

MY STRUGGLE TO UNDERSTAND RACISM AND INJUSTICE: HOW I KEPT MY SANITY AS A PIONEER IN MULTICULTURAL PRACTICE, TEACHING, RESEARCH AND CONSULTATION

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Editor's Note: Elaine Pinderhughes, Professor Emerita at Boston College, graciously agreed to contribute a narrative to this special issue of Reflections. Her seminal contributions to multicultural clinical practice are well known to generations of social worker practitioners, educators, and students, as well as to professionals in many other disciplines. This narrative intertwines the story of her personal experiences with racism and the story of the development of her social work practice and theory-building in understanding the dynamics of power, difference, race, and ethnicity as they occur in clinical practice, with particular attention to their impact on African American clients. Her pioneering work in multicultural theory, practice, research, and education has made an enduring contribution to the development of culturally competent clinical practice.

We who do battle against racism, discrimination, and injustice are rarely asked to tell our stories, particularly in a context where we can be assured that our voices will be heard. I am, therefore, grateful to be a contributor to this effort at celebrating the struggles of social work to fulfill such a mission.

The primary arena of my efforts has been teaching and publishing. I have sought to disseminate understanding about the systemic operation of difference and power in human functioning and how they operate in our work to maintain racism, discrimination, and injustice. As I have written elsewhere, my attempt to apply conceptualization of these dynamics to multicultural practice and to write about them has become a personal mental health issue (Pinderhughes 1996). This thrust, which began early in my career with efforts to understand African American identity, the dynamics of race, and the enigma of racism, became central in my work as practitioner, educator, consultant, and author. My journey, marked often by bewilderment, frustration, stress, and pain has also brought rewards. As with most, if not all, African Americans, my encounters with racism, discrimination, and injustice have occurred in every area of my life, as social worker, community resident, wife, and parent. But I have always been aware that I was among those who have been somewhat privileged, and that for many others,

the impact of these societal processes was far more devastating.

I am the mother of five children, four of whom are sons, so that there is much to tell about our encounters with racism. However, I shall confine my focus to my professional efforts to cope, particularly to understand and to conceptualize the purpose racism has served in our society, its cost to everyone, and its effect on our work.

The combination of sound clinical training, work in excellent settings, combined with a later move to academia, facilitated my survival. Being able to use theory to conceptualize the confusion, conflict, and stress I had found in practice became a therapeutic act and an unexpected source of liberation. Grounding my rich (though stressful) experiences in theory led me to develop concepts of my own to explain the dynamics in which I had been trapped. This, in turn, led to writing and publishing and a palpable sense of control over the overwhelming sadness, confusion, pain, and sense of powerlessness I had internalized.

A major soapbox issue for me for nearly 30 years has been the critical importance of a focus on *power* in any consideration of diversity or multicultural issues. My growth, in terms of the theories I learned and the concepts I developed, has served as the basis of my tools for coping. This growth has proceeded in five phases:

1. My early work experience in the inner-city sowed the seeds for all that I have done since. This experience taught me the insanity of racism, its entrapment of everyone, and its apparent intractability.

2. My experience in academia where I was required to develop a high level of theory mastery in order to teach human behavior, personality development, family therapy theory, systems functioning, and advanced practice. Three theories, in particular, shaped my thinking: ecological/systems theory of Carol Germaine (1981); the societal projection process of Murray Bowen (1982); and post-modern constructivist theory.

3. My experience developing a diversity training model deepened my understanding of cultural/social identity and connectedness, the emotionality of culture and social functioning. This led to my discovery that experiences of subjugation/victimization and power/privilege are key related dynamics.

4. My experience in 1974 conducting research among the Yoruba in Nigeria examining family and group bonding behavior in an effort to understand residuals of African culture in current African American life.

5. My experience conducting genealogical research and revisioning the history of my own African American family, an effort that constituted a truly transformative experience in my life.

