

PEER-REVIEWED ARTICLE

What's 'wrong' with my names? An exploration of Eurocentrism, microaggression, and social justice actions in counselling and psychotherapy

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ABSTRACT

Using the story and experiences of microaggression relating to the names of a trainee counselling psychologist from a racially minoritised background, this article attempts to illustrate how easy it can be for therapists to practice in ways that produce additional and intense distress in the form of microaggressions enacted by therapists unconsciously. To understand this, the author reflects upon and challenges three assumptions commonly held by counselling and psychotherapy professionals, namely, that: (1) therapists are aware of the impact of Eurocentrism; (2) therapists behave and work in a non-discriminatory manner; and (3) therapists embrace the values of social justice. The article ends with some proposals for how to incorporate simple social justice and anti-oppressive actions into practice, and a reminder to always examine and acknowledge one's privilege, power, and limitations inside and outside the therapy room.

KEYWORDS: Eurocentrism; microaggression; race; class; social justice

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INTRODUCTION

It is not uncommon that I get questions about my names. After all, my names are rather unusual in the UK. Sometimes the questions arise from a genuine interest about the story behind my names. Sometimes there are judgements attached to the questions. It is also not uncommon that my names are misspelt, mispronounced, commented upon, and joked about. In fact, these encounters are so common that I face 'problems' with my names almost every day. In this article, I explain how my experiences relate to counselling and psychotherapy, and illustrate how easily social justice can slip through our fingers to leave lasting negative impacts on the very people we want to support in the first place.

What's 'wrong' with my names?

My full name, in English, is Yoyo King Yin Chan. People always call me 'King' only because most database systems cannot record a first name with two words, which sometimes also leads people to assume that I am a man. The name Yoyo is not printed on my identity documents, and as a result, I have had quotation marks added to this part of my name, to address it as a nickname rather than part of my full name. I have had people spelling Yoyo as Yo-Yo or Yo Yo, as if they were the only correct English spellings. Not to mention that my family name now always comes last. Very often, I get comments such as 'Yoyo is such a fun name!' or 'Yoyo, as in the toy?' I believe that these comments were made as compliments or icebreakers, but why do I always end up feeling uncomfortable after such comments?

I encounter these comments and issues with my names almost daily, but the most profound experiences I've had were when such questions and mistakes were made by psychologists and psychotherapists. However, why does it matter who made the mistakes?

My positionality

Being trained as a social worker in Hong Kong, I have always had great interest in social issues and am committed to promoting social justice regardless of my professional role. When I migrated to the UK, I was predominantly looking for training that would help in developing my counselling skills while attending to social justice, hence choosing the particular counselling psychology doctoral programme that I am now undertaking. I have been ignorant at times in my assumption that every counselling and psychotherapy professional considers social justice as important as I do.

Upon reflection, I realised that I held three strong assumptions about the knowledge, competence, and attitude of counselling and psychotherapy professionals, which contributed to the unexpected experience of shock and emotional distress when my daily encounters with

marginalisation were replayed by these professionals. Through writing this critical reflexive account, I explore my lived experiences to help interrogate practices about counselling and psychotherapy professionals through the lenses of decolonisation, intersectionality, and social justice.

MY FIRST ASSUMPTION: THERAPISTS ARE AWARE OF THE IMPACT OF EUROCENTRISM

I was born in the late 1980s, a time when Hong Kong was still under British rule. My grandmother named me 陳育賢 before I was born. 陳 (Chan) is my family name and comes first, and the given name 育賢 (Yuk Yin) means nurturing wisdom. However, after I was born, it was decided that a name with more strength was needed for my character. I was renamed to 敬賢 (King Yin), meaning respect and virtuous. English and Chinese are official languages in Hong Kong, and with English coming before Chinese on most legal documents, the phonetic transcription of my name, along with my Chinese name, are printed on my birth certificate. At home, the character 'Yuk' in my original name has turned into my pet name, Yoyo.

At kindergarten, my parents were asked to provide a Western name on the registration form, so that my English-speaking teachers could read my name more easily. My parents were stunned to find out that the phonetic transcription was not enough, and with their very limited knowledge of English, they thought it was okay to use my nickname Yoyo as a Western name. To them, Yoyo is an English word after all! Since then, I have always used my full Chinese name in formal occasions, and my nickname or Western name in most other occasions.

