



Talking With white Clients About Race

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Abstract

Most white people do not believe that race is an important feature of their lives, and this belief continues into the therapy room where race is rarely a topic of conversation, especially for all-white dyads. However, research shows that race and racism are highly salient for white people's mental health, and this gap in understanding has negative effects on the well-being of both white people and people of color. This paper argues to embrace the ethical and moral call to actively address race and racism in therapy between white therapists and white clients. This embrace can be particularly challenging for white therapists who believe themselves to be social justice-oriented people, but who nevertheless contribute to racism in both conscious and unconscious ways. A model is offered for how psychotherapists can bring up and work with the topics of race and racism during the course of therapy. The model includes ways for white therapists to engage in the long-term process of self-critique, ways to introduce the salience of race in the white client's life, and how to connect race and racism to the client's explicit goals for therapy. Finally, a case example is explored using a well-meaning, self-defined liberal white client.

Keywords Race · racism · whiteness · psychotherapy · self-critique

Clinical Vignette

Geoff is a white¹ 49-year-old city councilor in a liberal city in Oregon where he has worked for the past ten years. He has come to see you because of depressed mood and anxiety related to changes in his work life that have caused him additional stress. He reports that he has always been a very hard worker and that he cares deeply about his city where he has lived most of his life. He reports a strong drive to succeed at his job as a city councilor because he wants to create a better city where his wife and son can thrive and enjoy their life. He claims he has never been to psychotherapy before, nor has he ever considered it, since he traditionally prefers to “deal with his problems himself.” Recently, one of his friends from work mentioned having sought psychotherapy during college and finding it useful, and his wife has been encouraging him to try therapy because of his changes in mood and conflicts at home over the past year. Geoff comments that he feels unappreciated at his job for the first time in his life due to public conflicts that are atypical of his city where people “usually get along and are very supportive of each other.” He points to the summer of 2020 and the uprisings around racial injustice and police brutality as the point when “half the city turned against

me” because of the arrests of protesters that were happening in the city—a reaction that is causing him great distress and that he feels is very unfair toward him. While he admits that a lot of the issues being brought up are unfamiliar to him, especially when hearing from marginalized communities, he tells you that he has always been dedicated to ensuring that everyone in his city is treated equally. He says that despite his new efforts to hear from the city's most marginalized citizens, many people are angry at him and don't seem to care about his years of hard work. He is especially upset that people are calling him a racist simply because of his public support of the police department. He is intentional about mentioning that he is a lifelong Democrat like most people in his city, but that he feels for the first time in his life that he is being criticized for his handling of social justice issues. He is especially troubled by his deteriorating relationship with his 17-year-old son who he says was a part of the protests against police in his city over the last summer. The local group of young activists that his son is a part of has been vocal in condemning members of the city council, including Geoff, which he reports has led to several fights at home. Geoff feels that his son doesn't appreciate the opportunities that he's been given and that his son and his friends are simply experiencing a phase of “teenage rebellion” and don't understand the consequences of their political demands such as “defund the police.” Geoff reports that his wife is also reaching a breaking point and strongly encouraged him to come to therapy because she could no longer bear

¹ This article capitalizes racial labels like “Black” but not “white” in an attempt to challenge whiteness, to center non-whiteness, and to challenge white supremacy in language and academia.

the constant fighting that is happening at home, and that she continually tells him that she feels like he's "a different person these days." Geoff tells you he "just doesn't know what to do anymore" in order to be a good person and a good father, and he needs tips from you to "get past all this frustration and get back to normal."

Clinical Challenge

Among the ongoing tensions in the current political climate, calls to defund the police, the racialization of the COVID-19 pandemic, and much more, race is highly salient in modern American life. Despite this, race, and specifically whiteness, rarely find their way into explicit conversations in the therapy room (Sue & Sue, 2016). Further, white clients do not tend to find cultural and racial factors as important or pertinent to their treatment, relative to clients of color (Meyer & Zane, 2013). Recent research shows that white people are far more likely than people of color to say that too much attention is paid to race, and only 15% of white people see their race as either very important or extremely important to how they think of themselves (Pew Research Center, 2019). This is likely because white people traditionally struggle to talk about race or, at the very least, are uncomfortable when doing so (Bonilla-Silva, 2018; Trawalter & Richeson, 2008). Embracing race as a salient topic of exploration with white clients in the mental health profession is an essential step for psychotherapists. The ever-expanding, diversifying, and complicated nature of race in America only increases the urgency of white therapists undertaking the clinical challenge of addressing race, racism, and whiteness as essential clinical issues with white clients.

