SUMMARY. White therapists must accept, confront, and understand the fabric of oppression, and have a treatment model that helps them understand their own racial identity as well as that of their clients. Disowning Whiteness, stepping away from the experience and responsibility of White racial identity, inhibits genuine acknowledgement of privilege, and leads to the unintentional perpetuation of racism. Therapists have a responsibility to go beyond cultural competency and recognize that raising consciousness about racism is as valid and important for White clients as it is for people of color. This paper uses the Helms Racial Identity Model (1995) and a socio-historical analysis of racism to present an antiracist framework for psychotherapy and counseling.

KEYWORDS. Whiteness, racial identity, White privilege, antiracism, antiracist framework in psychotherapy

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Available online at http://jca.haworthpress.com
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doi: 10.1300/J135v06n02_15
In the summer of 1977, a few months before my older sister was born, I had been Caucasian all along, of course. My father, who had not necessarily considered White when he was born, maintained a tension between his identity as a White man throughout his life. My mother, a Christian of Scandinavian birth, although her ancestors had maintained a white skin, blue eyes, I was declared Caucasian. My identity, however, was slower to develop. I knew, however, was slower to develop.

I was something I absorbed through cultural osmosis. Superiority or the need to stay separate from black or other races exist in my earliest memories, even though I was never consciously ascribed to such ideas. At the age of four, my family moved into a new, predominately White, neighborhood as my mother encouraged me to ask a young girl to play. My mother thought it was perfectly reasonable for me to play with this girl, based solely on the fact that I was also White. I could not believe that my mother knew every thing—did not know that I was not allowed to play with Black girls. I also knew that I could not say that to my mother. My mother did not want her child to be a racist.

Like all stage models, the development process is not linear. Individuals frequently revisit prior statuses as they progress in development and do not always proceed through all six stages. Unfortunately, as it comes to issues of race, racism, and racial identity in our country, many are vulnerable to foreclosing on an identity that is not fully developed. In this way, they can become "stuck" in an immature stage and perpetuate racism.

HELS RACIAL IDENTITY MODEL

As I sat with my mother that day, I was jolted from the only intangible social rule triggered my journey into racial development. To make sense of this journey, I refer to the racial identity model developed by Janet Helms (1995; also see). The Helms model proposes six distinct statuses the White individual's ego evolves: contact, disintegration, pseudo-independence, immersion/emergence, and reintegration. Disintegration refers to the stage that being White has social implications, and comes with profound feelings of guilt and confusion. As the disintegration status resolves, the person moves into reintegration, at which point they begin to idealize White culture, adopting an attitude that the best because they are the best. They deny any responsibility for racism, and may feel hostile or fearful of people of color.

White people who move beyond this status grow into pseudo-independence, which signals the first major movement toward nonracist identity (Helms, 1995). The pseudo-independent person is dependent on people of color, however, to help her or him develop a White identity, uncover unconscious racism, and validate principles. In immersion/emergence, the individual engages in research to develop a White identity that feels right and more consistent with it powerful emotions about how other White people treat special issues. Those who continue in this evolution will eventually move into autonomy, where they no longer depend on people of color for definition of their identity. At this point they have internalized a sense of Whiteness that can be nurtured and thoughtfully examined, an individual realizes a stronger sense of self, a capacity to quash the privileges of racism, and maintains an active commitment to social justice.

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A THERAPIST'S JOURNEY

Race Is Recognized: From Contact to Disintegration and Reintegration

As I sat with my mother that day, I was jolted from the only intangible social rule triggered my journey into racial development. To make sense of this journey, I refer to the racial identity model developed by Janet Helms (1995; also see). The Helms model proposes six distinct statuses the White individual's ego evolves: contact, disintegration, pseudo-independence, immersion/emergence, and reintegration. Disintegration refers to the stage that being White has social implications, and comes with profound feelings of guilt and confusion. As the disintegration status resolves, the person moves into reintegration, at which point they begin to idealize White culture, adopting an attitude that the best because they are the best. They deny any responsibility for racism, and may feel hostile or fearful of people of color.

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Do I Have to Be White? Pseudo-Independence and Color-Blind Ideals

As a young teenager, I began to recognize broader systems of oppression. My mother enthusiastically embraced the Women’s Movement and taught me to understand that the oppression of Black people was not limited to individual acts of discrimination or violence. Instead, it was tied to a history of inequality built into our culture, legal, economic, and social institutions. Furthermore, she taught me about the internalized and institutionalized racism that reinforced racism was a natural extension of these ideas about racism took hold, I began to understand that as a member of the dominant group, I was culpable in some form and that I was part of the dominant group.

