

Identity and Difference: Race, Racialization, and Otherness in the Intersubjective Field in Clinical Practice

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The issue of identity and difference is loaded with many tensions and potentially irresolvable sets of politics of interpretation. As a result of years of clinical work and conflict resolution, I have come to understand that on matters of race, identity, and difference, the conception of the Other as fixed and absolute leads to the dangerous penchant to demonize the Other. On the other hand, the facile notion that “we are one blood” threatens a group’s sense of self-continuity, identity, and stability.¹ Even more threatening to groups is any notion of self as changing or relative because a precipitous readiness to change also poses a threat to a group’s identity.

In this essay, I will explore only one dimension of this larger issue: what group analyst Farhad Dalal has called the “dominating antinomies of

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Reflective Practice: Formation and Supervision in Ministry

black and white." I do this in the name of efficiency knowing that there are many diverse shades of grey between black and white in our complex, global, and multifaceted world. The second reason I do this is because I was born in Ghana, West Africa, trained and practiced as a psychoanalyst in the United Kingdom and the United States where I now live. My theoretical, clinical, and personal reflections are more urgently focused on the antinomies of black and white. In short, I am to my patients an African for many obvious, conscious and unconscious reasons. They do many things with my Africanness. I permit this conversation with various degrees of freedom and with different clinical consequences.

I begin this paper with theoretical references to race, racialization, and otherness with the work of several authors and appropriate them into my own synthesis. I shall, then, create a clinical praxis from a synthesis of views on transference, countertransference, and other intersubjective issues from Husserl's and Merleau-Ponty's phenomenology. Finally, I shall demonstrate and reflect on what it means to a representative group of my patients that I am a Ghanaian who is engaged in the process of transformation with them and how they use me to change their world and sometimes my own.

DIFFERENCE AND IDENTITY

At the center of the discourse on difference and identity, there lies a more profound, embedded, and structured story of race, racism, and racialization. Within this discourse on race, racism, and racialization, there are dominating antinomies of "black" and "white." It is my view that we must have familiarity with theories that attempt to unpack these dominating structures of black and white. Farhad Dalal, a group analyst who practices in London, has argued that we must unpack these dominating structures of black and white to see what patterns show themselves, to see if the associations of black and white to negative and positive, respectively, are natural. Then, we must inquire how and when these associations are acquired if they are not natural. Finally, what functions do these associations of black and white to negative and positive serve?

Dalal has investigated notions of black and white in structures of language in order to discover significations in their social contexts. Racism, he has proposed, depends on groups that are called "races." Racism builds misapprehensions even though "races" as such do not exist. In short, race is largely an empty category, but a powerful one when it is used to create

borders that are further deployed to create a mentality of “us” versus “them.” How do borders get instituted to manufacture such categories?

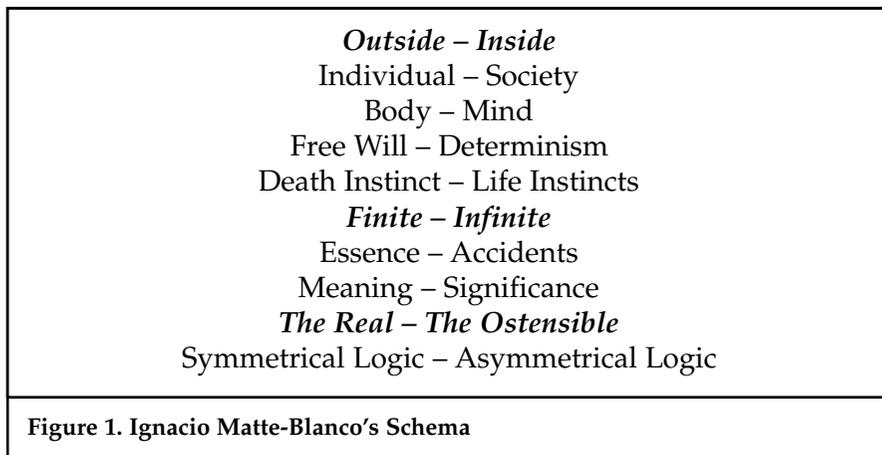
Norbert Elias has developed a process of reductions that fuel misapprehensions.³ I have summarized his process (with my own emphasis) in the follow way:

1. After *abstraction*, that which is abstracted may have a life of its own. From this a second error occurs.
2. The *general is made prior to the particular*. That is, the abstraction or idea of a thing is made prior to the thing itself.
3. A *generalization* follows that transcends *time-as-past, time-as-present, and time as-future*.
4. *Purity*, then, can be found in the idea, not the actualization of the idea. When *actualization makes the idea material*, it is imagined to have been corrupted.

