

REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING



“veil” charcoal on paper 17x15 Elizabeth Limanov 2024

Artist’s Statement: This charcoal piece was created with the concept of double consciousness in mind: the idea of having two psyches come together to form a single eye, peering out from under a veil shaped by the inherently prejudiced and conditioning gaze of institutions, society, and the world at large. When a split psyche comes into play, a third one is born to rationalize the conflict—one akin to a mask. This third identity, serving to integrate the two, has the capacity to grow in awareness to better navigate and look back at its judgmental audience with a critical lucidity.

Practicing While Black

GUEST EDITORS: Patricia Antoinette Gray, Shakira A. Kennedy, and Nadjete Natchaba

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Reflections from the Guest Editors: Practicing While Black

Patricia Antoinette Gray, Shakira A. Kennedy, and Nadjete Natchaba

Abstract: This final Special Issue of the trilogy in *Reflections: Narratives of Professional Helping* on racial justice and anti-racism demonstrates that “practicing while Black” remains a critical issue today. In this Editorial Letter, we reflect on the harsh realities of microaggression, invisibility, racial diminishment, or exclusion in one’s daily existence, regardless of educational or employability status.

Keywords: Black narratives, microaggression, invisibility, racial diminishment

Introduction

The twin experiences of being Black and “practicing while Black” in America are exhausting but not new. Black people have to plan, respond, support, and provide for their community despite experiencing racism, marginalization, ostracism, and the effects of classism while practicing, working, driving, and living. Black people, professionals, and scholars have to arm themselves to bear witness to their struggles in the face of extreme hardship and catastrophe while being racialized in their backyard. These people do not have the luxury of expanding their bandwidth to counsel, share, educate, respond appropriately, and hold support spaces for other Black people.

The dual burden of being Black and “practicing while Black” in America is both exhausting and familiar. Despite enduring racism, marginalization, ostracism, and classism in all aspects of life, Black people continue to support and provide for their communities. Professionals and scholars in particular must navigate these struggles while also being racialized in their own spaces. They cannot often extend their energy to counsel, educate, and hold support spaces for others.

Patricia Antoinette Gray

As I grappled with my thoughts of being a Black professional and where I landed in “Practicing While Black,” I struggled as I thought about my authenticity in the academic space with colleagues, students, service users, and community stakeholders. My struggle did not stem from not knowing my work or worth but from those seeing my strength as a threat. My ability to accomplish complex tasks, expand programs, and collaborate with community stakeholders was unwelcome, leaving me pondering, “What happened?” I was labeled “angry,” taken out of departmental meetings, and brought to upper management under false allegations regarding my work. Often, I resorted to my ancestors’ colloquy, “*You see mi dine trial*,” just to give me patience not to answer or respond in a manner that would bring shame to my mother if she was alive. I resorted to singing and humming Delroy Wilson’s (1971) lyrics “better must come one day” (line 7) because no matter how hard I tried to become part of the system, the sense of belonging, trust, and respect was elusive. Waiting was the dilemma as I witnessed and observed how Black professionals must navigate various work, home, and community environments.

The articles published in this Special Issue demonstrate that microaggression, systemic racism, and racial diminishment remain rampant within all spaces. Allison (2008) shared that many Black professors on White campuses do not feel free to “be themselves” (p. 641) among students and colleagues. Our authors laid out testimonies to these phenomena on college campuses today. I concur, as I experienced the same feelings when working in these institutions. How colleagues respond to my intersecting identities of being a Black woman of a certain age who uses my patois intermittently in conversations, especially when I get excited or keep my “poker face,” remains par for the course. However, despite all the concerns faced while practicing while Black, the themes of resilience, strong work ethic, and having a solid community of friends and mentors remain critical for Black professionals. My race and gender undoubtedly affect how people see me. While I cannot change how people may see me, I continue to be determined.

Shakira A. Kennedy

Serving the dual role of author and Guest Editor has stretched me professionally. As a Guest Editor, I had the opportunity to shape an author’s work and provide detailed feedback while offering encouragement to hold fast to their experience—the pain and triumph of practicing. At the same time, Black is not lost on me. As a Black female manager navigating antagonistic spaces, these stories echo my experiences. The written expressions within this Special Issue provide a cathartic release for the author once their truth is written. These personal truths provide solace and space for those who may not have the words to name their circumstance. Thus, my role as a Guest Editor has been a badge of honor.

As a co-author, sharing my experiences as a senior manager within human services has allowed me to honor my growth as a Black female senior manager. Recognizing my fortitude in the face of adversity teaches me that my power comes from the struggle. My strength comes from the senior managers and executives in the trenches before me, the strong women within my family, and my ancestors, whose shoulders I stand upon.

The power of my struggle further comes from the contradictions of living in the United States of America while Black. This inconsistency can be seen as Black, Indigenous, and People of Color (BIPOC) aspire for the “American Dream” of home ownership only to discover their homes have been devalued due to their Blackness—and similar to Maya Angelou (1978), still, we rise. The complexity of the struggle can provide clarity through reflective practice as we navigate anti-Black spaces and hold onto our conviction for a more equitable world. This could not happen without our willingness to talk, write, and have uncomfortable conversations about race and the impact of racism. As social workers, we understand that systems of oppression cannot be fought in isolation. Therefore, we decolonize these oppressive systems when simultaneously writing, speaking, and conversing.

Nadjete Natchaba

As an African-descendent woman living in America, I have committed myself to honoring the social debt owed by Black bodies, especially those of us with doctorate degrees. This commitment became even more pronounced after introducing the concept in my Afrocentricity course. When the opportunity to serve as a Guest Editor arose, I immediately recognized it as a meaningful way to fulfill my responsibility to my community. Being in a community with fellow Black authors, each on their journey toward healing and Liberation through writing nourished my soul. For far too long, individuals unfamiliar with the Black experience have written about us in ways that have either dismissed or distorted our realities, perpetuating the erasure of our brilliance. As Guest Editor, my role was to offer feedback that helped authors amplify their voices as Black professionals in racialized spaces and to reach other Black folk who may be silently enduring similar struggles.

As a Black woman who holds roles as a professor, therapist, and C-suite executive, each article deeply validated my experiences, revealing our shared struggles, resilience, and aspirations. The pieces offered practical strategies for managing the psychological trauma that often accompanies living in a society built on white supremacy while also instilling a sense of hope. However, I cannot ignore the anger and frustration I felt in seeing how painful our everyday experiences are, affirming that the fight for survival is inevitable for Black people in these systems. Still, through it all, the writings reflect our collective determination to persist, resist, disrupt, interrogate, survive, and ultimately thrive, even within systems designed to oppress us.

Reflections Of Practicing While Black

This Special Issue of “Practicing While Black” discusses the shared personal experiences of institutional and systemic racism within all occupied spaces and through the COVID-19 pandemic. The everyday experiences with the daunting reality of racial oppression are undeniable, regardless of social class (Aymer, 2012) and are also reflected through painful academic encounters. The benefit comes from the positive experiences for the students, who see people who look like them and nurture their souls. Educational institutions recognize the importance of minority faculty presence on campus for increasing the number of ethnic minority students (Bower, 2002). Both the academic institution and students benefit positively from this transaction. However, historically, these institutions have not been capable of holding space for Black academics for their growth and development. I am who I am because of who we are, which is the spirit of *Ubuntu*, and speaks to the collective experience and impact as we work towards a more liberated practice (see also Hicks, 2016).

Conclusion

Readers should approach these expressions of bravery by asking themselves, “How can I be the change?” This reflective question encourages us to take responsibility for changing the world, one action at a time. Narrative therapy has proven effective in addressing racialized trauma (Garo & Lawson, 2019), emphasizing that healing begins with the acknowledgment of both past and present trauma. The authors of this issue have progressed from acknowledgment to healing

by sharing their lived traumatic experiences. As Guest Editors for this “Practicing While Black” issue, we aim to amplify these professionals’ voices while creating an urgent space for support, humanity, and love.

Highlights of this Issue

The authors in this Special Issue of “Practicing While Black” summoned their courage to discuss feelings, thoughts, experiences, actions, and shared humanity as they, too, witnessed and observed racism within academic institutions, communities, and environments while practicing. We accept that reflecting and sharing encounters that leave us perplexed, disappointed, hurt, and angry is difficult. However, the eight articles submitted in this particular Special Issue time and again share their stories, memories, and feelings and suggest recommendations to practitioners who continue to practice while being Black in a world where inequities, injustices, and unfairness live.

In the first six articles, the authors passionately remind us that regardless of gender, we bear witness firsthand to the injustices of our community; we are often called upon to be the voices of our communities, to represent and define Blackness, to educate our peers about racist tropes; we live viscerally through the pain, anger, frustration of witnessing and observing police brutality in kneeling on the neck and killing a black man in broad daylight—whether in the sea of white faces or the only one in an institution.

Young and Washington walk us through how our health as practitioners is compromised when dealing with the challenges of racial injustices against Black people. Payne echoes the feelings of paralysis with frustration, anger, grief, and outrage at what occurred to George Floyd. Ingram asks, “Do you see me?” as she recounted her lived experience in an academic institution where she was the only black clinician. Being Black female social workers during a time of crisis can be incredibly triggering, particularly when the crisis is race-related: In Chapple, Morris, Ladonice, Honeycutt, and Blakey’s work, the authors use their lenses as Black women and a white ally reflecting on countertransference in cross-racial and intra-racial therapeutic dynamics as they navigated multiple pandemics, including racial turmoil, COVID-19, global lockdowns, economic uncertainty, political divisiveness, and the aftermath of former president Trump’s election refusal, marked by the Capitol insurrection.

Simultaneously, the next two articles of these six focused on having a seat at the table, being the first, and finding support through other appointments. Battle discusses the issues encountered in accepting the duties and responsibilities as administrative head, department leader, and chair of an academic department in postsecondary education. Likewise, Roberts shares a deeply personal immigrant experience over two decades of service in a predominantly white institution, facing, coping, and dealing with racism. Both authors describe spaces where they thought they could thrive, grow, and support change beneficial to their institutions—but faced insurmountable challenges.

Lastly, the two final articles depict delegitimizing Blackness as an attempt to remove one's power or authority. The other articles support the need to continue to hone and develop skills to work effectively in the Black community. Tucker, Graham, and Kennedy reflect on the importance of the power of oneself to own their story, the power of children and families to understand their needs, and the power of managing and confidently stepping into their own Blackness while Gray, Natchaba, and Cole share their lived experiences about the importance of a lifelong commitment to learning and the importance of hope for the next generation.

Thank you to all the authors for your articles and for making this Special Issue a reality.

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About the Authors: Patricia Antoinette Gray, EdD, LCSW (she/her) is Doctoral Lecturer, Silberman School of Social Work, City University of New York, New York City, NY (212-396-7610, pg202@hunter.cuny.edu); Shakira A. Kennedy, PhD, LMSW (she/her) is Executive Director, National Association of Social Workers – New York City and New York State Chapters, New York City, NY (315-543-8978, skennedy.naswnys@socialworkers.org, <https://www.linkedin.com/in/shakira-a-k-4bb4a421>); Nadjete Natchaba, EdD, LCSW (she/her) is Chief Program Officer of Behavioral Health Services, Homeless Services, and Veteran Services, Services for the UnderServed (S:US), New York, NY (natchaba@gmail.com).

With Gratitude...

