

Racism, Narcissism, and Integrity

Carl C. Bell, MD
Chicago, Illinois

Recently there has been much literature pertaining to the psychodynamics of narcissism and its relation to psychopathological and normal psychic functions. While these models of the mind are primarily aimed at understanding individual behavior in the therapeutic relationship, they are also useful in clarifying one's thinking about racism, which can be approached both from an individual and social viewpoint.

The author demonstrates that the racist individual suffers from a defect in narcissistic personality development, which precludes the subsequent development of such qualities as creativity, empathy, and integrity.

Nothing in this paper can be proved by scientific methods, because of the subjective nature of the material. Instead there must be an internal measure similar to the evaluation of varying shades of such emotions as anger, happiness, fear, etc. This intuitive, metaphoric type of "knowing" is not considered as valid as the empirical or logical type of "knowing," a consideration with which I disagree.

In a half-hearted attempt to deal with racism, our society has made discrimination and segregation illegal, but this action only deals with overt, em-

pirical behavior. Beneficial though this may be, it allows a more pervasive and substantial type of racism to perpetuate, ie, covert racism, which is subtle and difficult to prove. Covert racism is a psychological attitude and as such it should fall under the scrutiny of psychiatry, as a psychopathological symptom of a type of personality disturbance. Integrity and the type of personality disturbance denoted by racism may be said to be on a continuum at opposite poles. Racism is a form of disrespect, while integrity implies a quality associated with respect. A person who deserves respect usually is able to give it as well. To be clear, respect implies courtesy; showing consideration for, and avoiding intrusion upon, or molesting others.

Recently, there has been much literature pertaining to the psycho-

dynamics of narcissism and its relation to psychopathological and normal psychic functions. While these models of the mind are primarily aimed at understanding individual behavior in the therapeutic relationship, they are also useful in clarifying one's thinking about racism. The racist individual suffers from a psychopathological defect of developmental processes involving narcissism, which precludes the subsequent development of such qualities as creativity, empathy, wisdom, and integrity. Briefly, Kohout's work on narcissistic personality disorders¹ and Masterson's work on borderline adolescence,² as well as Kernberg's work on borderline personality organization³ deal with the theoretical and developmental aspects of the basic defects present in the racist—not to mention the murderer, child molester,

Presented at the 82nd Annual Convention of the National Medical Association, Hotel Bonaventure, Los Angeles, California, August 1977. Requests for reprints should be addressed to Dr. Carl C. Bell, 5514 S Cornell, Chicago, IL 60615.

and other such behavioral types characterized by a basic lack of respect.

The infant begins with a fragmented self, that is, an unrelated set of psychic structures and functions, as well as a set of drives which need taking care of by the mother. As the mother soothes these drives, a function she can only perform with the aid of an empathetic linkage with the child, the child begins to coalesce in relation to the mother, a process which is called symbiosis. As the mother's inevitable separation from the child and her moments of unempathetic contact begin to take effect on the child, the child must tolerate this frustration (hopefully because of the nurturing received in earlier life) and maintain his sense of self. If, on the other hand, the connection between the mother and child has been unempathetic or the realization of the separateness of the mother and child has been too traumatic, then a defect in relatedness occurs, as well as an accompanying tendency to function on, or regress to, that fragmented, agitated, and rageful early level of functioning. It is this lack of experience with empathetic linkage which is characteristic of the racists I have treated, and which has been traced to the original paradigm of interpersonal relatedness, ie, the relationship of the child with the mother. One does unto others what has been done unto him.

In attempting to do intensive psychotherapy with racist individuals, one finds striking similarities between such patients and murderers, child abusers, child molesters, and sadists. Racism is the practice of racial discrimination, segregation, persecution, and domination based on a feeling of racial differences or antagonisms; especially with reference to supposed racial superiority, inferiority, or purity. The murderous person totally dehumanizes others in his own mind. His family history reveals unempathetic parental figures who dehumanized the child by unpredictable and violent behavior, the result of projecting unacceptable parts of that parent's personality onto the child.

Characteristically, the victims of my murderous patients were not recognized by them as persons with feelings—a clear indicator of no respect for human life, which I feel is inherent in the psychological make-up of the racist. Abusive parents have familial his-

stories of parental abuse, expectations of the child meeting their needs, a sense of self-righteousness, a feeling they own the child and he is their property, and a high degree of ambivalence between love and rage.

