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Racism in Counseling and Psychotherapy: Eight Potential Biases

Derald Wing Sue, Ph.D.

"The American Psychological Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field." (p.1, APA, 2021)."

For the first time in its 130-year history, The American Psychological Association (APA) issued a far-reaching apology to People of Color (POC) for its role in the perpetuation of racism in all aspects of the profession. The Apology Resolution systematically outlined how APA's leaders, and the foundational theories and practices of psychology, oppressed and harmed POC (APA, 2021). Just as psychology was meant to benefit society and improve lives, so too counseling and psychotherapy were meant to heal, enlighten, and liberate those suffering from mental and emotional distress. Unfortunately, therapy has far too often had the opposite effect for clients of color; it has oppressed, silenced and harmed them through beliefs, attitudes and practices based upon biased and ethnocentric therapeutic notions of "mental health" (Sue et al., in press). This has led some to describe psychotherapy as "a handmaiden of the status quo," "instruments of oppression," and "transmitters of society's values" (Halleck, 1971; Katz, 1985).

In this brief article, I highlight some of the key points in my upcoming LACPA keynote address regarding the biased and harmful nature of Western European approaches to counseling and psychotherapy.

Cultural Racism

To understand how therapeutic practice, professional standards, prescribed treatment modalities, and diagnostic formulations may channel racial biases, we need to understand the far-reaching definition of *cultural racism* that is inherent in the broader societal context. Perhaps the best definition of cultural racism comes from the work of Jones (1972; 1997) who defined racism as the cumulative effects of a racialized worldview that perceives racial differences (biological or lifestyle) as desirable/undesirable or superior/inferior, and which is passed onto future generations through *institutional policies and structures*, and through the *personal everyday actions of people* in the culture. Thus, cultural racism is the individual and institutional expression of the superiority of White Western-European cultural heritage (physical features, fair skin color, arts, crafts, traditions, holidays, religion, language, beliefs, values, etc.) over POC and their communities, accompanied by social, economic, and political power to impose and enforce these standards on the disempowered. Racism in counseling and psychotherapy can then be expressed (a) individually (as in the case of the early founders/leaders of psychology or by individual clinicians), (b) professionally (standards of practice and codes of ethics and conduct), (c) institutionally (programs, policies, structures and practices), and (d) culturally (an interlocking set of ideological beliefs in White superiority and non-White inferiority) (Sue et al., in press). In this brief article, however, I focus primarily upon potential clinician biases in practice.

Practitioner Racism in Psychotherapy

Because most individuals experience themselves as good, moral, and decent human beings, it is hard for them to recognize and accept the fact that they harbor racial bias or animosity toward POC. Yet, studies suggest strongly that even the most well-intentioned person is not immune from inheriting the racial biases of the society (Banaji & Greenwald, 2016; Dovidio, Gaertner & Pearson, 2017). The issue is not so much explicit racism, but implicit bias that resides outside the level of conscious awareness. Research by Eberhardt (2019) reveals how hidden prejudices shape what we see, think and do. For the individual clinician, biased attitudes, beliefs, and stereotypes often hide behind the mask of therapeutic practice, and they represent a microcosm of race relations in the United States.

Assessment, diagnosis, and treatment are influenced very much by the characteristics, values, and biases of both the therapist and client (American Psychological Association, 2019). When therapists encounter clients who differ from them in terms of race, culture, and ethnicity, when they are unaware of their own worldviews, and when they are unable to relate to the lived experience of POC, they are likely to respond toward them in ways that oppress, harm and silence them. Eight manifestations of cultural racism are especially problematic for unenlightened therapists.

1. **Pathologize Cultural Values/Communication Styles.** Linguistic differences (including cultural idioms of expression), child-rearing practices (parent-child patterns of communication), arts/crafts (White vs. Non-White),

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food preference and consumption, indigenous beliefs and practices, holidays and celebrations (cultural/religious), and values and traditions are all subject to Western ethnocentric misinterpretations and misunderstandings (Katz, 1985; Sue et al., 2022). Thus, differences in cultural values, attitudes and behaviors are often seen as deviant or pathological.

