

Whiteness and Countertransference: Implications of a Cultural Complex in the Psychotherapeutic Environment

Pitágoras Baskara Justino* 

Abstract

This work is about the unconscious racial stereotypes. As a Jungian analyst, the author of this work is interested in examining the possible interference of structural racism in clinical practice. Interviews were conducted with White and Black analysts about their Black and White patients respectively. What are the possible developments in transference and countertransference relationships, the implications for the individuation process of the Black patient who seeks help from a White analyst, the possibilities that whiteness (as a relation of power and advantage in a racialized society) in training institutes contribute to the deconstruction of the *status quo*? The author demonstrates that racism is present and interferes in the psychotherapeutic environment. The proposal is that analysts become aware of this cultural complex. Reflections on whiteness in analytical psychology and possible contributions from training institutes were also made with the desire to reimagine new relations of affection among its members. ■

Received: 24/09/2024
Approved: 20/02/2025
Revised: 21/04/2025

How to cite: Justino PB. (2025). Whiteness and Countertransference: Implications of a Cultural Complex in the Psychotherapeutic Environment. JUNGUIANA, 43, 1–12.
<https://doi.org/10.70435/junguiana.v43.106>

Financing: No funding to declare.

Conflict of interest:
No conflict of interest to declare.

Keywords: whiteness; structural racism; transference; countertransference; analytical psychology.



* Jungian analyst certified by the Jungian Institute of Sao Paulo (IJUSP / AJB); Sao Paulo. Brasil. Physician specialized in Mental Health at Hospital Sírio-Libanês; Ph.D. in Medical Sciences from the University of São Paulo Medical School (FMUSP); Jungian analyst certified by the Jungian Institute of São Paulo (IJUSP / AJB); and participation in the Couple and Family Therapy Center - Brazilian Society of Analytical Psychology (SBPA).

Branquitude e Contratransferência: Implicações de um Complexo Cultural no Ambiente Psicanalítico

Resumo

Este trabalho trata de estereótipos raciais inconscientes. Como analista junguiano, interessa ao autor deste trabalho examinar as possíveis interferências do racismo estrutural na prática clínica. Para isso, utilizam-se entrevistas com analistas brancos e negros acerca, respectivamente, de pacientes negros e brancos. Investiga-se os possíveis desdobramentos, nas relações de transferência e contratransferência, as implicações no processo de individuação do paciente negro que procura ajuda de um analista branco, a possibilidade de a branquitude (enquanto relação de poder e vantagem em uma sociedade racializada) nos institutos de formação contribuir na desconstrução do status quo. Acredita-se ter demonstrado a presença e a interferência do racismo no ambiente psicoterápico. Propõe-se a conscientização pelo analista desse complexo cultural. Reflete-se sobre branquitude em psicologia analítica e possíveis contribuições dos institutos de formação, visando imaginar novas relações de afeto entre os membros. ■

Palavras-chave: branquitude; racismo estrutural; transferência; contratransferência.

Blancura y contratransferencia: implicaciones de un complejo cultural en el entorno psicoterapéutico

Resumen

Este trabajo trata sobre los estereotipos raciales inconscientes que heredamos. Como analista junguiano, al autor de este trabajo le interesa examinar las posibles interferencias del racismo estructural en la práctica clínica. Para ello, se realizaron entrevistas con analistas blancos y negros sobre sus pacientes negros y blancos. ¿Cuáles son los posibles desarrollos en las relaciones de transferencia y contratransferencia y las implicaciones en el proceso de individuación del paciente negro que busca ayuda de un analista blanco? ¿Podría la blanquitud (como relación de poder y ventaja en una sociedad racializada) en los institutos de formación contribuir a la deconstrucción del status quo? Se cree haber demostrado que el racismo está presente e interfiere en el entorno psicoterapéutico. La propuesta fue que el analista debe tomar conciencia de este complejo cultural. También se hicieron reflexiones sobre la blanquitud en la psicología analítica y las posibles contribuciones de los institutos de formación con el deseo de imaginar nuevas relaciones de afecto entre sus miembros. ■

Palabras clave: blancura; racismo estructural; transferencia; contratransferencia.