Modern Racism and Implicit Bias

Many laypeople incorrectly define racism as the explicit endorsement of racial bias (Sommers & Norton, 2006). While this type of "old-fashioned" racism is less prevalent today, scholars posit that racism has shifted into more subtle and "underground" forms since it is no longer culturally endorsed to express explicitly racist ideas (Bonilla-Silva, 2018). Implicit racial associations (i.e., biases) are the automatic cognitive associations that people have between a certain racial group and various emotions, concepts, and evaluations (Warikoo et al., 2016). These biases are not just automatic and unconscious but are also largely denied by the people who hold them (Blair et al., 2015), leaving them unaddressed and potentially harmful to people from marginalized identities (Sue & Sue, 2016). Because everyone in the United States has been raised in a society that values white cultural markers over non-white ones, everyone holds some degree of racial bias. "Aversive racism" describes one of the more common forms of racism found today. It is the conscious and explicit

assertion of support and empathy for people of color, while maintaining racist associations, assumptions, feelings, and beliefs—only some of which are conscious. This is common among well-meaning, self-defined "liberal" people who profess liberal political ideology without critiquing the historical and power-centric implications of their positionality (King, 1967; Sue & Sue, 2016; Taylor et al., 2016). The expression of unconscious social ideologies is universal among white people and, as an expression of social power, contributes to the limitation of access to opportunities and resources for marginalized groups, which leads to racial disparities across several metrics of livelihood and well-being. The interwoven ways that people and institutions limit access to resources and opportunity along racial lines is the grounding concept of systemic racism (Goff, 2018; Jones & Carter, 1996; Smith, 2005; Solórzano & Yosso, 2016). This means that all white people, including the white therapists and white clients in the counseling setting, contribute to racism in various ways. While white people can be the victims of racial prejudice and racial bias, the directionality of social, cultural, political, and other forms of power in the U.S. means that white people cannot be the victims of racism in this society. Given that this paper is written for white therapists working with white clients, only white racism will be addressed.

Racism's Relevance to whites' Mental Health

Before beginning this section, it is important to acknowledge that the negative effects of racism on white people's lives are not to be compared to the negative effects of racism on the lives of people of color. As scholars and practitioners have found over decades, racism affects people in vastly different ways based on race. The violence that white racism has inflicted on people of color is beyond measure, and the negative effects of white people's own racism on themselves is not comparable. The intent here is merely to address the negative effects of white racism on white people so that mental health professionals can more readily work with it in therapy.

The American Psychological Association (APA, 2017) Code of Ethics is clear about the role of psychologists in addressing racism both in the therapy room and in the neighboring community. Principle E: Respect for People's Rights and Dignity encourages psychologists to "try to eliminate the effect on their work of biases based on [social identity] factors, and they do not knowingly participate in or condone activities of others based on such prejudices." Although this principle is rather broad and falls short of instructing mental health professionals to take direct action in addressing racism, it does acknowledge that these are topics clinicians need to ethically consider. It is reasonable to presume that one's silence around racist ideologies, when expressed in therapy, could be seen by a client as passively condoning them. Principle B: Fidelity and Responsibility states, "They are aware of their professional

and scientific responsibilities to society and to the specific communities in which they work.” This tells mental health professionals that they must consider the effects of racist ideologies both on their clients and on the people and systems with which they interact.

These are fundamental aspects of the APA’s Code of Ethics because researchers and clinicians have shown for decades how harmful racism is, not just for the victims of oppression, but for the psychological health of the oppressors as well. Janet Helms (1993, 2020) has been instrumental throughout the past several decades in identifying not just how white people’s mental health is negatively affected by whiteness but how white psychologists also suffer from a limited, white worldview. She also submitted, like many other critical race theorists, that racial identity permeates every aspect of one’s daily life and relationships. Thus, working with race is not only critical in the therapy room, but it is active and influential in every relationship one has.

Frantz Fanon (1967) and James Baldwin (1972) were essential writers and thinkers in identifying the mental health repercussions of racism and whiteness. Fanon’s psychoanalytic conceptualization of race renders whiteness a condition that is not only incapable of rational thought, but one that corrupts white people’s souls. “Colonial racism” is the byproduct of whiteness and highlights white people’s belief that the world, its people, and its resources, are theirs for the taking—a morally corrupt worldview that relies on the dehumanization of others. Similarly, Baldwin (1972) identifies the ways that white people managed to vilify Black people despite the overwhelming difference in treatment. For Baldwin, this reflected an empty and tragic psychological space within white people whereby their delusions about their position relative to Black people has made them completely disconnected from humanity.

Cheryl Matias (2016) offers a robust critique of white emotionality that encapsulates both the undeniable harm that is inflicted on people of color because of white emotionality and the intergenerational psychic damage that is done to white people because of their racism. She refers to the sadomasochistic nature of whiteness wherein white people are so deeply defended against facing the true meaning of race in their lives that they are willing to (a) continue inflicting harm on dispossessed groups and (b) continually turn away from the opportunity to truly know themselves, which would require them to face the reality that being white is not a superior identity. Matias holds empathic space for the pain that is inherent in whiteness as well, since by emotionally and psychologically investing in whiteness, white people isolate themselves from the rest of humanity and, quite tragically, limit their ability to truly know others, themselves, or the world.

Spanierman and colleagues (Spanierman & Heppner, 2004, Spanierman et al., 2008, 2009) have added several important contributions to the literature on the psychosocial costs

of racism to whites (PCRW), which include affective, cognitive, and behavioral costs wherein whites’ racism toward others ultimately hurts themselves. Some of these costs include guilt or shame, distorted beliefs about racism and people of color, and limited experience and interaction with non-white people (Spanierman & Heppner, 2004). These emotions are likely to come up frequently in therapy, but are unlikely to be consciously related directly to race and racism. Therefore, it is important for the therapist to be comfortable with their own experiences of racialized emotions so they can help their clients process them as well. Spanierman and colleagues have also shown the importance of building racial consciousness to maintain robust interracial friendship networks since white people naturally self-segregate more often when they are not at higher levels of racial consciousness (Spanierman et al., 2009). Finally, Spanierman et al., (2008) offered evidence of therapists’ lower multicultural competence when they experienced stronger affective responses such as white fear when working with race-related material. This collection of research calls on the urgency of mental health providers to work on race-related material not just for their clients’ well-being, but for their own clinical competence as well.

