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## Obstacles to Inter-Racial Understanding: Some Clinical Implications for Mental Health Practitioners in Predominantly White Institutions

Jenina S. Lepard LCSW, NCPsyA  
*Lincoln, Nebraska*

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# **Obstacles to Inter-Racial Understanding: Some Clinical Implications for Mental Health Practitioners in Predominantly White Institutions**

## **Abstract**

*The issue of racial prejudice has important implications for mental health practice, particularly in the context of predominantly white institutions. In this paper concepts such as projection, projective identification, splitting, scapegoating, superiority and denial will be employed to illustrate why racial prejudice is a deeply-rooted collective psychological disorder that affects even educated mental health practitioners. Clinicians have an ethical responsibility to demonstrate cultural sensitivity and empathy when working with minority clients, colleagues, staff and students, to examine and root out their own prejudices, and to encourage others to do the same.*

**Jenia S. Lepard, LCSW, NCPsyA**

Lincoln, Nebraska

The issue of racial prejudice has important implications for mental health practice. In this paper concepts such as projection, projective identification, splitting, scapegoating, superiority and denial will be employed to illustrate why racial prejudice is a deeply-rooted collective psychological disorder, and how practitioners in predominantly white institutions can better empathize work with minority clients, colleagues, staff and students. Some specific highlights include the following:

Projection may be defined as a defense which "allows an individual to attribute onto others characteristics about himself or herself that the person knows or fears is unacceptable to others" (Thompson and Neville, 1999, p. 188). Hanna Segal (1964), in her description of the work of object relations theorist Melanie Klein, discusses the concepts of mechanisms of defense such as splitting, and how it relates in projection: "In projective identification parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts" (p. 27).

How do these concepts relate to racial prejudice, and how in turn can they be utilized to assist us in understanding how to fully integrate institutions? As Richard Thomas (1993) points out: "The enslavement of the African, later rationalized by tortured logic and moral gyrations, worked in a strange uneasiness into the collective psyche of white America" (p. 64). Given how difficult it is for individuals to detach from familial behaviors predating them by a generation or two, it is not surprising that 400 years' worth of deeply-rooted attitudes have come to seem permanent and unchangeable. As in any exchange between human beings,

however, these behaviors and attitudes have been learned and reinforced, through mechanisms such as those just described.

It is likely that no white person is entirely free of the "disease" of racism, nor is any person of color free of the injury it imposes upon his or her psyche. According to Nathan Rutstein (1997): "On the one hand, whites suffer from an inherent sense of superiority toward blacks, coupled, in most instances, by a hidden fear of losing their privileges to those they have been conditioned to view as inferior. In the black community there's a deep-rooted suspicion of the majority population, stemming from an ingrained sense of alienation" (p. 60).

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These descriptions indicate the presence of projection/projective identification which operate within white/minority collective interchanges. Whites' belief in their own superiority in relation to minorities (which could have its roots in infantile grandiosity) is really a defense against feelings of personal inferiority. Thus is the stage set for "scapegoating", which exists between individuals as well as groups of people -and thus is the foundation laid for difficulties in learning to work together.

Thompson and Neville (1999) point out several additional defense mechanisms which whites employ in order to preserve racism. Briefly summarized, they include (1) "denial or selective attention"; (2) "rationalization or transference of blame"; (3) "intellectualization" and (4) "identification or introjection". They go on to assert: "White identity is associated, in part, with the notion of White superiority and non- White inferiority. Piercing the cycle of racism will likely entail Whites having to acknowledge that they are socialized to believe that they are endowed with racial privilege and entitlement... [This is] probably one of the most formidable barriers to the demise of racism because Whites' socialization is deeply embedded within the American ethos. ...of White supremacy" (pp. 196-7).

In my opinion, there are some important implications contained in the above concepts for mental health clinicians working in predominantly white institutions, and I will propose a number of approaches which I believe are indispensable in helping to eliminate the obstacles that not only stand in the way of the most effective clinical work, but that also interfere with the successful diversification of institutions. These approaches would also be useful in addressing racial prejudice in American society-at-large. They include the importance of watchfulness for hidden racism, of continual self-examination, and - poignantly -of an awareness of how racism affects the issue of psychological diagnosis. I will also discuss the impact of culture on the clinical and work settings, and how multicultural and class dimensions must be responded to with understanding and empathy, rather than always imposing "Eurocentric" values. Mental health clinicians have an ethical responsibility -in fact, a unique opportunity -to demonstrate such cultural sensitivity, as does the majority population-at-large.

I believe that these points lay the foundation for a meaningful discussion of how to fully integrate people of color into predominantly white institutions -not only from a short-

term perspective, but also a long-term rooting-out-of-racism perspective, in which people from all backgrounds will be able to work together and embrace their diversity with eagerness.

**Presenter**

Jenia Lepard is a clinical social worker and a certified psychoanalyst in private practice in Lincoln, Nebraska. She is a graduate of Rutgers University School of Social Work and the Philadelphia School of Psychoanalysis and formerly practiced in Philadelphia. She is trained as a race unity trainer, and has been actively involved in promoting this training in Nebraska. She was also involved in planning, f. organizing and presenting at the conference entitled "Beyond Racism: Building Inter-Racial Equity and Understanding" which was held September 21-23, 2001 at the University of Nebraska-Lincoln. She presented a paper at the North Central Sociological Association's Annual Meeting, which was held in Windsor, Ontario in April 2002, as part of a session entitled "Assessing Whiteness as a Social Category."

