Even their soul is defective

In this peer commentary target article, KWAME OWUSU -BEMPAH *and* DENNIS HOWITT *argue that psychology perpetuates racism — in particular, by contributing to the myth of black self-hatred.*

THIRTY years ago, psychologists, sociologists and other social scientists were publicly charged by UNESCO with the responsibility for tackling racism at its very root (UNESCO, 1967). Since then, numerous groups and individuals have added their voices to this challenge; many continue to renew this call (e.g. Akin-Ogundeji, 1991; Howitt & Owusu-Bempah, 1994). Nevertheless, psychology continues to play its part in supporting racism rather than seeking to undermine it. Psychologists continue to reify and amplify racism not just within the discipline and the profession, but universally.

As recently as 1993, Carr and MacLachlan described a eurocentric psychology that was being taught in Africa to Africans. Psychology in Africa taught and practised from a eurocentric perspective can only function to subjugate Africa and Africans to Europe and Europeans. In short, approaching the 21st century, psychology continues to assail Africa and her peoples at home and abroad.

Granted, psychologists nowadays tend to be wary about racial matters, but only so far as biological racism is concerned. Biological racism — a belief in the hereditary inferiority of the black 'race' — has been replaced within the discipline by cultural and professional racism. Black people's plight is now attributed to either their 'defective culture' or psychological make-up, or both.

Very often, these forms of racism are expressed equivocally — they superficially recognise racism as the problem, but hold the victims responsible for its solution. The issue is whether this is any less harmful than biological racism. The answer is 'No!'

It matters little whether racism is articulated through biological or environmental factors if, in the final analysis, the problem remains 'at the level of the black individual or family and does not begin to deal with forces in the larger society responsible for creating these conditions' (Barnes, 1980, p.110). The skin colour of the proponents of such explanations is equally irrelevant.

The contention here is that psychology continues to propagate notions of black inferiority. Worse still, it disseminates these notions in ways that appear to be sympathetic and acceptable to black people.

Thus, unwary black psychologists, therapists, teachers and social workers subscribe, for example, to the notion that black children in Western societies have a defective psychological make-up or negative self-identity owing to their presumed ignorance about their 'black' cultural backgrounds. They should, instead, seek to oppose such false ideas through action and investigation aimed at disclosing the truth and putting the ghost of racial inferiority to rest.

Let's pretend

Milner (1975) has described self-identity as a highly flexible concept, capable of explaining almost everything — yet nothing with precision — about a person. Notwithstanding the need for caution in the universal application of the notion of self-identity, psychologists continue to evoke evidence from dubious research to depict black people of diverse backgrounds as defective in body and soul. They also use such research to claim that black people, especially children, experience negative self-identity and own-group rejection, that they are identity-confused and lacking in self-esteem.

The 'doll studies', starting with those of the Clarks (1947), symbolise such research. Typically, in these studies, young children are asked to make a choice between a black doll and a white doll in terms of their attractiveness or likeness to themselves. Historically, these ('let's pretend') studies have been repeated in various parts of the world. They are still held up as evidence that black children's self-concept is defective, and that they hate themselves and wish to be white.

In Britain, Milner (1975) concluded from one such study that 'the majority of black children ideally prefer to have white friends and playmates, and aspire to have white neighbours and companions when they grow up' (p.122).

This belief has been adopted from psychology into other disciplines and professions. Owusu-Bempah (1994) provide an empirical demonstration of how the general interpretation of such findings continues to exert a powerful influence on professional thinking and practice with black children and their families. Others still find 'evidence' from Milner's (1975) studies that even three-year-olds can not only identify themselves racially, but, more importantly, are aware of the relative worth of their racia

group (Alhibai-Brown, 1998).

Milner's (1983) later contradictory findings, which showed no self-identity problems in black children, might have instilled hope and comfort in concerned individuals and groups. However, other research suggests that, on a worldwide scale, the same social forces to which he ascribed his findings did not produce parallel enhancement in black children's self-concept where it was found to be negative (Gopaul-McNicol, 1988; Powell-Hopson & Hopson, 1988).

Milner's (1983) explanation for his findings, therefore, leaves several questions unanswered, besides ignoring previous research going back 50 years or more. For example, it does not address the paradoxical findings of black children in a black country harbouring a negative racial identity (Gopaul-McNicol, 1988) and those in a white society having a positive racial identity (Milner, 1983).

Namely, we are still left with the question of why black children living in predominantly black Trinidad (Gopaul-McNicol, 1988) should experience racial identity problems, whereas those living in predominantly white Britain have a positive racial identity as a result of a brief period of radical social and political changes (Milner, 1983).

One obvious answer is that the 'let's pretend' studies, including those of the Clarks, are just that! They are seriously flawed in many ways, including the age-group of the children involved — some investigators claim that children do not acquire the social conception of 'race' until the age of 8–10 years (e.g. Alejandro-Wright, 1985; Rosenberg, 1989).

'Black self-hatred' is simply a myth. However, myths die hard, and racist myths die even harder. For over 50 years now, researchers have amassed convincing evidence showing that black people's self-esteem is no different from white people's (e.g. Beckham, 1929; Clark, 1992).