In Hong Kong, it is a common practice for parents or individuals to 'choose' a Western name for their children or themselves for school or work (Eickmann, 2020), which is why we often adopt a Western name later in life; thus, the name is sometimes not printed on our official documents. While some names may be chosen from a more traditional pool to make it simpler for non-Chinese speakers to read their names, such as John and Mary, other names are chosen based on proximity to the pronunciation of their Chinese name (e.g., Carmen for Ka Man), or the meaning of the word, such as Harmony and Freedom (Eickmann, 2020). Whether the names look common or not, much thought has been put into the process of choosing this additional Western name; a name created for the convenience of English speakers in Hong Kong.

Eurocentric perspective on names and beyond

Since childhood, I have had teachers in Hong Kong telling me that my chosen Western name is a silly one, as no one in the West would name themselves that. This Eurocentric way of looking at names, such as how a name should be spelt and what is considered a norm or deviant, does not only happen in Western countries, but continues across the globe. To consider the practice of adopting a Western name solely as a historical product of the colonial times would be an understatement of the impact of coloniality. As suggested by Maldonado-Torres (2007), coloniality extends beyond the political and economic impact of colonialism, as the deep-rooted power of the ruling countries has been extended to the culture, knowledge, prospect, and self-image and identity of the colonised people, even long after colonialism is over.

It is not a new discovery that psychological knowledge is Eurocentric, with many theories and research evidence coming from the Western, Educated, Industrialised, Rich, and Democratic (WEIRD) population (Bhatia & Priya, 2021; Henrich et al., 2010). In recent years, various psychology, counselling, and psychotherapy associations have issued statements regarding their reflection on the Eurocentricity of their position and practice. For example, the American Psychological Association (APA, 2021) issued an apology for its role in promoting and perpetuating oppression of people of racially minoritised backgrounds by centring and protecting Whiteness. In the UK, the British Psychological Society (BPS, 2020) published a position paper to address the racial and social inequalities experienced by the racially minoritised groups during COVID-19, in which the BPS acknowledged the Eurocentricity in clinical psychology research and teaching. Similarly, the British Association for Counselling and Psychotherapy (BACP, 2022) published a policy paper to address the racial inequalities in mental health support, and called for mental health services and therapies to be culturally sensitive and appropriate.

In a BPS webinar on 'Decolonising the curriculum', Dr Patrick Hylton suggested that decolonisation is about reflexively questioning ourselves about the sources of the knowledge we have, and the implications of looking at the world in a certain way (BPS, n.d.). Just as Dr. Udeni Salmon said in the aforementioned webinar, in order for people from racially minoritised backgrounds to have their rights, the privileged group has to provide space, and sometimes this means giving up some of the things that they benefitted from their racialised privilege, and changing the way they think, work, or teach. Yet, through the experience of being questioned about my name, and reflecting upon the intentions or thoughts behind those questions, I am beginning to question the awareness of white normality in therapists, and the measures or continuing training in place to help therapists to challenge or reflect on their biases.

MY SECOND ASSUMPTION: THERAPISTS BEHAVE AND WORK IN A NON-DISCRIMINATORY MANNER

I notice that my first assumption is also related to my beliefs that therapists should be able to work with clients across different ethnic and racialised backgrounds, and they should be aware of the different forms of discrimination. It is a common and basic ethical requirement for therapists to work non-discriminatorily (BACP, 2018; BPS, 2021; Health & Care Professions Council [HCPC], 2015, 2016). However, the recent report by NHS Race & Health Observatory (2022) has shown that people from racially minoritised backgrounds are still being treated unfairly in mental health services. The report has suggested some perceived barriers and inadequacies in mental health services for people from racially minoritised groups, including the lack of interpreters, treatment choices, and consideration of religion and spirituality. There was also a sense of distrust of mental health providers, and fear of discrimination.