Introduction

This work deals mainly with unconscious stereotypes that we inherit (on a daily basis and transgenerationally) regarding black and white people.

As a Jungian analyst (the unconscious being our most important object of work with patients), I am interested in examining the possible interferences of structural racism in clinical practice. And, as I hope

to demonstrate, these interferences can either stagnate (if they remain unconscious, not only for the patient, but also for the analyst) or accelerate (when the analyst is able to access this material in the transference and countertransference) the process of self-knowledge of their patients.

According to Adams (1996), the psyche distinguishes archetypal images (typical or natural) from stereotypical images (cultural factors that we learn in society, such as raciality). Both impact psychic reality, shaping perceptions in a positive or in a negative way. The ego projects these images (archetypal and stereotypic) onto the “Other”, forming a vision of the external world and shaping our affections in relationships.

When we are all asked if we are racist, the ego automatically answers NO. But the focus of this discussion is on the unconscious: our stereotypical images about raciality and the interferences in the analytical process between analyst and patient.

Racism is structural. That is, it generates our unconscious with images and ideas of raciality and power. So, what are the possible consequences for transference and countertransference? What are the implications for the individuation process of a black patient who seeks help from a white analyst? Would it be up to the white analyst (and to the training institutes) to be more proactive in raising awareness of this cultural complex? How could whiteness (as a relationship of power and advantage in a racialized society) in training institutes contribute to the deconstruction of this *status quo*?

“(...) whiteness refers to a relationship of power, of systemic advantage in societies structured by racial domination. (...) Therefore, it is important to realize that being white differs from whiteness. Being white refers to the phenotypic characteristics that refer to the light skin color, fine features and straight hair of subjects who, in most cases, are European or of European descent. (...) These subjects go through a psychosocial process resulting from the mediations they experience during

their lives, of identification with whiteness.” (Schucman, 2020, p. 187).

Between December 2022 and June 2023, seven interviews with Jungian analysts were conducted for this work: four with white analysts about their black patients and three with black analysts about their white patients.

Interview script

1. Have you ever noticed any discomfort when treating a *black/white* patient?
2. What images, feelings and ideas did you experience in the countertransference of caring for *black/white* patients?
3. Did you notice that a hierarchical relationship (of power) occurred between you and the *black/white* patient?
4. What is coming to your mind now with this initial chat?

Once it is not the objective of this work to discuss each case in particular, excerpts from the interviews were selected to stimulate theoretical discussion of topics relevant to the theme of the present study. In addition, for this theoretical discussion, I will draw on authors who have been very relevant in the discussion of racism (Jungian or otherwise). However, when discussing the psychic dynamics between analyst and patient (transference and countertransference), the approach will be that of analytical psychology.

Structural racism and stereotypes

A few years ago, I treated my first black patient. In the first session, as soon as I saw him, my immediate thought was: “If he can’t pay, I’ll give him a nice discount so he can stay.” This thought intrigued me for several weeks and was probably one of the motivations for the theme of this work.

For philosopher Silvio Almeida, there is no way to understand our relationships in contemporary society without the concepts of race and racism:

“Structural racism as an ideology, more than a conscious phenomenon, shapes the unconscious. In other words, racism does not depend on a conscious action to exist; ‘normal life and ‘affections’ are inexorably permeated by racism. Racism creates race and racialized subjects. And it constitutes an entire social imaginary that is complex and constantly reinforced by the media, the cultural industry and the educational system.” (Almeida, 2018, p. 65)

Thus, much more than conscious choices, racism exists unconsciously, in all our relationships, through stereotypes that have been transmitted to us and categorized in our psyche for centuries.

What stereotypes about black people are unconsciously constellated in the psyche of a white analyst?

INTERVIEW 1: White male analyst on black patients

Question: Have you ever noticed any discomfort when treating a black patient?