The racists treated by this writer all had similar histories, as in fact their major motivation for seeking treatment revolved around frustration tolerance and impulse control. Although it is conceivable that all patients with symptoms of dyscontrol may be racists, it is not necessarily true that all racists have symptoms of dyscontrol. I have never seen a racist who did not have serious difficulties with respect for the supposed inferior's territoriality. This lack of respect does not always imply violence but it does imply a violation of basic human rights, which implies a level of grandiosity, lack of self-boundaries, and dehumanization which is theoretically and clinically characteristic of the narcissistic personality disorder. The order of grandiosity of racism is demonstrated by a borderline patient who one, in a state of agitation and narcissistic rage because I had invaded his clinic, ran up to within two inches of my face, ordered me to get out of his face, and was halfway down the hall before I realized what had happened.

Territoriality or boundaries are paramount for the racist as a result of his lack of self-definition and tendency to extend his boundaries, thus, motivating the racist to make anything foreign a stimulus for protective action. It is interesting to note that the treatment of a patient's underlying narcissistic personality disorders through the application of empathy also relieved the symptoms of racism, regardless of whether the patient was black, white, or hispanic. Clearly, a person who has racist attitudes secondary to cultural indoctrination, rather than as a symptom of a narcissistic personality disorder, is able to relinquish his attitudes with some exposure, as this type of racism is mainly due to ignorance. It is only the narcissist who, because of his own internal fragmentation, is unable to see the whole person after he has been thoroughly exposed. Persons with this type of psychological disorder are only attentive to those characteristics (real or imagined) which are important to them, and pay little attention to other attributes which the minority may possess. The differentia-

tion between the racist attitude resulting from a defect in narcissistic development is based on the degree of hostility directed toward the minority population.

The type of racist with which this paper is mainly concerned is the person who, for example, after a discussion of miscegenation with the therapist, goes home and, although he does not punch the lady in the stomach who passes by him on the street, he does tear up his home in a fit of rage.

One of the clearest models of the narcissistic personality disorder is present in a Hollywood movie entitled *Play Misty for Me*. Briefly, it is a story about a disc jockey who is approached by one of his female fans. He makes it clear that the relationship they have is purely transitory and she should not get attached. After a brief interlude, he tells her goodbye; however, she does not choose to let him go, and shows up in his house one day with his dinner prepared. He bewilderingly accepts the dinner and tells her to get lost, in no uncertain terms, as he has begun to feel imposed on. The next day, while being interviewed by a female television executive for a job, the fan sees him and flies into a jealous rage based on her narcissistic assumption that he is her man. Again the disc jockey tells her she has no claim on him and to go away. Of course, she pays little attention to his autonomy and later on in the movie she fragments, becomes livid with narcissistic rage, and nearly kills several people. It is precisely this imposing tendency which is characteristic of the racist with an underlying narcissistic personality disturbance.

In terms of black individuals' reaction to whites, and the possibility of black racism, the issue is more complex. Fannon once stated, "It is the racist who creates his inferior."⁴ Therefore, it is extremely difficult to distinguish black racism from a reaction to white racist practices. Langston Hughes dealt with this issue in his celebrated poem *Dream Deferred*.

What happens to a dream deferred?

Does it dry up

like a raisin in the sun?

Or fester like a sore—

and then run?

Does it stink like rotten meat?

Or crust and sugar over—

like a syrupy sweet?

Maybe it just sags

like a heavy load.

Or does it explode?⁵

A friend of mine once told me of his solution; one that I suspect is adopted by many who are subjected to racism which has become part of a culture's mores. He told me that at the age of 12 he decided he would be free, so he went out into the world. After a sufficient number of "brick walls," he decided that since he could not be free on the outside, then he would be free on the inside. This is what I suspect is the source of soulfulness—which as been defined as full of deep feelings. I can understand a black person's need to identify with whites as a means of identifying with a culture that has "made it" (by white standards), and as a defense typical of victims, ie, identification with the aggressor. The white racists' need to identify with blacks is a much more complicated issue. While on one hand blacks have much to offer, such as "soul," slang, humor, empathy, wisdom, style, and color, these are usually derided by whites, and such attributes are closely associated with the "inferior being." However, whites spend millions on suntans, are masters of cultural burglary and plagiarism, and have a historical reputation for entrusting their children to a black woman.

