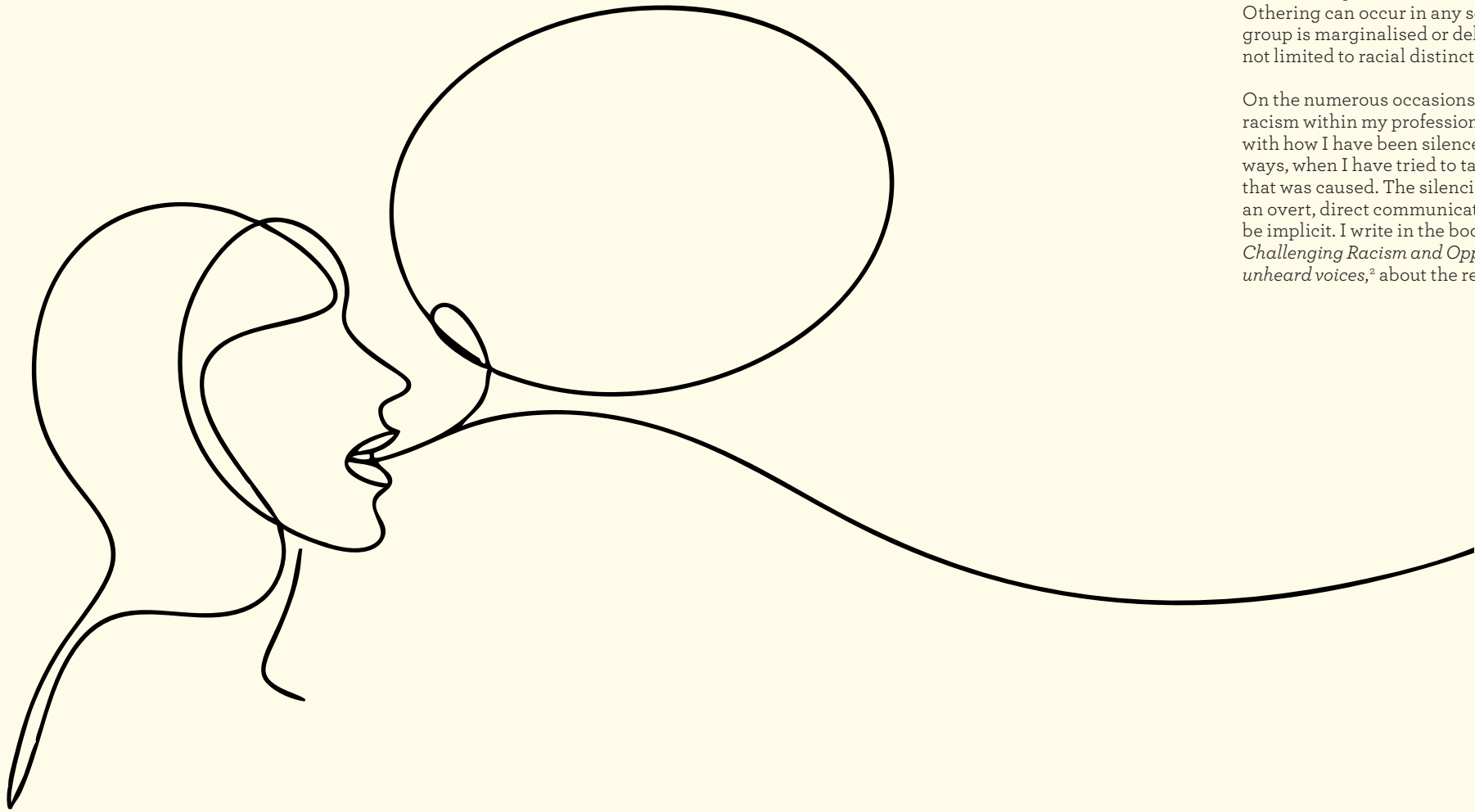


# UNTOLD STORIES OF RACISM IN THERAPY

**Neelam Zahid** has experienced racism within the counselling professions. And she is not alone. In speaking out, therapists of colour not only acknowledge the racial trauma but also challenge systemic oppression



Therapy can be a profound and life-changing experience for many people. It can facilitate connection and growth for both therapist and client. But it can also, at times, present significant challenges, especially for people like me, who are from minoritised backgrounds.

