

The Im/possibility of Race: Raising Race in Psychotherapy

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ABSTRACT *This paper explores the tension between the ethical and therapeutic imperatives when the possibility of race as a motif in the client's presentation arises in the mind of the psychotherapist. This tension highlights the risk of oppression in speaking and not speaking in which the "floating" nature of race both in definition and in personal identity is revealed as compounding variables. Respect for the dignity of self-determination in relation to the conception of the self emerges to resolve the tension between the ethical and the psychotherapeutic, paving the way for reflective questions for psychotherapists. Copyright © 2013 John Wiley & Sons, Ltd.*

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INTRODUCTION

The title of this article takes its inspiration from *The Impossibility of Sex: Stories of the Intimate Relationship Between Therapist and Patient* by Susie Orbach (2000), in which she explored both the erotic and corporeality within psychotherapy. Creating patient/therapist scenarios, Orbach sought to reveal what goes on in the psychotherapist's mind when faced with dilemmas within these domains. In acknowledging the "asymmetrical nature" of the psychotherapeutic relationship, Orbach stressed the fact that psychotherapists face "ethical, clinical and emotionally challenging" dilemmas on a daily basis which requires of them the necessity of questioning the "basis from which they speak and understand" (p. 218). As I argue in this article, race presents particular challenges for both psychotherapists and psychotherapy, wherein "raising race" arises concurrently as im/possible given the asymmetrical nature of the psychotherapeutic relationship. Questions for the psychotherapist articulate the challenges around "race" in the contemporary context, and provide a working base for from which to speak and understand.

The formulation of "cross-cultural" counselling continues to highlight the inherently ethical nature of dealing with difference wherein both the psychotherapeutic frame and the psychotherapist are called into account. As Rucker (2001) reminded us in relation to the practice of psychoanalysis: "When societal submersion of difference coincides with the suppression of

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these motifs in psychoanalysis and in the individual psyches of patient and/or analyst, a collusion emerges that carries societal, interpersonal, and intra-psychic meanings” (p. 254).

As a trainer of counsellors the when, where and how of introducing the *possibility* of race as a motif of difference in a client presentation can become a fraught endeavour in a mixed-race classroom. A recent classroom example provided a rich opportunity for reflection. Whilst the specific details remain confidential, it was the impact of this particular incident on both the students and myself which has prompted this paper as an enquiry into the ethical nature of raising race within the psychotherapeutic frame. The following were the first questions I was left with after this incident which have served to direct my enquiry:

- How can a question around “race” not be asked without itself implying “racist” assumptions?
- If the question is not asked is the client denied the opportunity to explore race as a motif in their own history and experience?
- Does the psychotherapist need to “earn the right” to ask a question about race?
- When and by what means might that right be earned?
- What facilitates as well as hinders the capacity to address race both within the psychotherapist and within the psychotherapeutic encounter?

This paper brings together thinking on race, difference, oppression and identity, and aims to raise the “difficult” questions we encounter in our work as psychotherapists in keeping ethics in practice; and, in particular, the challenge race brings to the dimension of the “ethical” as practice. This enquiry is approached from de Certeau’s (1986) belief that ethics “is articulated through effective operations, and it defines a distance between what is and what ought to be” (p. 199). It is this distance de Certeau suggested that in fact “designates a space where we have something to do” (p. 199); where we are called to make some kind of response or gesture. The “ought to be” is what defines for each of us as psychotherapists (and trainers) what we are hoping to do in the work, the psychotherapeutic aim, so to speak. The “something to do” arises in a moment of doubt or perplexity; as Dryden (1985) highlighted, the dictionary definition of a dilemma is a “choice between two (or several) alternatives which are equally unfavourable” (p. 1).

Since it can be said that “race” sits within the nexus of the political and the psychological – as an equivalent motif to the “personal” – *within* the psychotherapist, the responsibility of response presents as both ethically charged and therapeutically potent. Simply, when the *possibility of race* arises in the mind of the psychotherapist, a dilemma arises in relation to a choice: to speak or not to speak? My aim here is not to advocate an anti-racist position, i.e. that one should always “raise” the issue of race but, rather, to suggest that in either speaking or not speaking there is the potential for oppression. It is this potential which functions to highlight the tension within the psychotherapeutic frame between “the ethical” and “the therapeutic”. To elaborate this understanding further, the interrelationship of race and identity is highlighted as it serves to underscore the “floating” nature of race as a signifier both in definition and in the lives of individual persons. This leads to articulating the moral dimension of raising race as one in which both the ethical and therapeutic can be conjoined in the service of upholding the human dignity of the other. My aim, therefore, is to explore how to understand the dilemma of when the possibility of race comes to mind to help psychotherapists *be with* so that the *doing* can be helpful.