Answer: Yes. There is something unsaid present in the care of a dark-skinned black patient. She had a very dark skin tone. It had an impact. I don’t see patients like that. I have two other black patients, but they are much lighter than her.

I saw her as a different person. She was very beautiful. She made an impact. Black and beautiful. Different from a beautiful white woman. She was an exotic beauty.

Q: What images, feelings and ideas did you experience in the countertransference of caring for black patients?

R: There’s a bit of colorism here, right? A dark-skinned black woman made me feel something. It was hard to get her out of this place that caught my attention. I even imagined that, in the waiting room, she would draw the attention of the other patients.

I don’t remember any images. But I asked myself: how did this African beauty end up in my office?

What images circulate in countertransference, when the analyst, treating a “black and beautiful” patient, perceives something “unsaid”, “that caused an impact on me”? I believe that such discomforts are feelings that we cannot name, images that are still unconscious, constellated in the countertransference.

A black and dark-skinned patient carries this meaning of “the Other”. We are not surprised to have only white patients at the reception desk. However, we would be uncomfortable if there were only black patients. A dark-skinned black patient causes surprise. Unconsciously, we validate white as the aesthetic, intellectual and moral norm.

It is important to emphasize that, although the color complex is related to an inferiority complex (structural racism positions black people in a position of inferiority), the analyst must be very attentive to the transference and countertransference so as not to reinforce/repeat this psychic dynamic, already imposed by structural racism, of which all black people are victims, on a daily basis.

The psychotherapeutic process and analytical listening

Some patients come to me because I am black and gay. I often hear that or “I end up feeling more comfortable” or that “the work flows better”.

This identification with a stereotypical and collective identity (being a part of the same racial group, being a part of the same sexual orientation group or both) can facilitate the establishment of an affectionate bond (positive transference and countertransference) necessary in the therapeutic process.

In this section, I would like to analyze the stages of the psychotherapeutic process, with the backdrop of a white analyst and a black patient. How does racism (as a cultural complex) interfere with the patient’s empathy towards the analyst, and vice versa?

INTERVIEW 2: White female analyst on black patients

Q: Have you ever noticed any discomfort when treating a black patient?

A: I'm trying to bring these images to light. A patient I've been seeing for a long time came to me, and we had a great connection. Strangely, with her, I thought I was embracing and understanding the symptoms as a story of the trauma we were working on — a recurring story of childhood abuse and she, a black woman. But, then, in a session, not about the trauma, but about a passion for a white man, I tried to bring the session to the understanding of childhood trauma and she cut me off: "Do you think everything remained in childhood?"

I discovered, at this time, that my listening had a wall.

In the social psychology clinic, we were in at college, I, a white psychologist, and two other black psychologists, realized that I never brought up issues of racial injury in the group discussion. And my other friends always did. Then I started to question how I was listening and began my own journey of racial literacy.

Q: What images, feelings and ideas did you experience in the countertransference of caring for black patients?

A: I have five slots for in my office dedicated to people without means to pay my full hour. They are mostly black people. I have found myself watching my words a lot. I have found myself trying to avoid touching on things that I thought might be too hurtful.

I felt tied down. It was like I was going to hurt her again. If I were black, I think it would be different.

The analyst describes moments of discomfort, "feeling tied down", "being careful about her own speech", so as not to hurt another black patient, and a distrust in relation to the analytic listening itself. These discomforts led her to begin a journey of racial literacy.

I believe that these situations, in clinical practice, are very common and lead us to be aware of the unconscious processes (transference and countertransference) that triggered them.

Schwartz-Salan (2021), calls the experience in the analytical encounter *communitas* (in addition to a communion or sense of community), as being the archetypal factor in the meeting between analyst and patient. For the author, this meeting builds an I-You relationship marked by a deep feeling of mutual respect, equality and interest, which makes the psychoanalytic environment special, favorable to genuine acceptance and transformation.