The blackening and whitening forces in this schema are located in a larger historical stream propelled by the following Enlightenment assumptions: the passions are repudiated, subjugated, and repressed by relating them to the animal realm; persons of color are equally relegated to the animal domain; and European identity borrows the whitening process to serve processes of differentiation. Psychoanalytically, the incompatible, the repudiated, and repressed go down into the Unconscious. Through a process of splitting, repression, and projection, the passions are injected into persons of color to “purify,” as it were, the European identity.

The work of Argentinean psychoanalyst Ignacio Matte-Blanco takes us from abstraction to antagonism⁴. In Matte-Blanco’s schema, our minds freeze human processes into states. It is as if our minds could only deal in finitudes. This tendency to freeze processes into states and to deal in finitudes obliges us to break up infinite processes into fragmented states of bits and pieces. To this argument, I would add the so-called Cartesian splits (figure 1) that follow from this account as if there were no “worlds,” “horizons” or experiential third worlds between them. Following Matte-Blanco, symmetrical logic is the logic of infinity where things that would otherwise be different are thought to be identical. In this logic where nothing changes because infinity is so big, symmetrical logic homogenizes. It is the logic of sameness.

In contrast to symmetrical logic, asymmetrical logic is the logic of finite space and time. Difference matters and is operationalized as either-or. Symmetrical logic, then, differentiates. For Matte-Blanco a combination of



symmetrical and asymmetrical logic is privileged. All thought is a combination of both forms of logic. The result is that there are sometimes “globules of similarity in a sea of difference,” and at other times globules of unconscious in a sea of consciousness.⁵ Instability emerges.

RACE AND PROCESSES OF RACIALIZATION

When we put together identity as an outcome of process reduction and identity as unstable with the pressure to whiten or blacken a group, the result is that all identities become continually threatened by the presence of other hidden relationships which in turn threaten to burst in and destroy any semblance of coherence and self-continuity. How does a group then deal with the instability of coherence of its self-sameness? By a process of symmetrical logic, the contents of repression are totalized, conflated, and coalesced into blackness, badness, violence, mythologies about the other's sensual submission to the passions, death, and “them” as in “them” and “us.” So, if they who are unlike us submit to the passions, we are pure and unlike them. “That one” is not like us. “That one” is not like me.

The transitional object, according to Donald Winnicott, is the first bridge between inside and outside.⁶ Co-extensively, transitional phenomena constitute the basis of cultural life. Between transitional objects and transitional phenomena, we have the illusion of connection. Groups come together on the basis of this illusory experience of connection. A common name comes to bind them—a process that leads to a reification of a shared name. The urgency that accompanies this reification betrays the anxiety

that the illusory sense of connectedness may not last. Hence, there is a need in the group to vigorously defend its name and its function.

British group psychoanalyst S.H. Foulkes has proposed that the inner processes of individuals are the result of internalization of forces operating in the group to which they belong. Racialized structures are part of these forces that operate in the social group. Therefore, these forces become internalized as parts of the structures of experiences of the group's individual members. Blackening and whitening are aspects of these structuring forces that lead the conscious and unconscious domains of mind to become embedded as dichotomies. Humans favor those who belong to the same named grouping by reducing difference within and maximizing or exaggerating difference between groups. Who am I becomes where I belong. Sameness is sustained by subjugating internal differences and by suppressing external sameness.

To sustain self-same group coherence and illusions of intactness, idealization and denigration are deployed. Emotions are mobilized to organize the relations between people and to reflect the power relations that operate between them. Armed with the conceptual tools of Elias, Foulkes, Winnicott, among others, Dalal can now create the following synthesis: at the societal level, "groupings are cathected so that the projections of all individuals are patterned by the types of power relations that prevail. *It is almost always the case that it is the more powerful that tend to be the idealized ones.*" For Dalal then:

1. Identity is constituted by a relationship between people.
2. The functions of a grouping subserve the naming of the grouping and the province it delineates.
3. "Who one is" or "what one is" is identical to "where" one belongs."
4. Belongingness, however, is multiple and quite prone to creating conflict within oneself.
5. Power is the capacity to sustain a privileged version of reality. Ideology, then, enters into the work of sustaining power relations, and to coercively persuade all participants that a particular *modus operandi* is the natural order of the world.
6. Threats to identity come from outside when other groups seek to subvert the status quo. Threats come from inside when there are multiple claims on one's identity going on simultaneously.
7. Essentializing the name of a grouping aims to reduce anxiety and threats to identity.
8. When the name of a group is racial, there is racism.