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Priscilla Gibson, Shakira A. Kennedy, Mary La Boeuf, Nadjete Natchaba

We appreciate your commitment to *Reflections* and its authors!!

“White” or Wrong: Reflections on the Impact of Unyielding Whiteness on the Overall Well-Being of Black Practitioners

Shelton Young and Tyreasa Washington

Abstract: Practicing while Black is similar to driving while Black; what should be routine becomes a minefield and every day is filled with uncertainties. For Black practitioners, navigating unyielding Whiteness in the professional environment is not only costly but also often continuously compromises Black practitioners’ well-being. This paper reflects Young’s experiences as a Black male licensed clinical social worker and the challenges encountered in navigating a practice environment led by White female clinicians during the convergence of the COVID-19 pandemic and the emergence of the Black Lives Matter movement, demanding an end to ongoing police brutality and racial injustice against Black people. We provide recommendations for both Black practitioners and organizations committed to providing working environments that affirm and ensure racial justice.

Keywords: race, gaslighting, racial battle fatigue

This paper focuses on the experiences of a Black man in the United States who is a licensed clinical social worker and the challenges of practicing while Black. When a Black person chooses to become a full-time therapist, their choice entails certain consequences. Arguably, the most important consequence is that the Black practitioner will face practicing in a field with an extreme racial imbalance because White mental health clinicians vastly outnumber their Black counterparts. Although racial imbalance exists across all professional fields, the lack of racial diversity in the social work field poses a particular challenge for Black male practitioners given the overwhelming majority of masters-level social workers are White (72.6 percent) and/or female (85 percent; Salsberg et al., 2017). Many social work agencies have begun to recognize that in order to adequately meet the needs of their clients of color, mental health agencies need to have clinicians of color on staff. However, too many mental health agencies make the mistake of hiring clinicians whose racial/ethnic identities are similar to those of their clients of color but without taking the key step of adequately assessing the agency’s readiness to welcome, support, and sustain clinicians of color, especially Black clinicians. In many instances, the saliency and centrality of Black practitioners’ racial identity are often disregarded by their White colleagues.

A Black person’s identity as a practitioner does not exempt them from the inevitable and detrimental impact of racism experienced on the individual, institutional, and systematic levels. Indeed, a Black practitioner’s repeated experience of microaggressions requires the practitioner to use all their tools for anger management and all their skill in resolving the negative emotions that result from these oppressive situations. However, the ongoing burden and difficulty in resolving the impact of microaggressions can lead to race-related stress, chronic feelings of indignation, or depression as well as poor coping through substance abuse (Franklin, 2004). The combination of the ongoing nature of microaggressions and/or direct racist assaults and the burden of resolving their impact is particularly important at the intersection of being Black while practicing as a mental health professional. For example, consider the stamina needed to simultaneously fulfill the role of a therapist while performing the mental gymnastics that come

with being Black, especially in a practice setting of unyielding Whiteness.

Even though being a Black mental health professional is arduous, having Black therapists in community-based mental health settings is vitally important to these organizations’ ability to adequately address the mental health needs of Black clients, especially when clients’ mental health is affected by race-related factors. Research on quality of care has shown that when providers overlooked the impact of racism on mental health, their clients of color frequently reported experiencing a subpar quality of care (Jones, 2003). This finding supports the need for Black clients to be matched with Black therapists when it is a good therapeutic match given that few evidence-based interventions are available that specifically address race-related issues such as being racially minoritized¹. Moreover, these evidence-based interventions include few strategies for coping with racism; Black therapists typically face assisting Black clients with navigating racial trauma but do so with few resources other than a shared identity of being Black. Despite the dearth of culturally relevant interventions, available research underscores the importance of providing culturally relevant services because such services can affect the ways in which racial/ethnic minorities respond to treatment (Meyer & Zane, 2013).

A Black Therapist’s Practice Experience in a Mental Health Setting: A First-Person Reflection

After accepting a position as a therapist in a university counseling center, I was not surprised to learn the center’s director, assistant director, and several other staff were White women. As an associate-level clinical social worker, I knew I would have mandatory clinical supervision and, given the racial makeup of the field generally and my agency specifically, I knew my chances of being supervised by a White woman were colossal. Indeed, the director assigned a White woman to be my clinical supervisor.

Although some might argue the selection of a clinical supervisor should be a colorblind decision, the presumption that race is not an intrinsic, key element of a person’s identity actually perpetuates racism. For example, the Surgeon General’s report on the ways culture, race, and ethnicity affect mental health noted racial/ethnic minorities consistently identified a primary barrier to receiving good quality care was the clinicians’ lack of awareness regarding cultural issues and bias (U.S. Department of Health and Human Services, 2001). This same lack of racial/ethnic sensitivity can be extrapolated to the experience of Black clinicians who are negatively affected by the biases and lack of cultural competence of their White colleagues. In my case, the director’s selection of a White clinical supervisor marked the start of the familiar feeling of having decisions made on my behalf without considering my race and gender.

I was one of two male clinicians and the only Black male clinician on staff. I quickly discovered the long-term effect of skewed research on clinicians’ practice. Several authors have established that researchers in the fields of health and science have often overlooked Black men (e.g.,

¹ Please note, we use the term “minoritized” rather than “minority” to highlight the social oppression and power imbalance exerted by dominant groups (i.e., numerically larger) that minoritizes individuals. Many people prefer “minoritized” because the label “minority” can suggest they are somehow lesser or subordinate to the larger, dominant group.

Hankerson et al., 2015). Given the lack of research attention focused on Black males, White clinicians are often not only ill-prepared to work with Black clients who identify as male but also ill-prepared to work with colleagues who are Black males. This realization led me to develop anxiety about the quality of the supervision that I would receive, especially given my desire to focus on treating mental health issues among Black male students. I was particularly anxious about my supervision because the existing literature has shown that weak and ineffectual supervisory relationships can negatively impact the supervisee’s clinical competence, and thereby, negatively impact clients (Jang et al., 2019).

Race: The Elephant in the Room

Despite my concerns about receiving culturally competent supervision, I quickly discovered the topic of race was not openly discussed in the center. Because of the center’s implicit policy of avoiding racial topics, I became uncomfortable navigating race-related issues during supervision. Clinical research has reported when racial/ethnic minoritized supervisees do not feel comfortable discussing their race-related concerns with their supervisor or when the supervisory relationship excludes racial/ethnic issues, then White clinical supervisors are more likely to commit microaggressions (Constantine & Sue, 2007). For example, during one supervision session in which I was attempting to explain the constructs of colorism and hair texture bias that exist within the Black community, my supervisor asked, “Do you have ‘good’ hair?” After several experiences that shone a light on these “not-so-micro” aggressions, I noticed my colleagues exhibited a pattern of focusing on their intentions while neglecting the cumulative harmful impact of their words and actions on their Black colleagues.

Although it was neither easy nor comfortable to call out my colleagues on issues regarding race, I knew remaining silent would be a disservice to myself, my colleagues, and our clients. When I reported my experiences of microaggressions and other race-related issues to the center director, her response was to ask me to “assume best intentions” when interacting with other staff members. Because of the director’s response, I started to lose trust in the “thing” in my gut that lets me know when I am being mistreated. During staff meetings, I would often speak up about racial issues; however, after several instances of clinicians excusing their microaggressions by focusing on their intentions instead of their impact, I questioned if I was being too harsh or overly critical of my colleagues. Listening to my gut started to feel risky and unsafe, especially given the lack of hard evidence to support my claims of racial insensitivity among my colleagues. In addition to lack of hard evidence, the “optics” of the situation might suggest my colleagues were doing their best to be racially sensitive. Colleagues frequently pulled me into meetings as a representative of the Black community; what they saw as “calling in” to learn more and understand the Black experience felt to me like an interrogation I had to endure. At this phase in my career, I could not have been more aware of the consequences and impact of practicing while Black.

Gaslighting

Practicing in a professional environment ill-prepared to support a Black male therapist and surrounded by White clinicians, who might have been well intentioned but unconcerned with

how their behavior affected me, had a significant negative impact on my professional confidence. Equally important, the extent of the negative impact was amplified by gaslighting. A person involved in gaslighting seeks to manipulate another person into thinking their perceptions of reality are mistaken, and thereby, accept the manipulator’s claims of reality (Fuchsman, 2019). The gaslighting I encountered was so frequent that I questioned if enduring gaslighting was one of the “other duties assigned” in my position description. Gaslighting is an experience that the victim cannot easily articulate or pinpoint for others, especially when the gaslighting happens outside of intimate relationships and when race is involved. Whenever I summoned the strength to address microaggressions or gaps in my White colleagues’ understanding of Black experiences, I was often met with an automatic defense of the colleague attempting to convince me the “real” problem lay in *my* perception of the situation; that is, I should have experienced their actions differently. Not surprisingly, having conversations about race with White colleagues often led to my feeling bruised, very sensitive, and as if my ability to regulate complex emotions had vanished. I began questioning and doubting the legitimacy of any experience regarding race. I even questioned if I had become committed to misunderstanding my White colleagues.

After several instances of problematic interactions related to race, I began to feel that self-advocacy was futile whereas keeping quiet started to feel sustainable. This U-turn in my own thinking prompted me to wonder about the relationship between experiencing racism and maladaptive coping. Some researchers have suggested that some Black individuals develop adaptive strategies to decrease the likelihood of experiencing discrimination—then, when faced with discrimination, these individuals process discrimination as mental stress rather than depression, with this adaptive strategy serving as a protective factor against developing a chronic mental health disorder (Bowser, 1981).

Consequences of Racism for Black Practitioners

After several reports of microaggressions and difficulty facilitating conversations regarding race, the counseling center director acknowledged the possibility of a misalignment in the center’s values and culture that needed to change to create a more culturally inclusive and supportive work environment for all staff. To that end, the director formed a task force to meet weekly and discuss ways of improving the center’s values to align with the ideals of a racially just and inclusive work environment. The group consisted of Black and White clinicians, including the center director and assistant director. However, after several weeks of meetings that focused on analyzing the center’s values and culture, the director announced the review had been shelved and no more meetings would be held because a few of the White clinicians on staff had expressed discomfort with the process. For me, the director’s decision to halt all efforts toward holding the center and staff accountable for racist attitudes and behaviors sparked the initiation of my “racial battle fatigue.”

The term *racial battle fatigue* was coined by William Smith (2004) to describe the mental, emotional, and physical strain people of color are likely to experience while living in and navigating historically White spaces. In turn, living with this chronic strain and ongoing stressors often leads to Black people experiencing one or more psychophysiological symptoms

that can range from anxiety, to frustration, to fear/resentment, to anger/depression, to headaches, to a pounding heart rate, to high blood pressure, and to sleep disturbances (Smith, 2004). Even though I was a young man who tried to live an active and healthy life, I experienced physical symptoms of racial battle fatigue. After months of navigating the center’s racially toxic environment, I was not surprised when my primary care provider voiced her concern about my elevated blood pressure, even recommending that I quit my job because “no one under 30 should have blood pressure this high!”

