard-earned respect. Her family tacitly agreed. Sam had found it very difficult to be out in the black community and still be accepted. She had remained in the closet to her black

friends throughout college, carefully selecting a few friends with whom she could be "out." Sam also denied that coming to therapy under court mandate was of any significance. Despite claiming that "blacks don't use therapists" and remarking that her mother would never ask for professional help during her depressions for fear of being seen as weak, Sam declared that she had often thought about coming to therapy, and now was her opportunity. Clearly, she was trying to put her best foot forward, and consequently there was a denial of any potentially problematic areas.

So, when Sam mentioned the repugnant smell of white women, it felt like a small breakthrough. It came in the context of her slowly allowing herself to find me helpful. First, she had to test me. She would push the boundaries of the frame and wait to see how I responded. When I held to the contract, she became angry with me. My policy of accepting cancellations only with more than 24 hours notice was rigid and inflexible. Furthermore, her friend's therapist would see her for well over the scheduled session time. We explored her wishes to be special, and how important it was for her to know that I could withstand and survive her anger. The next week, she asked for an extra session. Suddenly, it felt as if she was not simply going through the performance of therapy, a masquerade to hide her pain, but instead was starting to depend on me and share some of her deeper feelings. Although she was self-conscious about discussing smell when she realized that I was not responding as if personally injured, she allowed herself to go further. She was able to explore the pleasures of oral sex in some detail. She loved "going down" on a woman—feeling, tasting, and smelling a woman's juices all over her face. White women just didn't cut the mustard. Although this might be interpreted as a covert attack on me, it did not feel aggressively tinged in the room. I interpreted that she might have chosen a white therapist to safeguard against feeling any sexual attraction toward me. She laughed.

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Over the next few sessions, Sam dared to be curious about me. She had previously hesitated, comparing her relationship with me to her feelings about Jesus. "You have to look up to him and never make him real, otherwise you are always disappointed." So she "put up stop signs" for herself. Furthermore, she did not want to ask a question that would not be answered. She would feel too humiliated. In light of feeling a little safer and more connected to me, she wanted to know if I was married. She decided that I was definitely married because I seemed so calm, so self-assured. The next big question was if I was gay. (Married did not necessarily mean legally married but just meant committed, so that being gay and married were not mutually exclusive.) She ruled that possibility out very quickly. She would know; she had that gay radar, and once again I did not pass muster. I didn't look or act like someone who was gay.

I pursued the meaning behind her assumptions, wondering what made her so certain that I was heterosexual. Most lesbians look for ways to confirm that I might be like them, yet Sam seemed to need me to be heterosexual in her eyes. According to Sam, I was a white, married heterosexual of middle-class background with no children. I came to understand her portrait of me in two ways. She needed me to be other than her. I was clearly other in terms of skin color, and by her not entertaining the possibility of my being a lesbian, I was other in terms of sexuality, too. She did not want to have any sexual feelings enter the room. She felt that it would be inappropriate to tell me that I had sexy legs like her ex-girlfriend; it would make her too vulnerable and

powerless. She told me near the end of treatment that sex was a big show, that it was fake, that she never allowed herself to be connected. If she was not able to "do" her partner then it was meaningless—the excitement of power was lost. Second, in her portrait of me, I had to be kept idealized. I could not be similar to the disowned shameful aspects of herself. Shame infused her sense of self without ever been mentioned. Being black and lesbian were identities drenched in shame. If I became contaminated with her self-disgust, I would lose my godly powers and be discarded.

Race has been described as occupying a transitional space in the therapeutic process (Leary, 2000). It is both a material reality and a social construct; it is a vehicle for psychodynamics and a site for the performance of racial conflicts. In the complex interweaving of transference and countertransference, the actualization of racial dynamics is inevitable. Leary speaks to how racial enactments embody

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the playing out of cultural attitudes toward race and racial differences in the clinical situation. We all carry the haunting presence of shame and guilt as the heritage of our history, soaked as it is in the trauma of oppression, whether that is slavery, apartheid, or antisemitism. The therapeutic space is therefore ripe for the enactment of these historical and current tensions. Harris (2000) remarks on the "reverberating alternating pattern of projection and projective identification in which both participants disavowed and then reowned internal conflict" (p. 656).

"Perhaps you're a nun," Sam said to me playfully. "I saw a movie about a nun and she wore the same ring as you have on your wedding finger. Ummm, that would explain your calm; you could be married to God." We both laughed. "Actually, where do you come from?" she asked more seriously. "I saw a movie with the British actor David Suchet, and I wondered if you were related."

I looked at her with surprise. "I thought you knew where I was from," I replied with rising anxiety.

"No," she exclaimed. We explored what the referring person had told her, and she was clear that my country of origin had not been discussed.

