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How counselling psychologists address issues of race with clients from black Asian and minority ethnic backgrounds: A discourse analysis

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Abstract

The prejudiced experiences that Black, Asian and Minority Ethnic (BAME) clients report when discussing culture, racial discrimination and race has been documented. However, research seldom investigates the practitioners' interpretations when engaging with clients from non-White ethnic backgrounds. This raises questions about how professionals address individuals' needs in clinical and supervisory practice. Therefore, the present study shed light on the discourses counselling psychologists use to address and discuss issues of race and discrimination when talking with clients in clinical practice. Semi-structured interviews were conducted with a purposive sample of six counselling psychologists (mean age 40 years) who had engaged with clients or supervisees from a BAME background. A Discourse Analysis (DA) was employed to analyze dialogue used by participants in discussing race and discrimination in counselling psychology practice. This analysis yielded three main discourses when counselling psychologists described their therapeutic interactions with BAME clients and supervises. These were Systemic Institutional Racism; Legitimizing Racism; and Challenging Systemic Racism. The first two discourses alluded to similar repertoires present in the discussions of white counselling psychologist participants, whereas the discourse challenging systemic racism was constructed by BAME counselling psychologists. Findings indicate that becoming attuned and open to discussing race-related difficulties supports favorable outcomes in practice when engaging with BAME individuals. This research offers valuable implications for service provision across counselling and therapeutic practice.

Keywords: Counselling Psychology; Clients; Discourse Analysis; BAME; Racism; Supervision; Therapy

1. Introduction

There is a significant discrepancy in primary care counselling services provided to ethnic minorities accessing care and the level of care received (1). Such inequalities extend to UK NHS practitioners, where ethnic discrepancies in primary care therapies limit diverse counselling services supporting diverse populations (2). Moreover, racial trauma can result from experiences of racism such as hate crime, work-related discrimination or through an accumulation of being racially abused or discriminated against through expressions of racial micro-aggressions (3). Sibrava et al. (4) highlighted the impact of racial and ethnic discrimination on developing PTSD and depression in a black and Latino cohort. Seaton and Iida (5) further looked at the ideographic diaries of young black men about their evaluations of the broader society's views about black individuals and concluded that attitudes towards racial identity moderated racial discrimination and depression.

Furthermore, the literature emphasizes encouraging therapists and service users to explore the meaning of race (6). This indicates that such discussions promote client success and facilitate therapeutic work. There needs to be more than cultural competency alone, as Maiter (7) implies, to engage with ethnically different clients. Instead of using a broad cultural framework to engage with different racial backgrounds, clinicians should use a racist-free framework to address race and racism with clients. The author highlighted a tendency to focus on culture minimizes the effects that

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race and racism had working with BAME clients. It conveyed that "*when the central element of our work with members of diverse ethnic-racial groups is culture, we may then tend to inadvertently exclude the effects of race and racism in the lives of people of color while at the same time, clients themselves will not bring up issues relating to race* (7)."

However, Haigh et al. (8) asserted that culturally competent therapists will produce better outcomes with BAME clients than less culturally competent therapists. They should be considered templates from whom the field could learn. Dyche and Zayas (9) reported that culturally empathic training could encourage therapists to develop their cultural skills. Moreover, they also see self-reflection, for clinicians, as a valuable and meaningful way of exploring and examining their own racial and cultural identities and their prejudices. This could imply that once such a process occurs, clinicians can openly address cultural and racial differences, thus recognizing their biases and clients' unique experiences.

The therapy process and its complex relationship with ethnicity should continue to be explored (10). It has been proposed that therapists give more attention to client issues surrounding race, which encourages race sensitivity. A study conducted by Meyer and Zane (11), looking at the influence of race and ethnicity on clients' experience of mental health treatment suggested that issues of race and ethnicity were more important to be discussed for BAME clients than for white clients. The study examined 102 participants who had received mental health treatment from outpatient services, using questionnaires on quality of care, satisfaction, and treatment outcomes. Their findings highlighted that for BAME individuals, it was necessary to include cultural elements in their care and racial match as a strong predictor of positive experience and outcomes and for the care provider to understand the ethnic group's history of discrimination and prejudice. Due to its current and historical nature, race relations are issues that can be emotional and evoke negative reactions related to therapists' personal views about BAME individuals (12).

