THREE THINGS YOUR WISH YOU KNEW

BUT ARE TOO UNCOMFORTABLE TO TELL YOU

CLIENTS OF COLOUR

Some of the most common complaints Black clients have about their experiences with white counsellors

BY R. CHRISTINA FENTON, RCC

Counsellors are called to their profession out of a genuine desire to help others. It is rare to hear someone say they entered into the field of psychotherapy for simple curiosity or by accident. We also have to train very hard to acquire the skills necessary to be a competent counsellor, which often entails digging into our own baggage to ensure our burdens and biases don't negatively impact the vulnerable people we serve. However, counsellors are still people. We have our blind spots, our shortcomings, and sometimes, genuine ignorance about the populations we work with.

Growing up in the Caribbean where there is a lot more racial mixing, I never noticed race very much. There is more of a "colourism" issue where I grew up in Jamaica; that said, for the most part, race relations are amicable. Moving to Canada was an eye-opening reality for me which made me question everything I thought I knew about the world generally and race relations in Canada in particular. For the first time, I understood from a felt place the reality of what it means to be a minority. This experience forced me to shed light on an issue within the field of counselling psychology which must be addressed by those of us within it.

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Recently, I have heard a few recurring themes from my clients of colour who have sought me out specifically because I am an Afro-Indo Caribbean woman. Many have seen Caucasian Canadian counsellors before and found themselves not being able to discuss their problems in an authentic manner because of the racial divide. Even with the best of intentions, they report, their counsellors just don't understand them.

Since there is no way that a few counsellors of colour can serve the entire population of people of colour (POC) in Vancouver, I thought it would be helpful to share some of the themes coming from conversations I have had with my clients to promote discussion and awareness amongst my non-POC colleagues. I have chosen to highlight some of the most common complaints I have heard over the past three years, and I hope that, from this, we can start to reform the field to include and address the needs of Black clients.

RACISM IS REAL, EVEN IN THE FIELD OF PSYCHOLOGY.

Most of the people who developed the field of psychology were white, cis-gendered, heterosexual males of European ancestry. Their assumptions about how things are or ought to be were shaped by their particular experiences and worldview. For example, the concept of the "family" within most psychotherapy training is based on the concept of a man, a woman to whom that man is married, and their dependent biological offspring. Deviation from this structure has historically been seen as abnormal

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or, at best, alternative to the established ideas of psychotherapy's founding fathers. For centuries, the concept of the nuclear family as a unit of society has prevailed, often to the exclusion of other types of families.

In the Caribbean in particular, as well as in other ethnicities of colour, the nuclear model fails to represent our experiences: we tend to have an extended family structure, usually matrifocal in nature, with the involvement of grandparents, aunts, uncles, long-time family friends, and cousins. In our societies, "aunty" and "uncle" are terms not reserved for biological relatives but for any adult closely affiliated with parents who interacts with and cares for the child. Some of these aunts and uncles become part of the family as there is a greater sense of community in the Caribbean than there is in North America.

For this reason, the North American notion of development as a progression toward a more-or-less complete separation from one's family unit is fundamentally at odds with these cultures, where people live interdependent lives, where they may no longer cohabitate with their family of origin but retain strong ties to their communities and extended families across the lifespan. When your clients of colour tell you they feel lonely and displaced, this may be what they are alluding to. The expectation of isolation and self-reliance to flatten the curve of COVID-19 often makes the pandemic experience far more disorienting for Black clients. In addition, many first-, second-, or third-generation migrants still have strong ties to their countries of origin and may be worried about what is happening there.

As the therapist, it is your job to enquire further about their particular

culture and what a sense of community looks like and to do so with respectful, yet non-intrusive curiosity. Remember, it is our job to see the world through the client's eyes rather than expect them to conform to ours. Please do not assume or resort to stereotypes. Your client presents as Black, but their ethnic group is more important than their race. This has been known to happen for people who are of African origin where tribes are more important than nationality and for Caribbean people whose cultures are diverse even though there is geographical closeness.

MENTAL HEALTH STIGMA IS A SERIOUS PROBLEM WITH DEEP ROOTS IN GENERATIONAL TRAUMA.

For colonized or formerly enslaved people, there is a lot of distrust in the idea of talk therapy as "white and oppressive." This is because traumatized people are constantly in survival mode. The African slave trade stole people from their homes, and cultural as well as physical genocide occurred for our ancestors across hundreds of years. Families were ripped apart and people were forbidden to speak their languages and were branded (often literally with hot irons) as animals rather than being seen as people.

As we already outlined, the assumptions about family structure by those who developed psychology as a discipline cast the family structure of Black families as abnormal. This is compounded by the racism inherent in the field of medicine wherein half of the people who train in the medical profession believe racist myths that minimize the pain of Black people. Such myths include the idea that Black people have thicker skin, less sensitive nerve endings, and blood that coagulates faster than white people. These harmful myths persist up until today[1] and extend not just to physical pain, but to psychological distress as well.[2] It was once believed by slave owners that it was okay to separate newborns from their mothers because "the negro" did not experience grief in the same manner that whites did.

In situations like this, especially when the descendants of colonizers and slave owners minimize, ignore, or at worst, deny racial trauma, it is not hard to see how a client would feel distrustful. The experience of navigating the world in Black skin is a constant bombardment of messages that tell us we don't belong. It is filled with situations in which we are required to wear a mask in public to hide who we are and to turn down our Blackness so as to not be seen as threatening by white people. Even if we are born in Canada, we are assumed to be of immigrant origin in an othering manner to which even white immigrants are not subjected. Stereotypes of the "angry Black man/woman" abound and, therefore, even in the context of therapy, where people are encouraged to address their anger, we do not feel comfortable doing this with someone from a group we have been conditioned to perform for.