Early Years, Graduate School, and Preparation for Practice

Since I had grown up in a sheltered, middle class, very stable community with excellent, though segregated, schools, the pain of being African American was for the most part distant, but never completely absent. I had learned to read on the headlines of the

local African American newspaper at a time when there was at least one lynching a week. In school, we were taught many facts about our history that could not be found in our textbooks, particularly about the courage of African Americans and their many unacknowledged achievements. Interestingly, the emphasis was less on the injustices (we never uttered the word "racism") and more on preparing us for the future. Thus, the full horror of the plight of African Americans remained unknown to us, as was our teachers' pathetic collusion in covertly perpetuating self-hating attitudes. For example, we learned to sing (unthinkingly, and with much gusto): "Rule, Britannia, Britannia rule the waves! Britons never, never, never will be slaves!" As I matured, I became increasingly concerned about these matters, such that my activism in picketing against segregation during the summer after graduating from college landed me in jail.

In order to get through graduate school, I suppressed my curiosity and growing concern about these issues until it was time to write my thesis. I chose as my thesis topic "The Meaning of Being Negro as Seen Through Parental Handling of Minority Group Status." In this research project, I studied 30 families, 10 so-called "middle-class," and 10 so-called "poor," and 10 so-called "upper-class," according to certain criteria used at the time. After I finished collecting my data, I found myself unable to bring to it the needed organization and meaning. I remember vividly the frustration and helplessness I felt. This topic was clearly ambitious, and beyond the expectations of a student at that time. I later discovered that many African American graduate students were wary of using topics of race and culture for theses and dissertations because they believed it was a sure way to sabotage their degree pursuit, since most advisors and dissertation committee members (usually White) did not understand and could not help. Getting through would inevitably

result in compromising one's convictions and even colluding with the perpetuation of racism.

My advisor, apparently as stuck as I, clearly was unable to give me the guidance I needed. So I left after two years without finishing my thesis, promptly got pregnant, and had a baby. When I finally completed it two years later, with the generous assistance of my husband, I recall an intense sense of dissatisfaction, even shame. It seemed woefully inadequate to the task I had set for myself, and in my disappointment, I promptly misplaced it. My point is that these issues of difference and power have been burning issues with me for a very long time.

The Clinical Years Working in the Inner City

After a number of years spent in child-rearing, I worked for seven years in the child psychiatry clinic of a well known teaching hospital where I acquired a solid formal background. However, we paid little or no attention to diversity. Working primarily with Irish families from the clinic's catchment area and ignorant of cultural influences, we labeled these Irish clients as pathological because "they managed feelings through denial." I remember an encounter with one of the few African American clients with whom I worked that was both perplexing and stressful. Only later did I understand her behavior of "acting dumb" as a survival strategy. Her stupidity and non-response, which we knew to be assumed behavior after she scored high average on an IQ test, was totally baffling. I had never known anyone who used dumbness as a defense to the extreme that she did, and my struggle to reach her and get behind that defense left me with a headache every time I met with her.

Around this time, the Civil Rights Movement was heating up, forcing into my consciousness all the issues I had kept on hold in order to get my training and start my career. I decided that it was now time for me to take

my skills to the inner city and I went to work in a preschool psychiatric clinic that was located there. World-renowned, this agency had trained 75 percent of the pre-school child psychiatrists in the country, was psychoanalytically-based, and was staffed by outstanding, internationally-recognized clinicians, including social workers. There it sat, in the middle of the inner city, limiting its patient load to only a very few people of color and the poor. Community people were routinely referred to the Family Service agency for "supportive treatment" since it was believed that such patients could not benefit from psychoanalytically-based treatment, because they did not have the ego strength for insight therapy. So these talented therapists, who specialized in severe emotional dysfunction and who had done outstanding work on autism, treated very few of the neighboring inner city population. When the decision was made to change this policy and to open the doors to the community, I jumped at the opportunity to be chief social worker, having little idea of the "baptism by fire" that awaited me.

There was fear and anxiety from the moment the decision was made and I, as the first Black professional, arrived. I was stunned to hear a departing psychoanalyst say that the agency would regret this move, because it would not have "intact families to train the psychiatric fellows with." As more and more African American staff joined the agency, questions were raised in terms of what constituted appropriate treatment with these families. A new day care center for "normal" children was set up to help delineate "normal" behavior for this population. It was, indeed, a beginning move toward cultural understanding. The questioning continued as even more minorities joined both the educational and therapy staffs. Tension grew in terms of how these families were being assessed, what was considered normal, and what techniques worked best. For example,

questions were raised when so many clients were diagnosed as anti-social or character-disordered rather than neurotic, when anger was automatically seen as a sign of pathology, or when an African American mother was labeled as rejecting because she wasn't planning ahead for her child's departure from his residential treatment center. Many of the newer staff believed that the problems of African American families were being compounded by the pathologizing assessments and treatment strategies being used on them.