Hypertension was not the only symptom of racial battle fatigue that I or my Black colleagues experienced. In advocating for health awareness in the Black community, each of us had engaged in countless conversations with colleagues, friends, and family members regarding the various ways racial trauma affects the physical health of Blacks. For example, research has suggested that even the *anticipation* of experiencing discrimination or prejudice can trigger psychological and cardiovascular stress responses (Sawyer et al., 2012). Additionally, research has well established that stress is linked to increased likelihood of cardiovascular problems such as diabetes, hypertension, and stroke (American Psychological Association, 2012; Steptoe & Kivimäki, 2012; Torres & Nowson, 2007). Without any sign that the center’s environment might improve, continuing to work in a racially insensitive environment progressively took its toll and made my racial battle fatigue worse. Arguably, the worst point occurred during the aftermath of the murder of George Floyd, when another Black therapist and I were expected to counsel and support Black students without the director or our colleagues considering the possibility that we were also experiencing racial battle fatigue. Moreover, the racial insensitivity permeating the center’s culture kept the director and other clinicians from recognizing that Black clinicians, like me, not only experience ongoing racial stress but also feel the burden of the cumulative racial stress across the history of America. For Black clinicians, the murder of Black lives at the hands of White police officers are not isolated instances of racial injustice, but events that echo lynching of Blacks in the 1800s, 1900s, 1930s, 1955, and today.

Another challenge Black practitioners face when working in a society that includes structural, institutional, and systemic racism is their own baggage in the form of the belief that Blacks must work at least twice as hard as their White counterparts. This belief exists within the larger Black community and comes with a plethora of negative consequences. This phenomenon is often apparent in what social epidemiologist Sherman James called *John Henryism*, taking the name from an American folklore hero who was a Black man famed for being able to work longer, harder, and more efficiently than a machine (James et al., 1983). James coined the term as a “synonym for prolonged, high-effort coping with difficult psychological stressors” (Wigger, 2011, para. 3). The health effects of John Henryism result from expending high levels of effort over prolonged periods to cope with persistent external stressors (e.g., racial discrimination), which leads to accumulating high physiological costs (Wigger, 2011). James and colleagues (1983) described these high-effort coping strategies as sustained, unyielding efforts to cope with racial barriers. Given the amount of physical and mental energy people of color must devote to overcoming racial barriers while adjusting to psychosocial stressors, high-effort coping strategies can be particularly detrimental to their physical and emotional health. For example, research has shown hypertension is one of the physical health consequences of John Henryism (James et al., 1983), with some suggesting the causal agent of Blacks’ heightened susceptibility

to hypertension is the unrelieved psychosocial stress generated by the environments in which Blacks live and work (Wigger, 2011).

Being a Black practitioner in an environment that did not foster holistic wellness would exact a high personal cost at any time, but the cost was especially high in 2020 with the convergence of the global pandemic, the uprising of the Black Lives Matter movement, and the sociopolitical chaos that disproportionately affected Black people. Given the costs in this context, I reluctantly made the decision to resign.

Recommendations for Organizations

If social work agencies are to provide high-quality, culturally competent mental health care for clients of color, then these agencies need to employ clinicians of color. However, in a field in which the professional workforce is predominantly White, how can agencies best support and retain clinicians of color?

An urgent need exists for agencies and institutions to adopt trauma-informed practices (Esaki et al., 2022) to better serve not only their traumatized clients but also their Black employees who navigate race-based trauma every day. Moreover, there needs to be greater accountability from the highest level of leadership and diversity, equity, and inclusion officers to ensure organizations are engaging in rigorous, ongoing self-evaluation as well as periodic outside evaluations to assess the organizational values and their alignment (or lack thereof) with socially just, inclusive, and anti-oppressive practices. In the absence of this level of accountability, anti-racism work will only lead back to *White centering*. White centering is a multi-faceted form of White privilege in which White persons maintain a central focus on *their* experience and intentions in interactions with persons of color (Cadet, 2020). For example, when a Black person tells a White person that an action or behavior was harmful to them as a person of color, the White person becomes defensive, often claiming the other person is overreacting or attempting to dismiss the harm done by claiming good intentions (Cadet, 2020). Rather than the White person listening and learning from what the Black person is saying about the impact of their behavior, White centering keeps the focus on the White person’s feelings and their comfort in the situation rather than advancing support and advocacy for Black lives (Cadet, 2020).

Last, all organizations should consider their capacity to support, engage, and retain racial minorities and address organizational values or culture that pose potential threats to Black practitioners’ well-being. Moreover, it is critically important to emphasize increasing the racial and cultural competence of non-Black clinicians within mental health is not and must not become the responsibility of Black clinicians. However, listening to Black practitioners’ experiences is vital in drafting action plans to create culturally sensitive and psychologically safe working environments. We do not wish to be “White,” and how Black practitioners show up is not wrong. As Black practitioners, our professional success and personal well-being should not be contingent on our ability to coddle Whiteness.

Recommendations for Black Practitioners

The authors of this paper present the following recommendations and reminders for Black practitioners who are working in spaces that are not racially just. We understand that some folks are not able to walk away from their current practice setting and some might have no desire to leave their current practice. However, developing self-care rituals to preserve physical and mental health is vital for navigating the complexities of practicing while Black.

First, for every Black practitioner working in an environment that perpetuates racial injustice, it is vitally important they understand they are not alone. Others have navigated the trenches of Whiteness and likely have practical measures to recommend that will enable practitioners to feel protected and able to maintain their self-esteem even when faced with discriminatory workplace encounters.

Second, one of the greatest strengths and traditions in the Black community is the family (e.g., Belgrave et al., 2021; Franklin, 2007; Hill, 1999). Thus, it may be helpful for Black practitioners to seek support from family members around issues experienced at work, as well as seek out support and advisement from trusted mentors. However, it is also vital that Black practitioners go beyond their family and mentors to increase and strengthen their social support systems. For example, this intentional action might include attending a support group for Black practitioners. If such a group does not exist, then practitioners should consider the cost-benefit to themselves of creating a support group to foster community and safety among their Black colleagues. Black practitioners in rural areas with few, if any, other Black clinicians, could consider forming a support group for Black professionals or finding a similar support group in a nearby metropolitan area.

Third, even though the work environment might not feel like a safe space, we encourage Black practitioners to enforce their personal boundaries as one means of creating a personal safe space. Today’s Black clinicians are practicing in an era in which several organizations and institutions are seeking to make work environments safe for Black practitioners; however, the processes that challenge biases and shake the status quo to engender myriad changes can be difficult for Black people to navigate when White people become defensive. In such instances, we recommend that Black practitioners exercise their freedom to walk away and to create a safe space for themselves. For example, if a Black practitioner becomes aware of their colleagues’ gaslighting or holding Black practitioners responsible for educating White colleagues on race-related issues, creating a safe space might be simply walking away from racially insensitive colleagues. Because no one can control the actions of others, it is vital that Black practitioners set their boundaries, including what they will do when a boundary is triggered.

Although the ideal is to engage in practices that foster healing from racial trauma, it is equally important to engage in daily practices that provide a temporary relief from racial stress. Engaging in a daily routine of stress relief activity is essential to Black practitioners’ ability to improve and maintain their mental health as well as their cognitive agility and acuity. Such activity could include deep breathing exercises or practicing mindfulness meditation. Breathing intentionally and peacefully aids meditating to access the higher, more steady self, enabling the

practitioner to explore what the higher version of the self has to offer them in the present moment. Others might find stress relief and empowerment through participating in spiritual activities such as prayer, reading scriptures, and listening to spiritual music. Another method to release stress is in journaling, using writing to process negative experiences and to purge negative emotions out of their mind, body, and soul. Let the negative experience take residence on paper. Stress relief can also be found in physical activity. Engaging in joyful movement not only honors what the body can do but also unlocks tension and allows it to exit the body. We recommend engaging in healthy and mindful eating. Eating to fuel the body can be a relief valve when food is eaten with awareness and intention, honoring the taste, smells, textures, and temperatures of what is consumed. Last, a great stress reliever is making some noise! Talk, sing, shout, or laugh out loud! Do not become or stay silent: Share your experiences with a trusted person or a therapist. You deserve to be heard.

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About the Authors: Shelton Young, MSW, LCSW (he/him) is PhD Student, Jane Addams College of Social Work, University of Illinois at Chicago, Chicago, IL (syoung49@uic.edu, [@sheltonyounglcsw](https://twitter.com/sheltonyounglcsw)); Tyreasa Washington, PhD, LCSW (she/her) is Senior Program Area Director and Distinguished Senior Scholar, Child Trends, Bethesda, MD and Professor, Department of Social Work, School of Health and Human Services, University of North Carolina at Greensboro, Greensboro, NC (twashington@childtrends.org).

Foot on Our Necks: The Needs of Black Clinicians in Times of Racial Inequity

Jennifer Shepard Payne

Abstract: Being a mental health clinician while Black in America is a serious situation. In this reflection, 103 Black clinicians and I, the author, discuss their needs as clinicians of color in these unprecedented times. Given the difficult task to stay professionally present for clients while simultaneously experiencing the same racial trauma that their clients experience, these clinicians discuss the need for a safe space to collectively heal one another as they practice while Black.

Keywords: Black therapists, mental health, trauma, racism, clinicians of color

Being a mental health clinician while Black in America is no joke. I still remember how I felt as I watched the video of George Floyd's death on that Monday morning on June 1st, 2020, a week after his death. I was working at home, as all of us were due to COVID-19. I felt paralyzed with anger, grief, outrage—an odd mix, and a compilation of feelings.

I am a long-time social worker and LCSW of over 20 years, born and raised in south Los Angeles. Now I am a researcher and a clinician engaged in trauma work. But none of that mattered as I watched George Floyd's video. For all the world to see, a man was reduced to begging for his life and crying for his dead mother in nine minutes. The foot on his neck was also on my neck. The foot on his neck was on the neck of every Black person in America. That foot was indiscriminate, and it clamped down on all of us, choking us. It did not matter if we were educated or not. It clamped down on both client and clinician alike. We all felt the weight of that foot on our necks.

I felt the weight of that burning anger surrounding that and other injustices that we as Blacks face. The anger was like a flame that would not go out. For days on end, I felt the burning indignation of that anger, so much so that I cried out to God after seven days of that anger, praying for that feeling to end. I thought to myself, "Certainly I cannot continue to go on with this burning anger..."—that paralyzing anger that prevented me from functioning. I am a woman of faith, and God answered my prayers by giving me a direction for my anger. I became aware that, possibly, I could help others deal with their trauma somehow. That thought gave my anger a positive direction.

Flash forward a couple of weeks later, and God did His magic in my life to help make the possibility of helping others a reality. I was introduced to a beautiful soul—a woman in North Carolina named Carynne Williams. She had the vision to help our Black communities heal the trauma they have suffered by training clinicians of color in evidence-based trauma modalities. MEND (active now on [Facebook](#)) was born into a 501-C3 non-profit organization to do just that—to provide discounted trauma training to clinicians of color who would, in turn, commit to providing some pro bono services to needy families of color. As a board member for MEND, the fire that I felt in my heart at George Floyd's demise had finally found a direction.

On June 13th, I sent out an initial survey to MEND members, and 120 clinicians of color responded. That early survey was to find out what they needed as clinicians of color. The clinicians who responded were primarily social workers or licensed professional counselors, but professionals of other disciplines such as psychologists, life coaches, pastoral counselors, and addiction counselors also responded. Respondents were from areas all over the US, and most of them were licensed in their state. Of the 120 clinicians, 102 considered themselves Black or African American, and 109 self-identified as female. In the remainder of this writing, I discuss what the clinicians who self-identified as Black or African American said. Several qualitative (open-ended) questions were asked, but my focus for this writing is on what the clinicians themselves told me they needed. The specific question that I asked the group was, “As a clinician of color in these difficult times, what is it that you feel you need right now?” Their answers were enlightening and fell under specific themes.

