

Anti-Racist Clinical Practice: A Misguided Notion

Gail K. Golden, MSW, EdD

I have been asked to reflect on what ‘anti-racist clinical practice’ would look like. I guess my answer is that I am not really sure because serious anti-racist work has nothing to do with clinical practice. Racism is a power arrangement. It is about systemic oppression and institutional arrangements. It is not about individual cases. It is not about pathology. The work of undoing racism is about organizing for social change and social justice. This is always a collective effort that takes place in communities and hopefully across countries.

Clinicians work in their offices with individual cases, or possibly with small groups. This is not organizing, although it can be good work. People who have been tormented by living in oppressive, racist environments can find some insight or some clarity about their situations while working with a clinician who has some understanding of racism, how it is constructed and how it is maintained. However, they can find no relief from the ravages of racism by working clinically. When they leave the therapist’s office, they still return to a world in which racism is a daily reality.

So what would be the major difference between a therapist with an understanding of racism and a therapist without such an understanding? Probably a therapist with an understanding of racism could be somewhat helpful in clarifying what aspects of a persons’ current dilemma were caused by intrapsychic confusion and what aspects were caused by living in an oppressive racist environment. I say that such a therapist could be somewhat helpful because I am not always sure that it is easy to untangle these two arenas. We can internalize many aspects of oppressive environments and they can then become part of our intrapsychic confusion. Nonetheless, a therapist with strong training in undoing racism might help with this kind of sorting out. None of this however, is about undoing racism, because that is not a clinical issue. It is also not really anti-racist therapy because it is not doing anything against racism. It is just clarifying and identifying some of what people of color have to deal with.

The real contribution that a therapist can make is probably by acknowledging the serious limitations that therapy can play in social justice work. We are reminded of this by Ignacio Martin-Baro who says: ‘The emphasis on individualism reinforces existing social structures because it reduces all structural problems to personal problems. The burden is then on each individual to change themselves rather than to change their community or society.’ (from Writings for a Liberation Psychology.) In a similar vein he observes: ‘We must stop presenting the pathology of persons as if it were removed from history and society. We must stop presenting behavioral disorders as if they play themselves out purely on the individual plane.’

Recently at my agency an African American mother presented her 19 year old son for treatment. He had been stopped by a local police officer for ‘walking while black’ on the streets of a nearby village. He has responded with great anger and in ways that worried his mother. The intake worker, a white woman with years of undoing racism training, met with the young man and listened to his story. She verbalized sadly that as a young black man he was indeed a target for law enforcement; that racism is serious and ever-present in our country; that his anger was overwhelming him; that it was vital that we all be working to change this system. And she also understood that his life could be in danger unless he found some ways to monitor his anger when

confronted by authorities. She found nothing pathological in his response. She also knew he could not and should not stop being angry. She suggested that he meet with one of our counselors, a male of Haitian descent, so that they could share strategies for dealing with racism. The young man's eyes filled with tears as his reality was affirmed. Is this therapy or survival training? And did this work need to be done with a trained social worker or could it have been done with a trained organizer. In either case, it will do nothing to undo racism.

That is why I get concerned when people start talking about anti-racist clinical practice. I am not sure what it is. So, I think as clinicians we need to be very careful to separate our good clinical work from our anti-racist organizing. And we should stay clear that the focus on individual cases diverts our attention away from the real problems, and drains our energies away from the real solutions.

Clinicians who really are invested in undoing racism will likely begin to spend much more time out of their offices. They will be meeting with community groups, they will be challenging unjust laws, protesting, and working to elect lawmakers who care about justice. And clinicians who are really serious about undoing racism will not be talking about personal stories but about collective experiences.

So while I am happy that more clinicians are understanding something about white privilege and systemic racism, this is not the work that gives me hope for the future. I say this as a reputable and well regarded clinician. But it is only when I leave my office that I know that I am joining the serious efforts to undo racism.

Gail K. Golden, M.S.W., Ed.D, VCS Clinical Director, where she has designed programs and protocols to meet the needs of battered women, their children and men who batter; psychotherapist in private practice; human rights activist; community organizer, author and co-author of many related professional articles; consultant, trainer and faculty on domestic violence as it relates to mental health; published poet.

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