Chapter 10

Overcoming Racism, Discrimination and Oppression in Psychotherapy

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Introduction

To understand the very complex nature of racism, oppression and discrimination in psychotherapy, an interdisciplinary perspective incorporating research from social psychology, developmental psychology, sociology, cross-cultural psychology counselling psychology and education must be taken into account. Such perspectives help broaden our understanding of individual and collective identity and other complex dynamics involving issues of power, powerlessness, the dominant and the dominated.

Many texts have covered these interdisciplinary perspectives. A few helpful examples particularly pertinent to the theme of race and psychotherapy are:-

(1) *Racism as splitting, projection and projective-identification* (Dollard, 1937, 1938; Money-Kyrle, 1960; Hinshelwood, 1989; Rustin, 1991; Young, 1992; Timimi, 1996; Ward, 1997; Gordon, 2004). These texts represent arguments and counter-arguments for these concepts.
(2) *Understanding the roots of racism through dynamics of the Oedipus Complex* (Chasseguel-Smirgel, 1990). Nazi genocide is referred to here as a clear example.
(3) *Racism as an irrational process and therefore a form of neurosis if held onto* (Rustin, 1991).
(4) *Racism as sibling rivalry* (Sterba, 1947) and *a way of understanding how and why black people are made to represent sibling rivals and then placed in situations to be infantilized*.
(5) *Racism as a manifestation of sexual jealousy and associated with objectification of black people as primitive, the physical, shit and evil* (Berkeley-Hill, 1924; Fanon, 1968; Vannoy Adams, 1996).

(6) *Racism as a response to modernity* (Frosh, 1989; Sarup, 1996); *racism as a matter of cultural imperialism and exploitation and therefore highlighting issues of power and powerless and the dominant and dominated.*

(7) Understanding racism from the perspective of boundaries and boundary drawing – *a way to fix the other, to assert and maintain sense of absolute difference between self and other* (Gordon, 2004).

(8) Understanding racial oppression in terms of its creation of a complex internal dynamic in black people. *The internal oppressor is an aspect of the self that contributes negatively and affects black attachment patterns and relatedness to the white Other.* (Alleyne, 2004)

All the above writers provide different perspectives contributing to a comprehensive theoretical understanding of racism, oppression and discrimination, and countless others offer further elaborations and variances on these topics.

The author does not wish to regurgitate these well worn texts. Rather, her aim is to offer a more pragmatic approach to the counselling/psychotherapy practitioner who aspires towards an anti-racist/anti-discriminatory approach in their work. To this end, particular attention will be paid to avoiding common pitfalls of discriminatory practices with specific regard to race, thus enabling the practitioner to be more mindful of their own unconscious and semiconscious prejudices in this area. As anti-oppressive practices involve wider areas of difference and diversity other than race, a set of guidelines outlining values and principles underpinning good practice in working with other areas of difference and diversity will also be offered.

Examples of 'Subtle' Racism in Psychotherapy

Manifestations of very overt racism and other forms of blatant prejudice are increasingly rare in counselling and psychotherapy. In today's world, exhibiting such behaviour is considered unfashionable and singles out the perpetrator for public shame and ridicule. However, we should not become complacent and rush into thinking we can now celebrate a new post-racism era, where its negative effects have disappeared and therefore, no longer exist. This would be naïve and short-sighted.

A major challenge still remains for us to address virulent and quiet acts of racism that are more subtle, often hidden, and silent. These acts may not harm the body, but do violence to the soul.

The following are some common examples of subtle racism and hidden racial prejudice exhibited by practitioners in counselling and psychotherapy. I distinguish racism as action and behaviour, and racial prejudice as thoughts, ideas and beliefs in response to difference.

- Holding negative or unfavorable pre-transference thoughts about clients based on their foreign sounding names, and allowing this to influence 'actual' transference relationship development. For example, a new client presenting with the name Oye Ogunkoya, might lead a therapist to assume that s/he will be seeing someone who is foreign, male and African, with little English abilities, when in fact, the client might be British born, female and public school educated.

