

**The Big Idea Confer. March. 2010  
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## **The myth of post racism and my hope for transcultural therapy**

*Because racism's cloths have changed, because it is now expressed in terms of culture rather than biology, many believe, that it is now little more than an embarrassing appendage to psychology. Howitt, D. & Owusu-Bempah, (1994, p.9)*

### **INTRODUCTION**

**It is assumed that we are in a phase or discourse of post racism. A neo-colonial period of acceptance, tolerance, understanding and living in harmony with our differences. Therefore that the impact of racism is no longer relevant to the healthy psychology.**

**This mythology has created a denial of where psychotherapy stands in the process of awareness and change.** Whilst racism continues, post racism becomes a myth. Whilst homophobia islamaphobia, sexism, ableism and other oppressions exist there is no post oppression period. There is only another phase in the process of oppressions and a greater hope for their elimination. It is also significant that racism is the only oppression given a post status. Equalities legislation perpetuates the myth by converting race relations policies into diversity work.

**This belief in a post racism period serves to stagnate challenges to institutional racism and the growth of 'anti-oppressive practice' (Dhillon Stevens,2005) in psychology and psychotherapy training systems and therefore relationships with clients. Racism has permeated the psyche and remains a fearful, guilt-ridden theme that may be addressed by its victims and rarely acknowledged by its perpetrators. Racism still needs to be considered in all its guises in order to preserve the integrity of psychotherapy.** Racism needs to be afforded its contemporary status so that denial, depression and trauma related experiences can be acknowledged and explored more readily by therapists.

A greater understanding of gender, ethnicity, sexuality and disability has lead to equalities guidelines that challenge institutional oppressions. These are the outward more observable signs that underpin the myth of post racism. To a lesser degree the unconscious and internal affects of oppression and intra-cultural experiences have been addressed and usually within specialist agencies. These specialist agencies grew out of marginalized voices.

However, the women's movement was accused of whitewashing women of color. Sexism and homophobia was functioning within the black power movement and racism and sexism impacted gay and lesbian communities. Multiculturalism has

thus arisen out of a need to understand and eliminate oppressions within and between different ethnic and minority groups and individual intersecting identities.

The concept of internalized oppression <sup>1</sup> arose from this need and has thus become a feature of ongoing efforts to understand how the hurt of prejudice impacts on the unconscious psyche and internal process of developing cultural identities. However **learning about the impact of racism and oppressions does not give licence to assume the work is done. A stuckness that prevents active involvement in addressing racism and cultural oppressions has created the mythology of post racism.**

This afternoon I want to address some key problems that underpin the myth of post racism and present my hope that transcultural therapy will become a mainstream psychotherapy and counseling practice that continues to address racism and all other oppressions rather than deny them.

### **Unpicking the myth of post racism. A blast from the past.**

I have been reflecting on a study I carried out with some trainers and students in 2005. The trainers were all accredited as counsellors between 1987 and 2001. All of them said that they did not have black issues addressed in their own training.

*One colleague said. There were three black students out of twelve on the course. If we had not brought those issues up as black people, they would not have come up. They came up in as much as it was relevant for us to deal with what was going on between us as students on the course, about what goes on generally on training between white people and black people. There is a lack of awareness of what was important for the black people. I initiated time together as black students and we processed for ourselves and taught each other. Then we went back into the main body of students. There was no relevant reading material.*

As a result of such stories I inserted workshops about black issues into Counsellor training. This opened a space for students to ask me questions such as

### **READ QUESTIONS 2 & 3**

*“Why do I feel nervous when I hear the term black issues?”*

*“Why do I feel more comfortable as a black counsellor when presented with a black client?”*

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<sup>1</sup> **Internalized oppression is the term given to destructive attitudes and behaviors that result from the distress caused by oppression that has not been expressed and discharged from the mind and body. The oppression is re-enacted and causes low self-concept and feelings of powerlessness.**

*“Would I ever be seen as good enough, as a white counsellor, to deal with black issues by a black client?”*

*“How can I hold on to my sense of being black in a white counselling world?”*

My observation of students responding to racialised concerns are that the needs of the white students became prioritized over the learning of the black students. Some white students wanted support from black students for their feelings of guilt. If black student’s forfeiting their learning to the black expert role is not challenged institutional racism is supported.

*Hussain and Bagguley (2007) interviewed 114 young female students of Indian, Pakistani and Bangladeshi (P24) They asked them about their experiences of learning. The study concluded that insufficient attention to the impact of isolation, racism and islamophobia was a primary concern. In addition ‘racism and homophobia in universities have all to often been brushed aside’ (P.144).*

I challenge Counselling and Psychotherapy institutions to take on board the voices of black and Asian therapists and actively develop a multicultural curriculum.

In this challenge, I frequently feel **gagged** The books written by multiculturalists become my counselors.

Fanon explains the gagging “ ***As blacks partake of the same collective unconscious as the European... the black has taken over all the archetypes belonging to the European. (Fanon, 1986 P.163)***

Perhaps this is why I feel gagged, yet the irons are a feature of the past. Racism has become internalized as ideas about post racism set in and cause low institutional esteem. I have used the concept of **‘black Western archetypes’ to describe the ‘collective unconsciousness’ of this process. (Mckenzie-Mavinga) 2009,**

As a result of the myth of post racism training institutions are not much further along than when Kareem in 1994 described his personal experience of internalising the western approach.