Black practitioners, and some Whites too, raised again and again issues concerning: (a) the relationship between the behaviors being labeled as pathological and people's systemic realities; (b) the lack of understanding about how Black people viewed dependency, which frequently was seen by practitioners as a sign of dysfunction and developmental problems; and (c) the eagerness of practitioners to encourage regression in treatment. This treatment approach was based on psychoanalytic theory, which held that problems due to arrest in a given developmental stage could be addressed through treatment that allowed the child to regress back to that stage and receive "corrective nurturing."

One day, an African-American mother looked through the one way mirror and, seeing her four year-old child who was in treatment being cuddled and rocked by his very young therapist who was White, became frightened and screamed, "I didn't send my kid here to learn to be a baby, I want him to learn to use a knife and fork."

In demanding that this regressive treatment stop, she was confirming what some of us suspected - that focusing on dependency and forcing regression can be terrifying for people to whom survival, being strong, and being able to cope with awesome realities are major issues. More appropriate, we were beginning to think, would have been

immediate enhancement of strengths for both the child and family, perhaps addressing dependency later. There were lots of battles about how to view what we called passivity, aggression, and manipulation that we saw so many of the clients using. Were these signs of pathology or were they behaviors adopted to deal with painful realities? It was in the attempt to answer these questions that I first placed notions of adaptive behavior in a context that later became known as systemic process but was then merely identified as the environment (Pinderhughes 1972).

I came to see manipulation, for example, which was one of the most frequently found behaviors amongst this mostly poor population who had so few resources, not necessarily as a pathological response but as an attempt to cope with a sense of powerlessness and to gain a sense of power. Such a perspective met with immense criticism. I will never forget the group of psychiatric residents to whom I was serving as consultant, whose disrespect for these ideas was flagrant because they were not anchored in psychoanalytic theory. I felt that it was a good thing I knew this theory, because I wasn't as frightened as I might have been or put off by these confident young people's rejecting responses. But as we began to formulate some of these ideas about what constituted adaptive behavior and what was pathological, and to discuss these in our meetings, some of the Whites began to be more defensive, refusing to share their work because their assessments of Black behavior were being questioned and they felt criticized. The more that they refused to share their work, the more others were sure that they were doing harmful things to clients.

Among the stressful incidents that occurred was one involving a very talented young White student whose work I have cited often. She was working with a latency age Black boy who became anxious in the treatment session and ran out of the room.

On the stairway, a Black teacher from the day care center grabbed the child and said: "You shouldn't pay any attention to that White woman, you are an African prince." This, of course, catalyzed the agency. How dare she interfere with the bond between patient and therapist that had been so carefully nurtured? The inappropriateness of this teacher's behavior and the suspicion of some that she was encouraging out of control behavior were contending perspectives on the incident, creating a patent polarization around the issue. Many of the African American staff, and others too, believed that treatment for these children should center on emotional control and structured sessions rather than permissiveness.

At another time, a White social worker asked one of the Black day care instructors out on the playground to help her handle a child who was getting out of control. The child, apparently aware that the social worker couldn't handle him, promptly kicked her, making for additional polarization around the issue of the effectiveness, and even dangerousness, of some White therapists. There was also questioning concerning the number of young female trainees who, seductively dressed in short skirts and wearing long flowing hair, were therapists for latency-age Black boys. Questions were raised about the kind of seductive messages being given to these children.

At times, attempts to dialogue, while painful, appeared to lessen the polarization. It was in observing people's behaviors in those meetings that I first began to formulate ideas about how people behave when they are oppressed and under stress and how they behave when they have privilege and are under stress. Here are some quotes from those stressful times:

When it was decided that sharing experiences related to race might be helpful, one social worker reacted: "I'm not going to

talk about what it means to be White because I feel bad about too many things."

Another said: "Well, look, it won't work if you make us angry and frustrated; we won't hear and understand what you say."