In my budding pseudo-independence, Whiteness was something to overcome. Color-blindness, the concept that “race is a social construct that does not matter” (Tatum, 1997), was my ideal. Several of my friends, who were shades of brown and black, and our friendship was constantly reinforced racism was a natural extension of these ideas. As a consequence, I experienced painful discrimination first-hand at a young age. Nonetheless, it did not apply to me. My mother's friends and the university students were criminally victimized against and I was not really able to understand the complexity of our race-based society and I vacillated between developmental stages of disintegration and reintegration. I comprehensible horror of what I was seeing and hearing and felt bewilderment and anxiety in the face of disintegration. When this became too uncomfortable, I blamed my social and racial group, and blamed other racial groups for troubles, concluding that there must be something wrong with those people being depicted on TV (reintegration). I ‘sold’ the apparent dichotomies between the people I knew and the people I had heard about, I began to think about racial injustice was a bad thing to some, perhaps deserving, people, and racism was against people just did not "do."

Becoming White: Immersion/Emergence

White, with the full thrust of its burden, obligation, and struggle, was something that hit me for the first time at the age of 12. One evening while I sat with a group of friends, laughing and sharing a board game, when I suddenly looked down at myself and realized I was the only white-skinned person in the room. My color was lifted. I sat in startled amazement and wondered for the first time if my friends thought of me as a White person. At that moment, I realized that I had taken my first step into the "immersion/emergence" phase (Tatum, 1995).
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ences in the immersion/emergence are closely linked to identity development. I have eventually come to describe myself as "mixed" or "queer" when I'm feeling playful, but as an adult I lived and socialized as a lesbian. My lesbian identity was the target of other people's hatred and required that I leave another form of culturally embedded oppression. It be part of a multiracial and multicultural lesbian and Los Angeles, a community bonded together by our sense as sexual outlaws. My new friends responded to my White privilege and race by confronting me on Whiteness and racism had begun.

As I got stronger, I believed that if I had not yet fully autonomy, it was certainly within reach. I took risks, confronting racism boldly and consistently, and got hurt because of it. I was beginning to see that confronting racism, or the "appearance" of confronting it, for some manipulative purposes, or personal gain. I was accused of being manipulative, and learned how to tolerate attack and mistrust. I learned an approach can make people nervous, too much exposure to vulnerability, and that too soft an approach may come across as inauthentic. I learned how to be honest-very, very honest. I also learned to accept love in new ways, listening to and acknowledging love from those who could not give it loudly. I got bolder, more support, and continued to move forward.

Then one day I filled out a form for yet another conference on cultural competency, and gaped at how my identity got summarized: my White identity was the most important words to describe me, reduced my identity to an identity construct (Anderson, 2003) that still held stereotyped images. Object relations theory (Kernberg, 1976) and ego psychology (Kernberg, 1964) had taught me enough about internalized objects, splitting, and projection to understand what my reaction was: I was feeling the effects of the enduring remnants of internalizing priority, split off from my conscious self-representation as "White." I thought I wanted to be one of "them"!

The conference itself began with another eye-opener. As the group of the day, I sat with a dozen other mental health professionals, each with years of experience working in urban settings, identified as White. As we sat around with introductions, how we identified ourselves as "beige," "pink," or by our ethnic heritage, thus disowning the sociopolitical burden by their race. I stated that I was White, and began to explore another layer of what this means to me as a social worker and about the socio-historical origins of racism. Ongoing discussions with colleagues, supervisors, and mentors, as well as my friends, have been critical in my development. My patients have often been mismatched, as my commitment to developing empathic alliances challenged me to explore nuanced facets of myself and social justice.
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...because others see us that way and it has meaning, not because it is the best description of our skin color. This is why stepping away from the experience and responsibility of race identity, inhibits genuine acknowledgement of privilege and unintentional perpetuation of racism (Thompson & Diring my colleagues renounce their racial identity helped me realize that as therapists we have a responsibility to go beyond the cognitive recognition of racial inequities with motivation in the process. Without the ability to examine racism from a systemic viewpoint, they may become mired down with internal questions, and the frustrated search for answers can lead to blaming the victim and settling on an identity that assumes majority. A sociopolitical and historical understanding of racism is plain perplexing dynamics, cultural norms, and personal also allows the patient to consider the issue cognitively and thrust into the heat of feeling. Individuals who realize that they have been indoctrinated into a system beyond their control now prepared for the guilt that often accompanies growing awareness of their role in racism.