Clinical Approach

Previous research has outlined the ethical decision-making process that guides the white therapist’s decision to address a white client’s racism as a target of treatment during therapy (Drustrup, 2019). This can be expanded to all therapists talking about race and racism with clients (with appropriate cautions and contextual factors included), while acknowledging the different experiences and risks within these interventions for therapists of color. Protecting and centering the safety of therapists of color within these interventions should be given primary consideration. These considerations have been taken up in more detail by clinicians and researchers of color, and as a white therapist, I refer readers to their expertise to answer questions from the perspective of a clinician of color (Ali et al., 2005; Knox et al., 2003; Lee, 2005; Spalding et al., 2019).

Addressing white racism in psychotherapy is a delicate process and deserves intentionality and attention to the details involved. Many readers might have a reaction to calling this “racism” in the therapy room, while to them it might look more like questions or misunderstandings related to race. This resistance to the word “racism” likely comes from the reductive binary of “racist = bad, not racist = good” that has been a defining cultural feature of our society for decades (DiAngelo, 2012). However, as noted above, many seemingly innocuous cultural and social patterns that are enacted daily by every white person contribute to larger systems of bias and discrimination that have tangible effects on the inequitable allocation of resources and opportunities. That is to say that

even well-meaning misunderstandings have a role in the vast system of white supremacy. Further, the epistemology of ignorance that exists for white people must be understood as a chosen, albeit often unconscious, process that further validates white supremacist ideologies (Mills, 2007). It is incumbent upon mental health clinicians to understand and embrace their reactivity and sensitivity to identifying racism with clients, especially well-meaning ones. How clinicians accomplish this in non-defensive ways is also related to their ability to notice these patterns in themselves.

Below is a summarization of the five-step model for addressing white racism in the therapy room (Drustrup, 2019). First, therapists must go through the process of building their own competency and racial consciousness so that they can later work on it with their clients. Second, therapists must create a holding environment that validates their client's experience, improves the relationship, and prepares the dyad to explore the racialized (and often unconscious) nature of their topics in therapy. Third, therapists can facilitate an exploration of the client's racial consciousness and history with topics around race. Fourth, in order to have longer-term success, therapists must find ways to connect the racialized topics in the client's life to their presenting concerns. Finally, the client must embark on a long-term process of continuing their psychoeducation and pursuit of greater racial consciousness. This model will be applied to the case vignette to address how to discuss race with white clients in a productive and therapeutic manner.

Therapist Competency and Racial Consciousness

The American Psychological Association Standard 2.01, Boundaries of Competence, states that therapists should never practice outside of their level of competence and this includes knowledge of race as it relates to clinical factors (APA, 2017). Before engaging with race in therapy, white clinicians must ensure that they have a sufficient understanding of the myriad factors that bring race into the therapy room, the factors that make race salient and important in U.S. society, and the ways in which race affects them. No white clinician should wait to be an "expert" before addressing this in therapy, because racial literacy is a lifelong process with no end point (Kendi, 2019). However, several steps should be taken to gain competency in racial literacy and racial consciousness as soon as possible so that the white clinician can feel comfortable working with this in therapy.

First, it is essential that white therapists engage in a robust and thorough emotional and psychological excavation of how race has been important in their own lives. This critical self-reflection will often be painful as they identify ways that they have contributed to personal and systemic forms of racism (Gushue et al., 2007; Thompson & Neville, 1999). Scholars and practitioners of color have recommended remembering

and reliving the hurtful thoughts and actions that all white people have in our histories (Sue, 2015). This allows us to process the feelings of shame and guilt that often sit in the unconscious, and more fully understand the depth of harm that we are capable of and the resulting importance of our improved racial consciousness. Finding other white antiracists to dialogue with during this step can be especially important to minimize the pull of defensiveness and resistance. Doing our own psychotherapy work around this might also be necessary, as that can facilitate our personal exploration of resistance, our need to be seen in a positive light, and the excavation and processing of our harmful past.

Further, white therapists should engage in a lifelong journey of racial literacy. This can include reading books in the fields of critical race theory and whiteness, as well as other books, memoirs, cultural critiques, and historical accounts by authors of color. Part of this journey requires the acknowledgement that the vast majority of the literature and epistemologies we are given throughout our schooling and training are from a white worldview, and we must begin to counter this as soon as possible (Shakur, 1987). Finally, white therapists must be intentional about involving ourselves in relationships and experiences outside of traditionally white spaces. White people largely exist in segregation from people of color, such as going to a church or school that is predominantly white. Although we often assume that these are accidental or natural features of life, these are actually choices that we make based on colorblind logics (that are actually steeped in whiteness) of what we believe to be "safe neighborhoods" or "good schools." Being a part of organizations or activism networks within our neighborhoods that seek to redistribute resources toward marginalized people is one way that we can be intentional about engaging in traditionally non-white spaces. For example, being involved in mutual aid networks can assist in consciousness-raising around systems of oppression and other identity-based life experiences (Spade, 2020). Building community and deep, non-voyeuristic, non-colonialist, mutually enriching relationships with people of color are important features of our lifelong path toward increased racial consciousness, which should be begun before working with racism in the consulting room.