As a brown psychotherapist, I am continually ‘othered’ by colleagues, supervisees, trainees and students. I am, for example, often called by the name of another brown person. And white therapists still ask me where I ‘really come from’. Experiences of othering are emotionally taxing to navigate. I have also come to realise that they have had a profound impact on my mental health and emotional wellbeing, as with many other people of colour.<sup>1</sup>

I use the term ‘othering’ and ‘racism’ in this article interchangeably, but want to note that they are different concepts. Racism is a specific form of marginalisation that is based on race. Othering can occur in any scenario where one group is marginalised or dehumanised, and is not limited to racial distinctions.

On the numerous occasions I have encountered racism within my profession, I have been struck with how I have been silenced, in different ways, when I have tried to talk about the harm that was caused. The silencing is not usually an overt, direct communication; it tends to be implicit. I write in the book, *Therapists Challenging Racism and Oppression: the unheard voices*,<sup>2</sup> about the response of the white

majority group to the racism I experienced when I was taking part in a workshop: ‘So, what about my peers? What part did they play in this unconscious racism? They sought to rescue the trainer by their comments because they could not tolerate their own anxiety and the trainer’s discomfort. Me vocalising my anger and upset triggered the white fragility of the white majority in the group. I was left silenced, intimidated and shamed.’

The silencing is compounded by the limits of confidentiality, which is one of the cornerstones of our profession. It is usual practice to keep confidential all that is shared within a training or learning environment, whether explicitly contracted or not. However, confidentiality becomes problematic when harm has occurred.

“It’s important to highlight the impact of racism on therapists of colour”

Many professional associations also lack the procedures to support practitioners who experience racism or harm. Most professional bodies have a complaints procedure for clients, but there is often nothing in place if harm is done to the therapist by a client or fellow practitioner. For example, ‘harm’ is mentioned 19 times in BACP’s *Ethical Framework for the Counselling Professions*,<sup>3</sup> and five times in UKCP’s Code of Ethics and Professional Practice<sup>4</sup> – but not once in relation to harm caused to the practitioner.

Speaking out about these damaging experiences is difficult. But I think it’s important to highlight the impact of racism on therapists of colour in a variety of different roles and settings, within the wider context of systemic racism in the therapy profession.

I believe that telling our stories – breaking the silence – is essential if we are to dismantle the oppressive systems in which we work and live. Through storytelling, we speak up and give voice to our racial trauma.

Racial trauma can be defined as ‘... dangerous experiences related to threats, prejudices, harm, shame, humiliation and guilt associated with

various types of racial discrimination, either of victims directly or through witnesses’.<sup>5</sup> In my view, speaking out about racism is a form of recognition trauma, which is described as ‘... the awakening of hurtful experiences related to racism’,<sup>6</sup> and speaks to the psychological and emotional responses triggered when individuals confront and acknowledge the realities of racial oppression and its impact.

Storytelling has been a powerful and important part of healing and connection for millennia, adopted and practised by indigenous cultures around the world.<sup>7,8</sup> It’s a powerful way to share experiences and connect emotionally with others, while preserving history and traditions.

Storytelling can also give voice to marginalised communities, who are often unheard. It can enable conversations about the impact of systemic inequalities, while also providing a roadmap for change through reflection and action. And it is central to our therapeutic work. It allows clients to navigate their complex histories and trauma, with the support of a therapist.

If therapists can share their personal and professional experiences of racism and oppression in therapeutic settings, it not only encourages all therapists to reflect on their racism, internal biases and prejudice, but also highlights the multiple layers of trauma a therapist of colour must navigate in a Eurocentric profession. Sharing our stories also helps us to identify practical tools and interventions that can be used in therapy to challenge inequalities.