An Analysis of Racism

The following analysis is provided as a guide to a sociocultural and historical understanding of racism in the United States. Stated simply, racism is beyond the scope of individual experiences and behavior, and encompasses both the oppression of people and the advantages afforded to Whites (Fine, 1997), it can be either defined or define. Racism is simultaneously embedded in our social culture, and deeply entrenched in our psyches (Jones & Carter, 1997). In order to effectively use an analysis of racism as a tool in our practice, it is important to have an understanding of its dynamics.

Franklin, Boyd-Franklin, and Kelly (this volume) give a well view of many aspects of how racism is enacted. Stated simply, racism can be understood as race prejudice plus power (Maxwell & Washington, 1997), a definition that is best appreciated in the lessons in American history and the social and political development of American culture. The following summarizes some of these lessons and is not meant to be an historical tome. In an effort to be complete, the development of racism, many important aspects of our history are omitted. Citations are provided not only to support conclusions, but also to encourage readers to pursue more learning.

Whites, the European settlers/conquerors of the "New World" introduced the concept of race in order to classify all other races as inferior, thus establishing and maintaining privilege and power (Comi 1999; Hacker, 2003; Horsman, 1999). From the beginning, the economic development of the Americas was important to European countries were laying claim to the land. The race-based
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...a response to the need to encourage economically
migrants to come just to be poor in the Colonies. It was
their promise of equality and the opportu-
newness of which were possible in their home countries.

ternational development of the Colonies, however, would not have
relied upon the inexpensive labor of the
migrants. As many societies did at that time, the early
Europeans developed the social construct of race, and
science to support the notion of superiority of the
...out individual acts of malice or prejudice, but refers
ter arrangements that provides Whites with unearned
privileges to color (Hitchcock, 2002; McIntosh,
7). Some elements of racism are visible and actively
dressed people of color (Hitchcock, 2002; Gordon, 2000). Since mental health and social services have
based on these culturally biased ideas (Carter, 1995; Sue
...educational system that slants the story of our
history in a manner that supports White superiority and seem-
our racial identity (Carter, 1997). Racial identity is as funda-
mental to personhood as important aspects of self, family,
and community. Clients are encouraged to examine how they are im-
fluenced by their racial identity, including looking at how they function in ways that perpetuate racist policies and practices (Helms, 1995), making it even harder to see clearly.

Racism in Psychological Theories

Psychotherapy is a product of White and Jewish cultural
fundamental societal institutions were created in his-
...edge of the sociopolitical climate at the time and place of the
development, can expose unintentional racism and cultural bias.

AN ANTIRACIST FRAMEWORK FOR MENTAL HEALTH

An antiracist framework proposes that to achieve optimun
emotional health, all people need to develop a healthy, well-
en racial identity (Carter, 1997). Racial identity is as funda-
mentally related to gender, spirituality, sexuality/sexual orienta-
tion, and other important aspects of personhood. Fundamen-
tally, the development of a healthy racial identity is the need to understand issues and racism, including how they impact self, family, and community. Clients are encouraged to examine how they are impacted by racism, including looking at how they function in ways that perpetuate racism, and at other times work to undo it.

How Is the White Client Helped by Understanding Racism?

When both therapist and client are White, there is often
conscious and unspoken collusion that racial identity does not...
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...making its toll. Just as we are taught not to see the privi-
because of our skin color, White people are generally
how we are hurt by racism. When a society is struc-
the norms of racial with inequitable treatment of its people and pathologi-
them (Bowser & Hunt, 1996). All members of so-
the dynamic of oppressor versus oppressed (McIntosh,
racism may have been invented for us, but it is also
done to us. Participating in a racist society without
ness of its institutional systems of oppression, and
role in the process, prohibits healthy development
of that society. As very eloquently stated by Nelson
out his revelations upon his release from prison,
well as I knew anything that the oppressor must be liber-
surely as the oppressed. A man who takes away an-
freedom is a prisoner of hatred, he is locked behind
prejudice and narrow-mindedness. I am not truly free if
away someone else's freedom, just as surely as I am
on my freedom is taken from me. The oppressed and
r all are robbed of their humanity. (p. 544)

comfort in asking White clients about racial identity
new awkward tries before the therapist develops his or
and style. Experienced therapists already have the
because we are well-versed in asking very personal
the course of everyday
listen attentively for clues as to when it will be ther-
move closer to sensitive topics for further ex-
working from an antiracist framework, we add the
racial identity and listen attentively for the cue to begin
race.