Listen, Empathize, and Validate

The first in-session step of this model is also likely one of the most difficult for the antiracist white therapist. In order to maintain our therapeutic stance and to preserve the working relationship, our first task when addressing racism in therapy is to simply listen to the client's story and create a safe holding space where honest feelings can be explored. Although racist worldviews are very difficult to hear without immediately pushing back against, this step is essential to protect the therapeutic alliance and to keep clients engaged before working to

increase their racial consciousness (Bartoli & Pyati, 2009; Ryan & Buirski, 2001; Stone, 2013). The therapist can utilize Rogers' core condition of unconditionality here as they attempt to accept and understand the client's perspective, regardless of whether they agree with it (Cornelius-White et al., 2014). While empathy is not agreeing, it is essential to protect and strengthen the therapeutic alliance.

Therapists who struggle with this stage can try remembering that they too were once at much earlier stages in their racial consciousness, and likely shared beliefs that were similar to the client's. Further, a robust engagement with the journey toward racial consciousness should remind everyone that we are never completely rid of our own racism, and especially strong negative feelings toward a client's racism might be a signal of the splitting and projection of that undesirable trait in ourselves. However, when we facilitate an exploration of a client's feelings and understandings about race, we are simultaneously making it a salient and worthwhile topic for therapy. It is the task of the therapist to show the client that unlike most other places in society, discussing race is not taboo in the therapy room (Thompson & Neville, 1999). The therapist's comfort in discussing race will be an essential guide for the client to not only learn how to talk about race in a constructive and non-defensive way, but also to learn the importance of discussing race in the first place. We can invite deeper engagement in these moments with comments like the following examples of working with Geoff from the opening vignette:

- "I hear how your tone of voice changes as you discuss what it's like for others to assume that being white has granted you special privileges. I wonder if that is anger that you're feeling? Can you say more about that?"
- "Having the protesters block the street feels incredibly frustrating for you. I also hear that you feel very safe with the police around and you wish others would appreciate them in the same way. I wonder if you might also be anxious about possible change that could result from the protests? Can you help me understand that part better?"

Explore Racial Consciousness

The next step is an opportunity to deepen the conversation and obtain more material to work with in the therapy. By deepening the conversation, we can also facilitate an exploration into the origin and purpose of many of the client's beliefs about race. Just like any other worldview that we might be curious about in therapy, it is beneficial to probe deeper and facilitate the client's self-critique over the scripts and patterns that exist in their life. This step is likely to feel the most confrontational of all the steps for the client. Not only is race being discussed more directly than most white people are used to, which is already an uncomfortable and unfamiliar experience for most

white people (Trawalter & Richeson, 2008), but the white client's specific beliefs and behaviors are being addressed. Clients can also be expected to push back and show resistance at this stage. This can be worked with therapeutically, just as with any other forms of resistance that we see in the consulting room. Therapists should explore the emotions surrounding the resistance and encourage clients to explore the meaning, origin, and function of their emotional response. If the therapist works with transference, this is likely an especially rich opportunity to explore the client's transference associations that are happening live in the therapy room.

Thompson (1997) offered several ways to connect relatively innocuous racial language to the client's lived experience by asking about how they grew up or how it relates to present aspects of their life. Therapists can implement some basic, encouraging prompts to further explore the client's present racial consciousness:

- "That feels important to me. You just pointed out that for some Black people, their skin color means they'll be treated differently. Do you think our society also applies meaning to being white? Has being white affected the way you see or interact with the world?"
- "I agree, the recent movement is very focused on police treatment of people of color. Have you ever had any harmful interactions with the police? Anyone you know? Have you ever heard from a friend or coworker of color about their interactions with police?"

Connect to Client Concerns

It is unlikely that anything within this model will gain much traction if the therapist is unable to find a way to show how race is a salient feature of the client's life (Bartoli & Pyati, 2009; Guindon et al., 2003). Like other concerns that the therapist breaches in psychotherapy, it may be our role to connect the dots for the client and show why this particular issue has relevance in the client's broader psychological and behavioral life. At this stage, the therapist can begin to point out and facilitate the exploration of past and present examples of how the client has suffered from a lack of racial consciousness. This step also moves the client in the direction of racial consciousness by highlighting the fact that race does have an effect on the client's life. The following are more examples:

- "You once mentioned that your boss is an Indigenous woman who takes pride in her racial identity. How do you imagine your relationship would be different if you told her you were interested in learning more about the "Land Back" poster in her office?"
- "I know that repairing your relationship with your son is one of your primary goals. How do you think he would

respond if you asked him to tell you what he learned while he was attending protests last summer?"

