Editorial

Voicing the uncomfortable: how can we talk about race?

"As any change must begin somewhere, it is the single individual who will experience it and carry it through"
(Tweeted by C.G. Jung Foundation, 16 May 2016)

Content and Focus*: In this editorial, we voice the unspoken and illuminate the subtle expressions of 'race' discrimination, in an effort to amend and repair our relationship with 'race' within a profession we are immensely proud of and that which forms a part of our identities. As individual practitioners, we desire a shift in our continued professional development and a true recognition of the visible but hidden phenomenon of 'race'. We long for legitimacy and a lifelong ideal where, although issues may exist, we are able to experience, dissect, learn, and disseminate knowledge. We want counselling psychology to actively partake in the dialogue around race; and be a driving force to carry through advocacy for our clients and for ourselves.*

Keywords: *Race, counselling psychology, training, awareness, clinical practice, intersectionality, supervision*

Conceptualisations of mental health and therapeutic practice were primarily developed from a Western / Eurocentric framework, aimed at and created for a certain type of individual and certain groups of people. It is fair to purport that 'race' was not a dominant theme in the early theories and frameworks of therapeutic practice. Of course, as the field of counselling psychology has grown we have come to appreciate the multiplicity of our clients. We realise the importance of meeting them - group or individual - where and how they are. We also realise the importance of understanding their needs - with respect for, and engagement with, their narratives and history; their understanding of their healing; and of their identities. This is similarly applicable to and for psychology practitioners as they go through their own unique processes.

Before the idea of this Special Edition was a real thought in our heads, we came across an excerpt that highlighted negative outcomes which can occur when individuals' stories, contexts, nuances, and indeed whole identities are not taken into account.

> *"We had a lot of trouble with western mental health workers who came here immediately after the genocide and we had to ask some of them to leave.*
>
> *They came and their practice did not involve being outside in the sun where you begin to feel better. There was no music or drumming to get your blood flowing again. There was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy. There was no*

acknowledgement of the depression as something invasive and external that could actually be cast out again.

Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. We had to ask them to leave.

A Rwandan talking to a western writer, Andrew Solomon, about his experience with western mental health and depression. (The Moth podcast, 'Notes on an Exorcism')

For us, the excerpt above reflects themes around difference, cultural practices, sameness, togetherness, unity, and the engagement with the other. More importantly, it speaks to the importance of acknowledging and engaging with race and culture as they pertain to an individual's story and sense of being, and how as counselling psychologists we ought to be working with these elements in all of our training and practice.

With deepened sadness, we cannot truly attest to a shift in the positioning described in the excerpt. 'Race' today "continues to be a powerful and resilient taken-for-granted concept which institutes and preserves inequalities between certain groups" (Ahmed and Howarth, 2014, p.1625). What we do acknowledge within counselling psychology in the UK in the last couple of years is the awakening of conscious awareness within some training programmes. Clinical evidence from our own practice and teachings nonetheless persistently evidences ignorance, misconception, anger, lack of self-awareness, and defensiveness amongst other displays of emotions in relation to race and the associated dialogue. Perhaps, it is assumed that this space of reticence is earmarked for in-training members or newly qualified practitioners only? That is not the case; seasoned practitioners share in these emotions and sometimes exhibit exaggerated justification of their clinical practice and professional development, much in the same way that an alleged racist says "… but I have a lot of black friends". Is it also a case that only black and ethnic minority (BME) practitioners recognise the need to openly discuss and explore race and its relationship with our clinical practice? To reiterate, this is not the case. It is sad to see and even harder to publicly concede that some BME practitioners promulgate and/or collude with suppressing the issues around race and its intersection to how we relate, teach, learn, supervise, and listen.

Discussions and exploration around race, ethnicity and culture are not as open and consistent in comparison to other themes we may explore in the counselling psychology field. It is ironic, given the many different areas (e.g. gender, sexuality, systemic frameworks, relationships, sense of self, and disability - to name just a few) with which race intertwines and intersects. Yet, we still approach this issue with hesitancy and fear. This impedes not only our development as practitioners, but silences the narratives of the individuals we work with. To not talk about race, to somehow circumvent it, is to fragment the identities of those individuals who seek therapy to find healing and build an awareness of themselves.

There is not a complete silence on this issue within the profession. Writings, research and clinical exploration within and outside of the counselling psychology field (e.g. Eletheriadou, 2010; Ade-Serrano and Nkansa-Dwamena, 2014; Edge, 2013; Alleyne, 2011; Mavinga-McKenzie, 2016; Davids, 2011; Lago, 2011; Coleman, 2011), indeed this issue of *Counselling Psychology Review* itself, continue to drive the narrative around race and culture in the UK. Our US counterparts (e.g. Tummala-Narra, 2011; Helms, 2012), also delve into areas of race and counselling psychology; challenging practitioners to consider the different aspects of race and to move beyond awareness, into knowledge production and development; and also action in relation to addressing discrimination, ignorance, and silence.

