

Our Role as Systemic Therapists in

DISMANTLING SYSTEMIC RACISM

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Are we partially responsible for the oppression of Black People?

Often, when we discuss systemic racism, we speak of the fundamental underpinnings of the U.S. that have been intentionally set up for the failure of Black people within the criminal justice system, education, employment, and the health system. More recently, society has sharply focused their uproar to address the blatant disregard of Black lives at the hands of police.

Seldom mentioned though, is the system that has been set up for the inimical discernment and destruction of the Black psyche. After all, it was the field of mental health that once claimed the desire to escape slavery was a mental illness. Ergo, before we can understand our role as systemic therapists in dismantling institutional racism, we first need to address the role of mental health professionals in the creation and perpetuation of the problem.

I acknowledge that a fair argument is that the field of family therapy is relatively new and thus, unlike psychologists and psychiatrists, we had no hand in the oppression of Black people or the fabrication of racial ideas. It is a natural instinct to want to distance ourselves from part of the problem. But, are we not all responsible in one way or the other? In the grand scheme of things, we are all mental health professionals and add to the racial disparities in the provision and access of mental health services.

Danielle Samuel, MS

If you have taken any cultural diversity course, you are probably well aware of current issues such as the barriers to mental health, school-to-prison pipeline, police brutality, and mass incarceration. And if you had a really good cultural diversity course, the historical trauma of slavery was probably mentioned once or twice. . . if you were lucky.

However, what these courses frequently fail to connect the dots on, or should I say, be honest about is who created these barriers; who gave the rationale to dehumanize a group of individuals based on an arbitrary concept of skin color? More pointedly, who provided the remedy for White cognitive dissonance and turned a blind eye to the desensitization needed to kidnap, enslave, rape, and kill Black people? We did, at least partially.

Hear me out: Did we add fuel to the fire of racism?

The great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do. (Baldwin, 1985, p. 131)

Historically, mental health professionals have colluded to sustain white supremacy. Namely, psychiatrists helped to build the narrative that Black people were less than human. Benjamin Rush, MD, whose accolades included "Father of American Psychiatry," professed that Black people were inherently synonymous with leprosy and the sole cure was becoming White. Moreover, a physician by the name of Samuel A. Cartwright went as far as to concoct a diagnosis, "drapetomania," characterized by "the uncontrollable urge to escape, disobedience, talking back, and refusing to work" (Medlock, Shtasel, Trinh, & Williams, 2019). And of course, this disorder was reserved only for enslaved Blacks. To add insult to injury, the treatment recommended was whipping.

Paradoxically, post-emancipation Black people were not free. Rates of insanity and mental illness among Black people were inflated on the U.S. census to paint the picture that Black people could not fare well with civilized life and must be institutionalized for their protection (Medlock et al., 2019). This, along with other theories of Black inferiority, acted as a chief ingredient for proslavery rhetoric and anti-Blackness such as Black Codes, Jim Crow laws and forced sterilization of Black women to eliminate perceived negative traits from society.

Fast forward to today, and Black people are arguably still perceived as innately inferior. Normal flight/fight/freeze responses to never-ending racial trauma is time and time again pathologized by clinicians. African Americans are at greater risk of being diagnosed with a psychotic disorder than their non-Black counterparts, placing them at a higher likelihood for involuntary hospitalization (Olbert, Nagendra, & Buck, 2018). Additional studies reveal Black patients are approximately three to four times more likely to be diagnosed with schizophrenia by clinicians compared to Euro-American or White patients, even when controlling for other demographic and clinical factors (Schwartz & Blankenship, 2014). It follows that many times the diagnosis is unwarranted. To add, Black children are two and half times more likely to be diagnosed with Conduct Disorder compared to ADHD, a diagnosis that is typically met with more punitive rather than ameliorative interventions (Fadus et. al., 2019).

It is this perceived defiance and danger of Black people that we have helped build and thereby contributed to Black adolescents being unjustly displaced from schools, early entrance into the juvenile system, disproportionate imprisonment, harsher sentences, and police brutality. To be blunt, Black people are being killed for jogging alone, wearing hoodies, laying on their couch, having a cellphone, asking for help and the list goes on. The mere act of a Black person breathing is a threat to White supremacy. So excuse me, if as a Black person, I am constantly in survival mode.

Systemic therapists as agents of change

If we accept and acquiesce in the face of discrimination, we accept the responsibility ourselves and allow those responsible to salve their conscience by believing that they have our acceptance and concurrence. We should, therefore, protest openly everything... that smacks of discrimination or slander. (Bethune, 2002, p. 26)

To justly address the issues poised here, we cannot be neutral. As MFTs, we have committed to acknowledging that human suffering is a reflection of the systems in which they endure and improving such systems. In doing so, we have uniquely positioned ourselves as the doyen of the mental health field to right the wrongs of our history. I caution MFTs not to use the recent international visibility of Black Lives Matter as an opportunity to have a one-off conversation with their Black clients on their mental health as it relates to racism. Black mental health mattered then, it matters now and will undoubtedly matter tomorrow. It then warrants the question, how do we make mental reparations for the psychological damage we have caused to the Black community?