- Ignoring or not taking care to check out and pronounce unfamiliar sounding names correctly shows disregard for difference. Furthermore, suggesting that a foreign name should be shortened to make pronunciation easier, or worse, allocating your choice of a European name e.g. let's call you Fred, are all seemingly inoffensive in nature, but can wound a person's sense of self.

- Failing to notice the client's race and falling prey to the *colour blind* syndrome, ignores human diversity and uniqueness. The notion that *I don't see people's colour*, *everyone is a human being in my eyes*, is a clear example of 'race avoidance' (Thomson and Jenal, 1994), and failure to appropriately acknowledge and embrace important signifiers of someone's identity.

- Showing indifference in therapy can manifest as the therapist having no interest or engagement in the client's unique cultural and racial experiences. It can be felt at both an individual level, affecting not only the client's own personal feelings, but on behalf of a collective, race or racial group as a whole. Indifference, as a form of intentional and unintentional racism can leave the other feeling invisible and a non-person.

- Assessing black minorities as not having the capacity to introspect or relate to symbolic forms of communication, and therefore not eligible candidates for psychotherapy is discriminatory. Such discrimination denies equality of treatment and falsely contributes to notions that black minorities can only respond to prescriptive forms of treatment, such as behavioural and brief solution focused therapies.

- Assessing the client as resisting or avoiding in the therapeutic process because of their tendency to a focus more on family dynamics ('we' focus), as opposed to the ('I' focus), may suggest a Eurocentric bias in favour of the primacy of the individual. Such bias can disregard the importance of significant relationships within the 'collective' and a lack of creative synthesis between individualism and collectivism.

- Assuming all members of a racial group will adhere to all its cultural tenets and norms, ignores individuality and uniqueness in cultural identity, and therefore, is discriminatory.

- Working from the premise that every black person *is scarred by the mark of oppression* and therefore engages life from this basic fault position is wholly presumptuous. Although no black person is spared the reality of the presence of racism, not everyone is scarred by its experience.

- Fixing the other to assert and maintain a sense of absolute difference between self and other is perhaps one of the more subtle examples of racism, e.g. a therapist innocently relating to a client thus: *I don't expect you to know much about rural England, so it will be hard for you to…,* or, *of course I won't expect you to be interested in English history and the Classics –that won't be your thing,* or*, let's guess, holidays for you must be going back to Pakistan or somewhere hot*. Such examples and tones in therapist's interventions can have the tendency of fixing the client in a stereotypical cultural box and creating distance between the white therapist and non-white client.

The above examples identify subtle forms of racism, which can be both culturally oppressive and infantilizing. Some may only be parked in the therapist's thoughts and not ever be verbalized. However, it is my view that once present, such thinking carries the power of influencing

interactive behaviours, attitudinal and interpretive responses. Clients pick up the 'vibes' and seek to protect themselves from further hurt. Black clients have been known to say, "I think my white therapist is good, but when I talk about my black experiences, she tends to go quiet and slides over the subject," or "therapy is helpful, but I feel I always have to explain and justify myself." These examples highlight the clients' ambivalent experiences in the working alliance. Therapists may be under the illusion of doing good work with their clients, and unaware that these powerful negative messages might be impeding the quality of trust and engagement in the alliance.

The following is a personal example of how a therapist's intervention in a difficult cross-cultural situation, can appear seemingly inoffensive, but have a most devastating and paralyzing effect on the client and subsequent progress in the work.

A Case Example

In one of my past experiences of personal analytical therapy, I recalled being asked by my white therapist how I was feeling about a very painful and challenging situation I had recently negotiated in a psychotherapy training experiential group. It involved me, the only black student in a large predominantly white group, being the recipient of a white student's racist projection.

The incident followed a fairly healthy disagreement with a fellow student about a race matter that involved the whole group. My white colleague brought to the following group session, a dream she declared she couldn't make sense of. She described her terror at being attacked by a big black gorilla that was chomping huge bits out of her arm. As she tearfully and dramatically spoke about her nightmare, all eyes were turned towards me, some darting, others lingering in an embarrassed and accusatory way. I felt very awkward by this event, and was left strangely irked and exposed in the group. The deafening silence that followed the telling of this dream made something unpleasant stick in the group. The facilitator's total lack of response in facilitating the unconscious elements in what I felt was a very revealing dream, and failure to deal with the group's reactions, both left me feeling isolated and painfully alone.