by looking for an opening to talk about racial identity
my new client and I meet, and I often find some way to
conversation naturally. When that opening does not ap-
second session, I may say something like, "In order to
you, I need to get to know the full scope of who you
problem that brought you here. So we've already talked
tamily, your parents, your spouse, your job. I'm getting
ho you are in the world in a lot of ways, the quality of
ps and what they mean to you. But we haven't yet
talked about race, how you identify yourself racially and
what it means for you to be a White person in our world, it
is not unusual for the White client to respond superficially
what flummoxed by the query. Once the question has been
ver, it usually piques their interest and curiosity and places
room, available for further exploration. What follows are
amples of discussions with White patients that show their pro-
identity development in the context of the therapeutic work.

Reintegration Status and Trauma Recovery and Grief

Gary is a 46-year-old gay man who entered therapy when
25 years committed suicide. Initially, helping him through
superceded focus in other areas, and issues of race did not
the shock began to wear off and he started to work through
aturally began to reminisce about their life together. He
ing how they met and fell in love, recounted the process of
his family, and shared the highs and lows of their 25-year
ership, living in the same Bronx neighborhood in which
grown up. It was during this time that identity issues came
first focused only on sexual identity, homophobia, and
about the gay community in New York City.

My attempts to initiate consideration of racial identity
edly ignored or dismissed—until he started reevaluating his
ation and questioning whether he wanted to remain in New
was speaking in vague, general terms about feeling like he
long. He was feeling unanchored without his partner, cer-
seemed that he was reaching to articulate something else
being said clearly. I prodded him with some warm, gen-
know you're trying to tell me something important here,
G honest, I'm looking at a good-looking White gay man, so
York City—and you're telling me you feel like you don't
first he smiled; then, looking down and shaking his head, st
anger,

You know what's it's like to be a White gay man in the
et I'm too old to be a buffed out Chelsea-boy. I didn't
when I was young enough to enjoy it. It's being the only
on the train by the time I get to my stop, feeling like a
my own neighborhood. When I was a kid-up until I
my neighborhood was all German and Italian. And
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coloreds! Then the Puerto Ricans, the Jamaicans. I walk street and I don't even know what language they're the foods they sell at the stores. We don't even have more-they're "bodegas." And it's dirtier now, not safe walk around-they've ruined it. I know you'll think I'm a you're White, you know what I mean. Or maybe you Manhattan so you're not as bothered by it. But me, working-the guy living in some black. . . I don't know. . .

I take a deep breath. Recognizing that Gary has landed reintegration phase, my task in the racial identity piece to help him move toward pseudo-independence. In the of the grief work, however, I am aware of the multiple entifying: loss of his familiar neighborhood, loss of his living, loss of the security of sameness and continuity. All he has counted on to give him definition are gone now, life-partner. Racial identity development is important in cause Gary is not only in the process of putting his life he is putting himself back together. How he comes to un- identity is critical to his sense of self-worth since he to feel truly good about himself if he carries hatred and around him.

I size the risk he is taking with me and hear his words to think I'm racist, but you're White, you know what I he feels shame and anxiety at what he is expressing and told by me. He needs to know that I understand him, but I his prejudice. I begin by offering him a simple refraining, sign with his pain and sense of disorientation while not is racial bigotry. "So being a gay man in the City isn't the White in an area where you've become the minority, out of place. You look over the last 10 years and see how up was crumbling, even though you didn't know it, and around you and it feels like everything around you has even in both of us being White, though, we have different experiences of similar things. I look around neighbor- and see color and it looks beautiful to me, exciting, inter-

You look around and see negatives, like the anger-the you have in your soul right now gets projected out to all brown faces of your neighbors." At this he begins crying, he does not want to hate, but he does not know how to con- how to live with his sense of alienation. Having brought

racial identity fully into the work, we can now begin the weaving it into the big picture as we progress through this process, helping Gary to formulate a well-integrated self. Gary returns to these issues, a socio-historical analysis help us explore the questions about inequities in our society come up in this process in a context that incorporates the power and privilege along with looking at individual and circumstance.

