

BLACK EMPATHY: CAN WE BE EMPATHIC IF WE ARE COLOUR BLIND IN THE THERAPY ROOM?



The start of a new year can be a time for reflection, and for me this year, I have been reflecting on my journey as a therapist. An important part of my journey as a therapist has been being in therapy myself. I have always strongly believed that the more awareness I have about myself, the better therapist I will be - if I am more in tune with myself, then I am more likely to be in tune with my clients. The more I know about myself, also means that I am less likely to have blind spots and have more capacity to stay with clients' distress and empathise with them.

However, as a client, it has not always been easy for me to feel heard or seen by my therapists. For me, one of the most important parts of what makes a good therapist is their ability and skill to understand and empathise with my racial, cultural and religious background. Being from an ethnic minority, I have experienced dislocation, displacement, oppression, racism, and bullying since I was young, and my fear has been that therapy will somehow reinforce these experiences and perpetuate the cycle.

In this blog, I will explore whether my experience of personal therapy adequately and successfully addressed the issues of race and culture. I will also be reflecting on the concept of 'broaching' (Day-Vines et al. 2007) and the 'black empathic approach' (McKenzie-Mavinga, 2009). I am aware that throughout this blog, I have not always specified the cultural backgrounds of my therapists – I have made this deliberate choice to protect the anonymity of my therapists.

Broaching

Bayne and Branco (2018) define broaching as “the acknowledgement of racial and cultural factors” and as a “strategy for counsellors working with diverse client populations”. They go on to say that counsellors should have an awareness and knowledge of how race and culture might affect their clients, and the skills to bring this focus into the counselling for it to be culturally responsive:

“Broaching is the practice of directly addressing racial and cultural factors within the counselling relationship to explore how these factors might be related to the client's concerns, as well as to acknowledge how they can affect the counsellor and client dynamic” (Day-Vines et al. 2007).



I would say that all my therapists broached race and culture within my personal therapy, but some did it “better” than others. What I mean by this, is that some of my therapists were not apprehensive or afraid of broaching the issues of my race and culture but others only spoke about these topics once I had introduced them into the sessions- I was the one who held the responsibility of bringing them into the therapy room. Although I understand that different therapeutic modalities may have different ways of working, I question with whom the responsibility lies to break the cycle of unconscious oppression and racism. Silence perpetuates the abusive cycle, and to hand the client sole responsibility of introducing the issues of race and culture into the therapy room, continues this cycle of oppression and racism.

A couple of my long-term therapists were able to broach the topic of race and culture when I had not initiated it. This made me feel like my therapists were genuinely interested in my experience as an Asian female. I felt like my therapists were curious to understand and learn- it felt like they were being authentic and naming the difference between us which was obvious in my skin colour. Essentially, I felt like I was being seen as an entire being. As Day-Vines et al. (2007) suggest, broaching did help to build rapport and trust between the therapist and I and allow me to discuss more comfortably my experience through my lens of cultural identity. When my therapists used broaching statements, it felt like an invitation for me to speak about my cultural, racial and religious background; this provided me with an opening to talk about an important part of me which I had felt, society wanted to suffocate.

When my therapists did not use specific statements highlighting differences between us, I unconsciously colluded with the idea that I was no different to them, even when they were of a different cultural and racial background to me. With one of my white therapists, she and the counselling process ignored how my culture, race and religion were related to the issues I was bringing to therapy – my difference was being denied, ignored and not acknowledged. There was an unconscious splitting off, of the “brown” part of me which had been labelled as “bad” through my experiences of racism, oppression and abuse. This reinforced my experience of being the victim and the oppressed which fragmented me even further.

There is a fear of exploring racism and culture in and out of the therapy room because of the uncomfortable feelings it evokes. It is interesting that in a profession dedicated to integrating the fragmented human psyche and making unconscious processes conscious, avoidance to bringing these issues into the therapy room is the loudest resistance of all to the detriment to the client.



Black empathic approach

One of the things I strongly believe now is that as a client, it is not all my responsibility to bring issues of race and culture into the therapy room. However, as a therapist, it is my responsibility to do this. It is the responsibility of all therapists regardless of racial or cultural background to have a black empathic approach and uphold an anti-oppressive practice.

