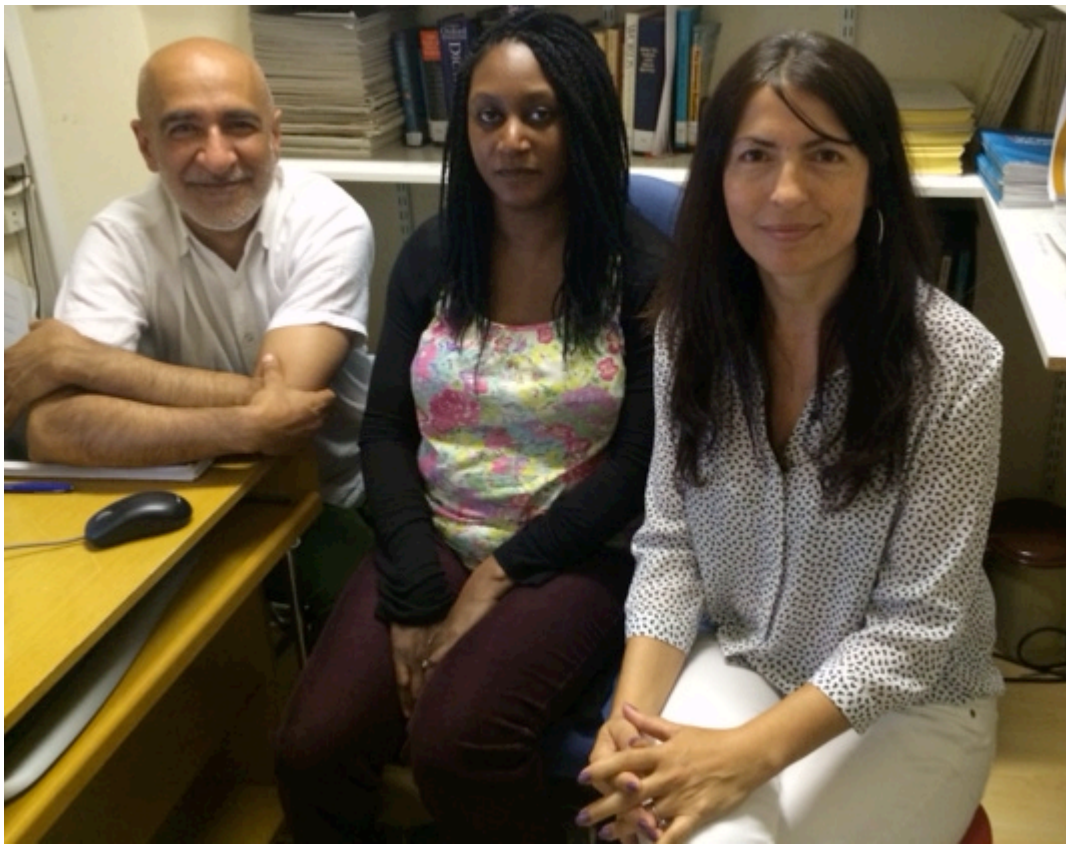




**Black and Minority Ethnic (BME) Trainee
Counsellors Reflections on their Training and
Implications for Practice**



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Abstract

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Five keywords: Ethnicity, Racism, Microaggressions, Recognition-Trauma, Effectiveness.

Title of presentation: Black and Minority Ethnic (BME) Trainee Counsellors Reflections on our Training and Implications for Practice.

Aim/Purpose:

To provide an understanding of how issues of ethnicity and racism are both experienced and addressed in counselling training through the personal experiences of the researchers themselves. The research was motivated by their own process in undertaking counselling training, drawing on the impact of their lived realities and the implications this gives rise to for future training.

Design Methodology:

Three BME counsellor trainees (Turkish, Asian and Caribbean) undertook the research using a semi-structured questionnaire to reflect upon their individual process on the training course. The outcomes of which were then discussed as a group. Through a process of thematic analysis informed by the Duqueene Method of Empirical Phenomenology, the researcher's reflections were analysed and themes were drawn to make sense of the phenomenon.

Results Finding:

- Analysis of the data illustrates that racism at a personal and institutional level is a common theme and experience.
- While the training was a positive learning experience about self and identity, it also brings to the fore, recognition-trauma and reinforces the inadequacy of the training process, highlighting deeply rooted prejudices and/or internalised racism.
- Despite an enabling facilitative space being created, we still felt silenced. This might suggest the extent of internalised trauma or inherited racism, or both.
- Two Caribbean students dropping out from this research group raised concerns about the degree of support necessary to facilitate the lived realities of BME students.

Research Limitations:

The data consists of three participants (researchers) reflective accounts on the diversity training, particularly in relation to ethnicity. In order to explore the implications of the research a larger study should be undertaken to shed light.