Others (13) have asserted that therapists' ability to change symptom-defined psychological distress differs due to clients' race-ethnicity. D'Andrea (14) has emphasized the importance for trainees to be self-aware about their responses to issues of ethnicity in the counselling relationship. O'Driscoll et al. (15) suggest that it is important to mediate approaches like color blindness and color consciousness, which encourage issues around race to be denied. For some therapists, the race topic can bring worry and anxiety or make them uncomfortable for fear of being offensive or seen as racist (16). Bar-Haimô, et al. (17) have suggested that "the tendency to use skin color to categorize faces into different races seems almost automatic and unavoidable" (p. 145). In the therapeutic relationship, this could suggest a conflict between the practitioner's internal and interpersonal worlds (18), which could influence the therapeutic outcome (19).

Ethnic matching in psychological therapies is to ascertain whether the client would like to be seen by a therapist whom they identify with racially. Farsimadan et al. (20) looked at the process and outcome of therapy in ethnically similar and dissimilar therapeutic dyads. Outcomes reported positive transference and countertransference if the client could choose a therapist who matched their ethnicity.

When examining the supervisory dyad in cross-racial supervisory relationships, one tends to avoid engaging in topics related to race, culture and ethnicity (21). Such issues may stem from a lack of multicultural experience and knowledge supervisors may have about cultural issues or discomfort in discussing racial and cultural issues. Inexperienced supervisors may discourage supervisees from discussing cultural issues in supervision for fear of being seen as having a cultural agenda (22) or a lack of awareness surrounding their biases and prejudices (23).

One directed qualitative content analysis explored black supervisees and supervisors' dyads (24). Using semi-structured surveys from 15 postgraduate students, these authors explored supervisees' experiences of dyads in which topics of race and culture emerged in clinical supervision. Six participants identified as being of color and, with a supervisor of color, took part in the study. The authors used the Racial Identity Social Interaction Model (SIM) (25) and Helms's People of Color Racial Identity Theory (25) as a theoretical framework. Results suggested that BAME supervisors apprise issues of race and discrimination differently. Black supervisees introduce race and cultural topics into supervision more often than white supervisors. However, they asserted that supervisors encouraged them to engage in dialogue after introducing the topic. These authors also reported that some supervisees felt "isolated, misunderstood, and overwhelmed with no space to process their experience" as supervisors refrained from addressing their experiences of racial discrimination.

Limited research has examined counselling psychologists' discourses when addressing racial, discrimination and ethnic issues with BAME individuals. Therefore, the present study aimed to understand how language is used to legitimize, socially and historically, discourses informed by racial positions, which can reveal racism in the therapeutic process (26). As a result, the study employed a DA approach to synthesize what discourses counselling psychologists use to address and discuss race and discrimination in their practice with BAME individuals by asking the following research questions: How do counselling psychologists discursively explore and address racial prejudice and discrimination

issues in clinical supervision and practice with BAME individuals? What discourses do counselling psychologists use to discuss the impact of differences in ethnicity in the therapy process?

2. Material and methods

The foundation of this research was based on a social constructionist epistemology to explore how knowledge is understood when addressing how culture and ethnicity are addressed in counselling practice (27). To complement this, a Discourse Analysis was used to explore conversations when addressing race with BAME individuals by examining power, ideologies and power relations in the therapeutic dyad. Semi-structured interviews using open-ended questions elicited the discourses voiced by participants.

2.1. Participants

Study recruitment involved a snowballing technique which targeted counselling psychologists across social media sites including LinkedIn, Twitter and Facebook. The inclusion criteria were qualified counselling psychologists with a history of engaging in clinical practice with BAME individuals and attending to issues of race and discrimination in clinical practice and supervision. The exclusion criteria were applied to participants falling outside the criteria, such as if counselling psychologists had never engaged in supervision or practice with BAME individuals and understood the meaning ascribed by the individual experiencing them (28). There were no restrictions regarding age, gender, education level, income level, professional experience, disability, residential area, relationship status, sexuality and religion. Participant characteristics can be seen in Table 1.