Psychoeducation and New Experiences

The final step looks toward an ongoing pursuit of greater racial consciousness and racial literacy. Within the context of therapy, this can look like ongoing psychotherapy and psychoeducation related to race, bibliotherapy, and encouragement to engage in relationships and experiences that expand their racial consciousness (Brown, 1991; Maker, 2005). The therapist may have to initially suggest or encourage these concepts at the beginning of the client's journey before they begin undertaking them on their own. Psychologists and other mental health professionals are often tasked with implementing psychoeducation as a part of the treatment for topics unrelated to race, so by understanding that race and racism are salient and essential topics within therapy, the therapist should embrace the need to psychoeducate clients about these matters as well. Step one in this model is an important precursor to this portion so that the therapist can effectively provide these interventions.

When encouraging a client to engage in experiences and relationships that are outside of spaces that are traditionally dominated by other whites, white people need to be especially careful that they are not co-opting non-white spaces to be used for their own benefit. This is equally true for the therapist who is engaging in their own racial consciousness-raising. When entering non-white spaces, all white people must reflect on and comprehend the implications of entering these spaces and the similarities between this well-meaning effort and colonialism. This is to say that the United States has a violent history (which often extends to the present day) of white people occupying and colonizing space that belongs to people of color (Dunbar-Ortiz, 2014; Kendi, 2016). When white people, including clients and therapists, enter traditionally non-white spaces, they must do so while acknowledging and respecting that it is happening in the context of a very harmful historical and present cultural context and that there will often be many spaces where white people simply do not belong, regardless of the good intentions they might bring. This can be true for well-meaning white therapists who work at community mental health centers, offer programming with majority Black and Brown clients, or other traditionally non-white spaces.

This final stage will inevitably be the longest as it is an ongoing and never-ending pursuit. Mental health professionals should refer to the latter stages, and especially the final stage, of Janet Helms' white identity development model (2020) for examples of how this can look. In the final stage, "Autonomy," the white person has more fully embraced their true place in the racial landscape and is experiencing and processing the emotional weight of whiteness. From here, like

the processing of any emotion such as shame, guilt, or disgust in psychotherapy, the person has the opportunity to emerge with renewed consciousness and energy to rectify the previously disavowed parts of the self.

Additional Considerations of the Model

This brief model should be understood as highly contextual. Just like other times in therapy when it may feel inappropriate to challenge a client, the therapist should be aware of their sense of comfort and safety, which is especially true for therapists who inhabit other marginalized identities, such as within gender, sexuality, or ability. Other contextual factors include the client's stage of treatment. If other more immediate concerns such as suicidality or processing complex trauma arise within the context of racist ideologies in therapy, the therapist can note this and simply come back to it at another stage of therapy when it is safe to do so. The therapist should consider weighing the risk to the client with the risk to the people in the life of the client who might be harmed by their racist ideologies. The model is also meant to be nonlinear and non-directional such that a course of therapy will move back and forth between stages, according to a joint understanding of where the client is at. Finally, this model comes from a cisgender, heterosexual white male within American cultural and social contexts. There are likely many nuances that are missing from this conceptualization because whiteness severely limits the ways that white people truthfully see and experience the world (Mills, 2007). More detail about the model can be found elsewhere (Drustup, 2019).

Case Example

How should a white therapist address the case with Geoff? It seems that Geoff is relatively typical of people who come into therapy without more severe mental health troubles. To most readers, the idea of "racism" does not jump off the page when thinking about Geoff because his politics seem to be aligned with several liberal values such as equality, individualism, and support of state systems. However, he is struggling with an issue that clearly has to do with race on multiple levels. There are several places to begin here: the way he values his history of hard work, his desire to be "good" in the eyes of his constituents, his dismissal of his son's political action, his identity as a liberal Democrat, and his desire to return to his understanding of "normal." Following the five-step model laid out above, one could proceed in many ways. One example follows.

Therapist Competency and Racial Consciousness

Before beginning their work with Geoff, a white therapist who is prepared to work with race and racism in session would

already be on their journey toward racial consciousness and racial literacy. This would include a robust self-examination and self-critique of the ways that they have contributed to personal and systemic racism. After collecting memories and allowing oneself to sit within the painful emotional experiences of guilt, shame, confusion, anger, and more (possibly with the assistance of their own therapist), one should prepare to continue to monitor and embrace their emotional responses to their own white racism without defensiveness and with a drive to learn and grow. The antiracist white therapist should also be engaging in reading and learning from authors, scholars, activists, and artists of color. Finally, they should already be well into a lifelong pursuit of meaningful experiences and relationships in traditionally non-white spaces that are careful not to co-opt, colonize, or take up space.

Listen, Empathize, and Validate

The therapist should listen carefully to Geoff's story and look for ways to connect at a deeper level and facilitate an exploration of the unspoken meaning of some of Geoff's stories and understandings. This should be a time where the therapy is focused on creating a safe space and holding environment where the dyad can build trust with each other and prepare to push up against more resistance in the future. Maybe there was also a time in the therapist's life when they identified as liberal, but were still coming face to face with some of the ways that they were doing racial harm or misunderstanding the depth of their actions. The therapist could offer an empathic statement such as, "I'm hearing that you feel hurt by how your constituents see you as the enemy because of your support of your police department. Even though you admit you're not an expert on the issues facing the people of color in your community, you care about them deeply." Here, the therapist is entering the emotional world of the client and simultaneously introducing race as a salient issue in the client's story.