Dalal is consistently faithful to his view that group processes are to be privileged as external fields of reference to the interior. My own position differs slightly from Dalal. With a nod to Husserl's notion of horizon, I take the view that both external and interior fields of reference are horizontal. In other words, although they are not interchangeable, they belong to one intersubjective field. This one intersubjective field is where my clinical praxis is. I shall describe it and illustrate it below with three clinical examples.

Any attempt to locate the meaning of Otherness into a fixed, single, unifocal, and logically coherent meaning is bound to be wooden, perhaps in error. The pretext, then, for this essay is that the most interesting readings of the term Otherness would provide us with heterogeneity of meanings. They would give us a circumscribed set of readings and understandings that are not necessarily interchangeable but horizontal. All these accounts of Otherness present scenarios that have proximity, but they are not the same. All are proximal and within the same horizon because they tell us something about the fate of the representational world within, without, and between humans. There is heterogeneity of accounts of Otherness, to be sure, but there is not identity or sameness between them. These accounts do, however, provide us with space for investigating the good, the bad and the ugly about us humans. Humans reveal their best secrets through phenomena that are horizontal but not necessarily interchangeable.

BASIC ASSUMPTIONS BEHIND THE CLINICAL CONTEXT

Before exploring how Otherness works in a therapeutic relationship, I present the essential assumptions behind my clinical work. I was a student of Anna Freud in London in the early seventies. We were steeped into psychoanalytic metapsychology. She implored us to remember that a theory is only a platform to stand on when it is needed, but it must be bracketed, suspended, or deferred when one is listening and engaging a child. For example, she might say: "who needs a theory of conflict when there is psychic harmony?" In another context, she would insist that "when a child is telling her story her way, let her carry out her reconfiguration of her mind without interfering with her work." And then she would admonish us that "interpretation and/or reconstruction can wait. Do not interfere needlessly."⁸⁷

To begin treatment without knowing one's metapsychological frame or an alternative set of theories is like building a house on a piece of land without exploring beforehand what land mines or sewer lines pre-existed.

Once treatment has begun, we must privilege the intrapsychic story of the patient, parishioner, client, patient, or fellow seeker. The following statements describe the work of story making that occur in the horizontal inter-subjective field between patient and clinician. This therapeutic work occurs in the public space, between inside and outside, between interior fields of reference and exterior fields of reference, between the world/horizon the patient brings into the room and the world/horizon that the clinician brings into the room. The following statements form the metapsychological framework for my analytic work.

1. Being is that which requires creation of us so that we may experience it [Merleau-Ponty].
2. But this creation is so urgent only because the most loving of mothers cannot satisfy the powerful emotional needs of the child [Melanie Klein].
3. Thus the symbol is a piece of flesh over its gap.⁹ If effect, there is an epistemic gap, as it were, into which a symbol has been inscribed. There is a cut, a gash, perhaps a permanent rupture, as it were, when, for instance, a person is raped and robbed of her hitherto intact self—an ideal self that will never be the same again. We live therefore in an ek-static relation to our important others. The Attic Greek word *ek-statein* means “to stand outside of ourselves.”
4. How is this gap going to be remembered in that public space between the clinician and the treated?
5. What stories will be invented to fill the gap in the new and clinical public space?
6. What fictions will be created to provide us with an illusion of self-continuity in the presence of a new and foreign other called a clinician?
7. What new fictions will be invented or co-constructed to enable us to extend ourselves in the new and public space?
8. We create these new fictions by translating the events of history into a sense of history.
9. History, then, according to Paul Ricoeur, is a limit that is never attained.
10. It is an incomplete objectivity.
11. Accordingly, selections from history will be made with precarious ordering.
12. Such a history, then, is an intellectual approximation.