"I was born in South Africa," I said, trying to sound as calm and self-assured as she believed me to be.

Her reaction was horror; she remained speechless, visibly recoiling for a few seconds. 'Did you grow up racist?'" she asked. Silence.

A long silence ensued. "Yes," I responded. I no longer felt calm; I felt drenched in shame. Haunted by my ghosts, I felt exposed. I was no longer the nun or the benevolent godly figure; I was the oppressor—the evil, hated perpetrator. In a matter of moments, I felt myself lose my footing; I was spinning into the domain of self-loathing. I wanted to proclaim my innocence, to explain a life's struggle against apartheid, culminating in my emigration. Emigration was the

mark of my inability to tolerate an identification with the aggressor, simply by being white. When I had come to the United States, I had thought, quite naively, what a relief it be would not to have to deal with race all the time.

Now I noticed that Sam was asking me a barrage of questions: "Why did you come here? Is your experience of race in America different? Do you have black friends? How do you understand blacks in the United States?"

I answered some of her questions directly. Yes, I did have black friends, and my experience of race in the United States was complex; there were both differences and similarities. I refrained from discussing

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my reasons for emigrating, because I was aware of how defensive and unstable I already felt. I struggled to find my self-reflexive skills, feeling caught in the headlights, unable to think. Slowly, I regained a modicum of my professional posture. We were able to talk about her concerns, what the South African part of me would mean for our relationship. She pondered for a moment and said that she had not experienced me as racist in the room, although now she worried that she wouldn't know if I was harboring prejudicial stereotypes. I told her that if I had felt that working with her was a problem for me, I would not have continued the treatment.

This exchange captures some of the poignancy and pain of embracing race in the room. Davies (2002) has articulated how the analyst's most secret and shameful self is usually blocked from entering the analytic space. Through the power of dissociation, the badness in the analyst is usually extruded outward. Davies wonders if our choice of profession is not driven by an attempt to revitalize our sense of goodness in the struggle with our internalized demons. Race remains one of the most charged discourses in our society. Therefore, it is not surprising that the most shameful self-states are implicated in racial enactments. It is not simply that shame is located in the subjective experience of being racialized as one of dark color, but that shame pervaded my experience of being of white color. In that session with Sam, there was a fluid mix of self and other states.

Sam had entered the treatment as the identified aggressor; she carried the pathology and danger in her. Suddenly, I was the aggressor, the racist, the harbinger of despicable and dangerous thoughts. She had shifted from being the bearer of a shameful, degraded, and racialized black subjectivity to me holding the shameful burden of my white racist subjectivity. I was forced to own and tolerate my own shame. It is very hard to acknowledge, even to myself, that not only did I grow up racist, but I still harbor a racist part inside me, despite a lifetime of working on this issue. Perhaps the racism has been transmuted, diluted, sublimated, and attenuated, but it still exists in some form. I was asking Sam to confront her most hated self-states; it was necessary for me to do the same.

It is a daunting task to follow the oscillations of the multiple subject positions occupied by analyst and patient in the consulting room. Individuals hold multiple, complex and cross-cutting

social group identifications. These identifications are also fluid and shifting. Altman (2000) suggests that the identifications with privileged and

underprivileged, oppressor and oppressed get bandied about in a process of projection and introjection as various self-states are avowed or disavowed. There is a movement in the dyad of good and bad objects, sadist and masochist, with the concomitant affects of envy and shame. Yet identities are not simple; they are intersectional (Pellegrini, 1997). There are multiple and conflicting identity experiences in each subject position.

"Despite our desperate, eternal attempt to separate, contain, and mend, categories always leak" (Trinh, 1989, p. 94). The dynamics of race, class, gender, and sexuality center on the dialectics of power/ powerlessness, domination/control, affirmation/exclusion, and rejection/ acceptance. Our multiple subject positions can be formed in a complex web around the intersubjective experience of inside/outside. The ways in which power and privilege are internalized in the formation of identity and played out in the consulting room are fascinating. When the issues of race, class, and sexuality are intertwined, it can be overwhelming to follow the ways in which power becomes negotiated intersubjectively. Relational psychoanalysis has forced us to confront the person of the analyst with her history of identifications. I am not simply a white, South African born subject; I am also Jewish and lesbian. I do not simply hold the privileged, insider position in all situations. I, too, know the experience of marginalization and exclusion from positions of power. It is particularly difficult as a Jew to own an identification with the destroyers of a nation. Yet I could not hide behind my experience of oppression in an attempt to evade and extrude the badness within myself. It is interesting to note that race became the site of enactment, rather than any of our other identificatory markers.