I shared this difficult experience with my therapist and talked about the very upsetting feelings that were stirred up. The incident triggered and re-opened other painful experiences of being subtly targeted because of my race and it was as if I had been re-wounded in the same place. I shared with my therapist how difficult I felt it was for black students, and particularly the lone black student, to survive such trainings without sometimes feeling a casualty at the end of it. I let her know how worried I was for my position on the course and that I felt I needed to guard against such a thing happening to me.

Having previously worked with my therapist for about nine months, I had naturally talked about my family history and those values and beliefs that were important to me. I shared with her that I had come from a culture and family home that valued education as being important to succeeding in life. Celebrating events that contributed towards this particular journey was customary. I let her in on some of the family sayings that I had introjected as a child and held dear, some of which were: *education is power,* and, *you have to work twice as hard to make people notice you*. Such were their importance, that all educational achievements were viewed as negotiating major rites of passage. My therapist was privy to learning how important this and many other cultural aspects of my life were to me, and I hoped she was developing a greater awareness of my Caribbean core within an adopted British identity. In other aspects of Caribbean life, she also learnt that every significant achievement towards bettering one's self was an opportunity to celebrate, for example, traditionally pouring rum on the ground and thanking the gods. I underlined the fact that I was brought up in a family who believed these milestones were not to be forgotten, but rather marked in a very special way. Embarking then on my Masters degree was an important and significant part of this personal journey.

In responding to my therapist's question of how I was feeling about the difficult experiential group situation, I shared with her that although I was a deeply affected by the unpleasant event, I had remained strong. I communicated that I was pleased with myself for being able to challenge the facilitator for his lack of intervention and not utilizing the situation to deal head on with real underlying conflicts of race and cultural differences in the group. I described to her a personal technique employed when faced with adversity - a tip from my dear mother, which is to call upon our ancestors to wrap their arms around you in times of need. I had used this method

during the loneliest of moments in the group, where I felt I had no allies and no support. I let my therapist know about a family script that had helped me to remember that I was truly loved as a human being, and in remembering this, I was able to maintain a sense of equilibrium. I shared with her the fact that I did not allow myself to be pushed into responding rashly in the unpleasant group situation, which could have easily branded me the stereotypical *scary, angry*, *aggressive*, *threatening*, *difficult* black woman. I shared all of this in good faith and hoped the one place I would and could be held was in the haven of my twice weekly psychotherapy sessions.

I felt I had built up a safe relationship in the nine months of working with my therapist, and was looking - at least initially - for a warm, empathetic and supportive reaction to my traumatic experiences in the training group. Instead, I received a bald and cold response which was, "you clearly utilized a lot of mechanisms to shore yourself up…are we in danger of being a bit holier than thou?"

I was stunned by this response and felt as if I'd been smacked in the face. In that instant my therapist had become one of the experiential group members. She was not with me or for me. I wondered whether she had really heard the importance of my personal and family history, and I silently questioned whether she had taken in what all that had meant to me. I felt disappointed by not receiving an unqualified acknowledgment of my fight for survival in a lonely and unfriendly situation, and above all, let down by the lack of a full acknowledgement of my transcendence over an undermining and destructive experience in the group. I had expected at least an initial uncomplicated response of support and empathy to convey a sense of attunement to the unpleasant hidden aspects of race that had surfaced in my group experience.

On reflection, I felt the therapist's perception of what she saw as my smugness in relaying back to her how I had coped with the uncomfortable group incident, revealed two things. First, I think the unpleasant event highlighted obvious negative symbolizations which were awkward and uncomfortable to address head on. Secondly, and perhaps more importantly, I was appearing not to need her, as I had first of all asserted myself in the group, and then called upon my mother, family and ancestors to protect and comfort me in spirit. My therapist being analytically trained and choosing a hasty interpretation of my behaviour, was in my view, giving primacy to the

perceived effectiveness of a classical psychoanalytic intervention over a more straightforward humanitarian person-centered acknowledgement of my painful experience. I also concluded that the therapist's reference to my being a bit holier than thou was probably due to annoyance at my daring to blow my own trumpet - something that seems to be discouraged in sections of British culture. Identifying what I felt was the therapist's ungenerous streak led to an inhibition with regard to sharing other personal achievements and successes.