Conclusions/Implications:

Our research indicates the impact and effectiveness of training on ethnicity for the BME counsellor trainees. However, greater reflective opportunities and research are called for, but more critically, the need for concerted institutional support to enable and facilitate a learning environment supportive of BME counsellor trainees.

Introduction:

The dearth of research related to counselling and psychotherapy with a focus on ethnicity and culture, is well documented and speaks volumes about our collective inability to question currently held views, beliefs and institutional practices. (Wheeler, 2006, p.5-18).

The purpose of the research was to reflect and understand the training and lived experience of three trainee counsellors and the correlating implications on current and future practice. Black and Minority Ethnic (BME) counsellor trainee's view on the training experience were explored, as well as how issues related to diversity and ethnicity were included and received. The research highlights experiences of three BME counsellors and insight into further development of counselling training.

The research was motivated by our own processes whilst undertaking practitioner training and aimed to draw on the personal and interpersonal impact of our lived realities, with a desire to influence and redress social inequalities, through strengthening evidence that supports issues of access and equity for BME communities. Even more significant to this process is the importance for us to enhance evidence of our training experience and counter projections about being biased, undermining the validity of BME researchers (Hogarth, 2002, p.21-34).

Literature Search

Within the UK immense cultural diversity is experienced and arguably more significantly in London. Tuckwell (2006, p.137-152) argues that given this diversity the need for counsellors and therapists to work in a way that makes sense of the client's frame of references becomes even more paramount. Further, McKenzie-Mavinga (2009) states that *'people of colour of African and Asian heritage who may be subject to minority oppression and racism in Britain – the most visible minority and the least represented in the field of psychotherapy and counselling.'*

Lago and Smith (2010, p.35) suggest that diversity is about personalised shades of experience that come from universal colours of humanity. These authors postulate that each person takes from the universal what is relevant for them, adjusting what is relevant to their own subjective experience. Other authors (Delgado & Stefancic, 2001 cited in Hartlep 2015, p. 311; Marx, 2008, p. 164-8) suggest that 'diversity' is a reproductive term that creates a colour-blindness to race consequently demanding a post-racial time in which age is irrelevant to an individual's opportunities and describe this elusivity as the racialized codes of colour-blindness.

Broadly, it is recognised that stereotyping and stereotype interchangeably reinforce racial and ethnic prejudices causing them to persist in the maintenance of inequality in society (Andersen & Taylor, 2006, p. 297). Cox (1993, p. 88) argued stereotyping and stereotype to be a perceptual and cognitive process in which particular behavioural traits are attributed to individuals based on their apparent membership to a group.

Pederson (1985, cited in Lago & Smith, 2010, p. 23) argued that multicultural practice in moving towards a more comprehensive and mindful approach to difference has motivated therapists to challenge subjective basic assumptions and to develop cultural knowledge, sensitivity and explore encapsulation.

Within the training environment McKenzie-Mavinga (2009, p. 31) suggests that recognition-trauma is a powerful response to racism. For example, discussions becoming centred on the experiences of the BME individuals.

Lago and Smith (2010, p.24) suggest that because of the fearful and defended nature of racism; racism as a trauma is a disguised multifaceted issue that can leave individuals feeling oppressed and silenced. Awareness of an individual's subjective racial identity and the challenges faced can be disillusioning for many BME trainees. The following quote characterises the feelings expressed by many "*...it seemed that the behaviour of the tutors and the students changed whenever the Black students raised issues around race and cultural differences...*" (Taylor-Smith (2004).

Research undertaken by Dhillon-Stevens (2004, cited in Cooper et al, 200, p. 444) highlighted that white therapists seldom examine their attitudes towards their own and other's ethnic identities within their training therapies. Cooper et al (2007, p. 444) suggest that white therapists in training may never touch on their attitudes towards those who are 'different and diverse'.

The BACP's Equality and Diversity Strategy suggests that a commitment to diversity ensures that differences are viewed as part of normal human variation. The DSM V uses the Cultural Formulation Interview (CFI) to obtain information about the impact of an individual's culture on key aspects of care. Within this framework culture primarily refers to an individual's values, orientations and assumptions from membership to groups. For example, ethnic and faith communities. The CFI is assess through a person-centred approach to cultural assessment through asking the individual to address topics on the basis of their subjective cultural views (Black & Grant, 2014). Within the DSM 5 depression is suggested to be experienced as a mood lower than normal most of the day, almost every day for at least two weeks (Morrison, 2014). During this literature search what has become apparent is the lack of research related to the emotional wellbeing on the mental health of BME trainees undergoing counselling and psychotherapy training.