2. **Impose Detrimental Stereotypes on Clients of Color.** In many respects, there is a strong relationship between pathologizing differences and the issue of stereotyping. Stereotyping goes beyond misinterpreting differences, however, because it is more global, has deeper detrimental meaning, and is more rigid in application (Jones, 1997). Misinterpreting African American expression of passion as "anger" is one level, but the misinterpretation may automatically trigger off the fear and belief that Black Americans are prone to violence, are criminals, and are potentially dangerous (Skinner-Dorkenoo et al., 2021).
3. **Interpret Sociopolitical Non-Conformance as Abnormality** Statistical criteria to determine normality and abnormality underlie much of our definitions regarding the manifestation of mental disorders. Stated in a simplistic manner, normality is "whatever occurs most frequently in the population" and by default, abnormality is attributed to beliefs and actions that occur least frequently (Sue et al., 2022). The danger here is related to the sociopolitical exercise of power to interpret, diagnose, and treat (label, discourage, and even punish) behaviors that differ from prevailing community standards and norms. Little doubt exists that communities of color often differ in their beliefs and behaviors from mainstream society. Non-conformance and the transgression of established community standards by POC are often labeled problematic, unhealthy, rebellious, or pathological.
4. **Perceive POC as Intruders or Second-Class Interlopers.** Considerable evidence exists that POC are often perceived as not true citizens of the United States, foreigners, intruders, and interlopers (DeVos & Banaji, 2005; Williams, 2020). In many respects, the othering of Asian Americans as perpetual aliens in their own country continues to be reflected throughout the COVID-19 crisis. The rise in anti-Chinese (Asian) sentiment (Pew Research Center, November 2024) is perpetuated by the societal belief that China, and thus Chinese Americans, were responsible for the origin and spread of COVID-19 (Pew Research Center, November 2024). The perception by clinicians that clients of color are not "true Americans" is not necessarily a conscious one. But, if one harbors such thoughts outside the level of conscious awareness, it may result in (a) potential second-class treatment of clients, and/or (b) communicating these themes through microaggressions. In either event, they may weaken or rupture the therapeutic alliance and offend, demean and harm clients of color.
5. **Attribute Problems to Reside within Clients Rather Than the Social System.** Counseling and psychotherapy are very much related to fostering individual responsibility, self-reliance, and achievement in clients. The focus of counseling is on the internal workings of the individual; their thoughts, beliefs, motivations and behaviors. As a result, psychologists are prone to locate problems as residing in clients, to focus on intrapsychic dynamics, and to encourage taking responsibility for personal change. Although legitimate goals, the problem occurs when obstacles reside in the external environment (bias, discrimination, and prejudice) and clinicians believe their roles should be directed only toward self-examination and self-exploration (Sue et al., in press).
6. **Engage in "Victim-Blaming."** In the United States, *rugged individualism* reflects the values of the Protestant work ethic; the belief that a strong relationship exists between ability, effort, and success in society. This ethos tends to attribute success or failure in life to an individual's personal attributes (Yi et al., 2022). When therapists fail to explicitly acknowledge the impact of racism on the lives of POC, fail to acknowledge the strength and resilience it must take to deal with oppressive situations, and fail to direct efforts toward systemic change and intervention, the tendency to locate the problem as residing in clients of color can lead to victim-blaming.
7. **Ignore Racial and Cultural Differences.** There are many reasons why clinicians ignore or avoid dealing with racial and cultural differences in the clinical encounter: (a) they may be completely unaware of, or not perceive racial/cultural issues as important; (b) they may be operating under a universalistic assumption that "people are people;" (c) they may not know how to deal therapeutically with differences; and/or (d) they are uncomfortable with topics of racism, bias, and discrimination. Regardless, race, culture, and ethnicity are intimate aspects of a POC's racial identity and racialized experiences. To not have them recognized or considered important is to negate or dismiss an essential aspect of the lived reality of clients of color (Yi, et al., 2022).
8. **Approach Clients through a Color-Blind Lens.** Although ignoring racial differences and color-blindness may appear to overlap, there are differences that need to be acknowledged. Neville and colleagues (Neville, et al., 2013) have used the term *Color-Blind Racial Ideology* to