McKenzie-Mavinga (2009) describes a black empathic approach as paying “particular attention to the cultural influence of racism” (p57). This approach means that it is the therapist’s responsibility to recognise their own defences related to the hurt of racism and also be aware of the client’s defences. Partly, we can do this by providing a space in which the therapist has a good knowledge of their own cultural issues so that they can hold the client explore theirs. We can also do this by acknowledging that the therapeutic space is not a vacuum in which racism cannot be penetrated. The dynamic between the client and therapist will hold its own unique unconscious racial charge and dynamic, which therapists need to be open to exploring with the client and in supervision. So, as well as therapists sensitively broaching the client’s racial and racial experiences as they express them, they need to see them as a part of the client’s identity and personal psychology. This means specifically paying attention and listening to the hurt of racism even if it is not spoken about directly, and then actively working with these issues as a therapeutic tool to facilitate the client’s healing.

I recognise that broaching the topics of race and culture and providing the client with a black empathic approach is not always a comfortable or easy thing to do. This is because traditionally within the field of therapy, we have been taught to ignore race and social contexts in favour of intrapsychic factors. It is important to remember that this silence reflects a worldwide gagging of the issues of oppression and racism. Sometimes, I can still struggle to find the language to make sense of emerging issues of race and culture within the therapy room. I recognise that it is easier for me if the client brings these topics into the therapy room themselves. However, I am also aware that this has come about from the experiences that have shut me down when talking about my colour or racial difference.

Putting the black empathic approach into practice.

As therapists, we are accountable to uphold the framework of social justice and challenge the notion of being colour blind within all therapeutic modalities. Therefore, it is important to be familiar with black issues and multicultural work to work with the issues of race and culture within the therapeutic process. It is equally



important to understand the emotions evoked by racism for all races and ethnicities which is an essential ponent of the black empathic approach.

In McKenzie-Mavinga's book, *Black Issues in the Therapeutic process* (2009) she gives the following pointers for therapists on how to provide a black empathic approach within therapy (p72-73). I have summarised some of them below:

- Begin the therapy with a multicultural approach. For example, you can ask whether a client has made an informed choice about working with you as their black/white therapist. You can also ask questions about what the client expects from you as their black/white therapist and why they made this choice.
- Acknowledge diversity using appropriate disclosure. For example, "I am aware that I am from a similar/different cultural/racial background to you".
- Use the assessment to take some history of the client's oppressions by asking about bullying, racism, sexism and other cultural oppressions.
- If appropriate, name racism and oppression by telling clients of colour about your awareness of how name-calling and second-class treatment have affected black people and those of colour. You can also explain that you may use your awareness of these issues to understand the problems they are bringing, but you will not expect them to talk about the issues if they do not want to.
- Consider the source of your empathic responses. Are your responses connected to black issues or are they defending against the effects of racism? Are you taking on the role of the rescuer?
- Use personal development forums and supervision to explore what it feels like to work with black issues.

Conclusion

As therapists, we have a responsibility to broach issues of race, culture and religion and provide a black empathic approach to all our clients, without which we are colluding with the very heart of oppression. Broaching these issues will help clients feel understood and held within therapy, providing a bridge to a



safe space in which to explore the complexities of race, racism and culture. Some clients may struggle with talking directly about race and culture within the therapy room – this is not a reason to avoid these issues, you are in fact witnessing a symptom of their inner wounds bandaged up by the reign of white supremacy.

It is important to recognise that clients will come with their own racial story and will be at their own stage of racial development - it is imperative to meet them where they are on their journey. This can only be achieved if therapists have explored in depth their own racial journey and development and challenged their own assumptions. When counsellors are blind to their own prejudices and biased interventions, early termination of counselling is inevitable, as are instances of microaggressions which will ultimately harm the client. In a multicultural Britain, it is naïve and avoidant to suggest that race does not affect the counselling process even if both therapist and client are white. As therapists, we can start to break the cycle of institutional racism if we challenge those in power to provide real opportunities during training to explore the issues of race, racism and culture. Many institutions believe that they provide this platform. So, I ask why therapists from ethnic minority backgrounds still do not feel heard or seen during their training or with their white therapists and counterparts? True empathy cannot be achieved if we are colour blind in the therapy room, so let us stop pretending that it can.

I offer transcultural counselling workshops for counsellors, psychotherapists and other mental health professionals, which explore the complexities and challenges of working with race, culture, and ethnicity in the therapeutic setting. Please contact me for further details.

References

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