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Contemplative Practices for Assessing and Eliminating Racism in Psychotherapy

Towards Dynamic Inclusive Excellence

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Fundamentally, and certainly when done well, psychotherapy is a contemplative practice. The dualism with which we often talk about psychotherapy and contemplative practice is illusory. If we define psychotherapy as an interactive process wherein learned, skilled healers engage dialogically with individuals seeking guidance towards emotional and behavioral wellness, then we must acknowledge that psychotherapeutic practices have existed globally for millennia in varied cultural and spiritual contexts. Centering the Western model when we talk about psychotherapy is part of how the legacy of colonialism limits our understanding of psychological pain and how humans heal from it.

This chapter discusses how racism, white supremacy, and other residuals of Western European colonialism create a reservoir of unexamined unconscious material for people of all ethnicities. The mental health professions and practices are often contaminated by the issue of that reservoir and require regular irrigation so that healers themselves do not become conduits for continued racial trauma. In my work assisting clinicians with examining their unconscious material related to racism, I have found that contemplative engagement with the work of decolonial psychoanalysts such as Frantz Fanon and contemporary decolonial clinicians such as Drs Michael Yellow Bird, Beverly Daniel Tatum, Lillian Comas-Díaz, and Jennifer Eberhardt helps guide practitioners towards excising racism from their understanding of and actions within the realm of psychotherapy.

Guided reflective engagement with anti-racist content creates space for people to manage the feelings that come up when exploring racism in their personal

and professional lives and lineages. The meditative practices I use in these sessions help create inner spaciousness for the therapists as well as a relational container between us that allows for the transmutation of their anxiety, grief, shame, and anger around racism so that those feelings can become fodder for personal and professional growth. Decolonial psychoanalyst Frantz Fanon describes how, whether we are aware of it or not, we have absorbed racialized messages about inferiority and superiority: “The Negro enslaved by his inferiority; the white man enslaved by his superiority alike behave in accordance with a neurotic orientation” (Fanon, 1952/1967, p. 60).

Fanon also discusses internalized racism as it sometimes manifests as identification with the oppressor. This explains how it is possible for Black, Latinx, Indigenous, and Asian people to hold racist beliefs. Hence it is important for people of every ethnicity to engage in reflective processes to examine their unconscious racism.

Contemplating Language

Often the first part of this process is reflection on language. I encourage clinicians to strive towards what I call *dynamic inclusive excellence* rather than cultural competence, because while cultural competence can connote a static state of achieved, enduring capacity to engage cross-culturally, the term dynamic inclusive excellence acknowledges the reality that we must consistently tend to the quality of our awareness of, and engagement with, diversity and oppression as ever-changing factors in order to be inclusive in each moment. This also involves awareness of our unconscious bias as it has been shaped by racism. Dynamic inclusive excellence means reiteratively waking up to and transforming one’s intrapersonal and interpersonal awareness of racism to transcend the limitations it places on one’s capacity to discern and engage with reality.

In her groundbreaking research-based text *Biased*, Eberhardt (2019) talks about the eye-tracking studies she did with elementary school teachers wherein the teachers’ eye movements were tracked to see how they reacted when given a prompt such as “look for the troublemakers” amongst a group of elementary school students. She found that teachers of every ethnicity including Black teachers consistently looked at the Black children when given this prompt. In a parallel study, she used eye tracking devices on Oakland police officers and found that the officers consistently looked to Black and Brown persons when asked to look for who might be violent or engaged in criminal activity. These data give us insight into the ubiquitous presence of unconscious racism.

Eberhardt discusses the need for adding friction: slowing down and pausing to prevent our unconscious bias from impacting how we speak or behave. One of the ways we can add that friction is by pausing to consider how we might best describe people and places; to contemplate our language before we speak and to try on more accurate, less biased ways of speaking. For example, we can use the word “ethnicity” instead of “race” since we know that the first act of racism was to divide humanity into false categories called “races.” We can also speak about geographic locations from a non-colonialist perspective by using the term “West Asia” as opposed to “Middle East” so as not to describe places in the world based on their geographic relationship to Europe.