Thus, one must ask why the identification with the victim. This brings to mind the model of the sadomasochistic character disorder which revolves around anal struggles. I would say that we live in a very asinine anal society, thus the question is no longer "To be or not to be"; the question has now become "To have or to be." The narcissist believes that somehow the extension of the self boundaries to personal property (be it one's children, wife, new car, slaves, etc) will in some way bolster that false grandiosity which has a narcissistic base. I suspect that the majority culture of this country has a collective unconscious awareness that it is an affectless, sterile, unempathetic milieu with emphasis on achievement and hoarding. As a result of this awareness, that majority turns with ambivalence toward one of the groups in this culture which has not sold its soul (Grier and Cobbs point out in their book *The Jesus Bag*⁶ that the conscience of America rests in the hands of such empathetic groups as black folks).

As a black psychiatrist treating black patients, I find myself more aware of this turning inward by the black patients than do my white counterparts, who are more willing to attri-

bute a reactive depression (which is secondary to lack of work) to a defect in character structure and dispense a minor tranquilizer rather than do nothing, expose social action, or empathize with the victim's plight. Marx said "Religion is the opium of the people," a quotation which seems consistent with another message in *The Jesus Bag*, specifically that religion has kept black folks content with a dream deferred, expecting a reward in heaven. As it seems that psychiatry is fast becoming a modern religion, it might be more appropriate to say that "Psychiatry is the opium of the people"—an opinion which many would support. However, neither religion nor psychiatry need be a form of opium, any more than an acute psychotic episode need be un insightful and unproductive, nor need the racism which has caused black folk to turn inward be a totally negative experience. I think the evidence for this belief is reflected by the integrity, empathy, wisdom, creativity, and humor present in people who have experienced religion or racism in a constructive, growthful manner. I once saw a whole train load of black folks prevent a young white girl from getting off at the "wrong stop" and give her explicit instructions on how to get where she was going safely.

Kohut once stated "Wisdom is achieved largely through man's ability to overcome his unmodified narcissism and it rests on his acceptance of the limitations of his physical, intellectual, and emotional powers."⁷ Furthermore "Man's capacity to acknowledge the finiteness of his existence and to act in accordance with this painful discovery may well be his greatest psychological achievement. . . ."⁷ From my personal and clinical experience it is abundantly clear that black folks are always facing "the finiteness of their existence"; however, their ability "to act in accordance with this painful discovery" varies from individual to individual.

I saw an 11-year-old black child who had lived in housing projects and had a reading score on a first grade level, yet showed no signs of a reading disability and was able to lose only two of the 13 games of tic-tac-toe we played, while the other 11 games resulted in a draw. I asked this apathetic youngster the standard question of three wishes. He replied "To move out of the projects, get a job when I am old enough, and

learn something in school." When questioned further about his first wish, he replied in a matter-of-fact fashion, "There is too much death there." I asked what he meant by that and he gave me a rundown of that week's occurrence of death and violence. A 66-year-old woman had been murdered on the stairwell over \$1.65 and a four-year-old girl had been raped—all since Monday, and to make matters worse the week was only half over, as I had seen him on a Wednesday.

I saw another patient who was around 16 years of age, in order that he get a clean bill of health as he had been in psychotherapy for about two years, beginning at the age of nine. I asked him the nature of his difficulty that led him into therapy and he told me that he had been afraid to grow up. Further exploration revealed that this fear seized him during the height of the Vietnam war and the etiology was that he had apparently come to the conclusion that young black men were sent to Vietnam to die—thus, he was determined to forestall his death by not growing up. The point is that, as the victims of racism, blacks are much more likely to have to turn inward or introspect than the majority racist population, and thereby have a greater possibility either to develop what Kenneth Clark referred to as "over-compensatory grandiosity"⁸ or to develop empathy, integrity, wisdom, humor, and creativity.