A Black educator commented: "We have felt such pain all along. Why can't Whites feel some pain too? We *have* almost gone crazy"

Another White said: "I am angry at the thought that I'm incompetent because I'm White. I want to know what it is I need to know to be a therapist for Black children."

A Black said: "Well, that's what it's all about; we have to go through this, dealing with these feelings and questioning what we know, if we are going to be able to figure that out."

To which a White psychiatrist responded: "The worst part is my analyst is no damn help!"

Attempting to understand these behaviors led to some of my early conceptualization around the dynamics involved in having and not having power. Demonstrated over and over was the difficulty that Whites had with the shift of power from sole experts and persons in authority to learners about cultural dynamics they did not understand. To soften the polarization and the tension, which was now extreme, engulfing everyone in severe discomfort, we again made a plan to share among ourselves our personal perspectives and experiences concerning race. After several Blacks had spoken, a White psychiatrist, who was a very warm and caring, person began to speak. Breaking off his initial statement about himself, he launched into a review of a journal article he had just read concerning the stages that Black people go through in clarifying their identity. (I later learned that this article was the early work of William Cross.) Becoming anxious about the vulnerability now being demanded of him in the process and about the pressure to participate as a group member and peer, he resorted to his role as White expert and

teacher. This angered many people. Here are some responses to his behavior:

A Black community worker responded (in tears): "I'm disappointed in all of you mental health experts. Dr. O. showed a lack of respect for us. He didn't have to theorize and intellectualize, all he needed to do was to listen to us right here in this room and share his experiences, but Whites can't do that."

Later Dr. O. came to my office and he said: "I made a terrible mistake; it all came out wrong, this polarization is no good; it only alienates people. I'm a fool to stay here and feel hurt this way. I ought to go out to a suburb and work. But there is no hope of solving it if I and all Whites run, but if I stay here, there is the pain and the fighting with neighbors and friends about all this."

When I commented: "This is what we have had to put up with all our lives," he said (and I'll never forget this): "But you're stronger and you can take it. I thought I could too, but I can't." I never forgot that lesson, that behind all of the polarization between people, there always is a great deal of pain.

The behavior of some Blacks concerning the resistance of Whites to the demands for change was another issue that presented problems. Some of their responses also were unhelpful, as seen in the example of the day care teacher who grabbed the child. I sometimes felt, as I have stated elsewhere, trapped between "White racism and Black craziness" which I jokingly labeled "heart attack time." I personally struggled with being a target of anger and distrust, not only from Whites who felt they had brought me there and that my actions in questioning traditional concepts were a betrayal, but from some Blacks who felt that, in not pushing for more rapid change, I was colluding with those who wanted to maintain the status quo and exploit Black people.

I began to realize by now that I was struggling with powerlessness on a variety of levels. There was the powerlessness that was

so pervasive in the realities of the clients that involved poverty, school failure, severe disabling illnesses, histories of poor medical care, multiple losses due to illnesses, death by lynching and murder, and few to no resources. I recall the day I was reduced to tears by the story of a father whose mental illness and physical problems were all intricately connected with racism despite his heroic struggle.

There also was the powerlessness embedded in the organizational processes now occurring in the agency, which were marked by demoralization and polarization. In addition, there was my personal sense of powerlessness as a supervisor whose questioning of traditional ideas and treatment strategies placed me in conflict with much of what I had been taught, and with many of my colleagues; and all of that created a sense of powerlessness for me as an administrator—the chief social worker whose responsibility it was to manage a department composed of professionals, strongly and equally committed to both sides. When I began to react to the stress with physical symptoms, my husband suggested that I record my experiences as a way of coping.

Among the things that impressed me deeply, as I began to see patterns, was the disorganization that can happen to a power group, in this instance to Whites, when there is a threat to what they believe and to what has sustained them in terms of their status and position. I noticed the escalation of conflict among them as they took opposing positions and began to fight amongst themselves. At the same time, the increasing unity developing among the Blacks brought them a sense of confidence. However, the most valuable lesson I learned concerned the way that confusion and misunderstanding could be reduced and crisis avoided when people under stress are able to feel safe enough to be vulnerable with one another, to share personal experiences, and to consider how these

experiences may have shaped their perspectives on the situation.