As the black client in this cross-cultural relationship, I was left feeling that it wasn't permissible to engage too proudly in positive reflections and indeed one's own affirmations. I wondered whether there was an expectation for me to focus only on tales of suffering and being blighted, beaten down and scarred by life's oppressive experiences. I reminded myself that a majority of black individuals will attest to the fact that being black was not their raison d'être, for the simple fact that despite life's hardships, black people are still able to work well, play well, love well and expect well.

The ability to bounce back in the face of adversity is a notable quality of many minority groups and therefore raises the concept of **resilience** in cross-cultural work. This must be an important area of acknowledgement in counselling and psychotherapy, which should be fostered and celebrated.

Reflections on Oppressive Practice

In the above example, there is much to discuss and glean about the subtleties of oppressive practices. The therapist who rushes in to challenge a client's perceived or real experience of racism, or one who facilitates untimely rationalisation of the client's feelings of discrimination, may unwittingly create mistrust in the alliance and set up *no go* areas in the work. The therapist will be experienced as lacking in empathy, which is not being able to bear witness to the client's feelings.

The paradox in the aforementioned case example, is the therapist unwittingly contributing to feelings of oppression inside the work at a time when the client is seeking support and help with challenges of oppression outside of the work. By adding this further burden to the client's experiences, a practitioner can unintentionally deny the individual a safe and helpful space to heal well.

In my own therapy, the ongoing alliance with my therapist was hampered and produced in me, an unhealthy caution in our work. This was expressed by a silent dynamic where I felt pushed into relying on myself to be my own trusted caretaker. This very unfortunate choice of relating to the other, points to a dynamic that may easily occur in dissatisfied and disgruntled clients who feel unsafe to *surrender* fully in the therapeutic process. I offer the following as a way of countering the pitfalls of this situation.

A state of grace

Dealing with subtle aspects of discrimination and oppression can be challenging for both client and therapist alike, but for the client who is affected and sometimes ground down by its damaging effects, the terror of losing one's sense of ontological security is great. In such situations, the battle-weary and battle-scarred can potentially stop learning. Facilitating hope and movement forward can be key tasks in helping the oppressed toward a state of grace. Grace in this context, refers to the relief we experience when we understand how and why we have particular experiences, and then knowing how to do things differently so that the results are better.

The gift of this state of grace for black people is about engaging in the important work of living life in a more fully functioning and flourishing manner in spite of the scars of life's traumas. A state of grace is not just about surviving. It is about thriving and keeping alive the collective's distinct hybrid vigour, which is the process of delighting in <u>all</u> that makes us potent, resilient and powerful. Reclaiming our strengths and all of these positive aspects as part of the goal of therapy can only serve to repair, lighten and heal the soul.

The next account is a further experience of personal therapy, which highlights examples of subtle, quiet and hidden forms of racism in the cross-cultural encounter.

A Second Case Example

In one of my much earlier experiences of seeking personal therapy, I chose a female therapist on the recommendation of my psychotherapy training body. The therapist happened to be white. I remembered arriving at the therapist's home one dark autumn evening, feeling quite anxious about the unknown and unfamiliar process I was embarking on.

The first thing I noticed on getting there was the fact that the consulting room was in the basement of a very large building to which the entrance way was very dimly lit. Getting to the front door was an undertaking in itself, as a steep flight of narrow concrete stairs had to be negotiated in the semi dark. The task was made treacherous because of wet, well trodden autumn leaves that had become soggy and slippery. I remembered having to hold tightly on to the cold steel railings so as not to lose my balance. My initial anxiety about starting therapy with a new person had now turned to irritation and I swore under my breath before reaching the consulting room door.