Pseudo-Independent Status and Dealing with Mental Ill

Tzapora is a 37-year-old Orthodox Jewish woman who were bipolar disorder. She lives in a New York City neighbor traditionally Jewish, where she has family and many friends, her faith and traditions. As a married woman, she covers scarf and wears modest clothing that does not show her hair and thus becomes a visible member of her Jewish community works, however, in an adjoining neighborhood that is primarily American.

Tzapora has a long history of mental illness, including hospitalizations, and maintains a fragile psychiatric status help of medication and ongoing psychotherapy. Our working her efforts to manage the functional and emotional demands and her struggle to find her place in her community, the highly stigmatized by her mental illness. She was very child and adolescent, and now has a keen curiosity about different from those with whom she grew up. Relationships are very difficult for her because she is easily confused the conflict, and this threatens her psychiatric stability. He encouraged to do so early in our work together, she often feel of race, along with religious and cultural identity. She deal about being identified with a group that has tense, hostile relations with Black people in our city.

In describing her experience in the neighborhood works, she said, Sometimes I feel like everybody is staring at me, and feel like I'm invisible. And LaShonda, this woman can be so rude. I just complimented her on her dreadlocks I think they're called, and they're really just looked at me. I don't know-is it me? I try to be nice. I don't mean to be rude when I say "them." Is that re
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I don't feel...I'm really not prejudice, but I feel like adjudged toward me. I wish I could make them that we have more in common than we have. I wish our people have been enslaved, we've been victims of even today we're kept outside of the mainstream.

A shift is evident here: in reintegration, Gary's struggle with "the other" and feeling out of place, focusing on experience of his discomfort in his racial identity. Tzapora's iso-independent phase, begin to locate the concern her wish seems to be that we could live in a color-blind perception do not matter, or can be glossed over in the race work has been to help Tzapora move into the depth of racial identity exploration and progress toward the emergence phase. Since she is so fragile emotionally and however, this has been a delicate process. Offering a race and race relations based on socio-political and his-terences do not matter, or can be glossed over in the experience of poverty, what racism is, what life is like. I even question. Is rock even relevant anymore? Maybe hip-hop, too-people down, maybe that's all that's relevant right now, where I can fit in, if I fit in, if I want to. I feel so fucked up.

The theme of "them" resurfaces here, but "they" are now Carole is a 62-year-old social worker who came to the hospitalization and a re-evaluation of his life and relationships. sychological Status and Issues of Emerging Adulthood

Autoxy Status and Life Adjustment Issues

Carole is a 62-year-old social worker who came to the ward for a re-evaluation of his life and relationships. She was experiencing acute anxiety attacks that began when...
partner decided to live separately due to problems in their relationship. For most of our initial session, she focused on her issues: the discomfort of the anxiety and the difficulty in her relationships. However, she mentioned that she had raised two successful men-long story. This, of course, gave me my opening response to pick up on the racial identity piece, "So for you, a White woman, to raise these Black sons who are so successful?"

It made it clear that she had done a good deal of personal work in her life. She also told me later that she was grateful I was able to open the issue of racial identity. She had become so accustomed to this limited understanding of Whiteness and racism that she did not want to be dismissed as a therapist. In this sense, she began therapy with a keenness that many people of color carry when they start working with a White therapist.

Before, Carole had been married to a Black man and with him. When he died, she suddenly found herself the single parent to two very young Black children. She intuitively understood that in order to help them grow up strong and healthy, she would have to go through a transformative process of her own to become the parent she felt her husband would teach them. He was a Black man, and I repeatedly told her, "You're talking about what you had to 'learn,' but bigger than that I hear you trying to describe evolution, or transformation. You had to become-

...I don't know how to describe it...

...and I replied, "You're talking about what you had to 'learn,' but bigger than that I hear you trying to describe evolution, or transformation. You had to become-

...somebody different, somebody you didn't expect to be, with no map, no direction from other White people." Her eyes welled with tears, "And I've felt so alone ever since."

Over the coming sessions, she talked more about her racial identity development, her activist work in the 1960s and 1970s, her commitment to social justice as reflected in her social work and the multiracial social network she built for herself over the years. Reviewing this time in her life, she once said, "I often thought that I started this whole journey to help my sons in being Black, in the meantime I learned a lot about being White. Moving White, I guess, because that is what I am, and in this odd sense become the only part of who I am that I'm truly at peace with." After all, she returned, however, to the profound sense of aloneness she experienced in the company of people of color who "had just been taught to hate, and would never trust me."