For example, on one such occasion where staff were tense and Whites were silent amidst complaints about the inappropriateness of agency policy, programming, and treatment strategies, a social worker who was White, spoke up and said: "I'm scared. I feel I'm being driven away and I know that I'm valuable. I am a White who is saying teach me, show me." Her value, I learned in that instance, was not only in her expertise but in her willingness to listen, become a learner and, thus, to adapt to a shift in power. It was unmistakable since, at that moment, a Black responded: "We need people like you. We want you to stay; we don't want to drive you away."

There was agreement that what was needed were practitioners strong enough to deal with the complexities involved in the struggle to understand and able to tolerate the pain endemic to the realities of African Americans' lives. Practitioners cannot create the empathic closeness needed for clinical effectiveness if these awesome realities frighten them, pushing them to distance or to run away.

When a Black administrator arrived, I learned more about the kinds of behaviors people use when they have been trapped in racism, and how these behaviors are not easily altered even when the context changes. Despite the change in leadership and the pursuit of goals for which they had struggled, a few Black staff were so rigidly locked into the reactive behaviors they had developed as responses to racism they continued their opposition, manipulation, and passive aggressive behaviors, blocking his attempts to secure their cooperation and collaboration.

Despite all this turmoil, the agency devised programs that became more effective, and those Whites who (a) were able to question the appropriateness of traditional thinking about the effect of racism upon our client

population, and how to intervene effectively with our client population; and (b) did not feel threatened by the need for new understanding and new strategies, stayed. We now had services that empowered clients, although we didn't use that word and many of the strategies we used were innovative at the time (Pinderhughes, 1972). I remember supervising a worker who, because her client, a single working mom, had difficulty getting to the agency, decided to go to the client's workplace to hold their sessions during the client's lunch hour. We discussed what it felt like to wait for the client to appear in the reception area, examining this role reversal and its relationship to the later positive outcome.

Another example of power role reversal illustrating the success of practitioner vulnerability, when appropriately timed, is one I have used so many times in teaching:

Mrs. H., a Black middle-aged client, was judged by her first therapist, a White social work student, as too resistant to engage in treatment. Her second therapist, also a White social work student, engaged her rapidly in discussing her concerns about her grandson. However, it was not until several months later that a real change occurred in the relationship. The worker received a sewing machine for Christmas. She noted that Mrs. H., despite the poverty and other reality problems around her, had developed a talent in handwork, and asked if Mrs. H. would teach her to sew. After several lessons and shopping for material, Mrs. H. felt safe enough to reveal herself to the worker. What she had guarded carefully was a fear of falling apart, of disappearing, or going crazy. After several months of work, some modest treatment goals, thought to be impossible by the first worker, were realized.

My thinking about this case evolved into my early ideas about the significance of vulnerability in human behavior and in practitioner stance, the dynamics of power sharing (when appropriate), and strategies for turning powerlessness into power. Applying these ideas to our clients led to deepened understanding of the victim and the survival responses African Americans had developed and they pointed the way to the need for treatment strategies based on such understanding. My earliest papers (still unpublished) presented some of these ideas at conferences, hospital grand rounds, and clinical meetings (Pinderhughes 1972, 1978a).

Our struggles with racism occurred outside as well as inside the agency. We were startled to learn that similar clinics in suburban and other non-inner city locations were being reimbursed by the Rate Setting Commission for services at a much higher rate than we were. We could not understand the logic of this disparity since the work with our inner city population required more service hours in terms of additional clinic visits, home visits, school visits, and developing community supports, while many of these other clinics were able to operate using the traditional 50 minute hour for clients. This condition of inadequate funding kept the clinic in a state of financial stress and under constant threat of cutbacks.

Around this time, I began to get requests to consult with agencies that were having similar problems with staff suffering deteriorating relationships, alienation, and burnout due to conflict about programming strategies for this population. At one child treatment agency, a case was presented of a Black mother with three daughters, each of whom had a social worker. Two of the social workers were Black and two were White and, at that moment in time, there was war on the team. For example, one of the White

social workers was criticized by a Black team member for allowing her young client to stroke her hair during a treatment session. This was seen by the Black social workers as encouraging the child to see Black hair as unattractive. On another occasion, a party was held at the end of the treatment year with music and dancing. When another of the little girls tried to get her White social worker to dance with her and was refused, the Black social workers again conveyed their displeasure and perception that the White workers were insensitive, after which the White workers refused to share their work in team meetings. When, during the consultation, they were able to discuss some of their own personal experiences related to race, there was some reduction in the distrust.