Race touches and marks us all. Yet whites live in naive oblivion of the color of our race. We believe the myth that whiteness lacks color (Lane, 1998). We refer to those with darker skin as "people of color," which carries the tacit assumption that we are not "people of color." Whiteness becomes an unmarked and invisible term, while a racialized subjectivity is carried by those with darker skins. Whiteness "masquerades as the real," according to Pellegrini (1997). Quite eloquently, Mercer (1991) has stated that "the real challenge in the new cultural politics of difference is to make 'whiteness' visible for the first time, as a culturally constructed ethnic identity historically contingent upon the disavowal and violent denial of difference" (p. 206). This is not intended as a theoretical argument. It has both political and psychological sequelae. We use whiteness as the universal

norm in an attempt to project the burden of racial difference onto others (Eng, 2001). The Other comes to carry all that is unconsciously disowned in the self. Furthermore, by denying the color of our skins, we disavow the privilege that white color bestows on us (McIntosh, 1989). Whites benefit from social power not equally available to all racial groups.

Helms (1984, 1990, 1994) has described a white racial identity model in which whites move toward higher levels of identity development to attain a positive sense of racialized subjectivity without being racist. She notes that most whites have no conception of what it means to have a white identity that is not supremacist. In addition, whites can avoid, deny, or ignore dealing with their whiteness until they are in the presence of other visibly ethnic groups. Helms's developmental model includes an awareness of whiteness followed by a process of reexamining racist ideas and accepting responsibility for perpetuating racism at individual, cultural, and institutional levels, finally changing white attitudes and behaviors so that race is no longer a threat.

A central idea of Helms's work is for whites to identify a piece of the oppressor that has become internalized. It is worth pondering if, at a cultural level, white racial identity has become dissociatively split off from the rest of identity formation. If dissociation serves the purpose of excluding fundamentally incompatible interpersonal experiences (Davies, 1998), then perhaps we have dissociated the historical position of the aggressor from collective consciousness. Frankel (2002) ponders the perplexing question of why, 70 years after Ferenczi's observations on identification with the aggressor, most analysts continue to overlook the ways in which they act as aggressors to their patients. Frankel concludes that analysts have such a strong wish to be benevolent that it can result in more subtle, disavowable forms of aggression. We know well enough that that which cannot be avowed, both socially and psychically, will be played out in the transference- countertransference arena. In a way that is similar to Freud's successful excision of race from the psychoanalytic discourse, we as whites have successfully excised race from our experience of subjectivity. Our disavowal of race as constitutive of subjectivity ensures that race becomes the site of enactments. I believe that for both Sam and me, race held the place of a "melancholic structure" (Butler, 1990; Harris, 2000) rich with disavowed, unmetabolizable experiences. Despite my conscious attempt to be aware of racial dynamics in my work with Sam, I was in fact blind to the racialized structure of the

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treatment. Sam was court mandated to come to therapy. Despite her proclamations of self-motivation to engage in treatment, she was also being forced into treatment to prevent her serving time in jail and to expunge her record. Moreover, her professional career would have been in jeopardy had she gone to jail. I discussed the context of her referral in terms of her willingness to engage in the process and her authenticity. Was the treatment going to be fake, a big show, as she described sex? At the time, I was unaware of how the structure of the treatment recreated the racial dynamics of slavery. I was in the position of power, not only with respect to the institutional authority invested in my professional role or due to the fact that I was the one being paid, but ultimately her career and future were dependent on my assessment of her progress. She was, in fact, in a position of bondage toward me, her chosen white therapist. I had excised from consciousness the slave-master dichotomy.

In a book detailing his work with inner-city patients, Altman (1995) aptly captures how oppressive and exploitative relational patterns are inevitably repeated. A core racial enactment went unacknowledged and unanalyzed. Perhaps she had actually known and then repressed the knowledge that I was a former South African. I represented the perfect choice of therapist to play

out disavowed racial experiences. She may have been looking for an opportunity to work through her childhood feelings of powerlessness and the concomitant fury at her helplessness. Yet my own racialized identity denied us access to the chamber of racial horrors. Harris (2000) speaks of the ubiquitous haunting presence of racial trauma. I was haunted by the ghost of the oppressor. It was difficult for Sam to own her identity as the oppressed, disenfranchised subject, but I also struggled with my identity as the privileged oppressor. An enactment was inevitable.

From one perspective, the work with Sam was successful. Despite ups and downs, she continued beyond her court-mandated time for therapy. When not playing the game of therapy, she could be smart, direct, and humorous. For the first time in her life, she chose a partner who grew up in a close, stable family. They were able to live together and have a loving and nonviolent relationship. A part of Sam still wanted to resort to violence in times of anger, yet she was able to contain her feelings. She shifted in her obsession with power and simultaneously was able to express some vulnerability. These were significant gains. Yet, just at the point where I sensed she was beginning to experience her deep pain, she ended treatment.