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1) Secure (Directly Reaching): I reach for you and say "I am longing for you – I want to make love or be sexual with you," or, I can express my distress clearly to you: "I am hurting and need you/miss you/want you but I am afraid you may not be attracted to me."
2) Anxious/Protest (Anger/Criticism): I get angry and confront you: "What's wrong with you? You are not man enough!" "You have a problem; you are frigid!" Alternatively, anxious pursuit can manifest as seeking sex predominantly for reassurance to prove one's value and desirability.
3) Avoidant (Shut Down/Pull Away): I turn away, dampen my sexual longing and desire; feel numb and helpless. I don't allow myself to feel longing anymore; I have closed off my sexuality. It's too much to even let myself want sex, or if I do have sex it feels performative and obligatory, disconnected from real emotional experience or engagement. It can also manifest as dismissing the needs of one's partner: "It's not a big deal, sex isn't that important."

There is a simple and direct way to begin eliciting a couple's sexual cycle. The therapist can ask for the "cue" that starts the dance: "Tell me about the last time–or any time–you remember when it didn't go well in your sexual relationship?" For a couple who has not been sexual for a long time, the therapist might ask about the last time they became *aware of wanting* their partner, or thought about the lack of sexual intimacy and how they navigated that moment.

EFCT regards as central both the intrapsychic and interpersonal elements of emotion: emotion as the driver of behavior (emotion primes one to action), and the interpersonal elements of emotion (expressed emotions are potent signals to others that are imbued with deep meaning). The therapist identifies and assembles the emotional experience of each partner that lies just outside of awareness in a key moment of difficulty, and makes explicit the systemic nature of this disconnect. This brings clarity to the strategies that one person mobilizes to cope with the threat of attachment disconnection in the sexual realm—the very cue that pulls their partner deeper into the dance of distress, and blocks the couple from mutual soothing, attunement, and deeper connection. ▲

Silvina Irwin, Ph.D. *is a clinical psychologist in Pasadena, California. She specializes in addressing the impact of trauma on intimate relationships, and in helping couples with their sexual connection. Trained and mentored by Dr. Sue Johnson, Silvina is a certified trainer in Emotionally Focused Therapy. She is bilingual in Spanish, and trains therapists around the world in EFT. Silvina is the co-founder of the EFT Resource Center, and the EFT Center of Los Angeles.*

Lisa Blum, Psy.D. *(PSY#19790) is a licensed clinical psychologist and an ICEEFT-Certified Supervisor in Emotionally Focused Couples Therapy (EFT). Dr. Blum is in private practice in Pasadena and her work includes individual, couples, family therapy, and supervision, training, and public speaking on family, marital, parenting and sexuality issues. Dr. Blum works with both LGBTQ+ and straight couples, and co-facilitates workshops for couples who want to enrich their sexual connection.*

References are available on the LACPA Website www.lacpa.org.

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distinguish two forms of color-blindness: color evasion (ignoring racial group membership and racial differences) and power evasion (denying structural and systemic racism). The former is a more conscious and deliberate approach and has been referred to as strategic or false color blindness where the person ignores or pretends not to see differences (Williams et al., 2020). The power evasion component of color-blindness seems to be a different animal altogether. Denying institutional, structural, and systemic racism is associated with *legitimizing racial ideologies* (beliefs in equal access and opportunity, myth of meritocracy, etc.) and are used to justify the racial status quo, to reinforce systems of oppression, and to allow White people to maintain their ignorance and innocence (Yi et al., 2022).

In conclusion, these eight clinician biases arise directly from cultural racism. In my keynote address, I will expand upon how clinicians can overcome these biases in their professional and personal lives. ▲

Derald Wing Sue, Ph.D.*, is Professor of Counseling and Clinical Psychology at Teachers College, Columbia University. He is a pioneer in the field of multicultural psychology, microaggression theory, racial dialogues, multicultural counseling and therapy, and the psychology of racism/antiracism. Author of 23 books and nearly 200 scholarly publications, he served as past president of the Asian American Psychological Association, The Society of Counseling Psychology, and The Society for the Study of Culture, Race and Ethnicity.*

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