13. It is largely an imaginative projection into a new present and public space between self and other.
14. It is effectively a real projection into another human life, an Other.
15. With the projection, or shall we say, exteriorization into another human life that will henceforth house this split-off part of the self, a dialectic emerges.
16. This dialectic is a strategy of reducing historical fact to a sense of and a reconstitution of that historical fact. [Husserl]
17. This dialectic, however, has a new topography of its own. Let us borrow from Husserl, yet again, three key terms: sedimentation, reactivation, and the intentional sphere.
18. The topography of sedimentation, reactivation, and intentionality is redescribed as staging, where staging is now a lived anthropological category, rather than a reflected category.¹⁰
19. Staging, so conceived, is invariably preceded by something to which it has given rise.
20. This emergent something lives on what it is not.
21. This new emergence that materializes stands in the service of something absent that can never become fully present.
22. Staging, then, is a form of doubling.
23. This doubling encompasses past and present.
24. It points to absence and a concrete presentation or a symbolic representation.
25. We have a doubling and a simulacrum.
26. We have fading into history and a recall.
27. That which is staged becomes extended or supplemented to serve a new and contemporary purpose.
28. Staging, in psychoanalysis, becomes a mode of remembering with an Other in a transference-countertransference continuum.
29. During staging, an analyst may be pushed to remember with a patient the grievances that were there long before there were words to speak them. Hence, negative transference is of crucial importance of the analysis. In other words, if you are a clinician, and you have a strong need to be liked or loved by your patient, you have a lot of work to do on yourself so that you can take, absorb, and transform through reasonably correct interpretation what hatred is purposefully being injected into you.

OTHERNESS, TRANSFERENCE, AND COUNTERTRANSFERENCE

In this section of the essay, I intend to create a theoretical account of Otherness that facilitates the making of the transformative intrapsychic story in psychoanalysis.¹¹ In the psychoanalytic setting, as in many psychotherapeutic settings, there are two people in the room physically and any number of links between the two persons; not to mention all the ancestors hovering in the background.

There are three levels of interaction in a psychoanalytic exchange. At the deepest level, there is the potential for unsymbolized interaction between two minds. A good example of this occurs when a clinician makes what he thinks is an error, apologizes profusely to a supervisor for making a “mistake,” and gets congratulated for intuiting what is central to a case or clinical story. In figure 2, the solid line in the space between analyst and analysand suggests that unconscious or unwitting transactions get played out in action before awareness and words come to elaborate them.

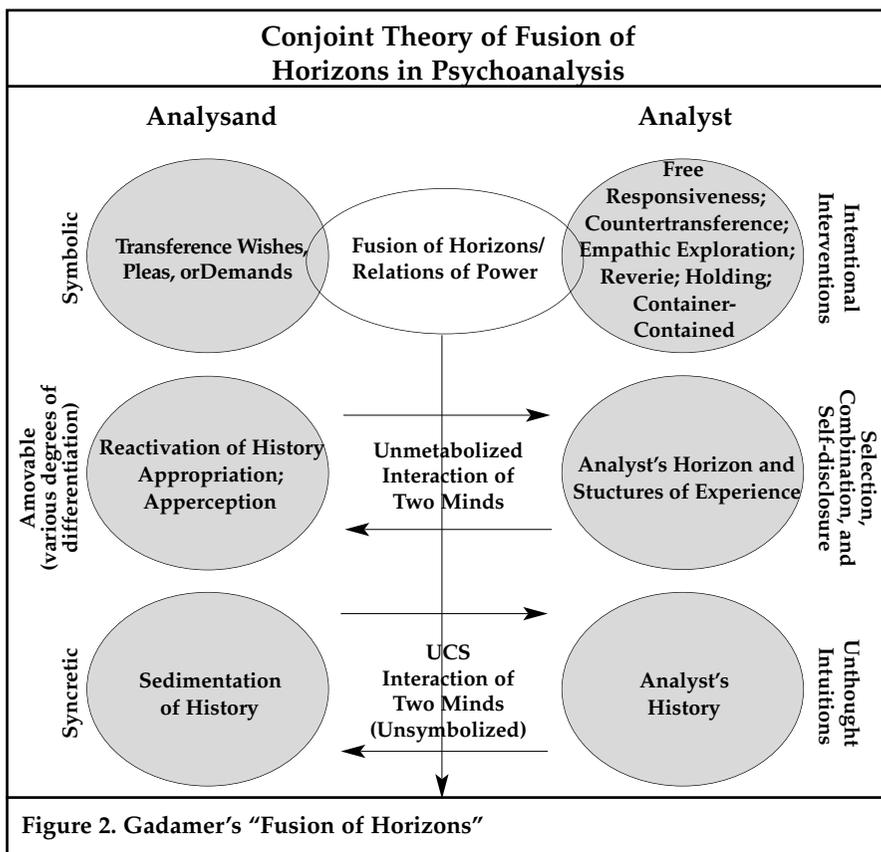


Figure 2. Gadamer's "Fusion of Horizons"