Meeting these external challenges even before any *actual* work had taken place stirred my pre-transference thoughts and raised many questions. Was I going to be held safely by this woman? Was she a trustworthy therapist? How could she allow her entrance way to become like a death trap? Did she not care about her clients? Did she not use the entrance herself? How empathic was she? Could she empathize with me? Can I trust her? My pre-transference thoughts were running away with me and I was filled with negative feelings and doubts about this encounter.

On meeting my therapist following her delayed response to the door bell, I, in typical and respectful Caribbean fashion, held out my hand. The therapist promptly ignored it and allowed

hers to remain rigidly at her side. Instead, the bland hello received had only added to my sense of rejection, a feeling that was compounded by my early unwelcoming experiences. As I followed the therapist along a very narrow corridor to the consulting room, where only at that moment the room lights were turned on, I couldn't help thinking, what a cold welcome. Not only was there the question of being held safely, I was now wondering about the therapist's capacities for warmth and generosity. These thoughts were heightened in the presence of an obvious race dynamic; her being white and clearly middle class, and me, the black client questioning whether I was not good enough to be properly received.

As the session begun, I was struck by another disturbing observation. Opposite to where I was seated, hung a wall painting depicting what appeared to be a farm scene. It caught my eye, as it was no ordinary farming scene. There were cotton fields worked by very dark, Lowry's like matchstick figures, industriously hunched over and picking away at clouds of white fluffy cotton buds. In the background stood an imposing shadowy image of a large grand house and a faint figure of a male dressed in khaki shorts, white shirt and sporting a large Panama hat. I soon realized I was looking at a typical slave plantation scene. I was very surprised at this and started to wonder whether the therapist had experience of working with black client/patients. I heard myself ask, "Have you worked with any black clients before?" My therapist paused for a long moment, and then meeting my gaze, said in a very exaggerated, ponderous, almost caricature psychoanalytic fashion, "I wonder….how you would feel if you were to see the black side of me?"

I was left reeling from this question and puzzled by the therapist's use of the term black in an apparent very negative context. What did she mean? I was baffled by the choice of painting for a consulting room, and even more so by the previous off-putting experiences. Suffice it to say the stacking up of all of my previous negative pre-transference feelings on entering this brand new professional arrangement, coupled with my actual encounter with the therapist, had all led to a clear decision to not carry on the work.

In this real case example, it would be true to say that the experiences with the unkempt and unsafe therapy entrance were straightforward issues of professional neglect and had absolutely

nothing to do with race, racism nor discrimination. The therapist's refusal of my greeting by offering a handshake can also be understood from the point of view of exercising personal choice and preference. No issues with that. However, when such factors are compounded by all the aforementioned personal experiences in this case example, they can offer useful insight into how we can avoid the impact of subtle racism oppression and discrimination in the working and therapeutic alliance.

All that we expose (and don't) to our clients inform them about who we are as individuals and as therapists. A painting depicting an obvious slave plantation scene may have pleasing aesthetic value to a white therapist, but may re-open painful wounds and historical memories for a black client. Similarly, the negative or clumsy use of the term *black* may be viewed as innocent, an unfortunate choice of expression, and maybe even not minding the restraints of political correctness, but it is important to be mindful that it may have the potential of setting up barriers in the early stages of trust building between therapist and client.

Establishing and building trust in the first meeting are essential ingredients in all therapeutic work. In the case example discussed, these elements are betrayed by the client's negative experiences on meeting the therapist for the first time. To harness them in order to show the cumulative impact on the client: there was the therapist's neglect in making the entrance way to the consulting area safe and welcoming. This was followed by the delay in answering the door bell, which created additional anxiety. The therapist's refusal to shake the client's outstretched hand at the initial meeting generated feelings of rejection and interfered with possible chances of fostering a warm connection. Not having the consulting room lit beforehand indicated a possible tendency to withhold. The particular choice of painting for the consulting room and all the negative unconscious messages it screamed, acted as a serious barrier to building confidence in the therapist's cultural/political awareness. Additionally, the therapist's apparent defensive reaction to the client's genuine enquiry about personal experiences in working with black people, finally served to damage possible trust developing in the work between them.