Table 1 Participant demographic information (mean age 40 years).

Participant pseudonym	Ethnicity
Phil	"Considered White"
Kim	"I'm a Black"
Heather	"Minority Group"
Aria	"As a White"
Paul	"I'm a White"
Rose	"Being White"

2.2. Procedure

This research was ethically approved by the University review panel and followed the ethical guidelines under the BPS Code of Human Research Ethics (29). Potential participants were fully briefed about the purpose of the study and informed, verbally and in writing, that they could withdraw from the study for up to two weeks after the interview process. Confidentiality and anonymity were ensured, which included participants being informed that pseudonyms would be used. Semi-structured interviews took place in secure locations in a university to ensure the participant's and researcher's privacy and safety. Interviews lasted approximately one-hour and a series of open-ended questions guided the interviews. A distress protocol was included to protect participants, but this was not used in the study. Participants were provided with a debrief form listing support organizations. All data were stored under the 2018 Data Protection Act.

2.3. Data Analysis

The analysis process involved transcription, using conversions (see Table 2) to aid understanding of the audio-recorded interviews, which facilitated familiarization with the format and organization of the text.

The data were analyzed using Gee's (30) model of DA, where concepts of discourse, social languages and social identities were used. This identified patterns and links within and across utterances to explain how discourses were organized and constructed when participants addressed and discussed race topics with BAME individuals. The coded data, informed by the steps and questions asked using Gee's concepts, was adopted to create a table of discursive constructions as indicated in the discourse fragments. A discourse fragment consists of information in a line or set of lines in the transcribed data and a discursive construction derived from a theme (discourse) indicated in the discourse

fragment. The discursive constructions were then grouped and labelled accordingly, considering their similarity concerning themes, to create main (master) discourses.

Table 2 Table of conversions

(.)	Untimed pause
[]	Overlapping speech
...	Rapid movement from one unit to the next
<u>UUUUUUU</u>	Underlining word or utterance delivered with emphasis
(xxx)	Unidentified speech
(e.g., laughter)	Non-lexical communication

3. Results and discussion

Three discourse categories summarizing the discourse constructions participants used emerged from the DA. These discourses highlight ideological principles, impregnated in counselling psychology training and practice, with fragments that inform distinct racial bias and prejudice patterns which might be evident in counselling practice. The main discourses included systemic institutional racism, legitimizing racism, and challenging systemic racism.

3.1. Systemic Institutional Racism

During the interviews, it was observed that responses from white counselling psychologists alluded to the construction of polarized identities. These discourses isolated certain cultural elements that justify and protect dominant groups' power, cultural status quo, and privilege. These discourses further indicated that participants used discourse constructions that indicated avoidance, discomfort and dismissal when discussing race.

3.1.1. Avoiding Discourse on Ethnicity

Word or utterance intonations used in participants' responses allude to avoidant discourse constructions when talking about ethnicity, using pronouns like: "that", "this", and "they", which indicate a disconnect between white counselling psychologists and BAME individuals lived experiences of racism, akin to de-personalization. For example, Phil, below, responds to a Black Caribbean male client struggling with discrimination and prejudice difficulties:

Phil: "I guess...really depends, what they, they, they come to, to me for, but first, because I think it's about..., pretty much with therapy anyway, it's acknowledging that struggle and the impact it has on them. (Sighed) Because let's go back to this example, whether that was the reality in an objective way for this person or it was a perception, it nonetheless was his reality." (Lines: 151-155).

Phil appears to respond with hesitation when talking about the way he attended to his client's struggles ("I guess...really depends, what they, they, they come to, to me for"), adding significance ("but first") to his answer. However, he was still unable to formulate a response. He then seems to resort to his counselling psychology identity and therapeutic principles ("pretty much with therapy") to give a response, thus emphatically (see rising intonation inferred by the underlining word) depersonalizing the racism issue the client brought and almost trivializing it ("anyway"). Further, Phil used the sentence: "It is acknowledging that struggle", as per counselling psychology's principles, to note that he did acknowledge his client's struggle.