**Our unheard stories**  
Names matter; they are part of our identity. But many people of colour have had their name anglicised, shortened, mispronounced, forgotten or ridiculed. As I explain in the book,<sup>2</sup> I am on a lifelong journey of reclaiming my name – a symbol of identity, culture and belonging – within the psychotherapeutic space. I will, for example, correct people when they mispronounce, shorten or try to anglicise my name.

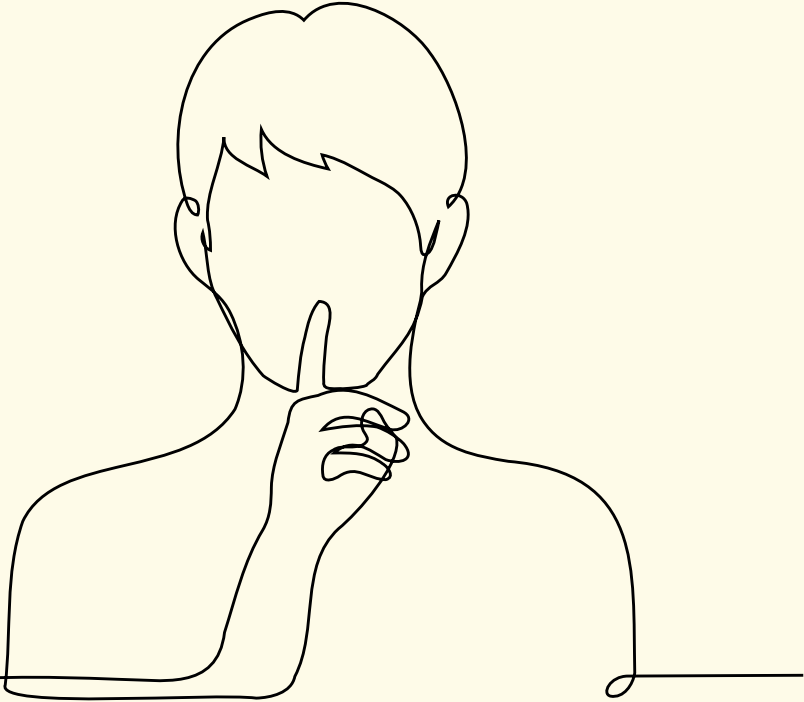
Mispronunciation, anglicisation or name amnesia represents an erasure or invalidation of someone’s core identity. Yet this invalidation and erasure play out in daily interactions, in professional spaces and even in therapy itself.

Anita Gaspar, a brown woman, describes misidentification as ‘... directly being called by the name of another woman of colour’<sup>2</sup> – and recounts the casual but damaging effects of misidentification, where she is seen as

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The silencing is not usually an overt, direct communication

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interchangeable. Anita chronicles the shock and emotional distress that come with these repeated incidents, leaving her feeling unseen and excluded. She emphasises that misidentification is not just an innocent mistake; it is a symptom of ‘deeply embedded racial biases’ that need to be actively challenged.<sup>2</sup>

The theme of erasure and racialised invisibility finds a powerful parallel with Oye Agoro’s experience of ‘misogynoir’, which she defines as the ‘intersection of racism and sexism’,<sup>2</sup> a term originally coined by Moya Bailey in 2008. Bailey describes misogynoir as ‘... the anti-Black racist misogyny that Black women experience, particularly in US visual and digital culture. Misogynoir is not simply the racism that Black women encounter, nor is it the misogyny Black women negotiate. Misogynoir describes the uniquely co-constitutive racialised and sexist violence that befalls Black women as a result of their simultaneous and interlocking oppression at the intersection of racial and gender marginalisation’.<sup>9</sup>

Oye experienced misogynoir on her way to see her white therapist but was met with a lack of attunement in the therapy room. The therapist’s well-meaning questioning about reporting the incident to the police becomes a microcosm of the broader issue: the inability of white therapists to hold space for racial trauma.