In the next level, things do not just slip out. There is unmetabolized interaction of minds with preconscious and closer to awareness transactions. We are aware of them, and we even recognize uncanny issues at play but patience, elaboration, and conscious engagement of the issues will ultimately bring transparency. We have some access into each other's world. In that public space, the line need not be solid, but rather a projection line where we have some access into each other's world. In the third level, there is a fusion of horizons, to use the words of the German philosopher of hermeneutics Hans-Georg Gadamer.¹² Here we are aware of relations of power between analyst and patient, transference and countertransference coercions from both sides that need to be understood and transformed. We can even say that, at its best, the work in this public space can be constituted as interchangeable supremacy. Analyst and patient may both have to change how they see each other, how they situate themselves in the world, how they interpret it without imposing or harming the other. The following assumptions undergird this understanding of transference and countertransference in the therapeutic setting:

- The countertransference of the analyst is an instrument of research into the patient's unconscious, into an Other's mind. It is her creation.
- Transference is more than the illusory apperception of another person or phenomenon. It includes the subtle and unconscious attempts to manipulate or to provoke earlier and concealed reenactments with others. Apperception is the construction that one brings to a perception. It is an addendum to serve a new and contemporary intentional purpose.
- Transference includes the patient's projection or externalization of the past on to the person of the analyst in order to manipulate or provoke potentially resolvable situations with the analyst. Manipulations may therefore serve purposes of trial action.
- Countertransference is an illusory apperception of an Other person in a new space. There is a projection of instinctual or superego anxiety into the mental representation of an Other person or figure.
- Countertransference is an externalization of narcissistic injury into the mental representation of an Other. And there is exteriorization by the patient to prod the analyst to adapt to a particular way of situating oneself in the world in order to carry out or work through an intentional act, thought, or feeling.

These key metaphors about transference and countertransference coalesce around the following statement drawn from J. Sandler: Parallel to the "free-floating attention" of the analyst is what I should like to call his free-float-

ing responsiveness.³ This follows two metaphors in Husserl. For him, perception is communalized in such a way that validity is altered through reciprocal correction. Accordingly we live within the horizon of our fellow human beings with whom we may enter into actual or potential contact, as we also can do in potentially living together.⁴ All this is to say that analyst and patient are implicated in what each other does. We might even add that at pivotal moments, we are co-responsible for what each other does. And, through a series of reciprocal translations, we move the intrapsychic story forward. The praxis suggests that the analyst is a constituted Other. I now want to add to it some additional comments about the transference. In this integrative praxis:

1. The negotiation of transference starts with an act of trust to venture into the world of the analyst as a constituted stand-in. There is a leap of faith with the assumption that someone is at home, so to speak, who is potentially trustworthy.
2. That representational home of the analyst as a constituted stand-in can be aggressively entered.
3. The representational home that is entered must be assimilated so that the alien who enters it can be domesticated.
4. Finally, there must be reciprocal understanding to restore balance; a restitution that consumes its original genesis.

VIGNETTES

With this framework in mind, we turn to vignettes from my clinical work to ask a question about racialization in the clinical and public arena that we call the clinical setting. More precisely, how do my patients variously use my Otherness as a Ghanaian to advance our work of transformation?

Patient A

Before she came to me, this patient had killed off three previous analyses and had warned that I was likely to be the fourth. She brought me a castor-oil seed to plant in my garden to thank me for my work after one year of analysis only to warn me the next day that if I took it home it could poison my children or grandchildren. She insisted that I get a supervisor to ensure a successful analysis. She is the one who came to discover with me that the insistence on me having a supervisor was, in the transference, a wish to ensure that her psychological birth was safer than her physical delivery that almost caused her death because her mother was unsupervised by her mother. Here is one representative session after her psychological delivery:

SHE: On the *inside* I am still simmering, and “*simmering*” is the word, about what we talked about last time. I am still quite confused. ***It was, it is, meaningful for me to hear how uncertain I made you feel, and I realized that I have never been able to create much of a circle of trust. So I feel that I am really at an important point in the process.***

I have had memories of being 9 and 10, but I don’t remember now. It was yesterday, last night. You see, I realized the...you know...I am *sucht the edge of things that I don’t know if I have the words for it. It’s visual rather than words.* I see how I grew up and what I missed. But there’s not a whole lot of emotion. It’s just...this is the way it is; this is the way it was and, also, what it has been in *asense of how little I understand myself*It’s unbelievable. But I still don’t understand the difference between you as a figure and you as the person who is the analyst. You work with yourself as a person.