What could have been particularly helpful in this scenario? On reflection, a reaction to the client's enquiry about the therapist's experience in working with black people could have responded to with a straightforward reply such as, "I am very happy to answer your question, but can we discuss what's inside or behind your question?", or, "I sense you may have anxieties about working with me, a white therapist… would it be helpful for us to discuss this?". Either response might have been experienced as more holding, as opposed to the bald interpretation: "*I wonder….how you would feel if you were to see the black side of me*". What was black supposed to mean in this particular context? Was it stereotypical parlance meaning bad, ugly, wicked, cruel, and showing an absence of care. Or, was it used figuratively to refer to one's shadow side or failings, for example, putting one's foot in it and getting it wrong? Whichever meaning is ascribed to the word, the message appears and remains pejorative.

Language therefore is of crucial importance to the cross-cultural encounter. For the practitioner, our words act as an essential and often key tool in the healing process, but they can also offend and hurt, and maybe even do damage to the soul.

Offering a guide to preventing prejudice and discrimination in counselling and psychotherapy cannot completely rid us of these tendencies. The fact remains that prejudice and discrimination are common phenomena and we are all prone to these attitudes and behaviours. However, we can only seek to decrease the potential for their negative effect by continually increasing our self-awareness and striving towards a cultural confidence in working with issues of diversity.

Values and Principles Underpinning Good Practice in Working with Issues of Difference and Diversity.

"Remember, feedback should give value to the receiver not relief for the giver."

The following is a set of Values and Principles Underpinning Good Practice in Working with Issues of Difference and Diversity. These can apply to both the practice of therapy and also to the work of clinical supervision. They are listed within specific categories of diversity for ease of consultation. Further pointers in other areas of diversity may also be found in Lago & Smith, 2010.

Values and Principles Underpinning Good Practice in Working with Issues of Difference and Diversity

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WORKING WITH LESBIANS AND GAY MEN

1) Acknowledge the existence of and work through external and internalized homo-phobia and heterosexist messages.

2) Maintain empathy by learning about and understanding lesbians and gay men identities and needs.

3) Affirm lesbians and gay men's lifestyles as viable and legitimate alternative life-choices (*e.g. that they can survive healthily and can enjoy legal and social recognition).*

4) Validate lesbians and gay men by challenging clients, peers, colleagues and the organization for change.

5) Recognize the diversity of lesbians and gay men, and understand social and political issues which lead to feelings of powerlessness, systematic exclusion and marginalization for lesbians and gay men who are from black and other ethnic minority groups and those with disabilities.

WORKING WITH REFUGEES

1) Acknowledge the fact that English may be the second language for refugees clients and effective work with such individuals may require extra time allocation and the assistance of interpreters/translators.

2) Recognize the social, political and emotional problems for refugees. Endeavor to seek specialist knowledge to work with issues of cultural displacememt, homesickness, political torture, effects of war on the human psyche, culture shock, family disruption, isolation, housing and immigration problems.

3) Work with the effects of post-traumatic experiences which manifest mainly as loss bereavement, and mental distress.

4) Act appropriately as advocate when dealing with the *system* without taking away the client's responsibility and dignity.

WORKING WITH PEOPLE WITH DISABILITIES

1) Avoid the tendency to make decisions on behalf of the disabled person which denies them control over their own lives.

2) Be aware not to reinforce "medical" definitions of disability which focus on "impairment" and "special needs" and directs attention and approaches to these aspects of disability.

3) Acknowledge and address ways in which society and its institutions are organized to exclude people with disabilities from mainstream provision and employment.

4) Recognize that the "problem" for people with disabilities lies not within individual bodies but within the ways society fail to organize its resources to include people with disabilities.

WORKING WITH BLACK AND ASIAN CLIENTS

1) Acknowledge and actively deal with racism operating at these levels, namely, individual, institutional, intentional and unintentional.

2) Become aware of hidden feelings and subtle expressions of **indifference (**not caring, not being concerned or interested in the concerns of the racial 'other'.