Cross (1985) reviewed studies published in the 1960s and 1970s concerning self-esteem in black people relative to white people. Of the 101 studies reviewed, 51 found the self-esteem of black and white people to be equal, 21 found black people's self-esteem to be higher, 16 found white people's self-esteem to be higher, and 13 found no consistent trend in either direction.

These findings indicate that research in this area tends, overall, to yield unreliable and inconsistent findings, and so fails to

support the black self-hatred thesis. In fact, Cross's findings show black people to have more positive self-concepts than white people do.

White self-hatred?

Why, then, is there silence about 'white negative self-identity' (Owusu-Bempah, 1997; Rosenberg, 1989)? Likewise, why has the current high rate of lone parenthood in the white community generally not caused the kind of 'tangle of pathology' hue and cry that was raised against the same phenomenon among African-American young women in the 1960s (Stark, 1993)?

Such are the very issues that should be of concern to researchers and practitioners of all colours working with black children and their families. Simply, racial theories hold that white people (including children), by virtue of being white, are superior in all aspects of humanity. It would, therefore, be schismatic to attribute any form of weakness to them *vis-à-vis* black people.

Alternatively, the black self-hatred myth survives in psychology because the mythologies concerning race form the core of (pseudo)science, such that they are embraced by social institutions, including psychology (Williams, 1980).

Another explanation relates to subjugation and control. Bhavnani and Haraway (1994) see IQ as an apparatus for stigmatising people for the purpose of control. It is now 'politically incorrect' to espouse overtly racist theories to explain why black people should be controlled. Invoking 'black inferiority' under the pretext of (negative) self-identity serves this purpose safely. It does so even more effectively because, as the literature reveals, it has the sanction and active support and co-operation of black professionals, including psychologists and therapists (Owusu-Bempah, 1994, 1997).

In clinical practice, yet another explanation for the survival of the self-hatred myth is that training sensitises practitioners to weaknesses and deficiencies in clients, rather than those outside of the clients — in other words, how society or the system creates, perpetuates and compounds their problems.

Historically, even before the 'let's pretend' studies, Jung (1930) asserted that '[t]he Negro … would give anything to change his colour' (p.196). Added to the fact that the 'black race' has, for centuries, been equated with degeneracy of every kind, it is not surprising that clinical practice continues to problematise black clients, including children (Williams, 1980).

Policy and practice

Regardless of the inherent methodological flaws in the 'let's pretend' studies and their contradictory findings, the black self-hatred myth persists in theory, policy and practice. Its persistence is due partly to its long (pseudo)scientific history and ideological support.

In Britain, the notion of black self-hatred has been most vigorously played out, in recent years, in the arena of transracial adoption and fostering. This has resulted in own-race adoption and fostering policies and practices in a number of local authorities in Britain. The Children Act 1989 itself expediently embraces this policy.

The black-on-black lobby, like the school desegregationists of 1950s' North America, base their argument mainly on evidence from doll studies. Nonetheless, they seem to have won the argument that the self-identity of black children is further damaged by transracial adoption or fostering, and that this practice leads to 'failure to develop a sense of black identity … [and] development

The current high rate of lone parenthood in the white community has not caused a 'tangle of pathology' hue and cry

There is no empirical foundation to own-race
adoption and fostering policies

of negative self-image'(Small, 1991, p.66).

Such assertions as this have no empirical foundation; they are only of political or ideological interest; they cannot be seriously intended as a basis for professional practice. Politically and ideologically, it is more interesting to ponder what the debate would be, if the situation were reversed so that white children became predominantly placed with or adopted by black families.

Another black-on-black argument concerns the claim of the uniqueness of black families to equip black children with techniques to deal with racism. Many dispute this claim (e.g., Beckham, 1934; Tizard & Phoenix, 1993). It seems that this viewpoint serves only to allow white professionals to shun their responsibility for the well-being of black children in their care and, instead, provide them with inappropriate and potentially harmful services.

This argument enables white professionals, *inter alia*, to define black children's developmental needs solely in racial terms (Owusu-Bempah, 1994, 1997). Furthermore, since they are not equipped, as the argument goes (e.g. Banks, 1993), to deal with these problems, they feel exonerated and able to hold black professionals responsible for meeting these children's needs (Owusu-Bempah, 1994; Richardson, 1990).

Of course, a few black professionals may have benefited somehow out of the argument and practice. But if our ultimate concern is with the children's interests, then it is incumbent upon us — be it at our own expense as providers — to provide them with services that promote their well-being. This requires a critical analysis and evaluation of what we say and are told, what we do, the ways in which we do what we do, and above all, the effects of what we do.

Identity work

Despite the paucity of the evidence in support of the black self-hatred thesis, both academic psychologists and practitioners continue to hold on to this pernicious myth and treat black children, especially those of black and white unions, as sick or deviant

individuals in need of therapy. Seemingly, they do not appreciate their role in supporting and policing a fundamental racist taboo, that of inter-racial sexual liaisons:

The presence of racially mixed persons defies the social order predicated upon race ... and challenges generally accepted proscriptions and prescriptions regarding intergroup relations ... (Root, 1992, p.3.)