I: When I feel something in the session that is uncharacteristic for me in a particular situation I know I must pay attention: I am being recruited to remember something with or for the patient. **When I felt uncertain these past few weeks I knew you were unconsciously inviting me to play out something.** In other words, **it was information.**

SHE: When you feel uncertain does that not tell you that you need a supervisor, like an analyst who has worked with you for years and knows how you respond to patients? I ask that because *it feels like there is a net and, it’s like, I want to jump from pretty high.*

I: *And you want me there to catch you and make sure you are intact when you fall into the net. I’ll be there to make sure you are safe if you’d allow me.*

SHE: Yes! I want to be safe.

I: A **mother then must be mothered** to be sure she can deliver you safely; and likewise an **analyst must be supervised** to make sure you are safely delivered from your mother’s womb in a psychological sense. You doubted your mother; and likewise you doubt my ability to treat you successfully.

SHE: *You know, I felt so sorry for my mother that I wanted to save her, spare her. It’s deep. Yes, I doubted my mother. I don’t doubt you. I just firmly believe that every analyst must have a supervisor. Yes, I doubted my mother and I wanted to save her, spare her. I see my daughter Sandra doing the same thing.*

I: Please continue.

SHE: There’s another thing: *It is disgust that I feel with my mother and it has to do with the birth itself. I hate to think that I came out of her. It’s physical. I don’t like her body.*

I: Describe it to me.

SHE: I never liked her belly and I know that she doesn't like it either. And also, and this is an exaggeration: when I was growing up I saw my mother pregnant most of the time. I remember her pregnant a lot. This is my ugliest thought: when she was pregnant with my youngest brother, we went out to visit some church with beautiful life sized statues. And my mother was disgustingly pregnant. The priest made a comment that my mother was pregnant, and I just hated it. This is after a priest, another one, had tried to caress me and all that... Maybe that's the connection to the disgust I feel for the body.

I: (After a pause) While the subject of supervision is on our minds, how would you feel if I presented your case to my colleagues here and abroad?

SHE: You should do that! That's not exactly what I am talking about, but it's close. Just as long as you take the names out. You know how to do that.

I: Yes I do.

At the end of the session, she said "Thank you." After getting up from the couch, she added "Whew!"

I: Some heavy lifting.

SHE: Really! Well, I'll see you tomorrow at 10 o'clock.

I: On time, like you were today.

SHE: (Chuckles)

I: I hope it's a new day.

SHE: Well, Sandra **literally pushed me out of the door**. (Chuckles some more as she leaves.)

I notice those well chosen words: "literally pushed out of the door," not by forceps this time but by the daughter in a reversal of roles.

Two years after her successful analysis, I was at a movie theater. A woman and her husband came and sat next to me. She recognized me and plunged a big kiss on my cheek. I was stunned. She said she was coming to see me the following week. She came. This time, she came to present me with a picture she had been painting of a man standing in a boat in which a woman sat. The man was, in her words, "helping her cross the river." This time, I thanked her and accepted it. She and her husband were on their way to their new retirement mansion out of state.

She will always remember me as the person who rowed the boat that enabled her to cross the river. She has changed. She has a will to live. I have changed. I always knew as a clinician that I must be careful with gifts. How-

ever, it never occurred to me that my life or my son's life depended on not accepting such a gift as I was offered: a castor oil plant whose seeds can kill.

But we lived to see us change and grow.

Patient B

Patient B came to see me in her mid-thirties because she could not sustain any relationships. She would immerse herself in relationships until marriage was proposed and then refuse the proposal. How does she use my Otherness as a Ghanaian-born analyst? Approximately halfway through this analysis, when she was negotiating the question of whether to become a girl who is unambiguously female or to preserve a sense of self as defective and/or bisexual, she noticed a particular pattern or flow of repetitions with a thread running through them. Intrigued by what she was doing, how she was engaging the intricacies of her own mind, she pondered: *Am I thinking what you have done to get me to this point; your technique.* Asked to intuit what she thought and to share her observation, she said: *It's in the alliance, but there is a certain order that I notice. You organize a series of focuses.* All I feel able to say is the following: "Let's just say that you've been able to borrow courage from me and the work of analysis to tell your story. Still, I am intrigued by the timing of your question on how I work." A decisive dialogue follows:

SHE: The decision to leave the tunnel (a metaphor from recurrent dream imagery) follows the awareness that the anal chamber is a dangerous place. It kills! At least it bruises.