It can also be challenging for a Black therapist when a client presents racial trauma. Ohemaa Nkansa-Dwamena, a Black therapist, speaks of the dual burden of holding space for clients of colour, while navigating her own racial trauma.<sup>2</sup> Ohemaa explores the mental, emotional and physical toll of racialised stress, particularly in the context of the George Floyd murder and the Black Lives Matter movement. The exhaustion, vicarious trauma and resilience that therapists of colour must balance, highlight the systemic failures of the profession to provide meaningful support. When clients express their experience of racial harm, therapists of colour are required to hold this harm in tandem with their own, while working within a system that expects them to remain resilient, neutral and available.

Oppressive systems

Rachel Cooke, a white, Irish, queer, neurodivergent therapist, critically examines how capitalism shapes mental health care, often disconnecting individuals from the social and structural forces that shape their distress. Through her work with a couple navigating multiple marginalisations, she highlights how therapy frequently reinforces an individualistic, Eurocentric model that ignores the realities of capitalism, racism and systemic oppression. Rachel writes: “There is currently a gaping hole in mainstream therapy training and discourse that positions individuals as entrepreneurial

agents, whose suffering is attributable to personal or biological failures, rather than to harm caused by oppressive systems.”<sup>2</sup>

The detachment mirrors the wider dissociation fostered by capitalist structures, leaving those most affected by oppression unseen, unheard and unsupported in conventional therapeutic spaces.

Systemic oppression is also present within NHS-funded services. As a trainee therapist of colour working within an NHS-funded service, Anya Amrith finds that her role, autonomy and clinical contributions are oppressively regulated, leaving her little room for professional agency. For example, her white male supervisor and manager insists on being present during her client sessions, ostensibly to ‘protect’ the clients.

Roshmi Lovatt, Anya’s clinical supervisor for her private practice and a more senior therapist of colour, reflects on the constraints placed on Anya within the structures of NHS mental health services. ‘It is important to note that there was no human resources department or anti-bullying policies for Anya to refer to within the placement. She was therefore left in the vulnerable position of having no one within the service to oversee or protect her welfare as the individual responsible for her suffering was the person who was abusing her.’<sup>2</sup>

Power imbalances and restrictive institutional practices shape the working conditions of therapists of colour, limiting their ability to practise with confidence and independence. Anya’s placement wasn’t a place of growth but of professional marginalisation, illustrating how institutional structures create environments where therapists of colour are systematically disempowered and denied their professional identities.

Rajita Rajeshwar, a second-generation Tamil British woman, explores how congruence, the ability to bring your authentic self into the therapeutic and supervisory space, becomes deeply complex when race is involved. Rajita describes a key moment in supervision when she is faced with her supervisee’s racial microaggression – and how difficult it is to address directly at the time.

The supervisee told Rajita that her client was ‘from Pakistan, or Nigeria maybe’. Rajita writes: ‘I was full of doubt. I’d lost my footing and did not have the words to express what I was experiencing. As a result, a discomfort between [my supervisee] and myself ensued.’<sup>2</sup>

Rajita reflects on the emotional labour required to challenge microaggressions and how power imbalances, white fragility and the discomfort of confronting privilege create barriers to

meaningful dialogue. She describes feeling unseen, exposing the structural reluctance to engage with race in professional settings.

As both a supervisor and a therapist of colour, Rajita navigates the tension of holding space for others, while simultaneously advocating for her own racial reality to be acknowledged. She details how silence, avoidance and the reluctance of white supervisors and supervisees to engage in race-related discussions reinforce a culture of invalidation.

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Storytelling can give voice to marginalised communities

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Her experience raises critical questions about how congruence can be authentically practised in supervision, when racial dynamics remain unspoken or unaddressed.

What happens when racism enters the therapy room itself? Jaspreet Tehara, a male therapist of colour, recounts how his white client racially attacked him – ‘P\*\*\*\*, n\*\*\*\*\*. You’re all the

f\*\*\*ing same’ – and how he was left holding his client’s projections. His experience highlights the professional vulnerability of therapists of colour, and the harm that occurs. It is not surprising that Jaspreet was unable to maintain his ‘critical distance, professional objectivity and self-composure’.<sup>2</sup>

To understand why these issues persist, we must look beyond therapy to the historical structures that have shaped oppression. Sam Hope, a disabled, white, trans therapist, reflects on a session with a trans woman of South Asian heritage, exploring how colonial legacies shape both gender and racial identity.

