



'White supervisors need to ensure that they can hold space for the impact of racism'

Helen George talks to **Dr Isha McKenzie-Mavinga** about the role of supervision in fighting the institutionalised neglect of racism in therapy

Helen George: *You contributed to the recently published International Handbook of Black Community Mental Health.¹ Your chapter was titled 'Engaging with Racialised Process in Clinical Supervision: political or personal'. What inspired you to write specifically about supervision?*

Isha McKenzie-Mavinga: After working for many years in black mental health and lecturing on training courses, I realised that

the institutional structure of racism needed to be reformed. The support that was needed for client work when therapists wanted to think about the impact of racism wasn't there as it wasn't covered in the training. These were senior practitioners, just like me, but they hadn't looked at their white privilege, because I was in the minority.

While lecturing and completing my doctoral research, I would ask the students what they felt was missing for them. They were asking questions such as, how do we

talk about this? If it's not in the theoretical approaches that we're being taught, how do we actually talk about what's going on? There was a lot of fear around that. For example, I noticed in case management sessions that sometimes the white students wouldn't describe the ethnicity of the client. I would ask, 'Is that a black person you're talking about?' and they would say yes, and then sigh with relief because they thought they couldn't say it. They also feared saying the wrong thing and being accused of being racist. So I started to focus on the supervisory process, as this was something that needed to be addressed.

I was also noticing that the language of the problem was changing, but the problem wasn't being addressed. Terms such as multicultural and intercultural started to be written and spoken about. Then it became working with difference and diversity. More recently it's become anti-oppressive practice, microaggressions and unconscious bias. And there is this huge label, BAME. But is anyone talking about black people and people of colour, as they are all generic terms?

A few years ago, there was this assumption that the work on racism was done and obsolete. No one was continuing to really look at the impact of racism and discuss and support the work that was needed to create some kind of upheaval around the silence. Many of the white senior practitioners were not equipped, so it was down to us, the limited few, to do the work. That was what made me decide to focus on supervision.

I was also concerned about my own supervision and formed a supervision group. The group consisted of an Asian therapist and about three other African-heritage therapists. We used to meet as a co-operative of supervisors to supervise each other. Then we could focus on the black gaze.

Gradually, as some of the therapists' lives changed, they left the group. It then ended up being just two of us: me and Arike, who co-supervised each other up until he died after an accident in June this year. He is a great loss to me.

HG: *You ended the chapter with a question: 'Are you allowed to be upset about racism in your training, personal development or supervision?' What were you hoping to achieve in asking that question, particularly in relation to supervision?*

'Black people and all people of colour want to practise according to their cultural needs'

I Mc-M: I became particularly interested in the powerful feelings associated with exploring the impact of racism and this inspired me to enquire about the levels of support available in supervision. There needed to be some way of addressing the impact of racism and the cultural identity of therapists, so I started the supplementary transcultural supervision groups and invited therapists to attend on a monthly basis. The group gave permission to be angry about racism and the other intersectionalities of oppression. It then came to light that some of the therapists attending had white supervisors for their clinical work but didn't feel robust enough to bring issues of their cultural background, heritage and the clients' experiences of racism to their supervision sessions. That was the first challenge for them. They needed to find a way to talk to their white supervisor about what they were not taking to supervision. Because, as we know, if they're not talking about those issues with their supervisor, then they may not be dealing with it with their clients.

The group was also for anyone, not just for black therapists. The point was for therapists to find a voice; that they could rage, cry and feel the feelings of exhaustion and restriction of the way in which they had been practising without adequate supervision for those areas. It's mainly been black women who have attended but there have been groups where there's a white woman in the minority, and there was huge learning on both sides.

The main challenge for therapists was addressing the powerful feelings that racism evokes and being able to accept that these were normal feelings about an abnormal situation, and that we could work through it and become empowered. I came to name those powerful feelings as 'recognition trauma'.

It is a poignant question for therapists and supervisors, because not only is it a big, scary subject, there are also a lot of feelings in

relation to the impact of racism. If you're not in a safe supervision setting where you can just say, 'I feel really p****ed off about what happened to that person of colour on the street', then you're not able to show that you are a human being with feelings. Sometimes, it seems that supervisees are prevented from being humans with feelings in their supervision sessions.

HG: *I have been an admirer of your work since I was in training and read your books.^{2,3} For many years, you have been advocating for mainstream training courses to include the impact of racism in their curriculum. The murder of George Floyd and the subsequent Black Lives Matter protests have resurrected that call. How do you feel about this long-standing institutionalised neglect of the racialised process, especially now, in this current climate?*

I Mc-M: I'm just as angry as many other people about the denial of racism in institutions and with individuals that train as therapists and counsellors and say that they are working with our minds and bodies. I was always unhappy about the difficulties of integrating the experience of black mental health into training programmes.