**He says** *My own internal ego and superego had become replaced with the external institutional superegos of my training models.....I constantly had to battle with myself to keep my head above water, to remind myself at every point who I was and what I was. It was a painful and difficult battle not to think what I had been told to think, not to be what I had been told to be and not to challenge what I had been told could not be challenged and at the same time not become alienated from my basic roots and my basic self. Kareem, J. & Littlewood, R. (1994, p.31)*

Could it be that therefore that post racism is based on internalization of Western archetypes, or the institutional superego of training models? I suggest that it is the painful and difficult unprocessed battle to stay awake, present and challenge racism that pushes its existence in a mythology of something in the past?

According to Dalal, (2002) Klein might view this process as the defence of **projection. An unconscious defense of something unbearable.** This concept is usually associated with the defense of splitting, where individuals transfer the bad feelings into some other place). (Klein 1946 in Dalal)I suggest that the mythology of post racism may be caused by splitting, due to the magnitude of oppressions that individuals and institutions need to address and cope with.

Fletchman Smith (2000)

*begins' from the position that slavery was damaging for everyone concerned with it. As in all situations in which there are perpetrators and victims', She says 'it is what the victims do in their own minds with the horrors they experience that-to a large extent-determines the future state of mind of that individual'. (P.7)*

I suggest that the maintenance of a post racism approach may hinder the intergenerational process of surviving the past. Both victims and perpetrators can decide whether to liberate from racism or remain in a post racism silence.

Tuckwell (2002) suggests *There is a silence generally within our profession concerning racism, but I believe also that a silence can too easily develop in the consulting room. It is a dangerous silence for the therapy because it contains too much background noise for it not to infect all other work we try to do. A frequent response by the black patient is to stop and leave therapy, often silently. Another response is not to enter in the first place, which is the loudest silence of all. (P.138)*

**HAS ANYONE LISTENED TO THIS SILENCE? WHERE ARE WE NOW WITH THE SILENCE? PAUSE**

In my book *Black Issues in the Therapeutic Process* (Mckenzie-Mavinga, 2009)I have introduced the term **recognition traum** to help understand the process of guilt, fear and shame that arises when black issues and racism are being processed. I suggest that the idea of post racism is a figment of recognition trauma arising from an awareness of the magnitude of racism and other oppressions and their intergenerational processes. Recognition trauma is a process to be worked through, a phase, like Klein's depressive phase. Having gone into the phase and explored its symptoms and hurts, it is generally possible to move through it into a more empowered and liberated position. This process can be supported by 'Cultural capitol' and 'Cultural Empathy'.

**Cultural capital:** is derived from intergenerational experience and an individual's level of exposure to their significant origins and cultural background. Byfield 2008, suggests that Cultural capital describes the level of support to build and maintain a confident black, identity derived from family, peers and educators.

**I have introduced the concept of Cultural empathy** and suggest that this occurs when individuals connect and engage explicitly with cultural elements of the therapeutic process on a deeper more meaningful level. Without the support of these concepts the present will be pushed into the past.

### **My hopes for transcultural therapy**

Writers of transcultural therapy D'Ardenne & Mahtani (1989 and Eleftheriadou (1994) highlighted the cultural elements of the relational process between therapist and client and the impact of the therapist's attitude to diversity on the client. This approach emphasized an expectation of the therapist to re-evaluate their own prejudices and experiences of oppression in order to be with the client's experiences of diversity and oppression. Psychotherapists have a responsibility to maintain learning processes that deliver and support active engagement in understanding and eliminating the racist psyche and its impact on individuals and institutions. This decision underpins my hopes for Transcultural Therapy

There appear to be no hard and fast rules for the training accreditation of therapists; therefore multiculturalism remains a vague prospect relegated to literature. For therapists to emerge from training with multicultural competencies their knowledge and understanding of diversity and oppressions need to be channeled using a transcultural approach. Development of awareness and practice in these areas is a training responsibility. Working with immigration, refugee status, intergenerational trauma, oppression and sexual health need to be identified as competencies on the training agenda; however this Knowledge and understanding has little use if not transferred into practice. Training courses must therefore prioritize these issues and fully integrate them into the curriculum. Therapists need to feel competent to address these complex issues in their practice and be supported by their supervisors and respective organizations. In the first place trainers have a responsibility to re-evaluate their attitude and approach to teaching multiculturalism.

### **Therapist's tasks .**

**I started off this paper with a hope for transcultural therapy, but I realise that my hope has turned into a high expectation. I expect:**

- Therapists to acknowledge, and understand the nature and impact of difference and similarity, identity, racism, culture and belief systems in the therapeutic relationship.

- Therapists to accept that their clients may experience specific oppressions.
- Therapists to examine the impact of oppressions on their own personal development process and their clients.
- Therapists to develop ways of being present in the client's process of cultural identity development and oppressions. Most importantly therapists must find ways to engage with clients in non-oppressive, empowering ways that support intercultural and intra cultural experiences.
- That the rigid application of traditional theories that rely on Eurocentric thinking will be challenged and re-framed for their usefulness to individual experiences.