I: Please continue.

SHE: Wild animals can maul you. If there is a Brazilian or Siberian trainer you may be bruised. [Laughing in recognition of how transparent the dream to which she was referring was, she continued as follows:] But if your trainer is **African**, he can leap frog with the tigers and still be safe. When you are with an African you are unambiguously **male or female**, not Caucasian or bisexual. **You can choose between barren land and an alternative** route [again referring to another dream]...

I: Where **growth takes place**.

SHE: The genital area.

Whereas Patient A used her discomfort with my Otherness to feed a crucial negative transference that spoke to her disgust with her mother who in her eyes was inferior and unready to deliver her, Patient B used my Otherness to facilitate her intrapsychic story of being unconsciously male to becoming a

woman. She had mentalized a defective mother who wished she had been born a boy and a father who threatened to shoot her in her vagina just when she was discovering sexuality in adolescence. Thanks to an analysis that she described as *gentle and purposeful*, she was able to overturn her pathological organization that interfered with her capacity to form lasting relationships.

Patient C

Patient C was a nine year old African-American female child adopted by two Caucasian adoptive parents of Finno-Ugric origin. How would she negotiate my Otherness as a Ghanaian analyst?

We know that the child patient noticed from the very beginning the difference in skin color between herself and her mother and showed her confusion, from the moment of discernment, how unlike her father she was. She is darker skinned than her father is. She came to learn that her biological mother is white and was shown a picture of her. She came to learn that her biological father is black. She noticed furthermore that her two siblings who were also adopted have mixed complexions. She is the only clearly dark skinned child in her family, her adoptive mother, the only clearly light skinned member of the family. I surmised earlier in her treatment that the interplay between adoption and contrasts in skin color were going to be significant and that her appropriation of these external fields of reference into the interior of her mental world would be an important aspect of her intrapsychic story.

Falling down the stairs at nearly one year of life and sustaining massive injuries was a major contributor to the patient's mistrust in dependency and her refusal to walk, which fundamentally begins with walking away from one's parents. From where, from a child's viewpoint, would come the confidence to come and go? In protest, she would take a big bite out of everybody's time: biting mother's hands, biting even the family dog, enslave mother to do her bidding, demanding her mother's constant attention and care day and night, intruding into the parental bedroom at night, and so forth. A massive oral fixation had allowed her to cognitively and tentatively move into latency and enjoy school, the only obvious pleasure in her life with all the predictable structures which allow her to learn. In contrast, the hold-up at the libidinal level created havoc at home, and she could not fulfill her considerable affect hunger. These were my questions as we began. How would our patient show me how she transferred the events of history, the story of adoption and skin difference, into a personal and interior sense of history? How would she demon-

strate the mentalization of her history in the session conducted by a dark-skinned Ghanaian-born analyst? How would the representations of her self and object world enter into the transference? Would she be capable of working in the transference?

During the fourth quarter of the first year, she took charge of her sessions more authoritatively than ever before. Now she wrote imaginative stories, sometimes inviting me to play *Scrabble*, and when she was not doing that, she was showing me the scientific method she had learned at school. There was now considerable distance away from libidinal and aggressive trends unleashing sublimation potential. Symbolization was now in full bloom. She often replicated the school projects in her sessions.

During the first half of the second year of analysis, we revisited color differences and proceeded to transcend them. Her interest this time was in historical figures, such as Rev. Martin Luther King Jr. and Rosa Parks and their contributions to history. She wrote essays about them and asked me to listen after she had finished writing. When she was not writing history essays, she was doing projects on sharks, whales, and tigers. When I interpreted to her how intrigued I was to see a child who once bit everything in sight showing interest in sharks, whales, and tigers, she beamed and said: *"I used to bite everything, even the couch. But that was a very long time ago. Come and see my computer print-out on sharks. This is interesting. See how much they eat; how far they can see; how fast they can swim!"*

As she consolidated her position in latency she advanced along another track: adopting her parents as her own. In a parents' session, her father reported that Dona had corrected a teacher in a way that he found most touching. A teacher complimented Dona for her systematic note keeping and added, "That's my girl." Dona reportedly stunned the teacher by saying, "Only my father gets to call me that." The teacher apologized and took pleasure in telling the parents about this episode. Mr. K. teared up as he told me this story. I interpreted to him that once upon a time he had claimed her for his child. Now she is claiming him for a father. He thanked me for that observation and confessed the following: "When we brought Dona to you, you said something like: 'let's do what we can to prepare Dona to be a young woman amongst women, even a matriarch.' We thought you were crazy. We couldn't imagine that day. Now we can. She is quite a girl."