Sam examines how colonialism has imposed rigid gender binaries, erasing fluid and culturally specific gender identities that existed in South Asian and other non-Western societies. They reflect on how their own position as a white therapist requires careful self-awareness and accountability, in order to avoid replicating these same colonial dynamics within the therapeutic space.<sup>2</sup>

Joanna Traynor argues that professional training and accreditation systems do not meaningfully address racial inequality but instead reinforce racial hierarchies, under the guise of fairness. She critiques the tick-box

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## Colonial legacies shape both gender and racial identity

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approach to inclusion, suggesting that institutions prioritise performative gestures over genuine structural change. Diversity policies are often a way to gatekeep rather than uplift marginalised practitioners.<sup>2</sup>

Joanna challenges the profession to move beyond superficial training and towards deep, transformative learning that interrogates the power structures embedded within accreditation, training and psychotherapy.

### Decolonising therapy

The narratives paint a stark picture of a profession that continues to fail clients and therapists of colour. But they also offer therapists of colour solidarity, validation and the power of naming what has been ignored for too long. The stories challenge white therapists to sit with their discomfort and reflect on their own biases, in order to dismantle the oppressive structures they uphold.

Storytelling can help us to carve out a new vision for therapy – one that is not just inclusive, but radically just. Decolonising psychotherapy requires a critical evaluation of our psychotherapeutic systems, frameworks and power structures, which have historically marginalised therapists and clients of colour. To authentically decolonise therapy, there is a need to redistribute power and engage meaningfully with racial trauma, confronting the institutional mechanisms that sustain exclusion.

A foundational step is to acknowledge how power operates within psychotherapeutic spaces – who holds it, who is marginalised by it and how these intersecting identities shape the therapeutic relationship. Therapy has long positioned white, Western, cisgender and middle-class perspectives as the norm, which puts the experiences of marginalised therapists and clients on the periphery. It is time we started to de-centre the white experience by addressing intersectionality, positionality and power imbalances, so that therapy does not continue to replicate the racial hierarchies that exist in the outer world.

Here are just some of the steps we can take to address the inequality within the counselling professions:

- acknowledge the importance of learning about racial trauma within therapy training and integrate it into the curriculum
- train therapists how to recognise and address racial harm within the therapeutic relationship and beyond
- incorporate anti-racist and anti-oppressive frameworks into training and education
- establish robust and consistent support structures for therapists of colour
- ensure supervision includes discussions on race and other intersecting identities, even when both supervisor and supervisee are white
- address racialised power dynamics in supervision to support therapists of colour
- hold institutions and those in positions of power accountable for racial equity in training
- reform accreditation bodies to dismantle white-dominated hierarchies and racialised gatekeeping
- shift therapy away from an individualistic, Eurocentric model, to one that acknowledges socio-political influences
- address the impact of capitalism, environmental crises and systemic oppression on mental health
- expand therapeutic frameworks to include pre-colonial and non-Western understandings of identity
- validate, instead of pathologise, responses to oppression

- hold institutions accountable for systemic racial harm and change policies to prevent it
- recognise decolonising therapy as a moral imperative, requiring sustained systemic reform.

Decolonising therapy is a task not only for therapists of colour. It is a collective responsibility that demands a conscious effort from everyone, regardless of whether they perceive themselves to be directly affected. Disengagement must be challenged, as it often reflects a position of privilege, upholds racial hierarchies and keeps marginalised groups oppressed. The responsibility to ‘do the work’ should not fall only to people of colour.

Reclaiming and sharing our stories is not merely an act of resistance, it is a revolutionary step towards change and healing. The stories honour our history, give voice to those who are silenced and can lead to the dismantling of structures that perpetuate systemic oppression. Let us acknowledge that every story matters and that, together, we can create a profession that truly honours the tapestry of human diversity. ■

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