Past research has highlighted that through valuing student diversity and contribution (Lago, 2011) and providing counsellor training that includes diversity training (Cooper 2008) a counsellor's ability to work trans-racially/culturally is significantly improved. Further, Lago (2011, p.39) argues that training courses need to define and accept cultural competencies as

important for qualifying therapists. Taken together, the evidence cited appears to strongly suggest that counsellor training as a profession still has a long way to go in developing effective opportunities that can help to facilitate, develop and support BME counsellor trainees effectively.

Design and Methodology:

The research is framed within with the following key objectives:-

1. Collating and analysing the BME trainee counsellor's phenomenological accounts of our training experience.
2. Reflecting on how issues related to diversity, ethnicity and race were included in the training and received by us.
3. Literature review on the construction of race, ethnicity and racial identity and how these were addressed in the training environment and how they may be present within our therapeutic alliance with clients.

Three BME trainee counsellors (Asian/Caribbean/Turkish, Male/Female, Muslim and Christian) undertook the research using a semi-structured questionnaire to reflect upon our individual processes during our training. The following are the key research questions:-

1. What is your gender?
2. What is your ethnicity?
3. What is your age?
4. What was the nature of training on ethnicity you received?
5. Reflecting upon the training related to ethnicity, do you feel this was appropriate?
6. Two Black members of your research group have left the course. How does this impact upon you?
7. To what extent was your ethnicity an important part of the training and how much was this understood and valued?

In drawing up the research questions, there was an acute awareness of further issues and questions which we were mindful of and included as part of this reflective research:-

- What was different in the training needs of BME trainee counsellors and how was this if at all accommodated?

- What did BME trainee counsellors bring to the training that placed them at an advantage or disadvantage?
- How did the training equip BME trainee counsellors to work with BME and white client?
- What might be the implications on the training institution and public bodies for future development of counselling training

Thematic analysis of our data was informed by the Duquesne Method of Empirical Phenomenology (Moustakas, C. 1994 in McLeod, J. 2001p.40-46). Common ideas and threads were identified highlighting the training experience for us, as well as undertaking a reflective process about how this was received by us. The thematic data analysis was verified and agreed by an independent research practitioner.

Findings:

The three BME trainee counsellors will herein be identified as Asian (1), Caribbean (2), Turkish (3), Male, Female, Muslim and Christian. As part of this reflective research, the researchers sought to identify common themes in their personal experiences of counselling training. Morrow, Rakhsha and Castaneda (2001, p.575-603) argue that researchers are tools that may influence how qualitative data are analysed and interpreted.

Three major themes emerged from the analysis of our data. The counselling training through the personal experiences of the researchers themselves highlighted:

- Increased subjective self-awareness of difference and diversity.
- Whilst our training was a positive learning experience about self and identity, it also brought to the fore recognition-trauma and reinforced the inadequacy of the training process; highlighting deeply rooted prejudices and/or internalised racism.
- Despite enabling facilitative space, we still feel silenced; illuminating the degree of internalised trauma, self-oppression or inherited racism, or both.

The Emerging Themes Inherent In Our Data:

The following themes emerged from our data:

- Oppression and Self Awareness
- Understanding Diversity and Stereotypes
- Impact of Training

Oppression and Self-Awareness

As BME individuals, our experience as researchers was with racism at a personal and institutional level is a common theme. Through the very process of counsellor training and increased self-awareness we as individuals were able to process our experiences, which in turn led to deeper self-reflection and transparency of our feelings in the moment.

Respondent quotes:

“...because this training woke me up in the middle of darkness and I felt left alone there with many unknowns about myself and how my being with others was.” (Respondent 2)

Another researcher disclosed:

“I felt awakened in an invigorated way. This was me, it was my life and I had so much to tell. The unit was truly experiential for me bringing my experiences and uniqueness as a Black British woman even more into my awareness.” (Respondent 1)

Understanding of diversity and stereotypes.

Based on our findings, it appears that an increased awareness of the significance of recognising diversity at a subjective level was reported by the researchers.

Respondent experience example:

“...although I may look white or classified white on paper, while ticking boxes, in life I don't have the White privileges.” (Respondent 2)

Example of researcher experience:

“My colour-blindness hit me strongly. My intention has always been not to make people feel excluded or singled out because of their differences

and uniqueness. I am now aware that treating everyone exactly the same does not create equality...” (Respondent 2)

Further, it appears that the researchers felt impacted at a personal level through stereotyping. Example of respondent experience:

During the course and training I have come across the following racial microaggressions: “You have a beautiful voice and speak such good English” = you are not British. “Where do you come from?” = you are a foreigner. “You are so articulate” = It’s unusual for someone from your ethnicity to be intelligent. “Stop being an academic” = you don’t belong...assumed to be of less intelligence. (Respondent 3)

Impact of Training

The researchers felt that that their training was a positive learning experience about self, identity and diversity. However, it also appears that recognition-trauma and the reinforced inadequacy of the training process was also highlighted, illuminating deeply rooted prejudices and/or internalised racism.