3) Take account of support structures within the different communities, e.g. the church, the role of religion, religious practices and rituals, the extended family and traditional family support structures.

4) Respect the need to include helping agencies relevant to the different communities, e.g. spiritual healers, the Shaman, the priest, elders, and other specialist agencies.

5) Recognize the influence of the community.

6) Redefine and work appropriately with Eurocentric concepts of mental health.

7) Re-appraise what psychological yardsticks are culturally relevant in determining psychic equilibrium and "cure".

WORKING WITH WOMEN

1) Be aware of the biological, psychological, cultural and social issues that have an impact on women in general and on particular groups of women in society.

2) Recognize and be aware of all forms of oppression and how these interact with sexism

3) Increase ability of utilizing skills that are particularly facilitative to women in general and to particular racial and cultural groups of women.

4) Be aware of sexist language that may be unintentionally used in counselling, supervision, teaching, daily interactions and journal publications.

5) Do not engage in sexual activity with women clients under any circumstance. Be aware of the continuum of psychological covert and overt abuse which includes professional voyeurism, sexual gazes (covert) to sexual remarks, unacceptable touching, and more overt sexual contact.

6) Understand the effects of sex-role socialization on women's development and functioning.

WORKING WITH RACISM AND THE RACIST

1) Remember those who remain silent to racist behaviour stand to benefit from its effects; therefore, maintain a pro-active stance by challenging offensive, oppressive and all other forms of behavior which excludes black people, Asians, Jews, Irish people and those members who represent the hidden white minority group, e.g., Greeks, Germans, etc.

2) Failure to combat racism in any form is not just a simple act of racism; it is a perpetuation of racism. **If you are not part of the solution, you are part of the problem.**

3) Comment clearly on the offending behavior (e.g. I did not find it funny when you mimicked the black cleaner's accent). **Spell out the consequence of the behaviour,** (e.g. mimicry in a racial context is **always** negative because its intention is to highlight an aspect of the person's identity for ridicule).

4) Spell out the positive consequences of the behavioural change to be made; people need to know the positive effects of the change before shifting from their position.

5) Use forms of communication that are appropriate for the individual and which take account of the need for privacy and respect. Remember feedback should always give value to the receiver not relief for the giver.

6) Support others actively to make a complaint about discrimination.

7) Deal with covert problems which undermine and affect personal morale by making these issues overt in individual supervision, staff meetings and if necessary, special meetings to address the situation. Consider group consultancy if circumstances permit.

WORKING WITH YOURSELF

1) Re-examine your own values and beliefs and how they were influenced.

2) Be **willing** to learn new patterns of thinking, perceiving and behaving.

3) Be open to meeting the unknown and unfamiliar.

4) Be prepared to admit your shortcomings; there is strength in owning one's ignorance and naiveté about other cultures and show willingness to learn.

5) Stay with the **natural** discomfort stirred up by *difference* and allow yourself to become familiar with the new effects.

6) Do your own homework on *difference* and *diversity*. Do not expect the Other to feed you continuously in the process of learning.

7) Consciousness-raising on its own is not enough in working with cultural diversity; the priority should be to identify and change personal behavior which limits open and effective interaction with others.

Compiled by Dr Aileen Alleyne for training, clinical supervision and consultancy purposes

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Brief Biography

Aileen Alleyne is a UKCP Registered Psychodynamic Psychotherapist and Clinical Supervisor in private practice. She is a full member of FIP, BACP and Nafsiyat Intercultural Therapy Centre. Alongside her private psychotherapy practice based in East Sussex and South London, she also consults to organizations on issues of difference and diversity in the workplace and education. Her academic career has included lectureships at several London colleges and universities, including the University of London, Goldsmiths' College for eight years. Aileen's doctoral research, examining black workers' experiences in three institutional settings, highlights the concept of 'the internal oppressor'. It offers ways of deepening understanding of black and minority ethnic people's psychological reactions to the negative impact of racism. Aileen is the author of several book chapters and journal papers exploring themes on black/white dynamics, shame, and black identity wounding. (www.aileenalleyne.com)