In the interview above, we still see the effects of the racial complex (which affects both black and white people, creating hierarchies) building a power relationship between analyst and patient: "Yes. A place of not feeling comfortable; me, a white psychologist, in front of a black patient. Did I have all that power to hurt her?"

In addition to working with dreams (the royal road to the unconscious) and active imagination, Jung highlights the analysis of transference and countertransference as a fundamental process in therapeutic work (Jung, 2012).

And, exploring the images of the alchemical text *Rosarium Philosophorum*, he comes to the conclusion that the symbolism of *coniunctio* — the image of the union of opposites — is the structural form underlying the transference/countertransference process (Jung, 2012).

In this process, the unconscious images between analyst and patient need to be separated, removed from the state of *participation mystique* in which they are found and then integrated into the ego consciousness, to finally participate in the formation of a new consciousness closer to the Self (the hermaphrodite Self). This is the process of becoming aware of the unconscious contents in both the patient and the analyst. Such awareness depends on the analyst's experience, being able to access the unconscious images that emerged in the countertransference (Schwartz-Salant, 2021).

Regarding the content (and symptoms) about raciality (present in the psyche of all of us, whether consciously or unconsciously), I believe that if the analyst cannot access his own images, he will continue in *participation mystique* with the patient and, therefore, hinder the therapeutic process of transformation. The lack of awareness of our own prejudices (cultural complexes, in general) prevents us from differentiating our own images of raciality and those of our patients.

Narcissistic pacts of whiteness

“If slavery left black people ‘deformed’, what is its legacy for white people? How can we understand that slavery left one group at a disadvantage and not understand that the other group has a structural advantage? When we look on the street and see only black beggars, we understand that this is the legacy of slavery. But when we see only white people in the boardrooms of companies or institutes, don’t we also think that this is the legacy of slavery for white people?” (Schucman, 2023, p. 46)

If structural racism involves stereotypical images (conscious or unconscious) of black and white people, why is the discussion of racism solely the responsibility of black people? If the color complex makes black people feel inferior, how do white people who unconsciously receive these benefits act? What are the unconscious fantasies of hierarchy/power in the psyche of the white analyst in relation to the black person?

Critical whiteness studies aim to discuss the role of whiteness in maintaining structural racism. How does whiteness (as a power relation) act in the psychoanalytic environment?

INTERVIEW 3: White female analyst on black patients

Q: What images, feelings and ideas did you experience in the countertransference of caring for black patients?

A: I remember a black patient who started seeing me when she was thirteen or fifteen years old and then came back to be my patient again when she was thirty years old. When she came back for the second time, she had questions about her mother’s serious illness, who later died. She refused to go to the funeral. I made myself available and ended up going to the funeral with her; and it was an incredible experience: the mother in colorful, party clothes, and her mother’s favorite songs being played. It impacted me to see this black family with a different culture (at the funeral) than I was used to. While treating this young woman, I sometimes remembered that, when I was a child, my parents brought a black girl (child) from the interior of the state to work at home — to help with the baby, my sister — and also to study in the big city. This was common in those days. Today, I wonder how it was so simple, to take a black child from her home to live the homes of strangers.

Q: Did you notice that a hierarchical relationship (of power) occurred between you and the black patient?

A: Yes, often. For a long time, I worked mostly with children. I didn’t notice it with the children, but I did with the parents, and it was very frequent. I had to be careful about what I said, so as not to increase their discomfort. There was a place of someone who has less and can do less. I tried to get them out of this place so that they could access their creativity.

According to Bento (2002), The narcissistic pact of whiteness refers to a silent pact of support and strengthening of equals. It is a feeling of unconscious reciprocity, which ends up preserving the maintenance of privileges and interests of white people. And, because it is unconscious (what is morally repudiated we keep in the shadows), it acts so decisively in maintaining the myth of racial democracy. What I want to point out is that, when questioned, white people say they are not racist, despite recognizing racism as a serious social problem.

According to Watkins (2008, p. 114), this lack of awareness about one’s own feelings, modulated by the effect of racism, is harmful not only to

black people who are constant victims of structural racism, but also to white people, who develop symptoms/ego defense mechanisms to keep unconscious reflections that would be very painful.