Example of respondent experience:

“...The fact that these cumulative statements have stayed with me for all this time reveals much about the damaging impact they have, leaving me asking myself about my inability to question what I have experienced and angry, about the invisible power these statements give to the invariably white perpetrators.” (Respondent 3)

Another researcher disclosed:

“For example, within the theory slot the word ‘nigger’ was used by the white tutor. This really got my ‘goat up’ and I felt particularly riled. I like this particular tutor, find her even ‘cool’ but I was not comfortable with her use of language.” (Respondent 1)

Example of respondent experience:

“...I remember being viewed as ‘lucky’ or ‘desirable’ by white peers as they assumed that speaking two languages or having darker skin, but not Black ...” (Respondent 2)

It appears that, the subjective experiences of the researchers following the impact from the departure of two Black members of the research group leaving the course.

Respondent experience example:

“It was devastating to find out about our group members (one mixed [race]; one black). I felt some guilt, fear, inadequacy, insecurity and responsibility for that happening...” (Respondent 2)

Another researcher disclosed:

“The loss of these two members filled me with disappointment that we were unable to complete what we started. I also feel sad at the loss of their companionship. Additionally, I feel a further sense of isolation. As BME individuals we were already a minority on the course.” (Respondent 1)

Example of respondent experience:

“The limited numbers of BME qualified counsellors and these two Black colleagues dropping out are a reflection for me about the inadequacy of a system that fails to sustain these students...” (Respondent 3)

Example of respondent experience:

“The ‘recognition-trauma’ I experienced leads me to question what has happened: did I hear correctly? Wonder if anyone else in my class heard what I just did and if so why are they silent about this.” (Respondent 3)

The Impact

The researchers found that despite the enabling facilitative environment provided, they still felt silenced and what this highlighted was the degree of internalised trauma, self-oppression or inherited racism, or both.

Respondent experience example:

“I do not challenge these statements because I cannot find the right words or the language to communicate my anger and therefore I feel silenced. These statements undermine my lived reality and my concern for issues of social justice in life...” (Respondent 3)

Discussion

The counselling training through the personal experiences of the researchers themselves highlighted three major themes.

- Increased subjective self-awareness of difference and diversity.
- Whilst our training was a positive learning experience about self and identity, it also brought to the fore recognition-trauma and reinforced the inadequacy of the training process; highlighting deeply rooted prejudices and/or internalised racism.
- Despite enabling facilitative space, we still feel silenced; illuminating the degree of internalised trauma, self-oppression or inherited racism, or both.

It appears that the themes that have emerged from our data appear to suggest that through the very process of counsellor training and increased self-awareness, BME trainees are able to process their lived experiences, which in turn led to deeper self-reflection and transparency.

What seems emerge within the research analysis is that the researchers experienced their training as a positive learning experience about self, identity and diversity. For the researchers there was a sense of invigorated awakening and awareness stirred by their subjective lived experiences.

The analysis also indicates that the researchers experienced an increased awareness of the significance of recognising diversity. The impact reported at a personal level provides support for Cox (1993, p.88) who postulates that stereotyping is a perceptual and cognitive process, in which particular behaviour traits are attributed to individuals based on their apparent membership to a group.

Whilst this led to deeper self-reflection, the researchers did not feel able to fully process such experiences and feelings in the 'space' that was provided

and reported feeling silenced and damaged. These findings appear to provide support for Lago and Smith (2010, p.24) who reported that due to the fearful and defended nature of racism; related racism trauma is a disguised multifaceted issue that can leave individuals feeling oppressed and silenced.

Furthermore, recognition-trauma was also reported which McKenzie-Mavinga (2009, p.31) argues to be a powerful response to racism through discussions becoming centred on the experiences of BME individuals. Additionally, this would appear to support Pederson (1985, cited in Lago & Smith, 2010, p.23) who argues that in moving towards a more comprehensive and mindful approach to difference, therapists are motivated to challenge subjective basic assumptions and explore encapsulation.

Further, we feel it is beyond the reach of this paper to discuss all of the findings of this study since we are still conducting analyses on the volume of materials that remain to be addressed in numerous ways.

Conclusion

Our research analysis appears to strongly indicate that whilst our training on ethnicity and diversity as BME counsellor trainees was effective, our view as researchers is that greater reflective opportunities are called for in order to better support BME trainees.

Reflecting on the experiences of our training further reinforces the crucial importance of training on diversity and including what being 'white and black' means within a therapeutic context and being able to identify racial micro-aggressions (Dada 2015, cited in Brown, 2015, p.137) and their impact.

Recommendations

We would recommend that the college should review its practice and identify mechanisms to further support BME trainees. What is also important is the need for further research and an examination of the skills and coping strategies required by Black minority ethnic trainees.

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