I suspect that in order to have integrity, a person has to see death and not fear it. This inevitably involves some aspect of faith, belief in a philosophy, or religious orientation. Accompanying this attitude of tranquility in the realization of our own death is something which has been called brotherly love, compassion, or empathy. The most familiar example of the development of integrity based on the realization of a finite existence secondary to a racist form of oppression is Martin Luther King, Jr.'s speech. "I've Been To The Mountain Top."⁹ delivered in Memphis on April 3, 1968, ironically the night before his death. He talked about the parable of the good Samaritan, which Jesus told to a man who had come to him to talk of issues vital to life. In the parable a man was beset by robbers and lay injured on the road to Jericho. He was passed by a Levite and a priest. They did not stop to help him. Finally a Samaritan stopped and administered

first aid. Dr. King continued to talk about why the others had not taken this compassionate approach as did the good Samaritan. He spoke of his and Mrs. King's visit to Jerusalem and of their experience of the road to Jericho. He was quoted as saying:

That's a dangerous road. In the days of Jesus it came to be known as the "Bloody Pass." And you know, it's possible that the robbers were still around. Or it's possible that they felt that the man on the ground was merely faking. And he was acting like he had been robbed and hurt, in order to seize them over there, lure them there for a quick and easy seizure. And so the first question that the Levite asked was, "If I stop to help this man, what will happen to me? But the good Samaritan came by. And he reversed the question: "If I do not stop to help this man, what will happen to him?"

That's the question before you tonight. Not, "If I stop to help the sanitation workers, what will happen to all of the hours that I usually spend in my office every day and every week as a pastor?"

The question is not, "If I stop to help this man in need, what will happen to me?" "If I do not stop to help the sanitation workers, what will happen to them?" That's the question.

Later on in the speech Dr. King gives us a clear view of his having faced and accepted his own mortality secondary to his own character struc-

ture, religious upbringing, and experience with the racist attitudes so prevalent in this country; this recognition and constructive adaptation of this experience concerning helplessness in the face of death is the companion of the good Samaritan attitude which precludes a racist orientation. He said:

And then I got into Memphis. And some began to say the threats or talk about the threats were out. What would happen to me from some of our sick white brothers?

Well, I don't know what will happen now. We've got some difficult days ahead, but it doesn't matter with me now. Because I've been to the mountain top. And I don't mind. Like anybody, I would like to live a long time. Longevity has its place. But I'm not concerned about that now. I just want to do God's will. And He's allowed me to go up to the mountain. And I've looked over. And I've seen the Promised Land. I may not get there with you. But I want you to know tonight, that we as a people will get to the Promised Land. And I'm happy, tonight. I'm not worried about anything. I'm not fearing any man. Mine eyes have seen the glory of the coming of the Lord.

In conclusion, there appears to be a continuum of the ability to respect another's being with a cluster of features at each end. On the one hand, is

the cluster so characteristic of the racist features of grandiosity—lack of empathetic linkage in terms of either having to give empathy or having received empathy as a child, poor self-boundaries with a tendency to intrude upon or to molest others, and an underlying mood of fragmentation with anxiety, agitation, and rage. On the opposite end of the spectrum lies the cluster of characteristics commonly associated with integrity—wisdom, humility, empathy, creativity, peacefulness, and a feeling of brotherly love.

Literature Cited

1. Kohut H: *The Analysis of the Self*. New York, International Universities Press, 1971
2. Masterson JF: *Treatment of the Borderline Adolescent: A Developmental Approach*. New York, John Wiley, 1972
3. Kernberg O: Borderline personality organization. *J Am Psychoanal Assoc* 15:641-685, 1967
4. Fannon F: *Black Kin, White Masks*. New York, Grove Press, 1967, p 93
5. Hughes L: *The Panther and the Lash—Poems of Our Times*. New York, AA Knopf, 1967, p 14
6. Grier WH, Cobbs PM: *The Jesus Bag*. New York, Bantam Books, 1971
7. Kohut H: Forms and transformations of narcissism. *J Am Psychoanal Assn* 14:264-268, 1966
8. Clark KB: *Dark Ghetto*. New York, Harper and Row, 1965
9. Schulke F (ed): *Martin Luther King, Jr: A Documentary—Montgomery to Memphis*. New York, WW Norton, 1976, pp 222-224

Gay Steambath Venereum

In Denver gay steambaths, 48 of 419 (11.5 percent) men were found to have asymptomatic gonorrhea and six (1.4 percent) had early latent syphilis. One hundred sixty men reported a mean of 7.9 different male sex contacts per month. Female sex contacts were also reported by 30 percent. The respondents used the baths an average of 2.2 times per month, having an average of 2.7 different sex contacts per visit, 84 percent of whom were not previously known to the respondent. Gay steambaths are productive locations for detecting asymptomatic gonorrhea and syphilis. (*Am J Public Health* 67:740-742, 1977).