“In my work over the last fourteen years, the first and most important aspect that draws attention in debates, research, and the implementation of institutional programs to combat inequalities is the silence, omission, or distortion surrounding the place that white people have occupied and still occupy in Brazilian racial relations. The lack of reflection on the role of white people in racial inequalities is a way of persistently reiterating that racial inequalities in Brazil are a problem that affect exclusively black people, since only black people are studied, dissected, and problematized.” (Bento, 2002, p. 26)

In this interview, I would like to explore the association made by the analyst — the black patient reminded her of a childhood memory: a black child taken into her home to help with household chores. She reflects: “Today I wonder how it was so simple, to take a black child out of her home to work and study in the homes of strangers.

We repress these memories (racist experiences that we have witnessed throughout our lives).

“It is clear that white people do not hold secret meetings at five in the morning to define how they will maintain their privileges and exclude black people. But it is as if this were the case: the forms of exclusion and maintenance of privileges in the most different types of institutions are similar and systematically denied and silenced. This pact of whiteness has a narcissistic component of self-preservation, as if the ‘different’ threatened the ‘normal’, the ‘universal’. This feeling of threat and fear is at the heart of prejudice, of the representation that is made of the other and of the way we react to it.” (Bento, 2022, p. 18)

These privileges are more evident in educational institutions and large companies, where leadership is mostly made up of white people, and selection processes will always be biased towards race, usually camouflaged by the “myth of meritocracy”. In analytical psychology institutes, for example, black candidates for analysts are very rare. In our conversations, we often tell stories about our lives and the difficulties we faced before we managed to get into a training institution. But no one would acknowledge the fact that if white people occupy these positions, it is because the whiteness of their skin has also granted them privileges that the vast majority of black people do not have.

Wouldn't being affiliated with a training institution where 98% of the analysts are white, in a country where 53% of the population is black/brown, allow us to conclude that the institution is racialized (in some way, it facilitates the entry of white people)? And isn't it a privilege that this condition is considered normal and never questioned?

Could the practice of the white analyst be oblivious to social injustices?

The shadow of the white analyst

“If Social Psychology is responsible for studying what is ideological in human behavior, its best practice will consist of unmasking all anti-popular ideology, that is, those forms of common sense that operationalize and justify an exploitative and oppressive social system.

It is about revealing what is alienating in these assumptions rooted in everyday life and which underpin passivity, submission and fatalism.” (Martin-Baró, 2017, p. 61)

Watkins (2008) questions the stance of white analysts in countries marked by great social injustices, such as Brazil, marked by racism:

“Altman (1995) laments that because many psychoanalysts are white and pursue social privilege, psychoanalysis has lost some of its night vision, trading subversive knowledge for conformity to the *status quo*. Altman describes psychoanalytic night vision as its ability to critique society and examine its intrapsychic implications from an outside, critical position. Such a view allows us to begin to see that our psychological suffering is tied to the cultures in which we reside. Jacoby (1975) argues that the trade-off between night vision and professional security has poisoned the deep psychological practices with social amnesia.” (Watkins, 2008, p. 112)

The psychopathology of the white analyst manifests itself in the neglect of racism, making him an unconscious accomplice of an oppression that normalizes racial violence. He creates an image of the ‘Other’ as inferior and trapped in stereotypes, disregarding his individuality (Watkins, 2008, p. 112).

Escaping this passivity would mean questioning the *status quo* of our family, professional and communal relationships. And allowing ourselves to be affected by the reflections: Why do I have so few black patients in my office? Why do I have so few black friends in my life? How do I feel about the black people I interact with (at work, at my training institute, or even at home)? Can I see their power fantasies? Do I have the same empathy and genuine interest in them as compared to my white friends? Do psychology events that discuss racism interest me? And why not? Do I refer patients to black analyst colleagues as often as to white analysts?