Research in Nigeria

In 1975, just prior to my shift to academia, I joined a team of African American and Nigerian psychiatrists and sociologists conducting research on bonding patterns among the Yoruba and other groups in Western Nigeria. It was hoped that findings would: (a) elucidate some of the complexities involved in identity issues and in the adaptations of African Americans; and (b) provide guidance regarding "the grouping and federating behavior needed by Black Americans as they seek to recover from the handicap which slavery and oppression have imposed on their ability to form groups for the exercise of power" (Pinderhughes 1978b, p.212). Western Nigeria was chosen as the research site because it was the locale from which a large number of slaves was taken. It was assumed that in traditional non-Western influenced communities, grouping behavior would be similar to that to have been found before the advent of slavery.

We found a culture that emphasized a predominantly affiliative orientation through values, symbols, and rituals that supported joining, connectedness, inclusion, loyalty to

the group, and expected accommodation of individual interests to the group. This contrasted sharply with our American individualistic, competitive orientation. There was a high degree of organization and stability found in the kinship, family and clan structures; in rituals and ritualistic markers for all life events—birth, education and socialization of the young, marriage, and death; in the orderly decision-making procedures; whether by decree or consensus; in the values of obedience to authority and respect for traditional rulers which promoted strong and effective family and clan (community) functioning (Pinderhughes, 1978b).

The loss to African Americans of such cultural order and stability because of slavery and the racism that has prevailed in this country has been enormous and its profundity has yet to be understood. For example, the difference in identity clarity between our research participants and African Americans was immense. Whereas persons there knew their lineage from as far back as 30 generations, Blacks in this country have no knowledge of the location, clan, family, and language of their African lineage and limited knowledge of previous generations here. Slaves were stripped of their stable and solidly rooted identity, families were torn apart due to slave sales, and individuals forced to become “Mr. Henry’s Boy” or “Miss Sophie’s Gal.” Whereas all children in Africa had a legal father and every mother had a legal husband through polygamy, in this country single parent families, “fatherless” children, out-of-home children, and children in foster care have become numerous among African Americans. These are all patterns that were not found in the traditional communities in 1976 but which developed out of the African American experience in the United States. Many such contrasts could be observed concerning the two groups. This emerging recognition of what African Americans have lost now stoked the fires of my determination to understand the

damage of racism and the purpose it has served in this country.

Teaching and Consultation

At the time I moved into academia, I was also receiving more requests for consultation. As in the examples above, I focused on setting up relatively safe situations in which people could discuss their differing perceptions of African American clients and how to work appropriately with them. On one occasion, as participants were examining their experiences concerning race, tension began to build concerning which cultural group’s experiences had been the most painful. To help manage the palpable discomfort and forward the use of some logic about these emotionally-loaded and conflicting perceptions, we constructed a chart with lists of the feelings and behaviors related to the experience of being White and Black. The lists grew as Whites spoke of feeling competent, lucky, comfortable, entitled and superior, but also guilty, confused, and afraid. Blacks identified feeling frustrated, angry, trapped, and at times hopeless, but proud of their ability to cope. This conceptualization did not solve the distress of some Black and Jewish participants who strongly objected to the chart as it was constructed. One participant exclaimed, “I’m White and I belong on both those lists.”

In the long and heated discussion that followed, some Whites insisted they often experienced the feelings and behaviors we had identified as Black while some Blacks suggested that many of their feelings and behaviors more approximated those we had labeled White. Eventually, it became clear that everyone had experiences that placed them on both sides of the chart. This all made sense when we changed the headings of the chart from “*White*” and “*Black*” to “*Having Power*” and “*Lacking Power*.” Everyone felt satisfied.