3.1.2. Discrimination and Discomfort

To express discrimination and discomfort through discourse, adverbs like: "ever", "always", "already", "really", "very", "immediately", and "as" were used to suggest considerations and empathic responses from white participants when justifying their worry to discuss racism in therapy, whilst giving vague answers ("sort of like", "I know I can't know", "never not have that") when discussing their race awareness limitations. For example, the quotes below support the statements that alluded to this discourse.

Aria: "(.) ...if a client starts speaking about, the various types of discrimination they have experienced...and it's been at the hands of (.) like a white person oppressing them in that moment, I become very, very self-aware

(laughter) of my own race...(.) and (.) even though that person may not be speaking about me, I do carry the backpack of white privilege. R: [Mm-hmm] Aria: And I often find it really tricky to respond..." (Lines: 88-94)

It seems that for Aria, when a BAME client brings up topics of discrimination at the hands of a white perpetrator, she interprets the clients' difficulties as being directed at her, thus bringing tremendous discomfort (*"I become very, very self-aware (laughter) of my own race"*). This appears to be emphasized in her repetition of the words "very, very" and the seemingly nervous *"(laughter)"*, working somewhat like a statement of her frame of mind in such situations. Aria then seems to attribute responsibility for her response onto the BAME client (*"even though that person may not be speaking about me"*) by trying to justify and emphasize (*"really"*) that her inability to address and respond to discrimination difficulties (*"tricky to respond..."*), may occur due to biases BAME individuals could hold about her and consequently all other white individuals (*"I do carry the backpack of white privilege"*).

3.1.3. Dismissing Racist Experiences

Racist experiences appeared dismissed by white counselling psychologists in the study as their responses seem defensive but somewhat intended to present as though race discussions are an integral part of the therapeutic work carried out with BAME clients. The language ("challenging", "self-aware", "experience", "I would", "I think", and "I wanted") used alludes to a cognitive way to make sense of BAME clients lived experiences of racism and indicate actions not emotional or empathic responses. Rose's discourse below also seems to dismiss a BAME individual racist experience, as indicated in the excerpt below.

Rose: "I need this to be really true. I'm...I wanted, I really wanted to believe that he, what he was saying was true and I'm not articulating that well, but I think then there's some onus, isn't there, on the person who is... feels they're experiencing the discrimination (.) to, to be absolutely clear about it..." (Lines: 248-251).

Her quote further elaborates this point as observed in her conflicting use of language (*"need", "want", "believe"*) to portray empathy towards the victim of racism seemingly and adding emphasis with words like (*"really"*) in her sentence. Then, using a signifier (*"but"*) and an affirmation (*isn't there"*) to 'gaslight' the BAME individual racist experience, as if it is their responsibility to be sure about whether their lived experience is real (*"there's some onus"*). This might reflect that in her discourse, the victim needs to be convinced that they have been the victim of racism or clear about whether they believe they have experienced racism. Also, the language she uses in parts of her sentence seems used to sustain her dismissive narrative and delegitimize racist incidents (*"person who is... feels they're"*), as if it is only their perception and perhaps not what had happened as suggested in her final statement (*"to, to be absolutely clear about it..."*). Such a way of depersonalizing and denying a person's lived experience appears used to disconnect, cast doubt and thus victimize the person targeted with racism, as suggested in her initial statement: *"I need this to be really true"*.

3.2. Legitimizing Racism

Responses observed by some of the white counselling psychologists in the study indicated biased views about BAME individuals' differences and experiences of racism. Such answers alluded to a discourse that seemed to legitimize racism. Thus, it is about powerful social ideologies that shifted accountability, enforced prejudiced boundaries and indicated biased confirmations when white participants addressed and discussed issues of race with BAME supervisees and clients.