Racial microaggression

As therapists, with various training, ethical codes, and standards of practice in place, it can be easy for us to assume that we are competent or sensitive enough to practice without racial bias. However, findings from studies such as Owen et al. (2014) have shown that it is not uncommon for clients from racially minoritised backgrounds to experience racial microaggressions within therapy. Unlike the traditional forms of overt racism and racist behaviours, Sue et al. (2007) defined racial microaggressions as 'brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group' (p. 273). Microaggressions can be exhibited in three forms: (1) microassault, which is explicit and usually conscious verbal or non-verbal attacks that hurt an individual intentionally; (2) microinsult, which is rude and insensitive verbal or behavioural remarks, often made unconsciously or unintentionally, that insult an individual's racial background and identity; and (3) microinvalidation, which is verbal and behavioural comments that dismiss the lived experiences and feelings of people of racially minoritised backgrounds (Sue et al., 2007). It is also important to remember that microaggressions may be exhibited beyond interpersonal interactions, such as displayed through the decor of the therapy room (Sue et al., 2007). I consider my experiences relating to my name, the seemingly 'unharmful, careless, unintentional, unconscious' comments and alteration, as examples of racial microaggression. While the person making the comments may not necessarily agree that they have been a microaggressor, it is a constant reminder for me that 'I am the Other' and 'I do not understand English', to an extent that I frequently consider if I should change my names in order to fully integrate into this country. When the hint of being a foreigner was dropped by the people that I look up to, and in this case, psychologists and psychotherapists, the pain was strikingly intense. While these incidences occurred outside the therapy room, I wonder if therapists can

simply switch into preventing any biased thoughts and behaviours from entering the therapy room.

Of course, I grew up knowing that a yo-yo is a toy and is not a typical word for a name. However, this word was used as a name by my family long before it became my 'Western name'. This name carries memories and affection; it is part of my identity; it is as important as my Chinese name. In Hong Kong, many people are called Yoyo too, including celebrities, and each with their own story to tell. However, as I moved to the UK, I became a minority, and so did my name.

Attached to my names are the expectations of my family, my roots, and rich meanings. The action of 'correcting' my Western name or the phonetic transcription of my Chinese name in any way dismisses everything that is associated to the names. For some, such action can impact one's self-concept and identity (Kohli & Solórzano, 2012). As suggested by Cousins (2019), the motives for a person to be asking questions or comments that exhibit microaggression vary, ranging from having a genuine interest, exhibiting threat responses to someone who is different to oneself, to unconsciously banking another piece of information that conforms with one's stereotypical knowledge. It is important to note that even when a comment is presented positively, such as a compliment on how unusual or interesting the name is, it can be perceived as othering and exoticising by the recipient. When facing such othering questions and comments unpreparedly, one's emotions and wellbeing are subject to fluctuation (Cousins, 2019). Let's imagine having to face these situations on a daily basis or having them re-enacted within a therapeutic setting.

Other common racial microaggressions in therapy room include taking a colourblind stance and dismissing the experience of the client from minoritised groups; pathologising one's distress on the basis of its differences from the dominant culture; or avoiding the discussion of issues relating to race altogether (Hook et al., 2016; Sue et al., 2007). Racial microaggressions exerted by the therapist are detrimental as clients are forced to experience the oppression they face in society again, but this time such experience is coming from the person who is supposed to be helping and trustworthy. It can be damaging to the therapeutic alliance, especially when the experience is left undiscussed (Owen et al., 2014).

Social class-based microaggression

There is another dimension to my experience: my social class identity. My 'funny' and 'rare' Western name is a reminder of my family's class background, particularly during the colonial times. Just like many parents from a grass-roots level, my parents tried their very best to get me into a prestigious school with English as the medium of instruction, hoping that my success would bring the entire family and our future generation better living standards. The request for a Western name itself failed to consider the challenges that people with less education or

resources face. It was also beyond my parents' imagination that the use of such an unconventional name would bring me years of embarrassment and ambivalence.

Different indicators have been used in research to define social class, including socio-economic status, economic background, income, education, occupation, and more; yet social class is also about power, prestige, and control, where those in a higher social class position have greater control over resources than those in a lower position (Liu et al., 2004). Liu (2010) further conceptualises social class as a worldview or lens that we carry when we perceive our surroundings, to filter information and categorise ourselves into the group that we belong to based on an economic hierarchy. It is further suggested that each economic group has its own culture, and it is possible to move upward or downwards on this hierarchy. However, the further one moves away from their original class group, the more dissonance and inexperience one gets.