When clients come to see me, the first thing most of them disclose is that they feel like they can finally take off the mask and express everything they need to without fear of bias or judgement. It is heartbreaking to witness and yet, as a Black woman, I know I provide an essential service to this racialized group. The problem, though, is that there are so few Black therapists operating in B.C. that it is almost inevitable that many members of the community must seek service from white providers out of necessity.

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BLACK WOMEN CARRY WAY MORE THAN THEIR SHARE OF EMOTIONAL LABOUR IN THEIR FAMILIES.

The stereotypical strong Black woman comes as a result of being thrust into the position of having to be all things to all people as our men are incarcerated, killed, or simply absent from the home. Even Michelle Obama has written about what it was like to be denigrated for simply being Black, a sentiment expressed by many people in relation to Meghan Markle's treatment by British media.

During slavery, the family structure was systematically dismantled, and the men were removed. Women had to do not just the field work and house duties but were also required to act as wet nurses for white women who did not want to ruin their breasts by breastfeeding their own children. These Black women were forbidden to nurture their own children and were expected to cheerfully sacrifice themselves for (white) others. This endures in the figure of Mammy in *Gone with the Wind*. This caretaking, self-sacrificing Black woman is presented as content with a life of enslavement.[3]

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In our families, we are the glue that holds things together despite our own exhaustion. We are relied upon by everyone, often at the expense of ourselves. It is no wonder then that the social determinants of health work against Black women's reproductive health and the outcomes for our children. The disparity between Black and white infant mortality rates in the US cannot be ignored. Black and Hispanic women have two to six times more chance of dying from pregnancy-related complications than white women.[4] It is well known that infant mortality rates among Black women are higher in every state of the US because of the systemic racism to which women at all levels of the socioeconomic spectrum are subject.[5]

Black women were also branded as "inherent whores" and endured 500 years of rape and forcible breeding to produce more slaves for the plantation master. It was illegal for Black women and girls to refuse the sexual advances of those who owned them. Even today, Black girls are sexualised far earlier than white girls[6] even though this phenomenon goes against the World Health Organization's definition of sexual health and sexual rights.[7]

Conversely, Black men were branded as "inherent rapists," who would prey upon vulnerable white women who should be protected at all costs, often in very brutal ways. This is certainly evident today in the numerous shootings of Black men in the US. Black women are their mothers, wives, sisters, and daughters, and they are expected to carry their pain stoically, because to stand and say "Black Lives Matter" is problematic for white society.

When working with Black women, it is very important to help them access their internal emotional experiences as many of us are divorced from our feelings, because we have been forced to be all things to all people. The word therapists are likely to hear from Black female clients when describing their internal world is "tired." This tiredness is wrapped up with the unspoken grief and loss that this group carries. It would be helpful to explore what the concept of tiredness means to start helping them to tease out the underlying emotions which they have suppressed to survive.

THIS IS YOUR WORK.

Finally, I would urge all my colleagues to remember that for Black clients, Canada is a very unwelcoming and dangerous place, especially since Canadians deny their racism. The sight of a Confederate Flag or a MAGA hat in downtown Vancouver triggers our trauma. For us, maintaining a blank expression and simply walking past someone displaying these symbols of racial hate is a major act of resistance. Inside, we are quaking in our shoes, because we know our very skin is seen as a threat despite our age, gender, or country of origin. Remember that it is not our fault that the world views us this way and that it is not our job to educate you in our history and

how to view us. That is your work.

What you can do is to make sure you don't recoil from us when we broach race with you. Do not deny our experiences or try to explain them away. This is not helpful, and it gives us the message that, yet again, our lives don't matter. Instead, try to understand that our experiences are real even if you have never shared them, and validate the feeling instead. Don't refer to your one black friend, your love of Barack Obama and hip hop, your allyship, and definitely don't act like we did not just say something about race.

In Canada, particularly, there is a widespread tendency to just stay quiet and ignore conversations about race because of an inability to tolerate the inherent discomfort of such conversations and the assumption that Canada isn't racist. Don't do this. It is most invalidating. As therapists, it is our job to model leaning into discomfort for the benefit of the client. Avoiding your own discomfort around race tells your clients you don't care about them and it tells your Black colleagues not to trust you. I cannot count the number of times I have experienced this personally nor the number of times clients have reported it. Instead, learn to tolerate discomfort, find Black colleagues who are willing to help you understand, but come from a place of humility with a recognition of your privilege.

Please do not think that Canada is not racist and that, somehow, Canadians are better than their southern neighbours. The Japanese internment camps and the cultural genocide of the Indigenous people are clear evidence that racism is part of the fabric of Canadian society. You may not have participated in the Trans-Atlantic Slave Trade, but racist immigration laws against Black member states of the British Commonwealth and ridiculous language requirements for immigrants from these countries exist. If the Prime Minister can name Canadian racism, so can you.

Canadians engage in microaggressions when they assume that Black foreigners escaped horrific lives in their countries of origin. They do it when they ask "Is your country a dictatorship? Do women have rights in your country?" etc. Read about the country of origin of your clients and educate yourself about their history. Learn to accept the reports of those who work with POC clients as true whether or not you experienced it. Please do not act surprised when your Black client discloses that they have a white partner. If you feel shocked, you need to ask yourself why.

There is so much more to say about this timely subject, but this is a start. On a hopeful note, no one expects you to just *know* what to do. We hope you would be transparent with your ignorance and seek understanding instead. Your clients will appreciate it, and you will find it easier to connect with them. ■

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