3.2.1. The Accountability Discourse

Language that suggests detached and unconnected ways of interpreting BAME individuals' difficult situations was used by white participants (*"I don't", "I tried", "I would have"*), seldom alluding to acknowledgement of difficulties but rather to attribute accountability (*"them talking", "to them", "she was", "they sound", "don't seem"*) to their BAME clients for not exploring racist experiences. It seemed as if the onus was on the BAME supervisees and clients for not opening up about their difficulties as if white practitioners had done their utmost best to explore these, but unsuccessfully (*"I can't force you", "clients themselves don't seem to want to"*). For example,

Paul: "I have found that them talking about race, for instance, is uncomfortable to them. Maybe because I'm white (quieter speech/laughter) ...I have three clients from, um, black Caribbean backgrounds and the conversations are all around race and ethnicity, et cetera, et cetera, or all they sound similar to each other. Ah, and the clients don't seem to want those conversations..." (Lines: 52-60).

Here, accountability appears to be displaced onto the clients for not wanting to explore issues of race with him in therapy (*"uncomfortable to them"*). However, he appears to contradict himself by hesitantly and uncomfortably (as perceived in his low intonation and proceeding laughter) talking about his race (*"Maybe because I'm white (quieter*

speech/laughter”). This may reflect the identity he built for himself (being a white participant rather than a participant) and for the interviewer (Black interviewer rather than an interviewer). Mention of his clients “*conversations are all around race and ethnicity*” even though “*the clients themselves don't seem to want to have those conversations*”, may reflect his inability to understand the identities in play for each Caribbean client, the meaning each ascribes to their difficulties and the subjectivity inherent to such conversations (“*they sound similar to each other*”), suggesting that he, as a counselling psychologist, does not seem prepared to be having these conversations.

3.2.2. Confirmation Bias

Racist experiences seemed overlooked by some of the white counselling psychologists in the study as their responses give the impression that BAME clients' accounts of their lived experiences of racism were not credible, as suggested in statements like: “he wasn't intellectualizing when he was talking about these things”. It appears as if, regardless of what white participants had been communicated by BAME individuals, their views on racist topics seem to have already been formulated. For example,

Rose: “In that instance, unfortunately, that young man was using a card there to alleviate something in that instance only. However, that's just my interpretation of knowing the line manager and knowing that that was not kind of his style. Um, and not really knowing the young man... Because if (.) it's true, um...anyway...his complaint was partially upheld (quieter speech) ...” (Lines: 268-274).

In the quote above, Rose seems to suggest that the “young man” accusing a manager of being racist may have been using the {race} “*card*”. The language she uses appears to both affirm her certainty (“*was using*”) that the “young man” was being dishonest and that the white manager was trustworthy as she knew that being racist “*was not kind of his style*”, thus using the word “*unfortunately*” to minimize her subjective position. This seems to suggest a prejudiced way of making sense of the situation for “*not really knowing the young man*.” I wonder if she was interpreting the situation as a white individual (rather than as an individual) and if, in her biased interpretation, this is the identity at play here, used to disregard confirming evidence of the manager's accountability. Rose does not seem to want to openly elaborate, reflect or consider the reasons for this (“*Because if (.) it's true, um...anyway*”) or the veracity of the black man's lived experience, nonetheless, reservedly revealing that his “*complaint was partially upheld (quieter speech) ...*”.

3.2.3. Enforcing Prejudiced Boundaries

To enforce prejudiced biases through discourse utterances like: “it was a bit off-putting”, “treading out more carefully” and “I could have been braver” were used to indicate a level of apprehension in some of the white counselling psychologists when engaging with difference and also hesitation (using interjections like: “oh”, “ah”; pauses: (.) and repetitions: “I think that, I think that”) when describing their interactions with BAME individuals. For example,

Aria: “I find myself treading out more carefully than I usually would (.) in purity because I don't want to say the wrong thing.” (Lines: 128-129).

Here, Aria describes a shift in how she engages in a therapeutic relationship with BAME clients when comparing it to white clients (“*I find myself treading out more carefully than I usually would*”). She also alludes to prejudiced assumptions about how her clients may react to or perceive her (“*I don't want to say the wrong thing.*”) to justify her disconnection with BAME clients. Aria seems to engage in the therapeutic relationship riddled with tension (“*treading out more carefully*”) as if being black in the room is a boundary to fostering a positive therapeutic relationship. Also, the language observed here seems personal and emotional, thus expressing concern and hesitance (“*I find myself*”, “*I don't want*”, “*I usually*”).