I expect

- transcultural literature to be integrated as essential reading in training curriculums. It is not enough to add references and expect students to convert text into practice. Transcultural concepts tend to remain theoretical mysteries. They need discussion, elucidation and ways of integrating them into practice. Multicultural literature does not always give suggestions about working with attitudes about diversity and oppressions. Students claim that they want models of applying transcultural and intercultural therapy. Unlike the application of traditional models they may struggle with the cultural aspects of therapy and need support.
- I expect that the social impact of education, immigration, oppressions, language, and inter-generational traumas to be considered key elements in the therapeutic relationship and exploration of the client's background.
- I expect that Eurocentric frameworks that dominate traditional approaches to understanding psychological well-being will be examined for their biases.
- I expect that students will be encouraged to achieve transcultural competency in their training. .

## **SO WHATS THE BIG IDEA.**

### **Summary**

**Racism continues to cause trauma and depression. The examination of this problem has been halted in mid flow by the discourse of post racism.**

It would appear that we are only beginning to realise the impact of racism and oppression on the psyche. We have only tasted our ability to work with

oppressive discourses. Theories are being written and frameworks for understanding transcultural dimensions of therapy are in the birthing stage and must be developed.

Post racism is an excuse to sit in a complacent matrix on laurels and not get messy in a transcultural process that requires cultural introspection and reflexivity on the client's behalf. I expect that transcultural therapy will be a statutory requirement that bids farewell to the myth of post racism and post any other ism and hello to active dialogue and engagement with processes of diversity and intercultural dynamics.

The experiences of black people, Jewish people and other oppressed minority groups must be given their rightful space for exploration, otherwise we cannot assume that there is post racism and that transcultural therapy is being fully accepted.

**I close with a statement from a White tutor working on the courses where I carried out black issues workshops during my study with counselling students. (Mckenzie-Mavinga.2005)**

*“I was thinking about the discussion about black and I was reading some of Farhad’s stuff on black as a colour and white and the history of the term black and its historical relationship as a word that has been a signifier of all that is negative. Something about putting it in the curriculum and me prioritising it and with that process all the negative stuff has come as well, all the pain and history of the term. I have also felt great joy in the learning that I have shared listening to black and white students and some of the positives that have come out. I think I can get lost in the pain of it, the censorship of it and the whole process of silencing, opposed to staying with the positive. I can lose sight of it more quickly. Something about having this on the course means something about it is about fighting the institutionalised silence on the subject and the social silence on the subject and my personal silence on the subject. Then having to move through all of that to have a relationship with the students and each other and the subject and the issues around it is like trying to have a revolution inside myself. The inner battle is massive which is obviously part of the external world battle as well. But that external world battle that exists inside myself is as problematic as the discussions I have with other people. The interpersonal experience in the groups with others and the students are challenging, but the challenge begins even before I open my mouth and come into contact with anyone else. In terms of trying to think about it all. Those things start to swirl and I think about the power of oppression. The power of silence is so massive. There is a value in calling it black issues because it is re-prioritising something. Highlighting the fact that everything taught are white issues, we don’t actually say that we just call it theory or practice. We don’t actually say everything we are talking about is white, because it is invisible”.*  
2766 words

Byfield, C. (2008) *Black Boys can make it*. Stoke on Trent, USA: Trentham Books.

Dalal, F. (2002) *Race Colour and the Process of Racialization*. Hove & New York: Brunner Routledge.

d'Ardenne, P. & Mahtani, A. (1989) *Transcultural Counselling in Action*. London: Sage Publications.

Dhillon-Stevens, H. (2005) *Personal and Professional Integration of Anti-oppressive Practice and the Multiple Oppression Model in Psychotherapeutic Education*. The British Journal of Psychotherapy Integration Vol 1, Issues 2, 2005, p.47-62.

Eleftheriadou, Z. (1994) *Transcultural Counselling*. London: Central Book Publishing Ltd

Fanon, F. (1986) *Black Skin White Mask*. London/Sydney: Pluto Press,

Fletcher Smith, B. (2000) *Mental Slavery*. London; Rebus Press

Howitt, D. & Owusu-Bempe, J. (1994) *The Racism of Psychology*. Hertfordshire GB: Harvester Wheatsheaf

Hussain, Y. and Bagguley, P. (2007) *Moving on Up*. Stoke on Trent, Sterling USA: Trentham Books.

Kareem, J. & Littlewood, R. (1992) *Intercultural Therapy*. London: Blackwell.

Lago, C. & Thompson, J. (1996) *Race, Culture and Counselling*. Buckingham GB: Open University Press.

Mckenzie-Mavinga, I. (2005) A Study of Black Issues in Counsellor Training. Middlesex University, Metanoia Institute and British Museum.

Mckenzie-Mavinga, I. (2009) *Black Issues in The therapeutic process*. Palgrave Macmillan: Basingstoke & New York

Tuckwell G (2002) *Racial identity White Counsellors & Therapists*. Open University Press