RACE, RACISM AND ANTI-RACISM

As Zack (2011) has suggested: “racial discourse is shaped by distinctive, varied contexts and multiple meanings” (p. xiv), and went on to argue that: “the word ‘race’ itself is ambiguous, sometimes referring to skin color, other times to skin color and group history, sometimes to biology and genealogy, other times to culture by itself or culture combined with the other factors.” (p. xiv). In this way, as Hall (1997) succinctly described it, “race” continues to be a “floating signifier”. It is suggested that the “floating” nature of race can be experienced within the psychotherapist to the extent that the “charged” nature of definition leaves much uncertainty, if not nervousness in relation to the “what to do” when the possibility of race comes to mind in questions such as: “What am I referring to when I say ‘race’?” “How might the client understand ‘race’?” “Is it possible my own understanding could be experienced as ‘racist’?”

Racism has its own “floating” nature since it is understood to have both ideological and practice dimensions. Racist ideology, the fundamental belief in the inherent superiority of one’s own race over another, as distinguished from “practice”, e.g. institutionalised racism, functions to establish racism as, firstly, a particular set of beliefs away from the cultural and institutional domains which result in “racial discrimination”. Highlighted here is the fact that, within practice, racism may not be articulated, while, at the same time, discrimination may arise from a complex of other factors such as socio-economics, class and so on, which themselves may be based on “race”. Within the movement of “anti-racism” the practice dimension of racism has been stressed to the extent that racism is understood to pervade most of our social interactions, inclusive of the work of the “helping professions”, which themselves may be sites for perpetuating racist practice. As a result, the anti-racism stance is one that argues that the psychotherapist must actively “take specific steps to counter it” (Dominelli, 1992, p. 165); otherwise they have maintained that racism will inevitably permeate the psychotherapeutic interaction.

Further, critical race theorists suggest a notion of “white supremacy” in which “whiteness” is viewed as “an absent centre” within individuals and entrenched in social institutions and structures, inclusive of the psychotherapeutic frame. Thus “whiteness” is understood to function with the force of a cultural norm which results in a “blankness or absence of self reflection” in relation to the cultural positioning of “being White” (Pajaczkowska & Young, 1992, p. 202). From this perspective of race, within the helping professions, the question may be asked: “Who is helping whom?”

For psychotherapists not working from an explicit position which seeks always and actively to raise consciousness around difference (and oppression), for example in relation to gender, race, ability, and/or sexual identity, then the position of anti-racism always to “declare” race may present as too antithetical, if not “untherapeutic”. Indeed, within the contemporary postmodern milieu and the ensuing dominance of ethical relativism, the position of anti-racism finds itself somewhat uncomfortably deontological: arguing for a “rule” which must be obeyed regardless of consequence. However, the collapsing of the political and the psychological which underpins the position of anti-racism serves to support the necessity of the “rule”. At the same time, the political/psychological nexus of race serves further to substantiate the dilemma for the psychotherapist who, outside an anti-racism stance, holds in mind an understanding of the psychological nature of race experienced within social contexts predicated on practices of oppression, denial or invisibility. The resulting dilemma

for these psychotherapists can be described, on the one side, as a tension of being alert to the social nature of psychological experience within dynamics of inclusion and exclusion; and, on the other side, as maintaining sensitivity to the inherent power dynamic within the psychotherapeutic frame and, if pertinent, their own position of “whiteness” within that. To the extent that they are self-conscious that their own speaking of race may itself be a tool for perpetuating those practices, when the question of the possibility of race arises, the psychotherapist may be described as simultaneously caught between an imperative to speak and the responsibility to speak well and carefully.

SOCIAL CONSTRUCTIVISM AND DIFFERENCE

The contemporary context for this understanding is social constructivism, which has drawn attention to the socially constructed nature of who and how we are as human beings, with an accompanying sensitivity to the dynamics of gender, race, age, ability, ethnicity, sexual orientation and other sites of “difference” from dominant (and often unspoken) cultural norms. The difference difference makes in relation both to the formation of identity and to the phenomenology of subjectivity, in terms of more nuanced understandings of the psychological/personal (as referred to above), has seen many psychotherapists working self-consciously within this view; for example, narrative therapists. An important consequence of social constructivism is the understanding of “language” as the mediator of the social and the psychological. The result has been that many psychotherapists are increasingly alert to engaging in any kind of “essentialising and totalising” of their clients (Krause, 1998) which, for example, the concept “race” may itself imply. This is demonstrated in my own usage of the phrase “the possibility of race”. This point will be elaborated further in relation to notions of “identity” (below).