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For the first time, Sam had allowed herself to fully recall the anguish of her childhood and her family's current situation. She expressed disgust, despair, guilt, and deep sadness. I felt hopeful; then she panicked. Suddenly she professed that since her insurance coverage had ended for the year, she could not afford my fee (already reduced). I focused on her inability to tolerate the painful affects of the depressive position and the increased intimacy of allowing me to know such shameful aspects of her life. She left, nonetheless. I believe that I could have addressed the racial dimensions of this particular experience more fully.

Helms and Cook (1999) argue that race and culture critically influence every aspect of the therapeutic process. Sam was exposing herself. She was starting to bare her deepest feelings of self-disgust and despair regarding her family. She was facing the shameful state of disenfranchisement. I, as her therapist, was hearing her pain. But I was not simply her therapist; I was her white therapist. The profound shame she was experiencing carried with it the status of slave.

Often the power dynamics in the therapeutic process reflect race- related life experiences (Peterson, 1991; Helms, 1992). Gump (2000) remarks on the ultimate mortification of being in a position where total subjectivity is destroyed, noting that slavery was bestowed for life and inherited by all progeny. The intersection of race and class in Sam's life highlighted the utter disenfranchisement she felt in her childhood. Powerlessness permeated her individual, familial, and cultural experiences. There was no other to bear her pain, which inevitably became dissociated and disavowed. The experience of shame was infused with racial overtones. In addition, unconscious conflicts of loyalty may have surfaced when she began addressing her family and childhood. She was actively participating and succeeding in the "white" culture, which certainly included therapy. A closer bond to me might have further threatened her loosening ties to her family. She was also surpassing her family's working-class origins. These conflicts in allegiance were hidden but nonetheless critical influences in our relationship.

Since terminating Sam's treatment four years ago, I have found that as I have become more willing to embrace race, racial themes have emerged for discussion. Often it has been necessary for me to set the stage as to the importance of racial dynamics that may unfold in the treatment. I find myself having to pursue subtle themes, displaced racial tales, innuendos, or dreams to make race alive in the room. Most patients are willing to collude in the denial of racial dynamics

between patient and analyst. Racial dynamics can easily be camouflaged as psychodynamic processes. It is also tempting to convey the impression that we are above sociopolitical influences (Gorkin, 1997)—as if we analysts could not be the ones who have racial thoughts and feelings. To stay out of the fray would seem simpler, cleaner, avoiding the profound narcissistic vulnerability, envy, shame, and guilt that would circulate in the consulting room. Yet, in relation to race, Altman (2000) declared that the real action is below the surface "in the trenches of the emotionally supercharged events that [transpire] between us [and the patient]" (p. 597).

Furthermore, if we think of race simply in terms of skin color, we limit ourselves to contemplating racial dynamics when someone is of a different color. Yet, as mentioned earlier, race can be seen as incorporating many sociopolitical experiences such as class, education, income, and marginality. From this viewpoint, race can emerge in many interesting ways with people of a similar skin color. This is especially true for people from blue-collar backgrounds. I have worked with several women who self-identify more as black than white, who feel more black in certain situations. A young woman who grew up in rural Ohio reveled in "passing" as black among her black friends and boyfriend. This referred not to her peach-colored skin, but to her ability to understand and morph into a different culture. She would "do" black with much pride. This black identification was based on her childhood feelings of marginality and alienation. She felt that in a deep way she could relate to the black experience. In addition, the ability to pass was exciting and masked her early experiences of exclusion. It is also important to open the space to explore what whiteness means from intrapsychic, familial, and cultural perspectives, including various experiences of entitlement and privilege.

In conclusion: race can be a richly textured, vibrant aspect of one's subjectivity. It can penetrate to the core of narcissistic vulnerability, exposing the many colors of shame. Psychoanalysis needs to incorporate processes of racialization into the understanding of the construction of identity. In fact, the structure and asymmetrical power differential inherent in the psychoanalytic situation may inadvertently replicate the racial experience of slavery and the institutions of racism that have survived it. Therefore, it lends itself to dealing with the sociocultural and individual realities of race.

Race haunts our consciousness. Like a melancholic structure, disavowed and unacknowledged, its presence permeates our inner

world. We need to own our racial identity and embrace a space where the horrors of trauma can be reenacted. As whites, this necessitates an identification with the aggressor. We cannot afford

to dissociate the shame and guilt we carry as a consequence of being the oppressors, historically and currently. An intersubjective space could be created to enable us to move beyond the dualism of race, whereby both analyst and patient are victimizer and victim, aggressor and victim of aggression, oppressor and oppressed. As Bromberg (1996) noted, we need to "stand in the spaces" between black and white.

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