Rose shares the same discourse when describing how she addressed a black supervisee's experiences of racial abuse.

Rose: “I think now, looking back on that, I think that I think I could have been braver and pushed that a little harder” (Lines: 356-357).

Here, Rose's prejudiced boundary discourse relates to how she appears to acknowledge that she did not dare to further enquire about her supervisees' difficulties (“*I could have been braver*”) and what such responses convey to her supervisee. This seems to be reflected in her preceding hesitation (“*I think that I think*”), suggesting a discomfort when recalling her response. It seems as if she knew what was occurring, that it was incorrect, but elected not to address it with the BAME supervisee who needed support, encouragement and validation about her racist experiences (“*I could have pushed that a little harder*”).

3.3. Challenging Systemic Racism

BAME counselling psychologists mainly used responses that challenged systemic racism, and this was observed throughout the data. In their discourses, BAME participants used language that alluded to emotional and personal ways of engaging with their clients' and supervisees' racist experiences, unlike most of the white participants in the study. This was observed mainly in BAME participants' discourse constructions, where discussions about race and ethnicity are prompted, and difficult racist experiences are validated.

3.3.1. Validating Experiences in Therapy

During the interview, it seemed that in therapy, racist experiences were validated mostly by BAME counselling psychologists as in their discourse constructions, verbs like: "hear", "seeing", and "feeling" were used to demonstrate support, curiosity and empathy. Utterances ("we had a lot of discussions", "tell me what you were really feeling") that allude to connection, personal involvement and lived therapeutic experiences with BAME clients and also recognition of their oversight through validation as recognized by the only white participant observed to have made such discourse constructions ("I now understood what he had been trying to tell me"). For example:

Kim: "I would always have to kind of say, you know, I hear you, but I just want you to kind of tell me what you were really feeling, what you are seeing, what the experience was because I might have experienced something different." (Lines: 308-310).

In her discourse, Kim indicates the way she validates her client's difficulties by inviting her to open up, and the signifier ("but") appears to suggest this ("I hear you, but I just want you to kind of tell me what you were really feeling"). She appears to be doing this by bringing into the room separate identities ("I might have experienced something different") rather than a joint one as created by her client, thus acknowledging the internal experience of the difficulties her patient brought. The language Kim mostly uses here indicates a taken action ("have to", "tell me", "what you", "want you") and also emotional connection and care ("I would", "I hear", "I just want", "you were really feeling"), rather than a cognitive, academic and disconnected way of making sense of her client's difficulties.

Heather seems to suggest she uses a similar discourse to validate her clients' experiences:

Heather: "...the stereotypes that people have of kind of maybe black men being aggressive...to then have to always catch your frustrations or your temper...we had a lot of discussions in the group about what those stereotypes were like for him..." (Lines: 214-222).

Heather reflects on the significance of validating and acknowledging her clients' difficulties in a group setting ("what those stereotypes were like for him..."), indicating that it is okay to have such conversations. She describes the difficulties her client brought to the session and talks in the present as if she is quoting the client's difficulties ("black men being aggressive...to then have to always catch your frustrations or your temper"), using language that is quite personal ("that people have", "we had", "what those", "for him") rather than professional. Her discourse implies a protective attitude and demonstrates empathy ("stereotypes that people have"). She also indicates that conversations were continuous ("we had a lot of discussions"), suggesting ongoing support and validation of the client's difficulties and openness to such discussions in the group.

3.3.2. Prompting Discussions on Ethnicity

Words and utterances like: "shouldn't some", "triggered", "talked about", and "changes" appeared to indicate a discourse construction where affirmations alluded to the importance of prompt discussions on ethnicity with BAME individuals and somewhat an attempt to connect with their concerns. Further, verbs and pronouns like: "feel", "needs", "identify", and "us" were used by BAME participants to construct the same as it indicated that discussions about racism ought to be prompted. Emotional statements ("wanting to help them", "wanting them to feel", "without worrying") and pronouns ("we") that indicate pluralistic constructions that refer to a sense of connection and relatedness ("we can think", "we can make" and "we don't need to worry") were used by BAME participants and seemed like a precursor to engaging in difficult conversations. For example:

Kim: "I feel there needs to be more consideration of these topics and, but I don't feel like it's going to come from people who don't identify as being BME. It has to come from, from us" (Lines 119-121).