Watkins further describes:

“However, not breaking out of passivity is detrimental to one’s sense of self and solidarity with others. Psychically, being a bystander to injustice and violence fuels disconnection, passivity, fatalism, a sense of futility, and failures to connect empathically. (...) Habitual passivity is pernicious because its psychological cost remains largely

unrecognized. It is as if there were a chronic illness of which one is not aware. To cure it, one must begin to experience it. (...)” (Watkins, 2008, p. 114).

Thus, considering the psychoanalytic encounter between a white analyst and a black patient, every white analyst should develop their own racial literacy, not only to access the contents of the psyche that are kept unconscious by ego defense mechanisms but also to engage, with soul, in the psychic world of their patients. In a country where racism is as violent as it is in Brazil, this should be part of the agenda of training institutes.

The black analyst in a white psychology: Countertransference of love and power

If denial and unconsciousness limit the clinical practice of white analysts, what are the consequences of the violence of racism in the clinical practice of black analysts?

As a black analyst who treats mostly white patients, I often find myself “wanting to be more” or “wanting to do more” in certain cases. What is going on in my psyche at these times? Why do some white patients evoke these feelings in me?

INTERVIEW 5: Black female analyst on white patient

Q: Have you ever noticed any discomfort when treating white patients?

A: Yes, several situations. When I worked in a hospital, I encountered families who refused to speak to me. I also had a new patient who, upon seeing me in the first appointment, became very uncomfortable and explicitly told me that she could not do therapy with me because she did not trust Black people and that I should have informed her that I was Black. Another patient often makes me feel very sleepy. She once told me that therapy was difficult for her because she had always been served by people of my color. That was indeed a very difficult situation.

Q: Did you notice that a hierarchical relationship (of power) occurred between you and the white patient?

A: Yes. I felt like I was in that position. “Will I be able to handle this?” Interestingly, I never felt that way with more serious psychiatric patients. For example, I have a patient who tries to put me in that position and says that because I am black, I should serve her. But I don’t feel that way with her. Maybe at other times in my life I thought it would be easier to serve black patients, but today it is no longer an issue for me.

I believe that the difficulties described by the analyst are very common to many black analysts, and this opens up the question of negative countertransference:

There is a distinction — which is often mentioned in any conversation between analysts — between positive and negative countertransference, which reflects a notion of positive or negative transference. It seems to mean basically that an analyst either “likes” the analysand or he doesn’t. As a point of reference, it is not entirely useless or irrelevant, but it leaves much to be desired in the details (Stein, 2021, p. 96).

Is it possible to foster welcoming listening in a hostile environment? What are the boundaries and challenges faced by a Black analyst?

Archetypal patterns of transference/countertransference

In *The Myth of Analysis*, Hillmann highlights the dynamics of transference and countertransference as a phenomenon of the union of Eros and soul/*anima*.

“The *coniunctio* demands love and soul which, in their union, are one. (...)”

Transference is an intensified replica, or archetypal paradigm, of every human relationship. It establishes itself in us wherever we

may go, wherever a connection means something to the soul”. (Hillman, 1984, p. 101)

Jung argues that the *anima* develops this capacity for union through four stages of erotic phenomenology: Eve, Helen (of Troy), Virgin Mary, and Sophia.

“Erotic phenomenology: antiquity already knew the erotic scale of four women. (...) From the name, it is clear that these are four stages of heterosexual Eros, that is, of the image of the *anima* and, consequently, of four cultural stages of Eros. The first degree of Chawwa, Eve, or Earth, is merely biological, in which woman- mother, is nothing more than that which can be fertilized. The second degree concerns a predominantly sexual Eros, but on an aesthetic and romantic level, in which the woman already possesses individual values. The third degree elevates Eros to maximum respect and religious devotion, spiritualizing it. Contrary to Chawwa, it is about spiritual motherhood. The fourth degree makes explicit something that goes against expectations and even surpasses this third degree that is very difficult to surpass: it is *sapientia*. But how does wisdom manage to surpass what is most holy and pure? The answer lies in the elementary truth that often something that is less means more. This degree signifies the spiritualization of Helen, of Eros himself.” (Jung, 2012, p. 58)

In other words, the analyst/patient relationship is an erotic/loving encounter on several levels: maternal, romantic, spiritual, and intellectual. Carefully observing these possible manifestations of the *coniunctio* means being attentive to the transference/countertransference dynamics of that encounter and, as Hillman points out, being mindful of whether that encounter is soul-forming.