Explore Racial Consciousness

The therapist is now interested in expanding Geoff's understanding about the relevance of race in his life as well as simultaneously gauging how far along Geoff is in his path toward racial consciousness. Race has been identified as a salient topic in therapy, so now the goal is to encourage Geoff to understand the role of whiteness in the way that he sees the world and his presenting concerns. The therapist might say, "I notice that when you talk about your job, you mention your goal of everybody being equal. However, it sounds like the people that are speaking most critically about your work are people of color and their supporters. I wonder what it feels like to be someone who cares about people of color, yet is the subject of their heavy critique? Do you see yourself as someone who is capable of harming people of

color?" With this, Geoff can begin to critique the idea that despite his good intentions, liberal identity, and long-time civil service, there are still ways that he contributes to personal and systemic racism.

Connect to Client Concerns

This is a pivotal stage for Geoff's work as the therapist attempts to facilitate the connection between Geoff's racial consciousness and his stated goals for therapy. Even though Geoff did not present race as an explicit topic of interest when he came to therapy, by now the therapist has spent time making race a salient topic in therapy and begun to explore how it may have meaning in Geoff's life in ways that he hadn't previously been aware of. Geoff has also offered up several in-roads where one can now be more explicit about the ways that his race and racial consciousness affect his life: his relationship with his son, his relationship with his constituents, and his desire to be a "good person." The therapist might ask several questions depending on what topics feel most important to Geoff: "I wonder where your son learned some of these views about the history of race and policing that you argued about last week. Have you had the chance to ask him about this? You said he's always listening to YouTube webinars about race and activism. Do you think he would ever want to share that experience with you? Or let you ask him questions about it?" Further, Geoff has already said how important his work is to his identity, so one could connect to those concerns relatively easily: "You've mentioned how hard you try, and how important it is that all of your constituents, regardless of race, feel comfortable bringing their concerns to you. I wonder if your Black and Brown constituents feel as comfortable talking to you as they do talking to your Black colleague? What do you think they would need from you to feel even more comfortable? I hear that you have set up these new initiatives to listen to their feedback, and I also wonder what you've done to research and learn about the points they're raising?" With these explorations, the client will hopefully start making connections about how his racial consciousness is directly affecting the relationships in his life.

Psychoeducation and New Experiences

Throughout the previous stages, there will likely be opportunities for Geoff to try out and learn new things. If the therapist has begun their own journey toward higher racial consciousness, then they will be better equipped to identify when a nudge toward new education or a new experience is best for the client. This can come via bibliotherapy, psychoeducation, or encouragement to engage in new experiences outside of traditionally white spaces. For example, one might guide the client to actively investigate their present knowledge about race and racism, instead of simply relying on what others have taught them: "Yes, we often talk about how important it is for

you to feel that you and your other liberal council members are on the ‘right side of history.’ You also mentioned Dr. Martin Luther King Jr. a few weeks ago as one of your heroes. I wonder if you’ve read his last book, *Where Do We Go from Here?* The first time I read it, I was surprised by how forcefully he critiqued white liberals and how destructive they can be during social movements, because I used to think that most of his activism was against hate and blatant racism. If you’d like, I would be happy to read some of it with you and we could talk about it together, I would love to hear your thoughts.” Finally, sincere intentions to engage in new experiences and relationships will be essential for Geoff to solidify his improved racial consciousness and put it into action in ways that benefit his community: “You mentioned that you’re looking for new projects to introduce yourself to different parts of the community. What would it be like to go to a few of the meetings that your son has in their new mutual aid group? Could you use your political power to be helpful and supportive to them? I wonder if that experience might shed light on some of the things the most marginalized people in your city need from you to feel seen.”

Final Thoughts

This vignette attempted to walk through an example client who is not blatantly or intentionally racist, because that type of client does not reflect the majority of people in our country. Geoff is quite common in many ways. He believes himself to be a good person who is not racist, yet he carries several dominant cultural ideologies (e.g., centrality of hard work, equality for all, aversion to being racist, etc.) that can operate in colorblind and harmful ways. Geoff wants to be seen as a progressive person who is on the right side of history, but he doesn’t feel particularly comfortable talking about race and the ways that his race might be important in his life. Further, he doesn’t appear to have done a great deal of his own work via research or personal experiences to increase his racial consciousness around important topics (e.g., race and policing). Through an intentional process of creating a trusting relationship, introducing the saliency of race in Geoff’s life, exploring his racial consciousness, and then connecting race to his stated clinical concerns, the therapist can facilitate a new level of racial consciousness and motivation for growth. Very little or none of this is possible if the white therapist has not done a great deal of their own work first so that defensiveness is low, and comfort and motivation are high.