Culturally Specific Training Tools to Address Trauma

Thirty of the clinicians surveyed expressed that they felt that they needed more intensive training and tools to address the types of trauma that African Americans experience. Many of them mentioned that they thought they needed targeted and specific training to handle Black client trauma. For instance, one clinician said:

I need to be better equipped clinically in increasing my clinical skills specific to the needs of my Black clients. I want to be able to offer them tangible working solutions that can be acted upon and implemented in their daily functioning.

Another clinician said, “I feel that I want to be able to use my therapeutic foundation to help African American clients, and in order to do so, I feel that I need more trauma-specific training.” Yet another clinician stated, “I need training that is culturally centered to depathologize Black and brown lives.”

Almost all of the clinicians stated that they felt that trauma—generational trauma, racial trauma, complex trauma—was the main issue that they needed to address with their Black clients. Some clinicians stated that this was based on their years of experience working with Black families, children, the elderly, and prison populations. Others noted that this need to address trauma in Black clients was based on their own personal experiences as Blacks in America. It was interesting to note that most of the clinicians identified the need to be trauma trained in modalities such as Eye Movement Desensitization and Reprocessing (EMDR; Lipscomb & Ashley, 2021), Prolonged Exposure (McLean & Foa, 2022), and Acceptance and Commitment Therapy (ACT; Payne, 2022). Still, they also were very clear about the need to be trained in modalities that are effective for Black clients. One clinician said, “As a clinician of color, the ACT methodology appears quite beneficial. I need the full training.” Another clinician said, “I need to be present and able to provide services to the many African-Americans who are suffering, especially with racial trauma. Regarding trauma, I have spoken with many clinicians who utilize EMDR and attest to their clients’ successes.”

These clinicians stated that they would like to be trained in interventions and therapies that address racial trauma. For instance, clinicians expressed the need for “a specific treatment modality to work with clients experiencing trauma, especially racial trauma, that works specifically for our people.”

As a Black clinician and researcher who taught evidence-based interventions on the university level, I know that few evidence-based practices specifically address the racial and generational trauma that African Americans face. This is why I have been working on tailoring ACT for traumatized Black clients for several years. These clinicians were interested and eager to be trained in the culturally tailored version of ACT.

Financial Barriers to Training

Some of the Black clinicians who were surveyed mentioned financial barriers to becoming the trained clinicians that they desired to be for the sake of the communities they serve. Some of these clinicians pointed out that trauma training is expensive, especially training such as EMDR, which costs thousands of dollars to be trained and certified in. Many of them would love to be better clinicians for the sake of their clients; however, they cannot afford the high cost of much of the trauma-informed interventions. One therapist said, for instance, that she needs trauma treatment training at a reasonable price (like MEND offers). She mentioned that she has a private practice, and she relies on private pay patients to help her sustain her income. She would also volunteer for agencies to learn trauma work, given that paying for training is financially taxing. Another clinician stated that she would love to have “a seat at the table financially.” There are few Black therapists nationwide; less than five percent of the therapist population is Black (Lin et al., 2018; National Center for Health Workforce Analysis, 2023). For Black therapists (who are more likely to see lower-income clients rather than high-income private pay clients), paying for quality trauma training can be an issue.

Support and a Safe Space

When discussing what Black clinicians need, the topic that came up the most had to do with support and a safe space; almost all of the clinicians spoke of this. This was discussed even more than the need for training, which hurt my heart and made me feel empathy and compassion for these clinicians.

Some clinicians discussed how they felt in this trying social climate, using words like anger, confusion, sadness, shame, anxiousness, and optimism. They discussed how difficult it was to be there for their clients’ racial trauma while they were experiencing the same racial trauma. One clinician, for example, stated,

I feel hurt the strongest and frustration. I sometimes am furious at how we are discarded as less than when it comes to our basic human rights. I am trying to figure out how to help my clients with the same things that I am also struggling with.

Another clinician said, “I need a safe space to unload the heavy burdens I feel when providing therapy at this time.” Yet another clinician said, “[I need] a place where I can be vulnerable and allow myself to feel.” A fourth clinician eloquently said,

I feel like right now I need permission. I’ve always made sure I’ve gone above and beyond ... and now to slow down and feel what’s going on is a struggle. For a variety of reasons, I have not been able to be at protests. However, I want to prepare myself behind the scenes to be my best self to help other people of color.

When discussing support, many of the clinicians discussed issues of self-care and balance. They realized that they needed an outlet as Black clinicians. One clinician, for example, mentioned that she needed “moments of reflection and self check-ins where [she] can sit and process [her] feelings, and guided mindfulness activities.” Another clinician said, “As a clinician, I need to be able to exercise self-care in light of the current turmoil.” Yet another clinician noted that she needs “flexibility, balance, self-care, supportive family and peer groups that understand issues faced by Blacks.” Self-care and community were critical to this group of professionals.

In discussing community, these clinicians stated their need for something that they did not presently have—fellowship with a community of others that felt as they did and had similar struggles. According to one clinician, that would manifest as “just being in a safe space with people that not only look like me but are dealing with the same issues like me.” Another described it as “having a space to talk and discuss matters with like-minded individuals.” Many of the clinicians discussed the need for a safe space for clinicians of color, a place where they can discuss how to take care of themselves in this time and have the right tools to treat their clients. They discussed the need for engagement with peers like them and how vital that was. One clinician described it as “a cohort of clinicians to build with so we can help our community heal together.” Another clinician discussed how rare it was to find a support group for Black trauma like MEND:

I started private practice alongside white peers and struggle to find the same supports as they find amongst themselves. I would like to develop professional relationships and join with Blacks in MH who believe in working together to heal our communities.

These clinicians were specific about how this support might look for them. They discussed needing help from their fellow clinicians of color as they engaged and served their own communities. They discussed the need for safe spaces and for best practices when working with these populations. They talked about the need to connect with other clinicians, either through live case consultations, digital peer support groups, self-care crews, coaching, and connection spaces. One clinician described these as “safe spaces to talk about how to take care of ourselves in this time as well as have the right tools to treat our clients.”

Nourishing Purpose and Calling While Serving Black Clients Well

Finally, these clinicians noted that they genuinely desire to fulfill a sense of purpose and calling in their lives. They recognize that less than five percent of mental health practitioners are African American (Lin et al., 2018), and they feel that weight on their shoulders. At the same time, they stated that they have never felt as strong a calling to service as they have had in recent years. One clinician said, “I feel called to help my community more so than ever.” Another stated, “I need an opportunity to grow. I want to take the gifts and blessings that have been given to me to help others.” A third clinician stated:

I am continuing my commitment to help heal/educate my community and make a change in the world around me. I’m saddened and hurt that so many African American lives are lost/traumatized just for a change to occur. I want to see a continuous change in African Americans’ treatment in America, and [I am] willing to do my part for change to occur.

Foot on Our Necks: When the Trauma Workers are Traumatized

“A time out.” “Peace.” “Patience.” “Community.” “Self-care.” These clinicians voiced what each of us, as clinicians of color, were feeling. It appears that we, as clinicians of color, have so little voice. It is such a difficult task to stay professionally present for our own clients, even while we experience the same racial trauma that our clients experience. As we help pull the foot of racial trauma off of our clients’ necks, we need a place and space to pull the foot off of our own necks. We need a safe space to collectively heal one another as we become more adept at healing our own clients. I am so glad that spaces such as MEND are rising up out of the ashes of oppression and discontent—places where we can collectively begin to mend as we practice while Black.

For more information about MEND, visit <https://www.facebook.com/groups/278364366639445>.

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About the Author: Jennifer Shepard Payne, PhD, LCSW-C (she/her) is Assistant Professor, Division of Child and Adolescent Psychiatry, Johns Hopkins School of Medicine, Baltimore, MD (jpayne39@jh.edu, www.drjspayne.com).

Do You See Me? The Compounding Impact COVID-19, Racial Injustice, and White Clients Had on a Black Therapist

Jamie Perry Ingram

Abstract: The compounding effects of the COVID-19 pandemic alongside racial unrest in 2020 created an unrelenting need for scholarly analysis of the internal and external impact these experiences had on my life. My daily struggles of being a Black woman in America intensified during these unprecedented societal shifts which impacted my experience as a Black mental health clinician in a predominantly white workspace. This scholarly personal narrative conceptualizes these historical events, examined through the lens of Critical Race Theory. The two vignettes provided are lived experiences and illustrate the ways in which white privilege intersects with prolonged racial unrest—compounded by the deleterious effects of COVID-19 on Black clinicians. This scholarly analysis highlights the negative impact that racial injuries can have on Black clinicians who lack protection from repeated racial offenses. Recommendations for critical self-care practices and implications for future research are provided.

Keywords: systemic racism, microaggressions, racial injury, racial trauma, inequity

My Narrative Matters

Social justice and service are two core values embedded in the foundation of social work and have been instrumental within social work advocacy (National Association of Social Workers, 2017). Social workers utilize a plethora of platforms to advocate for social justice and other core values for their clients, communities, organizations, and the causes (interests and principles) that they serve. However, there are times when social workers find themselves in the conflicting role of professionally serving as a clinician while also being subjected to direct racial harm. Ethically, social workers have a duty to do no harm to the client. I firmly believe this principle should be reciprocated for the social worker, with special consideration for racial stress, injuries, and trauma. To further complicate self-advocacy, there remains challenges to advocating for oneself as a Black female social worker in a predominately white workspace. Striving to be an exceptional social worker in a setting where those who work alongside you lack the ability to truly validate your presence (by having an appreciation for vital demographic and cultural differences) can lead to increased racial struggles, injuries, and discrimination (Comas-Diaz et al., 2019). These experiences can best be described as Practicing While Black, and they can be unbearable for the clinician. Throughout this scholarly personal narrative (SPN; Nash, 2019) the words clinician, social worker, provider, and therapist are used interchangeably.

The year 2020 has shown me how unbearable *racial injuries* (racial trauma and race-based stress) precipitated by racial discriminatory events, whether real or perceived to be real, are when compounded by a global health pandemic and magnified racism toward Black individuals in America (Comas-Diaz et al., 2019). This SPN is a depiction of experiences that have meaning

and purpose that can provide others with the type of “self and social insight” (Nash, 2019, p. 24) that is a rarity in the more common types of research. As Nash (2019) explains, one has to be willing to take the risk to narrate their experiences in a way that gives a depiction of the results of the experience(s). For the purposes of this SPN, it is important to use the lens of Critical Race Theory (CRT) as the tenets of CRT support these shared experiences in totality and align with the values of social work (Daftary, 2020).