IN PLACE OF A CONCLUSION

Twice in my career I had made the motivated error, so to speak, of using the word *matriarch* and received a tongue-lashing. Each time I turned out to be right: the creation of a leader with tremendous self-definition who could stay inside her skin and claim herself was in bloom. Each time I used this expression, I was rebuked at the time, reminded later, and thanked. Who is this respected internal Other that simultaneously tricks and informs me prematurely that some new creation is in the works? Who are these internal figures who provide a gyroscope, as it were, for engaging patients in this way with cryptic language? To be sure, a grandmother who says, "Woman is to be respected." A grandfather who taught me discretion. A mother who says, "When your job is large, you do it all." A father who says, "You can laugh even in the face of adversity." Our internal objects provide us with internal structures of experience that resonate with psychologically charged external fields of reference. Perhaps, intellectually, Husserl was right when he indicated that intuition was the first principle.

Finally, no one, in my view speaks to Otherness more poetically than the French phenomenologist Maurice Merleau-Ponty. Let us close with these words:

In life the essence of consciousness is communication, where one cannot determine what is ours and what belongs to others. Our perception of others is a modification of ourselves. Man is a sorcerer for man. We are co-responsible for what the other does. The true cogito...is this experience of a view which, in principle, is open towards others even if it is not yet known by others.¹⁵

I hope I have provided enough theoretical, clinical, and integrative reflections about identity and difference in ways that will allow others to reflect on how difference and identity play out in their clinical pastoral work as they negotiate issues of race, racialization, and vicissitudes of Otherness. I hope I have done so with a plea of humility and openness to difference in how others might handle the same material I have presented.

NOTES

1. Maurice Apprey, "Repairing History: Reworking Transgenerational Trauma," in Donald Moss, ed., *Hating in the First Person Plural* (New York: The Other Press, 2003).

2. Farhad Dalal, *Race, Colour and the Processes of Racialization* (Hove, East Sussex, U.K.: Brunner Routledge, 2002).

3. Norbert Elias, *The Symbol Theory* (London: Sage, 1991). See also, S. H. Foulkes, *Selected Papers* (London: Karnac Books, 1990).
4. Ignacio Matte-Blanco, *Thinking, Feeling, and Being* (London: Routledge, 1988).
5. Dalal, *Race, Colour and the Processes of Racialization*, 175.
6. D. W. Winnicott, "Transitional objects and transitional phenomena," in D. W. Winnicott, *Through Pediatrics to Psychoanalysis* (London: Hogarth Press, 1987).
7. Dalal, *Race, Colour and the Processes of Racialization*, 184 (Emphasis mine).
8. Anna Freud, H. Nagera, and W. E. Freud, *Psychoanalytic Assessment: The Diagnostic Profile* (New Haven, Conn.: Yale University Press, 1977).
9. The first three statements are as quoted in A. Green, *The Tragic Effect* (Cambridge, U.K.: Cambridge University Press, 1979), 30.
10. Wolfgang Iser, *The Fictive and the Imaginary: Charting Literary Anthropology* (Baltimore, Md.: Johns Hopkins University Press, 1993).
11. I am indebted to the psychoanalysts Joseph Sandler and Paula Heiman and the classical German phenomenological philosopher Edmund Husserl (with a few secondary infusions from related thinkers and practitioners) for this metasyntesis. See also, Paula Heimann, "On Countertransference" *IJPA* 31: 81-84.
12. Hans-Georg Gadamer, *Truth and Method* (New York: Continuum Press, 1960).
13. J. Sandler, *From Safety to Superego: Selected Papers* (London: Karnac Books, 1987).
14. E. Husserl, *Experience and Judgment* (Evanston, Ill.: Northwestern University Press, 1948).
15. M. Merleau-Ponty, *Consciousness and the Acquisition of Language* (Evanston, Ill.: Northwestern University Press 1973), 47.

"Interreligious and intercultural pastoral care (including counseling) is contextual care. The cultural and religious context is always realized, observed, and brought into the relationship.... Interreligious and intercultural care is relationship work on a rational and emotional basis. In all areas of difference, caregivers and conversation partners look at points of mutual contact in understanding and for the common ground of our shared humanity."

Helmut Weiss

"Interreligious and Intercultural Pastoral Care and Counseling: Notes from a German Perspective"

—From *Interfaith Spiritual Care: Understandings and Practices*