Conclusion

Talking about race and racism with white clients in therapy is a difficult task, and one that is rarely given

appropriate consideration in training programs. Although there are risks and pitfalls to discussing race and racism, the consequences of not addressing these topics are too vast, not just for the people of color who are directly harmed by them, but for white clients who lose part of themselves without an ongoing self-critique of their contributions to racism. This task is just as essential and difficult for the white therapist who strives for higher racial consciousness and the ability to work with race and racism in therapy. Using a case example of a well-meaning white client without strikingly obvious racist tendencies, this article argued in favor of locating mental health problems within whiteness and racism and offered a five-step clinical model to work with these concerns in the therapy setting:

1. Therapist competency and racial consciousness. This first stage is essential for white therapists to make strides on their own journey toward higher racial consciousness. This includes difficult self-reflection and self-critique, as well as experiential learning and relationship building.
2. Listen, empathize, and validate. The second stage nurtures the therapeutic dyad and lays the foundation for more difficult racial conversations to happen later. Here, the therapist must focus on empathy and trust-building.
3. Explore racial consciousness. The third step is an opportunity to dive deeper into the client’s understanding of racial issues as well as their own awareness of their white race. In this stage, the therapist might not directly challenge the client’s worldviews, but does encourage them to reflect on them in new ways.
4. Connect to client concerns. In the fourth step, the therapist and client should work together to understand how race is salient in the client’s life. Since most white clients do not identify race as a defining feature in their life or for their mental health, finding these connections is important for long-term buy-in.
5. Psychoeducation and new experiences. The fifth and final step is a lifelong and ongoing phase of the pursuit of higher racial consciousness. This can occur in many ways, including bibliotherapy, psychotherapy, and new relationships and experiences that decenter whiteness.

This model should be taken as highly contextual, non-linear, and flexible to the presenting needs of the client and therapist identities. While we may not always be attuned to it, race and racism are salient in all parts of life, including therapy. Learning to critique and work with the racism within ourselves as white psychologists, as well as within our white clients, is an essential step for psychologists who seek to fulfill the ethical obligations of combatting racism.