Critical Race Theory

Critical Race Theory (CRT) examines the relationship among power, race, and racism (Delgado & Stefancic, 2017). CRT was birthed out of two earlier movements, critical legal studies and radical feminism, and is often utilized as a vehicle for challenging racial barriers and approaching and discussing racial injustice (Delgado & Stefancic, 2017). By the 1980s, many of the foundational or inspirational CRT theorists were perplexed at the lack of critical literature, language, and case law addressing race and areas such as but not limited to inequality, sexual difference, and cultural identity (Delgado & Stefancic, 2017). Intellectuals such as Derrick Bell, Kimberlé Crenshaw, and Richard Delgado, amongst others, used their voices and platforms to disrupt the status quo of legal decisions being made without consideration of the fundamental differences experienced within communities of color impacted by poverty, welfare, and criminal and immigration law (Delgado & Stefancic, 2017). For scholars to apply CRT to any injustice, one must first understand the basic tenets. For the purposes of this SPN, I will utilize the following six tenets: racism as ordinary (or permanent); critique of liberalism; whiteness as ultimate property; interest convergence; intersectionality; and unique voice of color (Daftary, 2020; Delgado & Stefancic, 2017; Kolivoski et al., 2014). This SPN reflects my lived experience as a woman of color with the purposes of validating, supporting, and illuminating this experience in the social work profession.

Microaggression or Microassault

As I wait patiently for my client to join the teletherapy session, I begin to think about the patient’s well-being. I am hopeful that he is doing well. That he is safe and abstaining from opioid use. That even if he is in active substance use that he is cognizant enough to wear a mask to protect himself from contracting COVID-19. Over the past several weeks my client has been having a very difficult time managing his mental health and his substance use disorder. Given the global public health pandemic, my concern for him engaging in any adverse risk-taking behaviors is increasing. By this time, I am conducting all therapy sessions remotely through teletherapy.

Luiggi-Hernández and Rivera-Amador (2020) recognize the importance of providing services to clients through teletherapy during this pandemic, given the decrease in social engagements, resulting in increasing loneliness and feelings of isolation—all a result of the safety precaution mandates, such as social distancing, altering society’s normal ways of engaging. While I am

appreciative of the ability to continue working with my clients, I unfortunately have no way of preparing for what it is about to cost me emotionally, mentally, physically, and spiritually.

Vignette I: Heritage

As he joins the session, he begins to smile, and I respond in kind as we greet each other. I begin to engage in my normal routine of completing a check-in and a sense of disbelief sets in as my brain tries to process what I am seeing on my computer screen. I confirm in a matter of seconds that a familiar but remote reference of an object is indeed this object: A confederate flag is hanging on the wall behind my client's head. This intense feeling of disappointment begins to consume me—feelings of violation, disrespect, and disregard. I begin to grapple with the fact that I am experiencing an actual racial *microaggression*, “subtle daily actions of white people against minorities,” (Hall & Crutchfield, 2018, p. 492) or possibly even a *micro-assault*, “purposeful discriminatory action,” (p. 492) all while providing therapy and giving support to my client. At this exact moment I must make a pivotal decision. Do I ignore this symbol of hate, or do I address it? I begin to wonder to myself: Should I focus on providing *unconditional positive regard*, therapeutic intervention without judgment (Kaluzeviciute, 2020), or proceed with setting clear clinical boundaries regarding my tolerance of unacceptable and harmful client behavior.

Do No Harm

With genuine authenticity, I decided to speak up as my morals were prohibiting me from remaining silent and my ethics kept me from expressing my very raw and intense feelings. My mind and spirit prohibited me from ignoring this blatant symbol of racism that for so many years has been one of the universal symbols of white supremacy. As a clinician your client's safety is always at the forefront of your mind, but what about your own safety? What happens when what may benefit your client can harm you in the process? You strive to do no harm and, when unavoidable, you make the clinical judgment to do the least damage to the client even when it means that the clinician endures racial injuries.

As I type these words, I can vividly recall all the images from the media coverage (only a few months prior to the time of this writing) of extremists, whom I refer to as domestic terrorists, storming the US Capitol. While committing these insurrections on January 6, 2021, they brought with them two very blatant symbolic representations of white supremacy—confederate flags and a noose hanging from makeshift gallows. The nauseating feeling I am experiencing during this client session is the same feeling I felt on January 6, 2021. I begin to brace myself to address my client, and I remind myself to keep my composure at all times. At that moment I am already aware that if I express my disdain with too high of a volume or too intense of a tone, I will be perceived as an “angry Black woman” (Doharty, 2020, p. 255). I'm Black, a woman, but I cannot be angry because white society limits my freedom of expression with damaging labels. However, why should I have to unfairly censor my response? I am the one who is being

violated, being affected by racial injury. I have the right to be angry, don't I? After all, "Blacks have been told lies about slavery; lies about being free, about inclusion, about civil rights ... the lies have spanned centuries" (DeGruy, 2017, p. 114). The response my client is about to say to me will be just another lie and minimization to add to the many other false truths that have been stated over several centuries of racist history.

I begin by asking my client the million-dollar question: "You know that I'm Black, right?" The client responds with a chuckle and says yes. I ask, "Are you sure?" and he gains a puzzled look on his face. Then I say to him, "Is that a confederate flag behind you?"

He responds, "Yes, but it doesn't mean what you think it means. It means heritage."

As I try to process what is taking place, I begin asking myself through internal dialogue, "Did he just say 'it doesn't mean what you think it does'? Did he really just say that this symbol of hatred means 'heritage'?" I respond by respectfully, with a calm tone, informing him that the flag he is using for wall decor may mean "heritage" to him, but it does not mean the same thing to me. As I look him directly in his eyes with composure but sternness, I am setting a necessary boundary that I, a therapist who is Black, have no interest in nor am I going to tolerate this symbol of oppression. My client, a white man, is not seeing me as an equal and the intent of his choice to display this flag in my purview is both questionable and concerning. Regardless of his reasons, the injury is happening. Moving forward, I was not subject to his wall decor again, but the impact of this encounter will be a lifelong reminder to me that many whites do not believe nor function under the belief that Blacks have the right to equal treatment and equitable resources.

Means to an End

Mosley et al. (2021) emphasize the importance of Blacks being aware of, processing, and combating anti-Black racism. Participants of the study report dealing with the social aspects of racial injury such as isolation, safety concerns in multiple settings (i.e., neighborhood, work, school), and a constant state of worry. Living in a nation where racism is part of the norm and everlasting, Mosley et al. (2021) provide a critical consciousness model as a way to combat racial trauma.

Regardless of their roles, for the provider-client relationship to be healthy and productive, each individual must feel respected. I was the provider, but I was also his means to an end. I was his therapist, the professional in this dyad, and my well-being did not appear to matter to him. His actions are reminiscent of how Blacks have been exploited, mistreated, and abused in many extremes dating back to slavery, especially the Black woman and the Black woman's body. For instance, West and Knight (2017) provide an example of the Antebellum South as it was the norm for enslaved women to be forced to wet nurse white women's children while their own were left without nourishment. This forced practice was considered a form of labor, a means to

an end. No regard was given to these women or their children's needs, as those of white society took priority. Still today, the desires of white people overtake the needs of Blacks. As a result of this historical pattern we (Blacks) hope for the best and brace ourselves for the worst, such as Mosley et al. (2021) referring to the constant state of concern for one's welfare that Blacks face on a continuous basis.

As I ask myself, how does anyone build rapport—a trusting relationship in which they expose their most vulnerable parts of themselves—but make no attempt to be mindful not to cause damage to the one confidant that is their designated safe place? A safe place that happens to be a human being with feelings? It is important to note that at this exact moment, I am already an experienced clinician and specialist in mental health and substance use disorders, but no clinical training prepares you for this moment. I impulsively want to ask him, “You know I actually have feelings and experience emotions, don't you?”

To have no regard for someone who you have a vested interest in exudes white privilege—male white privilege in this situation, to be exact. It is a demonstration of personal gain without taking account for collateral damage. This sadly reminded me of the sick feeling that came over me the first time I watched a video on the racist history of research involving human subjects, hearing and processing that such grossly negligent behaviors were conducted all under the false premise that whites actually thought Blacks did not feel pain (Cronin, 2020). What is even more appalling is the realization of how rampant this deception persisted and how frequently it was used as a justification to withhold administration of any anesthesia during vaginal surgeries as elaborated upon by Cronin (2020). Some of these women were not even documented by name, which further demonstrates the callous nature of how they were viewed and treated. The same sense of callousness continues to perpetuate itself and shows more often than not in many of the relationships I have with white men.

At this exact moment I recognize my desperate need to release my feelings of anger; however, I make the selfless choice to salvage the therapeutic relationship. As my brain was deciphering the automatic thoughts that were flooding my consciousness, I have to weigh what is more important in this exact moment. Is it his well-being and safety or my desire to exhibit self-advocacy while upholding “the values, ethics, knowledge, and mission of the profession” (National Association of Social Workers, 2017, p. 25)? I have an ethical obligation to practice within my discipline with high standards, but I also have an obligation to uphold the value of social justice (National Association of Social Workers, 2017). In the midst of compounded marginalization and oppression—juggling my overlapping identities and roles, my intersectionality (Crenshaw, 1989) of being Black, a woman, and a Christian trying hard to hold on to my spirituality in the midst of ongoing racial trauma—I am struggling and suffering. I choose to hold on tight to the hope and trust I have in God as He is the only source of strength and relief that I know will be effective in helping me manage this crippling racial injury.

Maintaining, Strength, and Coping

There were days I relied on my internal coping skills, and I came up short multiple times, experiencing anxiety way beyond my norm, especially on days when all my many worlds (obligations and roles) collided. There were days that were so anxiety-provoking that the Generalized Anxiety Disorder–7 Likert scale rolled its eyes at me. As an experienced clinician, I learned years ago the benefit of a therapist having their own therapist. There was a point in my life when I allowed myself to be worried about the stigma of a therapist having a therapist. Oh, how quickly that goes away when you see people who look like you, who are going through similar suffering, with no clinically trained outlet. I express to those in therapy and considering therapy that if your therapist does not have a therapist, you need a new therapist. Of course, it rolls off my tongue with slight humor, but every inch of my being means it. In addition to my God, my therapist, and having faith in the hope that the anguish would loosen its grip so that I could breathe ... I also had my family. I had a supportive, God-fearing husband who was my human Likert scale. My husband of 12 years who, on days I functioned in a vacuum of survival, made sure that our children, ages seven and three at the time, were okay and ensured they were thriving.

I would be negligent if I did not expand on the spiritual component of my survival, especially since the racial stress, resulting in racial injuries accompanied by ongoing trauma, never ceases. Knowing that this is my reality I must remain anchored in a source that never ceases to provide me with strength and relief. “Humble yourselves, therefore, under God’s mighty hand, that he may lift you up in due time. Cast all your anxiety on Him because He cares for you” (*Holy Bible, New International Version Online, 1973/2019, 1 Peter 5:6–7*). On days I forget to do as this scripture states, the stress and injuries are harder to endure. On the days that I remember to do exactly as this scripture states, the impact becomes easier to endure. I am well aware, without any doubt, that the God I believe in and serve is the primary reason I am able to maintain my sanity.

To provide a more contextual understanding, it is important for the reader to know that in the midst of dealing with difficult dyads on many levels, I was also working on a doctoral degree in social work. Yes, I decided to start a doctoral program, three months before a global health pandemic hit, and the heightened media coverage of never-ceasing racial unrest. One baseless murder of a Black person after another intensified my never-ending anguish. Listening to those who desired to be allies make their feelings the center of Black peoples’ pain just frustrated me more. As a social worker, it is engrained in me to help others; however, when that helping relies on me personally teaching non-persons of color how to not oppress me in their efforts to support me, I resisted. I resisted teaching my white colleagues how to treat me with the same level of respect, courtesy, and deference that someone with my expertise and non-melanated skin tones would receive. Academia is rewarding, and learning is limitless, however it is also a prime example of systemic and institutional racism. The irony of having to teach my professors and academic colleagues on how to treat me was exhausting.