Liu and Arguello (2006) argued that social class does not exist only as a subjective experience, as the reality of lower income and education levels that those in lower classes face brings actual consequences of poorer health and treatment. Along with social class comes an interdependent construct called 'classism', which is class-based discrimination that is inflicted on others or self, across the lifespan (Liu, 2010). Like racial microaggression, a class-based microaggression may be unconscious and subtle, yet painful and impactful (Liu, 2010). Liu (2010) described the hurtful experiences of classism in childhood or teenage years as 'classism traumas', where an individual may internalise their experiences. Such experiences may impact the way the individual sees themselves, or they may do everything possible to distance themselves from the social class that caused the trauma. This serves as a reminder that a client who appears affluent in the present moment does not necessarily mean that they have always been in the same social class and is free from classism traumas (Liu, 2010).

Social class in counselling

Social class disparities between therapist and client can present in various ways. Counselling and psychotherapy are often seen as a middle-class occupation, considering some of the materialist indicators associated with this profession, including income and level of education required to qualify (Ballinger, 2017). The use of language, such as the codes used by a specific cultural group, or the range of vocabulary available for one to express their emotions, is different between social class groups (Kearney & Proctor, 2018). In addition, the therapist in the therapy room holds greater power right from the beginning, having better knowledge of the operation of counselling and their surroundings (Balmforth, 2009). When all these disparities and power imbalance add up, even the tiniest mistake or bias the therapist makes or presents may lead the client to feeling not heard, yet not feeling comfortable enough to challenge the therapist (Kearney & Proctor, 2018).

Intersectionality

Acts of discrimination are not one-dimensional, and addressing the oppression on one axis or the other would neglect the total experience that is caused by the intersection of the different identities that one possesses (Rutherford & Davidson, 2019). My daily encounters are not just a result of race, nor are they simply a historical product of systemic class-based microaggressions. My names, along with the experiences I have to this date are products of inequalities relating to both my race and social class identities, not to mention my position as an immigrant, a trainee, and a woman too. As described by Hill & Bilge (2016),

Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and in human experiences... When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. (p. 11)

Unlike the traditional belief held in the UK that people from working class backgrounds are generally white men working in manual jobs, people who are identified as members of the working class nowadays are much more diverse, and may even be more accurately represented by low-income racially minoritised women (Shaheen & O'Hagan, 2017). According to the annual report by the Social Metrics Commission (2020), the poverty rate among racially minoritised families is 46% compared to 19% in White British households, and racially minoritised households are also two to three times more likely to remain in persistent poverty when compared with White British households. If we compartmentalise different social inequalities, we risk considering and treating each facet of identity and inequality as distinct and mutually exclusive (Case, 2016). We also risk setting up services based on a single-facet understanding (Tribe & Bell, 2018), and creating more barriers for the service users when they do not fit neatly into this narrowly-defined mould.

Of course, the use of intersectional lens is not for examining oppression exclusively, but it can also be used to examine the privileges that we hold as therapists (Chan et al., 2018), as well as the intersectionality of privilege and oppression held by clients, and how they play out within the therapeutic relationship (Khan, 2023). This is a reminder for me that simply having experiences of oppression does not prevent one from being oppressive to others, and it does not mean that one is free from privileges. To consider that my experience of oppression 'speaks for' oppression and discrimination of other identities, I risk engaging in yet another form of microaggression, and dismissing the uniqueness of the individuals and their lived experience.

MY FINAL ASSUMPTION: THERAPISTS EMBRACE THE VALUES OF SOCIAL JUSTICE

There are clear rationales for therapists to commit to social justice work. Social justice is intertwined with the values and ethical duties of the profession, whether it is respecting the unique experiences of individuals (BACP, 2018; Cooper, 2009); respecting the rights and dignity of all the people we work with; or being aware and responsible for the power we hold as therapists (BACP, 2018; BPS, 2021; UK Council for Psychotherapy [UKCP], 2019). Furthermore, it is a professional standard and good practice for therapists to challenge discrimination (BACP, 2018; HCPC, 2016). Winter (2019) provided a clear definition of social justice in the context of counselling and psychotherapy:

Social justice is about acknowledging the importance of equality (both in terms of the division of or access to resources and in terms of our relationships: Winter, 2018), and working towards increasing equality, minimising power imbalances and challenging discrimination or oppression in our professional roles. (p. 179–180)

Being a culturally competent therapist?

The greater awareness and acknowledgement of racial inequalities in mental health services led to a demand for more appropriate training (BPS, 2020). For instance, to address the racial disparities experienced by both racially minoritised clients and therapists, the UK Council for Psychotherapy (UKCP) is advocating for more support from the government in providing consistent and enhanced training on cultural competence for all mental health practitioners (UKCP, 2020).