Within the “language of difference”, however, race, ethnicity, and culture have come to be used interchangeably which, on the one hand, can create an easier or less confrontation way of introducing a discussion that may include race; on the other hand, it is worth considering how, at times, the use of terms such as “difference” or “culture” merely creates a more palatable means to articulate the experience of “difference” without mentioning the word “race”. Thus the language of difference reveals an uneasy tension for psychotherapists who seek to move away from employing language and concepts which may serve to “essentialise” their clients but, in doing so, they may end up engaging language which has the potential to “neutralise” the potency of actual experience. The role of language highlights the dynamics of oppression which, in turn, serves further to elucidate the dilemma.

THE DYNAMICS OF OPPRESSION

Racism and oppression go together: the dynamics of oppression can be understood to be ones that integrate the political with the psychological in which the actions of one group are understood to be detrimental to the physical and/or psychological well-being of another group (Hanna, Talley, & Guindon, 2000). As indicated above, the practices of oppression arise dependent on a differential of power which has been well acknowledged by feminists, by anti-racists, and by psychotherapists who are aware of social

constructivism as the inherent dynamic of the psychotherapeutic alliance. As indicated above, this has resulted in language understood as an important “medium” for either “emancipation” or “oppression”.

Hanna et al. (2000) made the distinction between two different modes of oppression which help to clarify the dynamic as it may play out in the dilemma for the psychotherapist when the question of the possibility of race arises: *oppression by force* and *oppression by deprivation*. *Oppression by force* refers to the use of coercion or duress in an act which imposes “on another or others an object, label, role, experience, or set of living conditions that is unwanted, needlessly painful, and detracts from physical or psychological well-being” (p. 431). *Oppression by deprivation* is an “act that deprives another or others of an object, role, experience or set of living conditions that are desirable and conducive to physical or psychological well-being” (p. 431).

These definitions provide an important means by which to understand the dilemma of “what to do” when the question of the possibility of race comes to the mind of the psychotherapist. Utilising Hanna et al.’s (2000) definitions, this dilemma can be articulated as a set of questions in the following way:

- How do I as a psychotherapist introduce race as a possible motif without this itself becoming an incidence of “oppression by force” – that is, how might the introduction of race be presented as an assumption, label or experience in a way that is imposed on the client which serves to reduce their own self-determination and well-being?
- At the same time, how do I as a psychotherapist ensure that I do not engage in “oppression by deprivation”, by omission, avoidance or neglect, in which the client is deprived of the opportunity to explore their experience in relation to race?
- Further, how, without fear of it being reduced, denied or ignored, can race be explored in ways that increase a client’s sense of self-determination and well-being?

Hanna, Talley and Guindon (2000) also made the distinction between *primary oppression* and *secondary oppression*: the former refers to the blatant perpetuation of either the modalities of force or deprivation; the latter to situations where someone may not themselves actively oppress but who does not object to others carrying it out and/or someone who may benefit in some way from the oppression of others. This notion of *secondary oppression* provides a further reflection for the psychotherapist:

- Do I as a psychotherapist “benefit” from not addressing race and, thereby, am I indulging in “secondary oppression”? (Here “benefit” may refer to avoidance of discomfort, or acknowledgment of my own history of either oppression or oppressing.)

These questions naturally lead me to return to de Certeau’s (1986) point of the ethical as experienced in the distance between the “what is” and the “what ought to be”: articulating the “ought to be” seems important so that one knows what one is trying to do or is aiming towards in the moment the possibility of speaking the possibility of race emerges. Returning to the political/psychological nexus of race and the ensuing meaning attached to “identity” helps further elaborate the dilemma for the psychotherapist.

RACE AND IDENTITY

Within contemporary progressive political thinking around race, the “identity model” of race has come to dominate, in which recognition of the distinctive perspectives of racial and other minorities is privileged. The anti-racist movement (as referred to above) may be described as sitting within this view, since race is understood to be in need of “recognition”.

However, one of the criticisms of this imperative for recognition is that it can result in imposing, as Fraser (2003) has succinctly suggested, “a single, drastically simplified group identity, which denies the complexity of people’s lives, the multiplicity of their identifications, and the cross-pulls of their various affiliations” (p. 89). Thus, for psychotherapists, the imperative not to engage in practice which may “essentialise” their clients through the use of the term “race” as outlined above may be further compounded by their sensitivity to how race may function as a “floating signifier” of identity in an individual’s life. Thus, from the psychological perspective, the fluid, contrary, and subjective nature of an individual’s “identity” is brought into relief when the question of the possibility of race comes to mind.