Kim's discourse suggests that BAME individuals need to start conversations about race ("there needs to be more consideration of these topics"), implying that white individuals would not start such conversations ("I don't feel like it's going to come from people who don't identify as being BAME"). She also includes the researcher in her point that we relate and connect and thus have to stick and 'fight' together ("It has to come from, from us"). Interestingly,

3.3.3. Identifying with One's Own Racial Prejudices

It was observed that most participants used a variety of responses to construct a discourse where they identified with their racial prejudices. Verbs, nouns and adjectives (“feel”, “need”, “evokes”, “threatened”, “otherness”), utterances and repetitions (“I’m sort of in my mind trying to debate”, “um, um, but even now, maybe not in a...a...that...that explicit...”) and personal acknowledgements (“I haven’t done”, “I did supervise”, “I had different”) were used to construct this discourse. The below quotes will provide further support regarding this.

Heather: “it’s about how we feel when we’re in the presence of difference...and we need to think about what otherness evokes in us, and how that, how we feel threatened by otherness.” (Lines: 418-421).

Here, Heather seems to imply that it is important to consider how racial or cultural differences attribute certainty and significance to prejudiced ideologies and how it may affect practitioners' engagement with clients who do not look like them (“*what otherness evokes in us*”). In her response, Heather uses language that sustains a relationship with BAME, as indicated in her responses (“*how we feel*”, “*we need to think*”, “*we’re in the presence*”, “*evokes in us*”). Interestingly, such statements also ascribe significance to her claims as they are affirmatory statements about a practice currently being enacted by a practitioner. During her interview, she also reflected on her own practice and her biases and prejudices about differences.

In the excerpt below, Kim also considers how difference plays in her discussions about race with her BAME and white supervisees.

Kim: “I haven’t done that with the previous two that I did supervise. One because they were both white (laughter). So (laughter) it’s a little bit different. Um (.), but also because I had different challenges with them....” (Lines: 64-66).

In her discourse, Kim starts by describing how she has deeper discussions about race with her BAME supervisee than with two previous white ones she had (“*I haven’t done that with the previous two that I did supervise*”). She seems to be attributing significance to her color and the color of her white supervisees as a barrier to have a deeper connection and relate in terms of experiences about race (“*they were both white*”). Further, in her discourse, she suggests color to privilege understanding. Further, her answers are centered on her race and perspective. However, the language she uses is personal and suggestive of openness (“*I haven’t*”, “*I did*”, “*I had*”).

3.4. General discussion

The current study aimed to explore how counselling psychologists address and discuss issues of race in therapeutic practice or supervision with BAME individuals and the impact of working with those who identify as BAME on the therapeutic relationship. From the analysis, three discourses emerged (Systemic Institutional Racism, Legitimizing Racism and Challenging Systemic Racism). Outcomes suggested that BAME counselling psychologists were more attuned and open to engaging in culture, race and racism topics, thus challenging systemic racism, as indicated in their discursive constructions. Further, they also indicated that white counselling psychologists used discursive constructions that allude to Systemic Racism and the Legitimization of Racism.

White participants' discourse fragments focused on ideas based on white dominance captured in day-to-day thinking within unchallenged social systems that overlook one-to-one interactions. These responses were consistent with research suggesting a lack of empathy from white individuals when discussing issues of racism (31; 32). Similar to racial micro-aggressions (3), such responses might exacerbate racial trauma (33). Racism becomes a collective issue when unspoken systemic injustices are not challenged by avoiding ethnic discourses and dismissing racist experiences.