Notwithstanding the above, there is still a void where research into race in the UK counselling psychology field is limited. However, within what research we have there are persistent themes. BME individuals are less likely to access therapy due to what is perceived as a lack of understanding and engagement from practitioners. Mainstream services are not necessarily well placed to be able to confidently meet the needs of individuals from BME communities; Black men are still being admitted to inpatient wards at higher rates in comparison to their white counterparts; Black women and men may still be misdiagnosed, only offered medication and/or denied therapy in initial consultation with professionals; and deaths in custody, which have been related to the mis-addressing of underlying mental health issues are still occurring (e.g. McKenzie, 2014; Bhui et al, 2015, Edge, 2013; Kalathill, 2011; Fernando, 2010; Jeraj, Shoham and Barrett; 2015). Perhaps the limited research within the UK and the often-repeated negative outcomes related to the limited narrative around race, partially stems from the still present discomfort in exploring race related issues, and the minimisation of its importance by practitioners in the field.

Drawing parallels with Melanie Klein's object relations theory (1975) lends itself to the attempt at illuminating the fracture between race and counselling psychology. Mattei and Rasmussen (2016) propose that the self of the individual is ironically sectioned into "black and white impoverishments" (p.296) in a comparable way that the child's projections and distortions of the mother shapes both the internal and interpersonal world of the child. When does the split occur? Which element represents the good and which is the bad? How do we as clients and practitioners internalise the split? Until we can initiate an amalgamation of these discrepancies, we argue that our job has not yet begun. When practitioners in varied settings are not open to experiencing and feeling the divide, unconscious communications then shape our response to the relationship at the same time as influencing the other dynamics of our existence. If we choose to rescue, or to be politically correct, or to allow fear to wedge and imprint itself in our development and our humanistic drive to be in the moment; then we choose a singular exploration akin to the individualistic, privileged, Eurocentric and Western way of being.

Race still features in a less than adequate way in training courses. Currently, practitioners do not have to show any meaningful level of competency in their ability to work with racial diversity (Codner, 2015). Even though race may feature as part of a wider exploration on diversity (now coined as inclusivity), tutors are not necessarily given the relevant training.

This process can leave students in a less than confident position and some may be unconscious of that. We argue, unlike Patel (2012), that the responsibility to be versed in social inequalities such as race, should in the main, rest with the supervising practitioner or trainer. The appraisal of race, culture, awareness, and clinical supervision (cf. Martin, 2015; Constatine and Sue, 2007; Falender, Shafranske and Falicov, 2014; Tummala-Narra, 2004, 2013; Wade and Jones, 2014) seems to suggest that practitioners may not recognise, nor be able to negotiate, the importance of understanding and engaging with race as part of clinical development. Furthermore, issues pertaining to race may not emerge in clinical presentations since it has not formed part of the formulation in the first place. It is also possible that race and culture are not considered once a client has a [delimiting] psychiatric label (Eletheriadou, 2014).

Many in-training counselling psychologists drawn to examine race and its relationship with elements of the human experiencing, may experience discouragement from supervisors and/or training institutions. We evidence this from our own mentoring and supervising of students who are often left feeling disvalued and unauthentic in their identities as BME researchers and psychologists. This leaves us pondering the embedded cycle of defence. We are not advocating for the improper and poorly thought out research proposals that can grace the sights of our trainers; but yet again we advocate for the notion of awareness raising around the motives which prevent such research from being carried out. On the one hand, as a profession, we demand evidence informed practice, outward/inward-facing research that enhances our understanding of clients, professionals and the circumstances of relatedness. However, on the other hand, we appear to suppress the desire in others who strive to fill the gap. Spinelli (2013) impressed upon the importance of sitting with uncertainty and yet we struggle to navigate the un-known world and implications of race.

Where race is omitted in a supervisory capacity, the complexity of the supervisory relationship can be underestimated. Equally, when there is a lack of expertise, competence, or openness in thinking about race, culture, ethnicity and their relevance for respective individuals, there may be an under or over reliance on cultural factors to explain psychological difficulties (Ancis and Ladany, 2001); which may in turn lead to gross generalisations. Ethically, we have a responsibility to support individuals around issues pertaining to race and cross-cultural conflict, whether it is in therapy or through supervision. We also have a responsibility as practitioners to highlight the narratives of individuals who may be completely absent or 'not seen by us' from our psychological literature, practice, and research. We are certain that the limited dialogue around race directly impacts our work with clients as it can leave them exposed to discrimination and misunderstanding.

Overview of the Special Edition

Collectively, the papers in this Special Edition articulate the experience of race from varied platforms: Personal experiencing; the position of the other; the necessity of a racial and cultural embedded awareness; a reiteration of the holistic self of the client; clinical practice; and most of all the relevant implications to us as evolving practitioners.

The issue begins with David Morrison's personal involvement with an aspect of racial awareness and the impending growth that occurs for him as a practitioner - highlighting the scientist-

practitioner side of us as counselling psychologists. We then see Eni Neo and Jacqui Ackhurst present their piece on what it is like for BME practitioners within a particular locality, the implications of past and present culture, and the necessity for adequate training and supervision. Sharon O'Driscoll, Anastasios Gaitanidis and Paul Dickerson discuss the privileges and positions of the other looking in on racial variance with links to training and the meaning making processes involved within the discourses of racial prejudice. Sophie Rae concludes the issue with an examination of Eurocentric/western values vs. the valuation of other cultural principles and the cross between these concepts.

This is not about blame. It is about our ethical responsibility. What has gone in the past is gone, but our knowledge of the past informs the experiencing and authenticity of our future.

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