I invite the use of a term coined by Dr Barbara Love, “People of the Global Majority” (PGM), as a reflective practice of right speech that enables us to cease using the language of enslavers and colonizers who labeled humans by color and evaluated people’s worth based on their proximity to whiteness. Using the term PGM rather than the term people of color (POC) eliminates the color misnomer and in fact is more accurate since we know that skin color varies widely in every ethnicity. In practice, saying “people of the global majority” is also a way of shifting our awareness to notice that African, Latinx, Indigenous, and Asian people are not “minorities” when viewing humanity from a global perspective. Using the phrase “global minority” when referring to white people can also be helpful to add friction by interrupting our unconscious notions of white dominance.

Adjusting language can help contradict unconscious notions of white supremacy and serve as a literal reminder that the majority of the global population is not white. Such language practices can shift our cognitive distortions as they impact every area of our lives, especially the helping professions and the realm of psychotherapy.

Developing Critical Consciousness

Dr Lillian Comas-Díaz highlights contemplative practices such as engagement with art as a means to cultivate critical consciousness:

Critical consciousness means developing an awareness of why this is happening, who benefits, against whom this is being done, and what is the effect on society of this micro-aggression, racism. One effect is the preservation of the status quo. We talk about using what is called liberation psychotherapy approaches, which is basically to help the person develop a sense of awareness, a clinical awareness, of his or her circumstances and how they contribute to their trauma, in this case, racial trauma. Once that awareness is there, they

become more liberated in terms of, well, maybe there are some things that I can do about this to cope with this situation.

(Emerson, 2019, para. 36)

She states that “in a therapeutic approach with a liberatory decolonial perspective, the provider helps the client to connect with that resilience, and that can be through art, that could be through community involvement, and that could be through social justice action” (Emerson, 2019, para. 37).

In my own research with LGBTQ global majority participants domestically and internationally, I have found that the single greatest protective factor against internalized racism having dire consequences on mental health and behavioral health is the development of this critical consciousness and engagement with social justice action (Majied, 2010, 2013, 2015; Majied & Moss-Knight, 2012). Additionally, development of critical consciousness amongst global minority folks is a resource for their own psychological hardiness (Majied, in press).

The Importance of Learning from Global Majority Thought Leaders about Psychotherapy

Consider how strange it would be to be considered an expert on cancer, but to only have read the scholarship of global minority (aka white) cancer researchers on global minority cancer patients. One could not be said to know much about cancer at all with that limited reference point. Likewise, because most clinicians are trained in models that reflect white supremacy with a dearth of study and engagement with global majority researchers' and clinicians' scholarship, their understanding of human psychology itself is compromised. Psychotherapeutic professional capacity is circumscribed by the lack of understanding of what pioneering psychoanalyst Frantz Fanon calls “colonial psychopathology.” He states that “A racist in a culture with racism is therefore normal” (1964/1969, p. 40). What this means is that if we are striving to not be racist, we are in a ceaseless battle with cultural messages that indoctrinate us with racism. Hence, whether a therapist's unconscious material related to racism emerges from a family or communal lineage that ignored racism, advocated strongly against racism, or was steeped in racist values and actions, if that material has never been explored, then its impact on the intrapersonal and interpersonal life of the therapist is an area that needs attention.

To the extent that clinical training programs encourage cultural competence, they often do so from the perspective that clinicians should learn about racism and other forms of oppression to understand the experience of clients targeted by those oppressions. However, clinicians of all ethnicities need to understand their own experiences (or perceived lack thereof) with racism and the nature of their unconscious bias in order to have deeper self-awareness, including awareness of their countertransference. Janet Helms's (1992) model of white identity development elucidates how white identity presents. Her model also clarifies how a healthy self-concept and relational clarity can develop for global minority people.

Beverly Daniel Tatum's work highlights the pervasive racialization people in the United States experience in the school system and the intrapsychic and interpersonal consequences of said racialization. Global majority people are minoritized in education such that regardless of the field of study – art, science, history, technology, etc. – the contributions of Black, Latinx, Indigenous, and Asian people receive less attention than the contributions of the global minority. It is not our fault that most of us have been educated and professionally trained in paradigms that privilege global minority scholars while giving only anecdotal attention to the work of global majority scholars. However, it is our responsibility to do something about it.