Thus, in the soul-making process of the psychoanalytic encounter, I believe we, as analysts, should ask ourselves: where is the manifestation

of Eros in this encounter? And if, in the countertransference, we are unable to establish this union, another type of countertransference must be at play in the analyst/patient dynamic. Since racism is fundamentally a power relationship between people, I would like to explicitly address the countertransference of power.

Countertransference of power

According to Stein, “Power — by which I mean the need or desire to have control — is never absent from human relationships, and the therapeutic relationship between analyst and patient is no exception.” (Stein, 2021, p. 99). It is the need (perceived subtly or strongly in sessions) for the analyst to take control of the situation, to direct the patient. This need for control must always be analyzed, understanding why it happened and perceiving the dynamics behind it.

Stein mentions Guggenbuhl -Craig’s work:

“(…) when power becomes paramount in the helping situation, an archetypal unit is split into two parts: the ‘lesser’ and the ‘greater’, the ‘sick patient’ and the ‘healthy doctor’, the ‘poor client’ and the ‘established professional’, the ‘ignorant student’ and the ‘wise teacher’, among others. (...) And the result of this split is emotional distancing: analyst and patient become very ‘different’ and their relationship becomes colored by this feeling of otherness.” (Stein, 2021, p. 99)

And when racial complexes are activated during the analysis, this power dynamic tends to establish itself. In my experience as an analyst of white people, it comes as this feeling of “wanting to do more”. Once again, the identification of this pattern and recognition of its reasons by the analyst will be essential to reestablish a dynamic of cooperation (the doing of the soul).

Furthermore, structural racism is present in educational institutions. Not recognizing or acting proactively is to consent to and to validate a structure

that everyone abhors, but in the face of which they remain silent.

“In a society where racism is present in everyday life, institutions that do not actively treat racial inequality as a problem will easily reproduce practices already considered normal throughout society.” (Almeida, 2018, p. 65).

In analytical psychology, we understand that complexes do not simply disappear. However, it is possible to unmask them through awareness of our actions and emotions. Through self-reflection, we can learn to coexist with them more effectively, expanding our consciousness and cultivating a more integrated way of being in the world. Yet, as an institution, we still hesitate to truly engage with this powerful cultural complex—perhaps to avoid confronting feelings of guilt and shame.

And what are our institutional symptoms? Avoidance of discussions about racism in the *Complete Works* of CG Jung; Conformity with a white and elitist psychology; Lack of an agenda focused on racial literacy for candidates and analyst members; Absence of black analysts in Jungian training institutes; Absence of black analysts in board positions; Lack of practical actions for historical reparation: quotas in institutes? Relaxation of some training requirements?

Singer et al. (2004) highlight that the traumatic experience of slavery, together with the perpetuation of this trauma by structural racism in contemporary society, activated archetypal defenses at the group level: dissociation (emotional distancing) and projection (attribution to the other). These defenses are fundamental in maintaining this collective image (Singer et al., 2004).

As a training institution, I believe we are still dissociated from the collective trauma of racism. But by avoiding emotional engagement (and also anxiety, shame, and fear), we are also distancing ourselves from a cultural reality that has been shaping our psyches for centuries.

“Unfortunately, all human beings have an enormous capacity to live in states of denial, of dissociation, of forgetfulness and of identification with ideologies of the dominant culture. It can be extremely painful to develop an awareness criticism, unlearning what has been taught throughout life.” (Watkins, 2008, p. 231)

Fanny Brewster discusses some possible actions for this reintegration. First, the need for us all to be open to dialogues about the collective trauma and transgenerational psychic pain that shakes us daily (black and white); second, not to accept silence. The author also describes her work as a group moderator with white analysts, where the purpose of the meetings is to discuss and try to uncover racism in the analysts’ daily lives. These meetings always arouse feelings of anger and guilt in the group (Brewster, 2020).