First start with the man in the mirror. The Mother of Family Therapy, Virginia Satir, heartily advocated for the

exploration of self-of-the-therapist (Lum, 2002). Much of this advocacy centered on the need for therapists to do their own soul searching before searching other's souls; i.e., address your unresolved issues as a means to ensure therapeutic congruence with clients. Often, this work is limited to unfinished family of origin issues and does not encompass their own critical race consciousness. The issue then lies in therapists, particularly White therapists, who assert themselves to be color-blind, yet carry unconscious racial bias that unknowingly pathologizes Black people's normal responses to historical trauma and racism.

Next, understand that your cultural diversity course or cultural competence training does not suffice nor commensurate allyship. There needs to be a deepening of clinicians' understanding of those implicit biases aforementioned. I argue that Implicit Bias Training should be mandatory for therapists starting from their entrance into the field within their MFT program, then continuing as licensed therapists.

Imagine if we were to put forth the same amount of education and knowledge seeking in understanding systemic racism as we do for understanding family systems. For many clients, the two are not mutually exclusive. It is our ethical duty to continue learning and growing for the sake of our clients. We live in an era where tools to learn are readily accessible, and any failure to educate ourselves is decidedly negligent. But to make it easier, here are four places to start: *How To Be An Antiracist* by Ibram X. Kendi (2019); *Post Traumatic Slave Syndrome* by Dr. Joy DeGruy (2005); *White Fragility* by Robin DiAngelo (2018); and *Stamped From The Beginning* by Ibram X. Kendi (2016).

Having said that, the Black Community cannot be expected to put their mental health on pause for White therapists to educate and

enlighten themselves. At risk of sounding radical, there needs to be an urgent call for mental health reparations in the form of free individual, family and group therapy services. This is not an expense, this is restitution for the hand we played in the historical and continued racial trauma experienced by Black people on a day-to-day basis.

It would also be remiss of me as a Black therapist to not state the obvious: you cannot solely increase accessibility of services to the Black community without increasing accessibility into the field for Black therapists. Throughout my higher education experience, I have typically been able to count the number of Black individuals in my classrooms on one hand. Likewise, within my graduate MFT program, though being situated in a diverse setting, I was the only Black student in my cohort. This narrative of being the sole Black person extended through my clinical placement and ultimately my current job. There is something to be said for the displacement and alienation of Black therapists from each other that conspicuously works to strengthen systemic racism in mental healthcare. To put it plainly, how can Black therapists collectively voice their concerns and organize to fight this system if their voices are silenced through isolation? Furthermore, It is not enough to say you hire Black therapists, if these Black therapists are not at the table when fundamental changes to the system are being made.

Lastly, as history has taught us, MFTs wield the power to influence policy makers and laws. Consequently, we hold responsibility to extend our advocacy beyond federal and state legislature or policies that directly impact the MFT profession and towards policies and laws that have historically disadvantaged marginalized communities. Continued research is also needed on mental

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health disparities and the experience of Black therapists.

Ultimately, systemic therapists have an opportunity to be at the forefront of meaningful change in the way the field of mental health historically hasn't been. In summary, while systemic racism is about systems and not personal prejudices, we would be continuing the injustice if we were not to address both simultaneously. Black Lives Matter is a movement and not a moment; a marathon, not a sprint. It necessitates consistent and continued work on our part as systemic therapists to dismantle institutional racism. As a Black woman, I ask of you what we ask for our clients—move through the discomfort and not around it. That is the only way we can ensure long-lasting change. And the way to move through this discomfort and become allies and agents of change is to look within, educate yourselves and give back what is owed to the Black Community, a peace of mind.



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AAMFT NETWORKS

Margins to Center: Cultural Connections among C/MFTs

What We Do

The mission of Margins to Center: Cultural Connections among C/MFTs is to increase cultural competency in order to better serve diverse client populations while increasing cross-cultural collaboration between systemic therapists. This network aims to improve clinical services while advancing the profession by providing networking, training, and connection for C/MFTs of Color (African-Americans, Asian-Americans, Hispanics, Latino Americans, Native Americans, international members) and white allies.

By becoming a member of this network, you can benefit from:

- Online networking for support, discussion, and collaboration
- Quarterly trainings to inform continued and enhanced cultural competency
- Case consultations around mental health challenges for people of color and interests/concerns of network members
- Newsletter to stay informed about research, trainings, and resources focused on cultural competency

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