However, it is important to be mindful in the planning stage to not fall into the trap of considering culture and racialised experiences as yet another list of tasks or competencies to acquire and tick off. As suggested by Beagan (2018), the widely adopted cultural competence approach to working with diversity and inclusivity in health and social care risks focusing only on specific social or cultural characteristics and ignoring the intersectional identities and circumstances of the service users. In addition, such an approach places those with cultural backgrounds different from ourselves in the 'Other' position; suggests that there is finite knowledge and a certain level of competence that professionals can attain; and neglects the socio-political and historical contexts that create the differences between cultural groups in the first place (Beagan, 2018).

Another Hongkonger with another name and identities may have completely different experiences, not to mention the vast possibilities for us to meet someone with cultural and historic backgrounds that we have no prior knowledge of. Experiences like mine should be taken as reminder of how risky it can be for professionals to ever believe that they are

competent 'enough', rather than being treated as an acquired piece of knowledge about a specific ethnic or cultural group.

Social justice and anti-oppressive practices

If we accept that our knowledge is limited; that it is almost impossible for us to know everything about another person to avoid making any mistakes; and that counselling and psychotherapy cannot happen in isolation from the socio-political environment surrounding both the practitioner and client (Winter, 2019), then our way of looking at social justice and anti-oppressive practices must go beyond the acquisition of knowledge and skills. Winter (2019) suggests four starting points for therapists to incorporate and express social justice values in their practice: (1) to self-reflect on one's power and privilege; (2) to consider the socio-political factors in therapeutic formulations; (3) to collaborate with clients in an equal and valuing manner; and (4) to engage with the community to take greater actions when individual therapy is not enough to help.

The enormous amount of power and privilege that comes with the title of any counselling and psychotherapy profession means that we have the responsibility to know how to balance, or sometimes to let go of, such power. Brown (2019) described how anti-oppressive practice in counselling and psychotherapy is about recognising structural advantage and power imbalance, recognising that one's view does not represent the others, and committing to challenge one's privilege and self-reflection. However, most importantly, anti-oppressive practice is fluid and is not limited to a particular issue. With this in mind, the recognition of one's privilege should not be a destination, but rather a beginning of a continuous reflexive process, and actions need to follow.

I am not trying to induce guilt in therapists here, nor am I calling for radical actions to remove all the barriers and inadequacies in mental health services all at once. It is understandable that therapists may find it challenging and intimidating to incorporate social justice actions into their actual practice, with concerns such as being a nuisance or facing resistance within the systems (Tribe & Bell, 2018). In fact, an overwhelming agenda or overcommitment can lead to social justice burnout, which is negative both for the therapists and the social justice movement (Eaton & Warner, 2021). Rather, this article is my attempt to convince therapists that practicing with a social justice and anti-oppressive perspective can begin with small but consistent actions. For example, Khan (2023) offered a range of approachable and practical ways to recognise both the therapist's and the client's intersectional privilege–oppression identities and balance the power within the therapeutic relationship, such as recognising the language being used within therapy, and watching for and addressing the signs of power imbalance exerted by either party. Additionally, if it is still too challenging to decide where to start, maybe we can start by humbly and respectfully

asking the people we meet how they would like to be addressed, and how to pronounce their names if in doubt; and making an effort to learn the story and history behind their names.

CONCLUSION

As I approach the end of this article, I wonder if I have been oversensitive about the misspelling, the unmalicious alteration, and the well-meant comments about my names, and only then do I realise that my internalised microinvalidation has crept in once again. Through examining the assumptions that I hold against the counselling and psychotherapy profession, and reflecting on the negative impact I have endured for all the 'problems' relating to my names, I hope that I have offered grounds for therapists to consider whether to live by their social justice and anti-oppressive values, and if so, how to incorporate them into their practice. I also hope my readers in the profession might recognise the need to look at the world and people through the useful lenses of intersectionality and decolonisation, and do so with more than just the clients in front of them behind closed therapy doors. Most importantly, I hope that as therapists we remember that if we continue to believe that we are competent enough, yet constantly get off on the wrong foot by allowing our prejudice and power to roam freely, we will never be able to provide the support or services that people from minoritised backgrounds would trust.

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