Psychologists help police this taboo by stigmatising the offspring of these unions and treating them accordingly. They seem unaware of the long-recognised process whereby the victim may unwittingly become a victimiser (e.g. Bettelheim, 1943; Howitt & Owusu-Bempah, 1994).

This is not to deny, ignore, or belittle the personal racist experiences of any implicated black professionals. It is an attempt, rather, to untangle this complex and emotive issue by addressing some of the ways in which, and the extent to which, they may participate in the subjugation and control of their own group.

In Britain, there have developed units and psychological consultants specialising in 'identity work' with black children. This type of work recognises racism as the cause of the children's difficulties, but seeks the remedy in the victims themselves, the children. It is predominantly race-based: 'black identity', 'racial identity', 'black culture', etc., as opposed to racism.

Intervention programmes mainly involve providing the children with information about their 'black cultural background', including black historical figures, and counselling them to take pride in their 'blackness'(e.g. Banks, 1993; Maxime, 1993). The claim is that such information will neutralise the damaging psychological effects of the racism they are subject to in their daily lives. Like 'survival skills', this form of therapy is claimed to be black therapists'prerogative (Banks, 1993).

Identity work with black children seems to be so preoccupied with race or 'blackness' that it tends to lose sight of other salient factors in the children's lives. Banks (1992) illustrates this unfortunate oversight very clearly in the case of Nathan:

The ... client families that have been referred to me have usually been single parent white women with one or several children of mixed ethnicity ... there is often some anger about the absence of

the black father ... This resentment may lead to a considerable amount of psychological aggression (and sometimes physical abuse) directed toward the child ... As one mother repeatedly said in a session in the presence of her eight year old boy, 'Every time I look at him he reminds me of that black bastard and what he did to me. If Nathan ever grows up to be like him I'll kill him.' (pp.33–34.)

This case suggests a profound problem requiring intervention aimed at dealing with the mother's anger towards Nathan's father. However, Banks's recommended 'therapeutic'intervention — 'cognitive ebonisation' — deals with Nathan's putative identity problem. Banks suggests, for example, teaching him imaginative stories, such as the tale of Basil the Black Beetle:

Basil was a beautiful shiny beetle. All the other animals wanted to look like him. 'We love your glossy black coat.' 'I wish I had one as nice as you.' Basil was very proud indeed ... and very happy to be so handsome. (p.44.)

The question is whether this treats the problem or reinforces the myth. A further cursory glance at the literature on identity work demonstrates a cause for concern. A major risk with any therapeutic or clinical work is that it extends its concepts and findings into non-clinical settings. In other words, in their dealings with black children, therapists have a tendency to present the exception as the general rule.

The following is a case in point:

Michael was a six-year-old boy of African-Caribbean origin who had been transracially adopted by white parents since the age of two-and-a-half years ... he had been caught on three occasions ... trying to scrub himself white using a toilet cleaner and bleach. (Banks, 1992, p.43.)

This is alarming, even to picture, but caution is needed for two reasons: (1) it is unclear whether this vignette actually refers to a real child or a composite illustration of an extreme case; (2) if it describes a real child, then we need to assess its generalisability. The vignette is remarkably close to the often-reported cases of black children claimed to have damaged themselves by scrubbing or amputation.

Maxime (1993) provides another case, involving a six-year-old boy fostered by a 'very middle-class family':

I see myself as a spastic in a wheelchair … The only difference is that one day a doctor might come along, find a cure, and the spastic could get better. But I can't; I'm trapped in my skin, it just stays. (p.176.)

This may seem plausible to those who believe that black children, especially those being cared for by white families, hate themselves and other black people. Conversely, the sceptic may consider it too great a feat for a six-year-old boy to employ metaphors and the subjunctive mood.

Nevertheless, therapists and others stress the apparent importance of identity work not only to black children's identity development but, in fact, to their general well-being (Banks, 1992; Coleman, 1994; Maxime, 1991). Maxime (1991), for example, describes the conceptual model 'nigrescence' (the process whereby one acquires a black consciousness or becomes politically 'black') on which her intervention is based as a developmental model which lends itself readily to understanding the problems of black children's identity 'confusion' (p. 108). There is no evidence to substantiate this claim.

Time is up

Professional practice should be based upon empirically validated theories of causes and outcomes. It is high time psychology and psychologists ceased to perpetuate pernicious myths about black people's inner qualities, including their self-worth. It is time therapists ceased providing ineffectual and potentially harmful interventions for black children.

Racism is undeniably harmful to black children (and adults), but it is not their self-

worth that is damaged by it. Rather, it is their life chances which are restricted by racism, especially institutional racism. Institutional racism thwarts their dreams, efforts and aspirations, and very likely makes them embittered and angry.

Our target, therefore, must be the racist system rather than the psychology of individual children. To enhance these children's development, we need to look for, and consider more seriously, beyond-the-skin factors that may be associated with their difficulties or developmental needs. Labelling and treating them as defective only

compounds the difficulties they face in a racist world.

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people demonstrated against segregated schools not because of damaged self-worth, but because racism restricts their life chances