THE MORAL DIMENSION

Lucas (2011) has helped to establish the ethical nature of the dilemma when he suggested that the “moral wrong” of prejudice and stereotyping lies in the fact they deny or restrict in the other their “human dignity” as a “self-determining” agent with their own “self-knowledge” (p. 100). In this way, a “moral wrong” is understood as the “failure of respect due to another person” when someone behaves so as to cause another to have a “distorted or inadequate self-conception” (p. 101); or which indeed, he further suggested, ensures the other maintains such a self-conception when one is in the position to help remedy it.

Thus Lucas can be described as having articulated the moral dimension within Hanna, Talley and Guindon (2000) thesis of oppression. This moral dimension is in fact established in a way recognisable to psychotherapists: the moral responsibility to ensure basic human dignity of “self-conception” free from restriction or undermining actions from others. This is further enhanced within the psychotherapeutic frame: that is, to act to “remedy” self-limiting or “other-imposed” self-concepts. The following case vignettes help return us to the realities of practice.

IN THE COUNSELLING ROOM

During the gestation of this paper, three encounters within the psychotherapeutic room occurred which highlighted the motif of race and different psychotherapist responses:

1. A man of African heritage is referred following an incident at work; it seems necessary to enquire directly: “Did you feel this person’s response was motivated by racial prejudice?” “Yes,” he replies; looking somewhat “relieved”, he tells me of the consequent shaming he felt. We then move on.
2. In the context of other work, a young woman of Asian heritage tells me of her experiences of people making fun of her accent and mispronunciation of words; she also reports that she often encounters an attitude of “You wouldn’t know about that” in

relation to some dominant “Australian” cultural references. She talks of her simultaneous feelings of fury and shame. It seems relevant to talk with her about the notion of “internalised racism” and to share my own responses to hearing these incidences.

3. A moment arises in the work with a young woman of Pacific Islander heritage I have been seeing for a while when it seems pertinent to ask permission to ask if racial difference played a part in her schooling experience. She looks somewhat startled at first, and then says that, in fact, when she moved schools she went from being part of a dominant inter-racial group, to the situation of being one of only a small number of “racially different” students. A conversation ensues about the impact of this on her identity and sense of self.

It is necessary to point out that both the socio-historical aspect of the particular racial heritage within the Australian context and the individual history of each client are relevant (though not presented here), thus serving to reiterate that in each of these situations race presents as a nuanced and individual phenomenon. From the necessity of asking as a “simple fact” (encounter/vignette 1); to taking a psycho-education approach to the impact of racism (vignette 2); to a situation where an exploration of race is raised either by the client (vignette 2); or by the psychotherapist (vignettes 1 and 3), race is (self-)consciously in the psychotherapeutic room.

In reviewing these case vignettes, I returned to the questions I formulated around the modes of oppression distinguished by Hanna, Talley and Guindon (2000) and a “new” noticing of their negative connotation, i.e. what we as psychotherapists should endeavour *not* to do. As adjuncts, the positive connotations of these questions help bring together the more nuanced appreciation for the dilemma as outlined in the paper so far:

- How do I as a psychotherapist ensure, if the possibility of race comes to mind, that I find ways to introduce it that promotes it as a “floating signifier” in relation both to my own and the client’s understanding of the meaning?
- How do I as a psychotherapist ensure, if the possibility of race comes to mind, that I find ways to introduce it that promotes it as both a possible and “floating” motif in the client’s sense of identity?
- How do I as a psychotherapist ensure, if the possibility of race comes to mind, that it is introduced in ways that seek to affirm self-conception if appropriate, and are facilitative of “remedy” if required?

BACK TO THE BEGINNING

As I return to thinking about the original incident in the classroom which prompted this enquiry, the most pertinent point that remains from my first set of questions is the notion of “earning the right” to ask about the *possibility* of race. This it seems takes us back to the counselling basics: first establish a therapeutic alliance. I hope my exploration and the ensuing questions create a more nuanced understanding of the therapeutic and ethical dilemmas which are “floating” when this possibility of race comes to mind in the psychotherapist; and that, armed with that understanding, the how and with what intention

the possibility of race is raised by the psychotherapist may itself be the basis for establishing the therapeutic bond.

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