References

- Ali, S., Flojo, J., Chronister, K., Hayashino, D., Smiling, Q., Torres, D., & McWhirter, E. (2005). When racism is reversed: Therapists of color speak about their experiences with racism from clients, supervisors, and supervisors. In M. Rastogi, & E. Wieling (Eds.), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 117–134). SAGE Publications, Inc.
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- Baldwin, J. (1972). *No name in the street*. Dial Press.
- Bartoli, E. & Pyati, A. (2009). Addressing clients' racism and racial prejudice in individual psychotherapy: Therapeutic considerations. *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 145–157. doi:<https://doi.org/10.1037/a0016023>
- Blair, I., Dasgupta, B., & Glaser, J. (2015). Implicit attitudes. In M. Mikulincer & P. R. Shaver (Eds.), *APA handbook of personality and social psychology: Vol. 1. Attitudes and social cognition* (pp. 665–691). Washington, DC: American Psychological Association.
- Bonilla-Silva, E. (2018). *Racism without racists: Color-blind racism and the persistence of racial inequality in the United States* (5th ed.). Rowman & Littlefield Publishers.
- Brown, L. S. (1991). Antiracism as an ethical imperative: An example from feminist therapy. *Ethics & Behavior*, 1(2), 113–127. doi:https://doi.org/10.1207/s15327019eb0102_4
- Cornelius-White, J., Motschnig-Pitrik, R., & Lux, M. (2014). *Interdisciplinary applications of the person-centered approach*. Springer New York.
- DiAngelo, R. (2012). *What does it mean to be white? Developing white racial literacy*. Peter Lang Publishing, Inc.
- Drustrup, D. (2019). White therapists addressing racism in psychotherapy: An ethical and clinical model for practice. *Ethics & Behavior*, 30(3), 181–196. <https://doi.org/10.1080/10508422.2019.1588732>
- Dunbar-Ortiz, R. (2014). *An indigenous peoples' history of the United States*. Beacon Press.
- Fanon, F. (1967). *Black skin, white masks*. Grove Press.
- Goff, P.A. (2018, January 24). The 'R' word [Radio series episode]. In *Code Switch*. NPR.
- Guindon, M., Green, A., & Hanna, F. (2003). Intolerance and psychopathology: Toward a general diagnosis for racism, sexism, and homophobia. *The American Journal of Orthopsychiatry*, 73(2), 167–176.
- Gushue, G., Constantine, M., & Roberts, M. C. (2007). Color-blind racial attitudes and white racial identity attitudes in psychology trainees. *Professional Psychology*, 38(3), 321–328. <https://doi.org/10.1037/0735-7028.38.3.321>
- Helms, J. E. (1993). I also said, "White racial identity influences White researchers." *The Counseling Psychologist*, 21(2), 240–243. <https://doi.org/10.1177/0011000093212007>
- Helms, J. E. (2020). *Race is a nice thing to have: A guide to being a white person or understanding the white persons in your life* (3rd Ed.). Cognella Inc.
- Jones, J. M., & Carter, R. T. (1996). Racism and white racial identity: Merging realities. In B. Bowser & R. Hunt (Eds.), *Impacts of racism on white Americans* (2nd ed., pp. 1–23). Sage.
- Kendi, I. X. (2016). *Stamped from the beginning: The definitive history of racist ideas in America*. Nation Books.
- Kendi, I. X. (2019). *How to be an antiracist*. One World.
- King, M. L. (1967). *Where do we go from here: Chaos or community?* Harper & Row Publishers, Inc.
- Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, 50(4), 466–481. <https://doi-org.proxy.lib.uiowa.edu/10.1037/0022-0167.50.4.466>
- Lee, L. (2005). Taking off the mask: breaking the silence—the art of naming racism in the therapy room. In M. Rastogi, & E. Wieling (Eds.), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 91–116). SAGE Publications, Inc.
- Maker, A. H. (2005). Post 9/11: Combating racism in the sanctity of healing—A clinical vignette utilizing a cultural process dialogue. In M. Rastogi & E. Wieling (Eds.), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 155–167). Sage.
- Matias, C. E. (2016). *Feeling white: Whiteness, emotionality, and education*. Sense Publishers.
- Meyer, O. L., & Zane, N. (2013). The influence of race and ethnicity in clients' experiences of mental health treatment. *Journal of Community Psychology*, 41(7), 884–901. <https://doi.org/10.1002/jcop.21580>
- Mills, C. W. (2007). White ignorance. In S. Sullivan & N. Tuana (Eds.), *Race and epistemologies of ignorance* (pp. 13–38). Albany, NY: SUNY Press.
- Pew Research Center. (2019). Race in America 2019. Release date: April 9, 2019. <https://www.pewresearch.org/social-trends/2019/04/09/race-in-america-2019/>
- Ryan, M. K., & Buirski, P. (2001). Prejudice as a function of self-organization. *Psychoanalytic Psychology*, 18(1), 21–36. <https://doi.org/10.1037/0736-9735.18.1.21>
- Shakur, A. (1987). *Assata: An autobiography*. Lawrence Hill Books.
- Smith, L. (2005). Psychotherapy, classism, and the poor: Conspicuous by their absence. *American Psychologist*, 60(7), 687–696. <https://doi.org/10.1037/0003-066X.60.7.687>
- Solórzano, D. G., & Yosso, T. J. (2016). Critical race methodology: Counter-storytelling as an analytical framework for educational research. In E. Taylor, D. Gillborn, and G. Ladson-Billings (Eds.), *Foundations of critical race theory in education* (2nd Ed., pp. 127–142). Routledge.
- Sommers, S., & Norton, M. (2006). Lay theories about white racists: What constitutes racism (and what doesn't). *Group Processes & Intergroup Relations*, 9(1), 117–138. <https://doi.org/10.1177/1368430206059881>
- Spade, D. (2020). *Mutual aid: Building solidarity during this crisis (and the next)*. Verso.
- Spalding, B., Grove, J., Rolfe, A. (2019). An exploration of Black, Asian and Minority Ethnic counsellors' experiences of working with White clients. *Counseling and Psychotherapy Research*, 19(1): 75– 82. <https://doi-org.proxy.lib.uiowa.edu/10.1002/capr.12194>
- Spanierman, L. B., & Heppner, M. J. (2004). Psychosocial costs of racism to Whites scale (PCRW): Construction and initial validation. *Journal of Counseling Psychology*, 51(2), 249–262. <https://doi-org.proxy.lib.uiowa.edu/10.1037/0022-0167.51.2.249>
- Spanierman, L. B., Poteat, V. P., Wang, Y.-F., & Oh, E. (2008). Psychosocial costs of racism to White counselors: Predicting various dimensions of multicultural counseling competence. *Journal of Counseling Psychology*, 55(1), 75–88. <https://doi-org.proxy.lib.uiowa.edu/10.1037/0022-0167.55.1.75>
- Spanierman, L. B., Todd, N. R., & Anderson, C. J. (2009). Psychosocial costs of racism to Whites: Understanding patterns among university students. *Journal of Counseling Psychology*, 56(2), 239–252. <https://doi.org/10.1037/a0015432>
- Stone, M. R., (2013). "Somebody better put their pants on and be talking about it": White therapists who identify as anti-racist addressing racism and racial identity with White clients. Theses, Dissertations, and Projects. 605. Retrieved from <https://scholarworks.smith.edu/theses/605>
- Sue, D. W. (2015). *Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race*. John Wiley & Sons Inc.
- Sue, D. W., Sue, D. (2016). *Counseling the culturally diverse: theory and practice*, 7th edition. John Wiley & Sons, Inc. Hoboken.

- Taylor, E., Gillborn, D., & Ladson-Billings, G. (2016). *Foundations of critical race theory in education*. Routledge.
- Thompson, C. (1997). Facilitating racial identity development in the professional context. In C. Thompson & R. Carter (Eds.), *Racial identity theory: Applications to individual, group, and organizational interventions* (pp. 33–48). Lawrence Erlbaum.
- Thompson, C., & Neville, H. (1999). Racism, mental health, and mental health practice. *The Counseling Psychologist*, 27(2), 155–223. <https://doi.org/10.1177/0011000099272001>
- Trawalter, C., & Richeson, J. (2008). Let's talk about race, baby! When Whites' and Blacks' interracial contact experiences diverge. *Journal of Experimental Social Psychology*, 44, 1214–1217.
- Warikoo N., Sinclair, S., Fei, J., & Jacoby-Senghor, D. (2016). Examining racial bias in education: A new approach. *Educational*

Researcher, 45(9), 508–514. <https://doi.org/10.3102/0013189X16683408>

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