Therapists can learn from the writings of global majority clinicians now to deepen their understanding of themselves and of the scope of human pain and human healing. From founders of oppression psychology such as Fanon to contemporary decolonizing clinical scientists such as Yellow Bird, therapists can learn about how their own personal psychology operates vis-à-vis various types of oppression. This is deeply valuable whether one comes from privilege, has been targeted by social oppression, or both.

Dr Yellow Bird writes about how Native American practices for healing psychological and emotional wellness have been maligned for centuries as primitive and savage. Having their healing practices outlawed, even after forced removals and genocide, has created inter-generational trauma across countless Native communities. In addition to the devastating effect on the well-being of Native people, it also cut the colonizers off from these paths towards wellness. Because of the tenacious commitment of Native tribes to hold onto and pass down their traditions even when facing imprisonment or death for doing so, we now know about the value of nature-based and embodied practices such as drumming, chanting, and sun, earth, and water practices. Yellow Bird describes engaging with these practices as re-indigenizing wellness.

In defining neurodecolonization, he states:

The first part of the term in “neuro” – refers to neurons which are specialized cells in the nervous system – brain and spinal cord – that send and receive electric signals throughout the body. “Decolonization” refers to activities that weaken the effects of colonialism, facilitate resistance, and create opportunities to promote traditional practices in present-day settings.

Neurodecolonization involves combining mindfulness approaches with traditional and contemporary secular and sacred contemplative practices to replace negative patterns of thought, emotion, and behavior with healthy, productive ones.

Drawing on recent scientific research, neurodecolonization builds on the idea that healthy, constructive thoughts, emotions and behaviours can change our brains (and our lives) for the better. Many Indigenous contemplative practices incorporate the same principles and processes as mindfulness approaches, and are important components of physical, emotional, behavioural, and spiritual well-being. ...

Along with building new empowered neural networks, neurodecolonization activities are aimed at deactivating old, ineffective brain networks that support destructive thoughts, emotions, memories and behaviours, particularly, past and contemporary oppressions associated with colonialism. For example, past colonialism that might have created negativity, sadness and anger – and activated our brain’s networks of feelings of helplessness – might be our memories of our parents or grandparents’ horrific treatment in residential schools or dealing with contemporary, hate, and discrimination.

(Yellow Bird, n.d., para. 1–3, 5)

Yellow Bird’s scholarship invites everyone to recover from the limitations placed on healing by colonialism and racism.

White supremacy is also evident in the way global majority immigrants are seen – or not seen – and treated in the United States and globally. Comas-Díaz’s scholarship on the psychology of racism as it manifests towards Latinx persons invites us to consider our relationship to racism in immigration policy and practice. She also points out that a medical approach to trauma that does not include a sociopolitical and geopolitical perspective is limited.

Although this chapter references only a few authors, there are canons of scholarship from Black, Latinx, Indigenous, and Asian researchers, scholars, and psychotherapists that can and should be engaged to practice psychotherapy more ethically and inclusively (see Appendix A). When therapists do not do the work of exploring their unconscious bias, they unintentionally enact that bias with clients. Lack of engagement with global majority thought leadership can also cause therapists to rely on clients to educate them about racism.

When psychotherapists work with a contemplative inclusivity consultant, it helps them grow and protects their clients by preventing exploitative relationships, wherein global majority clients or colleagues are expected to do the heavy emotional and intellectual labor of explaining racism to people ensconced in white privilege. This labor is often extracted from global majority people with no compensation, thus continuing the exploitative colonialist pattern of devaluing and taking for granted the work of global majority people. Engagement with anti-racist scholarship and research guided by clinical supervisors or clinical consultants who specialize in decolonial approaches can help assure continued dynamic inclusive excellence and engagement with clients in a manner that is liberatory, and expansive for all involved.

We cannot honestly or ethically consider ourselves well-educated or well-trained in any field of endeavor, including psychotherapy, if the borders of our education and training are defined by white supremacy. Contemplative engagement with the scholarship of global majority healers and scholars broadens and deepens our self-awareness and our capacity to heal ourselves as we support the healing of all people and the environment that sustains us.

Appendix A

Suggested Reading: Scholarship from Black, Latinx, Indigenous and Asian Researchers, Scholars, and Psychotherapists

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