This shift highlighted the complexities involved in how power operates. It was soon becoming clear how power and powerlessness were significant not only in terms of racial dynamics, but in any situation where a power differential exists such as in roles and behavior related to ethnic group status, class status, sexual identity, and sexual orientation. Therefore, in what was clearly emerging as a model for diversity training, the focus expanded to include experiences related to class identity, sexual identity, or other experiences related to identity and connectedness where power had been significant. The constellation of feelings and perceptions that people identified in relation to these experiences became known as one's "*power gestalt*."

Finally, modifications were made to start the exploration with a focus on early and significant experiences with differences, since this expanded understanding that: (a) differences of any kind are emotionally laden and usually negative; (b) our automatic responses to differences have roots in the earliest developmental experience; and (c) these responses to difference can become automatically triggered in our interaction with culturally and socially different others (C. Pinderhughes, 1979; E. Pinderhughes, 1984, 1989).

I was now getting requests to teach part-time courses on work with African American families. Although my teaching was well received by students and some faculty, I was turned down for at least one full time academic position because of fears that I was too radical. However, I persisted in my effort to join academia because of my conviction that the perspectives on the dynamics of racism and work with African American families which I had gained through my unique experiences needed to be taught and written about. It was my good fortune to arrive at Boston College where the leadership encouraged rather than disparaged my ideas. Of course, despite such

leadership, I encountered racism. My first student advisee was clearly upset to have been assigned to me, and one well-meaning colleague doubted my ability to write. However, it was gratifying that, despite ongoing mini-manifestations of racism, my reputation grew as an instructor who understood theory, and who also challenged it.

The deepened understanding I had to achieve in order to teach human behavior and practice theories gave me an excellent background for refining my ideas about culture, difference, and power, and their relationship to racism, discrimination and injustice. Teaching a course on racism and oppression greatly expanded my understanding of the commonalities involved in the experiences of people of color. Like most other people, I was astounded, despite my discoveries during our research sojourn in Nigeria, and outraged to learn about the details of slavery and the making of a slave; the near extermination of Native Americans; our treatment of Mexicans who had lived in this country long before it was "discovered"; and our treatment of other people of color around the world.

Functioning effectively as an instructor with this material was a challenge, since it meant managing my own personal reactions while keeping one step ahead of the disbelieving, outraged, guilty, and sometimes angry students. Knowledge gained at the inner-city child guidance clinic and my now growing consultation experience helped keep before me the necessity of creating a safe-enough environment for students to engage in some useful, substantive discussion of their differing perceptions and experiences. Of course, I sometimes failed but I became unalterably convinced that while conflict can interfere with learning, it also can become an effective tool for growth when people feel safe enough to speak honestly and are required to do so with respect.

As the number of consultations increased, my approach was becoming more and more experiential. As the interactive complexities arising from dialogue became more clear, I could see that the primarily conceptual approach of the classroom gave students an incomplete understanding, particularly of their own biases and erroneous perspectives about people who are different. It was this realization that drove my determination to refine the conceptualization of the dynamics of difference and power and apply it to intervention with particular emphasis on practitioner self-awareness and bias.

Genealogical Research and Revisioning My Own Family

The final significant growth experience (so far) in my effort to understand racism, discrimination and injustice was my genealogical research. Research on my own family of origin offered new insights into the pervasiveness and the systemic nature of racism's effects.

The first clues came in the background reading I did on slavery in Louisiana—the locale of my family into the early 1900s. (I was actually able to trace one branch of my family back through slave sales to 1792.) The numerous publications picturing the grandeur of the lifestyles of the slave-owning families on the plantations bordering the Mississippi outside of New Orleans described in great detail the elegance and opulence of those times where slave owners sought to replicate the life of European royalty. The sadness and nostalgia concerning the loss of such a way of life was palpable in every publication. This sense of mourning for such lost riches contrasted sharply with the total inattention to the price paid by the slaves whose unpaid labor and exploitation made possible such largesse. There was no mention of the pain, poverty, humiliation and debilitating effects that persist for some to this day.

In studying slave documents, I found that the names of the fathers of slave children were omitted in birth records. Because only the name of the mother and the owner of the mother were recorded, my findings were limited to female ancestors. Elsewhere, I have concluded that this practice is reflective of the long-standing tendency in this country to nullify and neglect maleness in African-African families. For all intents and purposes, the African-American male was a zero: he did not exist (Pinderhughes, 1998).