Silence is Never an Option

As a mother I struggle with what exactly I should say to my children. Not saying anything will never be an option. I am an advocate. I am hopeful that my now four-year-old son will not remember this time period. With wishful hope, by the time he is no longer considered a cute little toddler, I will not have to fear him being looked at as a grown Black man—as a threat—by those who do not resemble him, before he reaches legal voting age. Gibson (2018) expounds upon the fact that Black boys are depicted as dangerous, giving Western society justification for the callousness with which Black boys are murdered by police. In desperation, I need positive and substantive systemic changes to occur in America.

As for my seven-year-old daughter, some of our most difficult conversations as a family were multi-part efforts explaining racism—why *racism is ordinary*, the hatred and discriminatory actions towards Blacks and other persons of color, is normal (Delgado & Stefancic, 2017), even in 2020. The topics were varying—a mix of basic questions and those that were complex and confusing to a seven-year-old. Why circumstances will never improve for us Blacks unless there is an *interest convergence*, where whites give Blacks rights and equality only when it benefits them (Kolivoski et al., 2014). Why some whites treat us differently with little to no consequences because white society sets the norms, states what is valued as property, and determines the measure by which everything else in this nation is compared to as part of *whiteness as ultimate property* (Kolivoski et al., 2014)—and has existed since the creation of the US Constitution. Why when my daughter gives me a confused look and seeks deeper understanding of the historical origins of racism, I will have to educate her on the Three-Fifths Compromise, wherein Northern and Southern states agreed to count slaves as three-fifths of a white person's representation for delegate seats and as property for economic investment (DeGruy, 2017). I will have to converse with my daughter about how we are the descendants of an American lineage that were considered only property.

In addition, I will have to explain why in the downtown area of our community, people are marching and protesting against the death of yet another Black person—yes, even whites who are allies will protest with Blacks as they believe in *liberalism*, neutral approaches of equality (Kolivoski et al., 2014), but this cannot exist in a world where access to resources has never been equitable. I will have to explain why, as Bagues (2020) describes,

Blackness as a visual marker produces within the dominant common sense the death of the Black person. Black life becomes disposable, is a lack ... the black body has no escape. Its public presence is an affront, it must be tamed, put back in its place. It must be not allowed to breathe, because breath is life and for the black body to breathe means it has life. (p. 5)

I must explain why there is undeniable truth in what Bagues (2020) expresses, making me even more reluctant and fearful for my daughter to be a part of these protests—for my husband and I

to understand that she is just as much affected by systemic racism as we are, regardless of her single-digit age. Most worrisome, I must have the discussion with our daughter that attending a march could mean life or death. To see the look on my daughter's face when I tell her "If anything happens, no matter what, you do exactly as Dad tells you to do." Then to say to my husband, "Bring my baby back safe." Even at such a young age she understands that we are treated differently. She understands that in America a Black person "can dream, as long as you can breathe / you can be the ... President of United States / and get murdered right on these streets / welcome to America / land of the brave and home of the free" (Trotter & Matthews, 2021).

However, in spite of all that she must be educated on, until God sees otherwise, I will continue to use my unique voice of color to provide my experiential knowledge, first-person account of oppressive experiences (Delgado & Stefancic, 2017; Kolivoski et al., 2014) that are real, traumatic, cause long-term negative effects, and are just as prevalent today as they were 100 years ago. I will continue to share with my daughter the power we each hold in speaking our truths, especially against forms of oppression such as racism, in all its many forms. She will know that although it is taxing, overwhelming, and just pure exhausting at times, social workers like her mother understand the importance of speaking out against the effects of racial injury and trauma and race-based stress.

There should always be a level of accountability that white people will need to be willing to assume when it comes to choosing to be ignorant towards those with various degrees of melanin and the inhumane acts toward them over several centuries. I think about the countless times I have heard non-persons of color say, "I didn't do it," or "Why are you blaming me for the past?" amongst other comments. Reluctantly, I do admit there is some truth to those statements—then my response becomes, "What are you willing to do to move toward equity and equality for people like me?" Some whites have been willing to have those uncomfortable conversations and when they express how "uncomfortable" that feeling is, I usually reply, "Imagine feeling like that every day." With some, reality starts to set in. With others, their demeanor presents as if they couldn't care less.

I also have asked and will continue to ask myself, "What am I [actively] doing to be a part of the solution?" Kendi (2019) asked a thought-provoking question that people of non-color should consider when making generalized kneejerk responses to the history of slavery and racism in this nation: "What side of history will we stand on?" (p. 22). Kendi provides his scholarly opinion on how someone may say they are not a racist, however they support a racist policy, which makes them a racist. In direct contrast, an anti-racist would be an individual who supports policies and advocates via actions to demonstrate they are anti-racist. In addition, Kendi (2019) perfectly stated, "No one becomes a racist or antiracist. We can only strive to be one or the other" (p. 23). I do agree that when you fail to take action your complacency or silence is only perpetuating the problem. I, too, must hold myself accountable for how I stay engaged in being a part of the solution.

Vignette II: The “N-Word”

The “N-word” has been documented amongst scholars as the “nuclear bomb” of racial slurs (Holt, 2018, p. 2). The racial slur that the “N-word” derives from is so “inflammatory” that it is implied with just a single letter (Holt, 2018, p. 2). I continue to have an internal ongoing tug of war with holding myself accountable for (doing my part) dismantling a systemically racist system that I didn’t create and having clients who assume that just because I am Black, they can have conversations with me about the “N-word.”

It is 11 pm. My client has just left me a voice message in extreme distress as her partner keeps calling her a “nigger lover.” I am listening to the voice message, she is crying hysterically, and her sense of urgency is provoking a multitude of emotions within me. She is presenting to be actively in a crisis by the tone of her voice and I, the clinician, the social worker, am now genuinely concerned for her welfare. I am even more so concerned because she is hysterical and requesting a response. I am in a conflicting state of shock and confusion, and un scholarly thoughts are automatically crowding my mind. I replay the message again and again to fully comprehend the words she is saying to ensure there is no indication of imminent safety concerns, but unfortunately in my intent to ensure her safety I jeopardize mine, mentally and emotionally. I am telling myself that my client has a plethora of issues—but listening to someone talk about being called an “N” lover while Black will not be one.

A few days go by before I address this with the client. I know that without a high likelihood of countertransference, I am no longer able to provide therapy to this patient. I know that I am no longer capable of providing unconditional positive regard, nor do I desire to do so. I know I must draw a line as my self-preservation is depending on it. I need to create an impenetrable boundary as, once again, I am left vulnerable without good cause, purpose, or sufficient support. In addition, I am apprehensive about ceasing to provide services to this client, but this also resolves as she states during our phone conversation that she feels that I am a good person to talk to about being called that specific racial slur, as I am Black and if “anybody understands” she is confident it would be me. Next, she begins to tell me that this racial slur is just a [expletive] word, and if anyone has an issue with it, that is their problem. She begins to repeat the racial slur and does so three times: N-word, N-word, N-word, consecutively. I realize she has just given me confirmation that this therapeutic relationship is null and void.

The Only One

Being the only Black therapist in a small-staffed clinic became very isolating and implosive as no one understood my parallel emotional struggles that were constantly colliding. My Black skin knew no difference between my professional or personal persona. Being Black transcended all aspects of my life. There was nowhere to escape the perception that others had about my Black skin. My Black skin was everywhere I went. The reflection from the light that beamed off my melanated skin projected itself into every space I entered. Well, that is at least how I felt all

the time as my pigment made its entrance in the spaces I frequented. I can recall being in a multidisciplinary meeting and out of around 21 people, I was the only Black person in attendance. Was I the only minority? No—however, I wondered if anyone else in the room also noticed that I was the only one who looked like me. A sense of pride and isolation settled in, both at the same time.

At work, within my department, no one would speak on the racial unrest, the tension, the continuously televised killings of George Floyd, Breonna Taylor, and countless others. It was suffocating me. I would often think to myself, “We are all masters-level therapists!”—yet speaking *around* the issue became the norm. The entity that I worked for constantly spoke on COVID-19 and all the ways that we could seek support for this health pandemic. In my perception, race relations were often mentioned at the end of important employee news updates or buried in between other relevant information. I took major issue with this as racial unrest was analogous to a pandemic and was not something that should be placed in the “other” or “in addition to” category.

Racial unrest has been—was—and will always be an issue of all humanity until the need for scholarly narratives such as this one become obsolete. Until then, the importance of personal experiences of oppressed and marginalized populations must be captured and shared and the only way I believe we can truly capture the essence of these experiences is through narratives. SPNs must be shared for academic and professional growth (Nash & Viray, 2013).

My experiences, my pain, my dilemmas were nothing like my peers’. In my attempt to obtain support regarding the racial slur situation, as the nature of the language in the voice message was beyond offensive and I was coming to terms with the fact that the therapeutic relationship was now altered beyond repair, I sought administrative guidance from management. Trying to consult regarding this oppressive and racist dilemma with two non-Black males, one being a self-proclaimed “redneck,” was frustrating to put it lightly. The other desired to be supportive despite previous differences of professional opinions, but this resulted in me being addressed one too many times in that authoritative white male tone that exudes, to me, the “I am the boss hear me roar” persona. It is all in the tone, the looks, the questioning of my certainty when I provide pertinent and/or relevant information. Even as I write my story, I worry about the backlash of sharing my truth, however all of it is vital to understanding the multilayers and complexity of the impact that racial traumatic stress and racial injuries are having on Black clinicians. As 2021 continues, remnants of 2020 linger like an antibiotic-resistant infection. This reflective narrative provides one of many experiences Blacks and other persons of color have experienced for hundreds of years—but 2020 shed undeniable light on the systemic and historically ingrained mindsets of many non-persons of color. The state of Black people and systemic genocide is not a new phenomenon; however, COVID-19 has brought unprecedented coverage into everyone’s home through multiple media platforms. This has only magnified the impact of the traumatic events.

Taking the Responsibility Off of the Survivors

Until 2022, the *Diagnostic and Statistical Manual of Mental Health Disorders-5* (DSM-5) did not take into account racial and cultural differences when diagnosing symptomology related to stressful or traumatic events. In addition, the DSM-5 did not take into account individuals who have been continuously exposed to cumulative events related to race and culture, and it therefore lacked an appropriate use when determining diagnoses for individuals impacted by trauma specifically related to racial stress, racial injury, and racial unrest. A race-based category for trauma is still absent, and I remain in support of *not* including one as it would be inappropriate and counterproductive for blame and accountability to be placed on the survivors of this form of trauma. Exposures to race-related trauma are based on external factors such as systemic racism, discrimination, harassment, and hatred that is taught and passed down from generations, amongst other irrational beliefs about or toward someone based on race as Carter (2007) expounds on in “Racism and Psychological and Emotional Injury: Recognizing and Assessing Race-Based Traumatic Stress.” Those affected by this type of trauma have no control over how society has, can, or will treat them. The primary actions a survivor of racial trauma can take are to treat the symptoms, because the problem itself can only be ceased by those inflicting the trauma.