Now, the elephant is in the room. It's not just in the room dead and being talked about; it's alive, and institutional attitudes towards black people are exposed to view. The parallel with training and practice can no longer remain hidden. Black people and all people of colour want to know that there is no more hiddenness about the impact of racism. They want to practise according to their cultural needs and not feel they have to assimilate to be accepted as therapists. They want support to work with black cultural issues and the context of racism. White therapists want to know more about the impact of their white privilege on training, supervision and therapeutic work. It's time to change.

The mental health of black people and all people of colour has been compromised and we can no longer treat racism as just a thing of the past. The outrage at the public murder of George Floyd and many others, both in the US and the UK, on the streets, in prisons and in the mental health system; Stephen Lawrence, the Windrush scandal, recognition of the impact of COVID-19 on black people and all people of colour, and the ►

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Black Lives Matter campaign have shown us that change is needed now.

It is time to move forward into a new discourse where denial, shame and the perpetuation of institutional racism are eliminated. I'm talking about institutions mainly, because I know there are many individuals who, because of the Black African and Asian Therapist Network (BAATN) in particular, are doing the work. I'm talking about the corridors of power where the work is too slow and now there's all this desperation about change.

HG: *What do you see is happening now among your black supervisees - emotionally, professionally and existentially?*

I Mc-M: Many of my black supervisees have felt shut down or voiceless within their practice institutions. I have been working with them to experience their power and make choices about speaking of their needs and seeing the importance of their experiences and cultural backgrounds. They are challenged by the confinement of some Eurocentric approaches to training and how therapy services should look. They are also challenged by the life process of Western assimilation, which can deny them the reality of their existence. Their coping skills are based on a lifetime of coping with the pain of racism. Therefore, they are in an excellent position to assist black clients and all clients of colour. But they have to face the cultural juxtaposition of appearing assimilated rather than being themselves and proudly using their identities in the therapeutic relationship.

HG: *Tell me about the transcultural supervision that you offer. How does this model support your black supervisees?*

I Mc-M: White supervisees also come to these groups, but they're usually in the minority

and they get an experience akin to being the only black trainee in the room. The groups explore anti-oppressive practice and the intersections of racism, shadism, internalised racism and finding a voice to create what I call the 'black empathic approach'. This approach goes a step further than generalised empathy and connection with common feelings. The therapist is encouraged to name racism and to work with the dynamics of this experience in the therapeutic and supervisory space. We process some of those very difficult and scary situations.

We also look at the diversity of black people. It's a space where cultural identity, skin colour and the intersectionalities of oppression and racism can be explored. There's a white supervisee in one of the groups at the moment, and one day she said, 'I'm going raise my children differently.' That for me is really great, as the rest of the group are black and she had to find her place. There was the fear and terror of everything she says or does being called racist and or getting it wrong. But she didn't go away; she decided that this was the right place for her to learn. Whereas in one of my early groups, there was a white woman who came and decided after the second meeting that she couldn't come back as she wasn't ready to be in the group. There was also a black woman who came once and didn't come again because there was a white woman in the group. It brings out everything and it is really important to be able to open up those fears and that dynamic, because whatever is going on in the group is parallel to what the clients bring as well.

HG: *What advice would you give to white supervisors who are supervising black therapists?*

I Mc-M: I would say they need to ensure that they've examined their white privilege and the power dynamics between them and their black supervisees. They need to face the impact of institutional and personal racism and get appropriate training to work with black supervisees on this matter. They also need to be aware of how internalised racism and Eurocentric perspectives can prevent black people from fully expressing themselves and learn what to do to support them in the process of opening up. That's the message I have for white supervisors.

HG: *Tell us about your life journey into counselling and psychotherapy and your experiences as a trainee therapist?*

I Mc-M: My father died when I was a baby so I didn't know about him and his heritage. That was one of the voids in my life, as the white staff in the children's home that I grew up in did not know how to speak to me about a black father and a white Jewish mother who were both absent. While studying for my first degree at the age of 30, I became curious about my identity as a black woman and traced my father's roots back to Trinidad, where I found a loving and connected family. I then became fully aware of what love means within cultural groupings. Trinidad became an essential place of evolvment in my identity as a black Jewish woman.