Within my own family, evidence of the effects of racism were found not only in the nullification of the male but in the near total ignorance of family lineage and in the many gaps in knowledge about family realities; in the poverty suffered by family members; in the multi-generational sexual exploitation of females by slave masters and White employers that reached into my mother's generation. I have described the shame, pain, humiliation, and secrecy attendant to these conditions that led to such dysfunctional behaviors as fragmented family connections, emotional cutoffs, rigidity and fusion in functioning, identity confusion, and depressive tendencies that engulfed my generation. I was also able to observe and describe the transformative benefit to family members of undoing some of these dysfunctional consequences of racism, and replacing shame, pain, ignorance, and confusion with knowledge, pride, and understanding (Pinderhughes 1982, 1998).

I reflect, with some sadness, that my 1982 paper describing my genealogical research and its effects upon the family was rejected by the journal *Family Process*, with an explanation that it was unsuitable (meaning not theoretical enough). However, six months later the journal published a very similar article by Sigmund Freud's granddaughter about the Freud family. A colleague, Connie Lemon, who had seen the Freud article, which I had not, became outraged at "the blatant racism"

and promptly sent my article to the *Smith College Studies in Social Work*, which subsequently published it (Pinderhughes, 1982). When I sent to each member of the Editorial Board at *Family Process* a copy of my published article along with a letter accusing them of racism, I received a letter of apology, along with a comment that my published article was essentially the same one that had been reviewed by their Board. Ironically, many years later, I myself would serve on the Advisory Board of that very journal.

Conclusion

This story of my personal encounters with racism and the lessons I have learned has been told primarily in terms of my efforts through teaching and publishing to make sense of the complexities, intractability and destructiveness of racism. As I write this conclusion, I realize that I have centered my story on how I have coped and survived the struggle to make sense of racism's insanity. Only now am I aware of the strength of my compulsion to focus on the coping rather than on the victimization. There have been other encounters, particularly in relation to my family, where personal victimization was more costly. For example, there were the barriers my husband faced in securing an office in locations where his White colleagues practiced; barriers that our family faced in buying a home in a location of our choice; and the thousand-and-one other ways our family, especially our children, were affected by racism. However, my deepest pain occurs in relation to the effect of the stress upon my husband's health.

I believe that our profession, having been in the vanguard of the battle, has made great strides in its struggle against racism. However, the prejudice that underlies our system of racism, discrimination, and injustice constitutes a most formidable barrier because it is part of the human condition. For this

reason, I have dedicated much of my publishing effort to explaining the universality of our negative response to difference and its connection to the erection of power structures and the exercise of power. To teach people to manage prejudice and their personal power needs toward the attainment of a just society requires resources and commitment, including education, in gargantuan proportions. For racism's strangle hold on our lives is so tenacious because of the psychological benefit that it confers to Whites. This benefit of White privilege, along with ignorance of the truth about the tragic cost of racism (both to Whites and to people of color), continues to fuel an absence of national will to change it. While there are now, and always have been, efforts to challenge racism, these initiatives have never been strong enough. Effective challenges are soon jeopardized by backlash endeavors so that they conveniently disappear in the face of economic crises, war, or other social system emergencies.

The lessons I have learned are many and powerful. I have used them to make sense of my own personal entrapment in the powerlessness that stems from the racism, discrimination, and injustice embedded in our society and, I hope, to help others understand their entrapment. For me, these efforts to understand have moderated the sense of powerlessness and of abiding sadness about my people, providing guidance in the struggle to live, teach, and practice in such a context.

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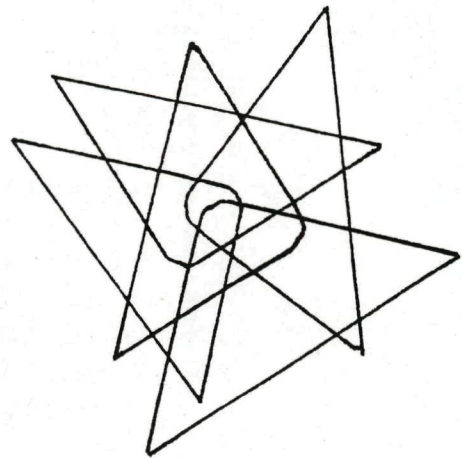
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