Carter (2007) and Carter and Pieterse (2020) make valid points as to why the DSM-5 would not be the appropriate place to classify race-based trauma and why (when diagnosed) Post-Traumatic Stress Disorder is a misdiagnosis of race-based trauma. Carter and Pieterse (2020) deem race-based trauma to be more accurately depicted as “psychological and emotional injuries than as psychiatric disorders” (p. 86) due to the cause not being dispositional but deriving from sociopolitical environment, making the events situational.

In 2022, the APA issued a text revision of the DSM-5 claiming that steps were taken to provide information on symptom variation based on race, how culture may affect pathology, and diagnosis prevalence among different racial groups, as well as how to avoid misdiagnosis due to race and racial oppression. However, many of my original concerns remain unwavering:

1. Survivors of racial trauma would be given a mental health disorder diagnosis resulting in an inaccurate depiction of that individual’s mental health. Race is a societal social construct and the person who is subject to racial injuries cannot change their racial identity to lessen their risk of exposure to racial harm.
2. The responsibility of mitigating the trauma would be placed on survivors and neglects all responsibility and accountability from those causing racial injuries—both individually and systematically.
3. Racial injury can transpire through multiple mechanisms such as symbols and language symbolic of racism, differentiating racial trauma from Post-Traumatic Stress Disorder.

4. Encounters of race-based stress and injuries are non-pathological and therefore any version of the Diagnostic and Statistical Manual of Mental Health Disorders would not be the appropriate platform to use for categorization.
5. In lieu of seeking to diagnose race-based stress and further stigmatize those subjected to it, the profession should adopt standardized assessment tools that can validate and measure racial stress, injury, and trauma as an effective way for capturing the effects of exposure.

The Impact of Racial Stress/Injury/Trauma

Nadal et al. (2017) completed a study using measures specifically related to measuring the effects of microaggressions on physical health, and the findings included significant correlations regarding physical functioning, role limitations due to physical problems, role limitations due to emotional problems, decrease in energy and increase in fatigue, decline in emotional well-being, decrease in social functioning, and increase in pain. There were a total of 277 participants, all persons of color, of which 54 identified as Black. In sum, the general decline of the participants' overall physical health was associated with microaggressions experienced by each individual. The Racial and Ethnic Microaggressions Scale (REMS) and the RAND-36 were the measurement tools used for this study.

Torres-Harding et al. (2012) conducted a study using The Racial Microaggression Scale (RMAS) with a sample size of 377 persons of color (150 of the participants identifying as Black) with a mean age of 26.7. Almost half of the participants were students, and the other half were nonstudents recruited from the community. There were 28 whites included in the sample size, accounting for 10.2 percent of the sample. The RMAS measured the following factors: feeling invisible or being treated less than; being criminalized, portrayed as low-achieving, or considered from an undesirable culture; subjection to sexual stereotypes or sexualization; treatment as a foreigner or as someone who "does not belong"; and environmental invalidations. The findings suggested that the RMAS was a reliable tool able to measure microaggressions across multiple groups of persons of color (Asian, Middle Eastern, Latino, and Black).

Carter and Pieterse (2020) devoted an entire book to measuring and capturing the effects of racism. Under the primary investigation of Dr. Carter, three studies were completed laying the groundwork for the development of the Race-Based Traumatic Stress Symptom Scale (RBTSS). The scale was formed with the symptomology identified in the studies, including, but not limited to, the following: depression and anxiety, guilt or shame, somatic reactions (headaches, stomach pain), avoidance or numbing, and arousal or hypervigilance. All symptoms were self-reported, then clustered together utilizing Exploratory Factor Analysis (EFA), which resulted in the identification of seven distinct groups. Those seven symptoms' scales were identified as "depression, intrusion, anger, avoidance, low self-esteem, hypervigilance, and physical reactions with internal consistency" (p. 110). Construct validity and reliability of the RBTSSS was established utilizing EFA.

The REMS, AND-36, RMAS, and RBTSSS all show a correlation between race-related stress and health. This supports the need to thoroughly address systemic racism which can cause race-based stress, and, if unresolved, will most likely lead to race-based injury and race-based trauma.

Recommendations

Self-Care Options: Tried and True

My approach is to first, pray and seek God always. I feel there is no mystery to the known fact that Blacks have utilized God as a source of strength since the beginning of time. If you believe in God and have a relationship with Him, become even more acquainted with Him, for the obstacles involved in combating systemic racism are relentless work. If you identify with an alternate higher power or more so with the universe, tap into this source of strength, as you will need it. Second, if you do not have a therapist, get one. Yes, Black people do go to therapy and it works. If you have one and the relationship is stagnant, ask yourself if it is in that state due to your doing (lack of engagement and/or transparency) or due to a lack of compatibility. Whatever the cause, address it and do your work to address your own racial stress and injuries. Just like I tell my patients, I tell you: You are worth it. Do your work. You deserve it. Third, determine which battles are worth your energy as advocating for yourself in addition to advocating for your patients can leave you depleted with no reservoir. Fourth, within the perimeters of social distancing and keeping yourself and others safe, identify what you enjoy (healthy coping behaviors) and be intentional about scheduling your “me time,” “family time,” or some other type of protected time that you need to pour back into yourself. Fifth, be your brothers’—and sisters’—keeper by developing and supporting your peer network.

Racism is isolating enough. If you sense others like you may benefit from an encouraging word, an act of kindness, say it, do it. There have been several times when those simple but much needed acts of kindness gave me hope. Just know that sometimes if you get an inclination to *do* it is okay to follow through as that particular moment is not about you.

Additional Recommendations: Practice and Future Research

1. As a Black clinician it is important that you identify and clearly define your boundaries with your patients and with your colleagues with consideration to your racial and emotional safety and well-being.
2. Advocate for use of race-related stress, microaggressions, and/or other discrimination-related scales (measures) to be utilized at your place of practice if there are clients who could benefit from having their health status more accurately depicted.
3. Further development of specialized research on how best to support Black clinicians, best practices to repair race relations, and action plans to implement race reconciliation.

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About the Author: Jamie Perry Ingram, DSW, LCSW, LCAS (she/her) is Adjunct Professor of Diversity and Social Justice, School of Social Work, Tulane University, New Orleans, LA (jingram2@tulane.edu, www.linkedin.com/in/dr-jamie-ingram-dsw-lcsw-lcas-281803205).

Practicing While Black: Responding to Everyday Racism in 2020 During Multiple Pandemics

Reshawna Chapple, Ashley Morris, Shelleta Ladonice, Karryl Honeycutt,
and Britt Blakey

Abstract: The role of a social worker is inherently challenging, especially during times of crisis, and it becomes particularly triggering for Black female social workers when the crisis is intertwined with racial issues. Amidst the COVID-19 global pandemic's peak, a viral video depicting the police murder of George Floyd exposed America's deep-seated racism. This period saw both Black and white Americans grappling with the dual crises of health and race, leading many to seek support from Black therapists. Utilizing an autobiographical feminist standpoint epistemology (Harding, 2001), four Black female social workers' stories are examined. Our narratives reveal the complexities of navigating multiple pandemics—racial turmoil, COVID-19, global lockdowns, economic uncertainty, political divisiveness, and the aftermath of former president Trump's election refusal, marked by the Capitol insurrection. Our accounts also explore the countertransference experienced in cross-racial and intra-racial therapeutic dynamics, emphasizing the unique significance of self-care for Black practitioners during tumultuous times.

Keywords: Black women, social workers, COVID-19, intersectionality, racism, self-care

Practicing as a social worker during a crisis is inherently demanding, necessitating that the clinician simultaneously provides emotional support to others while grappling with deeply personal issues. Being a Black female social worker during a time of crisis can be incredibly triggering, mainly when the crisis revolves around race. In our work, we have encountered many mental health professionals who suffer from anxiety, depression, and trauma in their own lives; we observe this is often a reason for choosing this profession because of either negative or positive experiences with mental health issues or professionals in the past.

Before 2020, mental health professionals typically addressed their grief, loss, and trauma before assisting clients with similar issues. However, the pandemic altered this dynamic: Clinicians now confront pandemic-related challenges, like financial insecurities and remote work stress, while simultaneously supporting clients through the same issues. We struggle with personal fears for loved ones' health, mirroring our clients' concerns. This shared experience has deeply intertwined clinicians' and clients' issues.

On Memorial Day, 2020, the world was transfixed by a viral video showing the murder of George Floyd, an unarmed Black man, in Minneapolis, MN. A white police officer knelt on his neck for over nine minutes while three other officers either held him down or looked on without intervening (New York Times, 2022). The COVID-19 pandemic has brought society to a standstill, leaving people ample time to watch television and scroll social media. This event ignited a global wave of protests, with millions taking to the streets (Buchanan et al., 2020). Notably, George Floyd was not only unarmed but also accused of a non-violent offense—

allegedly using a counterfeit \$20 bill at a convenience store (New York Times, 2020). It appeared that the world, mainly white America, was awakening to the enduring racial crisis that had haunted the country for centuries. Many white individuals began examining the prevailing status quo (Dreyer et al., 2020), including introspection about their privilege.

In today's politically charged climate, the intricate interplay of social identities, privilege, oppression, microaggressions, white supremacy, allyship, and power dynamics has become a focal point, particularly in therapeutic settings. Additionally, the global and US-specific ramifications of the COVID-19 pandemic have exposed the stark injustices, inequalities, and deeply entrenched institutional and systemic racism.

This collection of narratives explores our lived experiences as Black female social workers practicing amidst dual pandemics (racial and COVID-19), global lockdowns, economic instability, emotional turmoil, political polarization stemming from the US presidential elections, and the tumultuous aftermath of former president Trump's election refusal, culminating in the Capitol insurrection on January 6, 2021. During this time, many Americans had to adapt to a sudden and profound shift in their way of life. The rapid onset of illness, death, and restricted hospital visits or funerals added to the collective grief. Over 100 million Americans abruptly lost jobs and faced financial hardship (International Labor Organization, 2021). School closures; suspension of travel, entertainment, and dining out; and the widespread adoption of face coverings transformed daily life within days. Schools shifted to online learning, transforming many unemployed or work-from-home parents into impromptu homeschool teachers. Heightened tensions, fueled by the unpredictability of daily life and exacerbated by racial unrest, created a volatile atmosphere.

These stories challenge the prevailing notion in mental health that assumes that Black, Indigenous, and People of Color (BIPOC) social workers are identical to their white counterparts and share the exact professional needs, as if all social workers are interchangeable—culturally responsive therapy practice stands in contrast to the standardized, one-size-fits-all model of evidenced-based practice, which tends to reflect the dominant culture in its evidence (Whitley, 2007). Previously, it was widely believed that identity played no significant role in counseling service delivery, and mental health training was considered universally applicable (Sue et al., 2009). While recent research has spotlighted culturally responsive interventions, it often assumes the clinician is white (Sue et al., 2009). Thus, we emphasize the structural inequalities and the limited research in this area, underscoring the misconception of uniformity.

By highlighting the experiences of Black female social workers in 2020, we aim to raise awareness about the unique challenges Black counselors face and propose strategies to enhance their well-being and combat social isolation. Alongside practical self-care advice, we aspire to encourage an increase in the representation of Black mental health providers. In 2018, a staggering 84 percent of mental health providers were white (American Psychological Association, 2019), exacerbating racial disparities in mental health care. This accentuates the urgency for more culturally responsive training programs. According to research, most BIPOC

clients prefer practitioners who share their racial and ethnic backgrounds, and mental health outcomes improve when Black clients work with Black clinicians (Williams et al., 2019). We authors of the four autobiographical narratives shared here identify ourselves as Black female social workers, clinicians of intersectional gender and racially marginalized identities, practicing in various clinical settings. The fifth author, who identifies as a white female social worker, chose not to include her narrative to ensure that our four experiences remained central.