“(…) The beauty of analytical psychology is that it often provides us with the answer to our suffering. The medicine is in the poison. Jungian psychology is a psychology of discovery. And the path is often presented in the form of a labyrinth and, of course, it will never be easy. Accepting this fact and living the experiences fully, recognizing not only the suffering but also the joys of living, brings us ever more hope.” (Brewster, 2020, p. 151)

Conclusion

Because it represents an inferiority complex for Black people and can lead to negative transference and countertransference, structural racism has the potential to stagnate the psychotherapeutic process of individuation. For this process to unfold, Love and Soul must meet. If power — whether conscious or unconscious — dominates the analyst/patient relationship, soul-making will not occur. Instead, both analyst and patient will remain trapped in the unconsciousness of their own feelings and ideas.

Some reflections were also made on the possible contributions of training institutes, perhaps even in a utopian sense, with the aim of reimagining new and more affectionate relationships among their members. I call this utopian because the complex is so deeply rooted and unconscious in our daily lives that we naturally develop defense mechanisms to avoid the guilt and shame that awareness would bring.

However, one of the great beauties of analytical psychology, for me, is its capacity to inspire us — and our patients — to reimagine our lives, affections, and relationships with the Other and the world. Little by little, perhaps, we might cultivate a collective psyche with greater alterity. This, I believe, would be my utopia for training institutes. ■

References

- ADAMS, M. V. (1996) The cultural unconscious and collective differences. In: *The multicultural imagination: Race, color, and the unconscious*. Routledge.
- ALMEIDA, S. (2018) *Racismo estrutural*. Pólen.
- BENTO, C. (2002) Branqueamento e branquitude no Brasil. In: CARONE, M. A. I. (Org.). *Psicologia social do racismo: Estudos sobre branquitude e branqueamento no Brasil*. Vozes.
- BENTO, C. (2022). *O pacto da branquitude*. Companhia das Letras.
- BREWSTER, F. (2017). *African Americans and Jungian psychology: Leaving the shadows*. Routledge.
- HILLMAN, J. (1984). *O mito da análise*. Paz e Terra.
- JUNG, C. G. (2012). *Ab-reação, análise dos sonhos e transferência*. Vozes.
- MARTIN-BARÓ, I. (2017). A desideologização como contribuição da Psicologia Social para o desenvolvimento da democracia na América Latina. In: MARTIN-BARÓ, I. *Crítica e libertação na psicologia*. Vozes.
- SCHUCMAN, L. V. (2020). *Entre o encardido, o branco e o branquíssimo: Branquitude, hierarquia e poder na cidade de São Paulo*. Veneta.
- SCHUCMAN, L. V. (2023). Alianças possíveis e impossíveis entre brancos e negros para equidade racial. In: SCHUCMAN, L. V. (Org.). *Branquitude: Diálogos sobre racismo e antirracismo*. Ibirapitanga.
- SCHWARTZ-SALANT, N. (2021). Fatores arquetípicos subjacentes à atuação sexual no processo de transferência e contratransferência. In: STEIN, M. (Org.). *Transferência e contratransferência*. Cultrix.
- SINGER, T. (2004). The cultural complex and archetypal defenses of the group spirit. In: SINGER, T. (Ed.). *The Cultural Complex: Contemporary Jungian perspectives on psyche and society*. Routledge.
- SCHWARTZ-SALANT, N. (2021). Fatores arquetípicos subjacentes à atuação sexual no processo de transferência e contratransferência. In: STEIN, M. (Org.). *Transferência e contratransferência*. Cultrix.
- WATKINS, M. (2008). Towards psychologies of liberation. In: SHULMAN, M. W. (Org.). *Towards psychologies of liberation*. Palgrave Macmillan.