I worked part-time in the coffee bar of a youth club and listened to the stories of black boys. I also worked as a support worker in women's refuges with families impacted by domestic violence, listening to and supporting adults. I became inspired to learn more about what I was already doing, so I decided to train as a counsellor. The training provider I applied to refused me a place on their full-time course. I went away, looked at the information and decided that, if they wouldn't let me in the front door, I'd go in the back door. I then signed up for the part-time foundation course and they let me in on that one. After that, I transferred onto the full-time course. I was the only black student and I felt marginalised as my voice and experiences were not given any attention.

When I completed the training, I applied to be a graduate therapist working within the organisation, seeing clients. They refused and the reason they gave was that they didn't think I had enough support at home, as I was a single parent. They just assumed this, as they never asked me. I didn't feel good about them using that as the reason, but in those days, people in power could do anything. My therapist even smoked in the sessions.

I became even more determined and set up a series of short courses on racism in psychotherapy. I asked the organisation if I could come in and run the courses there, and they let me do that. So that was really where I first started putting my experience into training. I felt that, somehow, I needed to encourage other therapists to talk about their experiences of noticing that no one wanted to

'They fail to hear me / They want me silenced / They shrink away / They call my power violence'

address racism and that black people do exist. I remember, during the training, when they were allocating clients, they kept putting the black clients at the back of the referral book, in the section marked 'borderline cases', meaning 'verging on madness and may need psychiatric help'. And in clinical supervision, when a white therapist was bringing something about a black person, I would have to intervene and start talking about the ethnicity aspects. Everyone would then go silent.

I had to have white therapists. You couldn't choose your own as you had to pick from a list that the training school provided. I also had white supervisors as well. Not one of those people in my support network could get to grips with me wanting to be in the experience as a black woman, rather than just a Eurocentric therapist. Eventually, I joined the Association of Black Counsellors, which was part of the British Association of Counselling (BAC), the organisation that went on to become BACP. They were a small group of black therapists who felt that they weren't getting enough support from BAC so created the ABC. I found it very supportive and eventually became part of their executive group.

I was later offered two lecturing jobs in counselling and psychotherapy - one as senior lecturer at London Metropolitan University and the other at Goldsmiths University, London. That was how my doctoral study on the process of understanding black issues in counsellor training and practice evolved. I was learning so much about the silence and institutional denial of racism that I needed to observe it and do something with it. I was also experiencing racism myself as a lecturer and wrote this poem as a reflection of my experience:

*They talk over my head
They lean across my desk
They stand beside me
They ask someone else*

*They ignore my request
They take it off the agenda
They try to convince me
They say it's my problem*

*They misinterpret my words
They don't want my opinion
They wear their guilt
They can't see I'm broken
They fail to hear me
They want me silenced
They shrink away
They call my power violence*

*They invite challenge then leave me on the front line
They include me when they want a token
They come for my soul they have already taken
They want me the same
They make me different*

*They want to be conscious
They want to do it right
They want me visible
They want me out of sight*

HG: *What inspires you to keep writing, advocating and speaking up about black issues and the racialised process?*

I Mc-M: It's the need for change. It's thinking about black people and all people of colour wrongfully incarcerated in the penal system and misdiagnosed in the mental health system. It's also thinking of those who are reading my books and using the concepts to carry on this work of liberating our minds. They inspire me to continue, as they are finding their voices, just like I did, and they are respecting the need for progress, clarity and courage to change. They're advocating the need for decolonisation and freeing our minds from the trauma of slavery and systemised racism.

My family inspire me, as do my clients, my supervisees and BAATN, the new generations of therapists and their enthusiasm for change, and the Black Lives Matter movement and their passion to really motivate and move forward with black self-love. Knowing that there's a huge village of us black therapists now, and all therapists of colour. We are so deeply connected to this endeavour for change and that truly inspires me. Last, knowing that I am not alone and this is part of a huge movement for change. I am very happy to be a part of it. ■

**About
Dr Isha
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Isha is an author, psychotherapist, reiki practitioner, trainer and supervisor. She has more than 30 years of teaching experience and lectures on transcultural counselling. She has published several papers from her doctoral study on the process of understanding black issues in counsellor training and practice and has contributed to several journals and anthologies.

Her books, *Black Issues in The Therapeutic Process* and *The Challenge of Racism in Therapeutic Practice* are both published by Palgrave Macmillan. Workshops on the theme of black issues, racism and concepts from her books usually take place from May to September in the UK. She is semi-retired and lives both in Tobago and the UK.

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**About the
interviewer**



Helen George BACP (Accred) is a psychotherapist working in private practice and founder of BME Voices Talk Mental Health, a platform for black, Asian and minority ethnic mental health therapists to share good practice and research and also provide CPD for everyone working in mental health (bmevoices.co.uk).

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