As we revisited this area of her identity and the issues connected to it, Carole began to understand how her sense of aloneness was contributing to her anxiety. Her partner had been one of the White people whom she could really trust in racial identity. Without him, she feared she would be overwhelmingly alone. Prior to therapy, she had already made the first layer of contact with the only part of who she was that she felt confident in. She had started to realize that her sense of loss and isolation she had been carrying for years on end had become the source of her anxiety. The discussions about race helped bring a more holistic view to her development and became integral to her ability to feel at peace in her life and identity.

CURRENT LITERATURE AND NEED FOR FURTHER RESEARCH

Most of the sources for this paper come from social sciences, education, history, and, ironically, Black or multicultural writing, all of which provide rich resources for the study of Whiteness. Fine, Lois Weis, and a few other research psychologists have contributed excellent work on the social construction of Whiteness. Very little written about White identity, however, in the clinical...
and social work fields, and even less that was written specifically for Whites. Janet Helms, whose White Racial Identity Development framework is a Black woman, Robert Carter, a Black man, and Helen Neville, a Black woman, have written extensively on racism and mental health with examination of White racial identity, and are among the few resources in the field find directly related to my topic.

The danger that studies on Whiteness can degenerate into the ideology of color-blindness that provides legitimacy for studies on White identity must be done only for the purpose of advancing the field of racial identity development in overall mental health, and in relation to specific issues. While studies that the answers to the following questions are useful to the field if these questions could be adopted as research questions or hypotheses. Is there a significant relationship between a therapist's effectiveness and his or her racial identity status? Does the integration of racial identity into therapy contribute to the development of positive self-esteem in the patient? Do White patients in psychotherapy who are encouraged to explore racial identity issues exhibit or express different symptoms of intra-psychic conflict, guilt, shame, generalized anxiety than White patients who are not encouraged to discuss identity issues? Does exploration of White racial identity on the patient's inter-personal functioning and the inter-personal contacts?

CAN RACISM BE CURED?

This question belongs to my four-year-old self, the little girl who was founded with her mother, wanting this ugly question to be answered. Racism is a pathology of a nation, a culture, a socio-political system. Individuals are hurt by it, but do not have the power to "cure" it. Ultimately, racism can only be undone through the collective power of community organizing, the education and empowerment of individuals and whole communities or organizations (Chisom & Washington, 1997). Most therapists engage directly in community organizing activities. We can have a profound impact on the lives of the people who pass through our offices. Many of them have jobs where they hold the funders, people who control access to resources. Our clients, companies, manage departments, or teach school. Even those who do not hold positions of power are likely to be part of work groups, or worship with a faith community where they have no other authority. As we force an advocate role on our clients, people with a well-integrated, healthy racial identity will make a difference in their everyday life that reflect their worldview. Thus, we have an opportunity to plant seeds of antiracism education and empowerment in the context of individual, family, or group psychotherapy, with a focus on psychodynamic, behavioral, or other theoretical constructs.

For those of us who hold dual roles, as therapists and as agents of change, we have a profound obligation. We have the opportunity to promote the importance of antiracist community organization in program development, delivery, and curriculum development, as well as in psychotherapy. Part of our responsibility is to understand and address the role our programs and the agencies or the systems with which we have a dual obligation. We have the opportunity to promote the importance of antiracist community organization in program development, delivery, and curriculum development, as well as in psychotherapy. Part of our responsibility is to understand and address the role our programs and the agencies or the systems with which we have a dual obligation. We have the opportunity to promote the importance of antiracist community organization in program development, delivery, and curriculum development, as well as in psychotherapy. Part of our responsibility is to understand and address the role our programs and the agencies or the systems with which we have a dual obligation. We have the opportunity to promote the importance of antiracist community organization in program development, delivery, and curriculum development, as well as in psychotherapy. Part of our responsibility is to understand and address the role our programs and the agencies or the systems with which we have a dual obligation.

So, for anyone looking for a ridiculously expensive, totally unrealistic, longitudinal study that would be impossible to control, the question is: Is there a "tipping point" where enough White people in the country move beyond the pseudo-independent phase so that racism becomes a thing of the past?

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doi:10.1300/J135v06n02 15


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