Counselling psychologists, as asserted by Woolfe et al. (34), are encouraged to be reflective practitioners and able to bracket their experiences in order to foster a therapeutic relationship and working alliance. Such are encouraged to mitigate biased interpretations and allow practitioners to openly address cultural and racial differences while recognizing their clients' unique experiences. Confirmation bias, as asserted by Nickerson (35), is a term used in the psychological literature to indicate that events are interpreted in ways that relate to personal beliefs and expectations, thus encouraging people to overlook evidence that contradicts their beliefs and opinions about the world. The responses from white participants in this study suggest that BAME individuals' realities of racism did not occur. Van Dijk (36) asserts that such responses reproduce power imbalances in discriminatory practices that sustain white dominance and biased ideologies, thus rejecting and excluding BAME individuals' frames of reference when discussing racist experiences. The above discourse (legitimizing racism) used by white participants whilst working with emotional pain gives the impression that BAME individuals' difficulties with discrimination were only their perceived, not lived, experiences.

Woolfe et al.'s (34) claim suggests that counselling psychologists ought to think of therapy as a medium to equip individuals with the tools to manage their difficulties, and the same could be suggested for racist encounters BAME individuals face (37). The practices of BAME counselling psychologists Farsimadan et al. (20) and Jernigan et al. (24) could be seen as an instrument for social justice as their discursive constructions indicate practices aimed at facilitating support and encouraging difficult dialogues on race. Privilege must be attributed to clients as they are the experts on their lived experiences. Curiosity must be present to avoid being stuck in ideas that give power to Western cultures (38). Therefore, as indicated by Maiter (7), clinicians need to use a racist-free framework to address race and racism with BAME clients, which prevents their inquisitiveness and suspiciousness about what is not said by the client.

Others (16) suggest that some practitioners find it discomfoting to discuss and address issues of race and discrimination when these are brought up in sessions and parallels could be drawn from the discourses built by white participants. Counselling psychologists need to validate racist experiences in therapy to enable BAME clients to get to a place where they feel comfortable in relations with white individuals. For this to occur, professionals must acknowledge, as suggested in discourse constructions where participants identify with their prejudices, the limitations of their practice in ways that prompt race discussions that challenge the status quo.

Several authors (37; 20; 31; 15) have recommended therapeutic engagement with BAME individuals and understanding how differences affect us. However, considering the research findings indicating that BAME counselling psychologists were more attuned and open to engaging in culture, race and racism topics than the white counselling psychologists in the study, it is suggested that multifaceted approaches should be employed when engaging with ethnically diverse populations. "Pre-transference" or "societal transference" were terms coined by Curry (39) and described by Eleftheriadou (39) in his book 'Psychotherapy and Culture: Weaving Inner and Outer Worlds'. The terms posit that clients (BAME and white) and therapists (white and BAME) share fantasies, ideas and values before they meet in the therapy room as they are part of one's societal experiences, feelings and views. After all, the consulting room is not a confined place where racial, political and cultural dynamics are inexistent, rather the opposite, as anxieties are intensified due to how one perceives self-concerning the other. However, as asserted by Jackson (41), the responsibility falls on the therapist, not the client, to work out their biases and prejudices or any other communication in therapy through supervision. Counselling practitioners need to take into account how overwhelming feelings of racism can be for BAME individuals, which, as asserted by McKenzie-Mavinga (42), can remain unprocessed due to concerns about the way professionals ought to engage with it. A strong therapeutic relationship, work alliance, patient subjectivity and a humanistic approach underpin counselling psychology.

Even though this research can be seen as having strengths, limitations must also be acknowledged. Replicating the present study may be useful to consolidate the findings and further contribute to this majorly white-represented profession, as studies mainly investigate this topic from white or BAME trainee perspectives. Further, larger-scale quantitative research could prove useful in consolidating the results of the present study, akin to a bottom-up approach to culture (43). Findings could also add practical insight into the breadth of knowledge that already informs guidelines, practices and training programs about the impact of racism, biases and prejudices that undermine one's personal experiences.

4. Conclusion

The present study explored how counselling psychologists use discourse to address and discuss issues of race with individuals from BAME backgrounds within therapeutic practice. Emerging discourses were 'systemic and institutional racism', 'legitimizing racism' and challenging systemic racism and each gave insight into the contrasting therapeutic practices carried out by white and BAME counselling psychologists to address racism. Findings suggest that BAME counselling psychologists are more attuned and open to engaging in culture, race and racism topics than their white counterparts. This research supports existing literature reporting on experiences BAME individuals have when talking about race with professionals in therapeutic dyads.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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