Reshawna Chapple is a tenured university professor, practicing clinical social worker, and researcher focusing on educating and mentoring health professionals from underrepresented backgrounds. All authors of this article are practicing, graduate-level clinicians with Master of Social Work (MSW) degrees. Additionally, Ashley Morris and Shelleta Ladonice recently completed PhDs, and Britt Blakey recently completed her MSW degree. In this article, we interchangeably use the terms clinician, counselor, mental health professional, social worker, practitioner, and therapist.

An autobiographical feminist standpoint epistemology (Harding, 2001) was used to share our encounters with discrimination and countertransference. In feminist standpoint theory, perspective and position hold intrinsic value (Yuval-Davis, 2006), making it a fitting framework for our narratives, which were gathered during student mentoring sessions and counselor support groups established and led by Chapple. These weekly meetings served as a forum for mutual support and discussions, encompassing topics such as navigating personal responses to everyday racism and microaggressions, handling countertransference, adopting best practices, and strategies for supporting both clients and ourselves during concurrent pandemics.

Our meetings followed a natural progression, starting with our positionality as Black female social workers amidst the tumultuous events of 2020, then delving into necessary adjustments made in our practice to address microaggressions, countertransference, self-care, and boundaries. These discussions fostered mutual support, improved our comprehension of our intersecting identities and positionality, and enabled us to address countertransference issues, culminating in this article's narratives. To structure these conversations, we categorized them into the following themes: (1) Understanding Intersectional Identity in Practice as Black Professionals; (2) Navigating Intersectional Discrimination, Microaggressions, and Countertransference; and (3) Establishing Healthy Boundaries and Self-Care Practices. Finally, we discuss implications for clinicians who are practicing while Black.

Practicing While Black

Black clinicians face distinct challenges often overlooked or unrecognized by their white counterparts; Black clinicians during concurrent racial, political, and global pandemics face unprecedented and uncharted difficulties (Novacek et al., 2020). A glaring gap exists in the literature about BIPOC and, specifically, Black therapists. Most literature focuses on cultural responsiveness toward BIPOC clients, and what sparse literature there is about Black clinicians primarily stems from graduate student theses and dissertations attempting to augment the meager existing body of work (e.g., Adams, 1994; Daniel-Washington, 2011; Fisher, 2019; Gavel, 2012; Harbin, 2004; Price, 2015; Rosier, 2020). Furthermore, the ongoing pandemic has

generated scant research on counseling during a global crisis and none (at the time of writing) on the unique challenges faced by Black counselors amid a racial pandemic.

Navigating our intersectional identity as Black female social workers in America is a multifaceted journey shaped by the nation's racial history and the pervasive influence of white supremacy. Identity encompasses not only race but also social class and power dynamics. White supremacy fosters a false sense of inherent superiority, credibility, and worth among white individuals, establishing a power imbalance that extends across social, economic, and political realms (Beliso-De Jesús & Pierre, 2020; Saad, 2020). However, in the therapeutic relationship, the counselor assumes the authoritative role, which may cause friction in the cross-racial counselor-client dyad (Gavel, 2012). Addressing race can benefit the therapeutic relationship in white counselor-Black client dyads (Day-Vines et al., 2018; Knox et al., 2003); however, Gavel (2012) discovered that for Black clinicians, it entails a more intricate process involving careful consideration of trust within the therapeutic relationship, therapist and client self-awareness, client comfort, and stage of therapy.

Intersectional Identity

Intersectionality examines how our marginalized identities intersect and influence various aspects of our personhood, forming the foundation of all social interactions (Crenshaw, 1991; Hancock, 2007; Hulko, 2009). This analytical framework enables us to grasp how intersecting identities like race, gender, class, sexuality, and disability simultaneously impact the experiences of marginalized groups. Rather than treating these identities as separate entities, intersectionality views them as necessarily interconnected and inseparable (Crenshaw, 1989). It goes beyond merely tallying up the discrimination tied to each identity and aims to comprehend how the amalgamation of these identities collectively shapes an individual (Yuval-Davis, 2006). Jordan-Zachery (2007) uses intersectionality to describe her identity as a Black woman. She states,

“When you look at me, what do you see: a woman who is black or a black woman?” In my eyes, this is a moot question since my blackness cannot be separated from my womaness. I am not sure if I want them to be separated. What I want is for individuals not to use my social location to justify punishing me or omitting me from the structures and practices of society. Sometimes my identity is like a “marble” cake, in that my blackness is mixed intricately with my womaness and therefore cannot be separated or unlocked. (p. 261)

When a group of people live at the margins because of their intersectional identities, they become invisible (Chapple et al., 2021). Our identities are inseparable; they continually interact to shape our experiences. When racism is present, sexism may also be a factor, and vice versa. The farther someone is from dominant identities (e.g., heterosexual, cisgender, white, able-bodied, male, etc.), the greater the likelihood of encountering discrimination in their lives.

Reshawna Chapple

I identify as a Black female social work professor and licensed clinical social worker. I am a social justice scholar whose areas of clinical practice and research include intersectional identity, mental health disparities, and access to culturally responsive services for Black women, Deaf women, persons with disability, and other historically marginalized communities.

Put the mask on yourself before assisting others. If 2020 taught me one thing, it would be to roll with life's challenges because neither my clients nor my students care if I am struggling. In 2020, several pivotal events occurred in my personal and professional life: I earned tenure and promotion to associate professor; my youngest child graduated from college; I started a private practice, training, and consulting business; and I began construction on a new house. Unfortunately, these milestones were overshadowed by the murders of George Floyd, Breonna Taylor, and other unarmed Black people; COVID-19; and the presidential election. I felt I was being pulled in a million different directions the entire year. Everything was a challenge. It was the most difficult year I had in all my years of teaching. Many of my students, especially those who had grown up in conservative households, struggled with the idea of learning about diversity from a Black female professor. Often, I would remind my students of the National Association of Social Workers (2021) *Code of Ethics* and the principles of dignity, respect, and the value of every human being; however, it became more critical for them to feel comfortable than to learn about social work practice. Equally, my clients, many of whom were white men, struggled to challenge their Trump-loving friends or parents. The sessions would follow the same pattern: "Dr. Chapple, how do I speak to my parents, friends, or partner about the importance of voting for a Democrat in this year's election/wearing a mask/the importance of quarantining?" They would say, "They do not listen to me, which is frustrating." They would also talk about how important social justice issues are and use the killing of George Floyd as an example. I would listen intently and offer strategies, all while struggling to keep my composure. It never failed: I was consistently asked about 10–15 minutes into the conversation if it was appropriate for them to discuss these topics with me and if I was okay to talk about it. I appreciated the sentiment, but it is my job to discuss these things, and if I did not feel emotionally safe, this was not the time and place to disclose that. As a Black woman and especially as a Black female social worker, I have been trained to focus on my client's feelings while disregarding my own. That is especially difficult to do when the world is on fire and I am mentally and emotionally exhausted.

Ashley Morris

I identify as a Black clinical social worker. I currently see clients in private practice while pursuing doctoral studies. While advocating for my clients, I am reminded of the importance of self-advocacy and self-compassion.

Black therapists matter, too. As a Black clinician in 2020, I discovered the need to engage in more self-care, change how I approached each session, and address potential

triggers and countertransference. Due to the year's unusual circumstances, we were forced into a situational entanglement with our clients. This was not countertransference; this was life in 2020. These times were unprecedented and likely the most challenging we will experience as clinicians. However, if you were a Black clinician, you could expect that the feelings were exacerbated and compounded by systemic and institutional racism. While these forms of discrimination can be traumatic for Black individuals, Black counselors were using their best skills to cope with the added responsibility of supporting clients through these shared experiences. Therapists are human, and as such, we can be triggered. Though we may have been activated, we could not allow our feelings to interfere with our client's therapeutic process and needs, so we remained in the moment, present with our clients. That is work—extensive work—to be able to do that successfully. Imagine now that work had to be done, session after session, because a Black man was brutally murdered by a police officer the day before, and every single one of your clients needed to process it. How long were you, as the counselor, allowed to process it for yourself?

Shellea Ladonice

I identify as a Black Haitian American social worker. I am a doctoral student. The murders of unarmed Black people in America led to my desire to embrace the cultural pronunciation of my name and focus my research on Black immigrants.

Social workers are essential. The social worker's job carries the responsibility of advocacy in practice, research, and academia. In March 2020, schools were moved online due to the COVID-19 pandemic. I continued working with a student virtually who required time and creativity to build a relationship. One day, I met with her mother and noticed a Confederate flag on her shirt. Immediately, a wave of fear, hurt, and anger flooded over me—but I had to remain professional. I kept glancing at it several times while trying to focus on our meeting. I began to question whether I was the best fit for her daughter. I questioned whether or not the symbolism of that flag had something to do with the working relationship. I did not want to feel differently about my student or project my hurt onto her. While I continued providing the best service, I could not forget seeing that flag on her mother's shirt, nor did I want to. I drove past several to and from work, but this time felt different. Maybe it was the increasing media coverage of Black men and women killed by police or the feeling of betrayal because her mother was always kind. During that unforgettable moment, something changed, and I knew I had to keep my feelings in check.

One of the ways I am coping with racial injustice is by addressing diversity in teaching and research. As an instructor, I purposefully insert discussions on cultural differences and considerations into every lesson. Bringing awareness to cultural diversity in assessment, diagnosis, and treatment approaches is a path toward healing and a better future. The pandemic allowed me to self-reflect and shift my priorities. I did a great deal of self-talk, reassuring myself that every practitioner and researcher has a preferred population, so I should not feel guilty for mine. Who is gonna have my people's back like

I will? The racial injustice and social justice movements brought many emotions to the surface: fear, anger, sadness, inspiration, and hope. The pandemic sat the world down and became a time of honest reflection. While this article speaks to social work practice, being Black isn't something that only impacts our practice but also how we see ourselves as individuals. As much as we attempt to draw professional boundaries, our personal lives and experiences still filter into the other areas of life.

Karryl Honeycutt

I identify as a first-generation, Black Caribbean licensed clinical social worker raised in America. I practice psychotherapy, clinical consultation, and social work advocacy. As a Black female practitioner during the pandemic, I found myself face-to-face with the same challenges as those I support personally, professionally, and socially.

Hats vs. lenses. We often discuss the various roles or personas we adopt, akin to wearing different hats we can take on and off as needed. However, practicing in 2020 was distinct because we could not simply swap one "hat" or persona for another. We were navigating grief and trauma alongside everyone, including our clients. Historically, we could enter a session with a clear idea of which hat to wear. Nevertheless, during the pandemic, addressing traumas with clients demanded wearing multiple hats, and given the intersection of our identities, we often had no choice in selecting which hat to wear.

I cannot *not* be any of my identities. Regardless of the hat I may put on, I am never not Black; I am never not a woman. Moreover, I can never not think through that lens. It has been difficult because I have had to be more mindful about which identities should be prioritized in my decision-making with clients. So, the intersectionality of my identity influenced my work, making it more complex to navigate. However, it encouraged me to incorporate more tools to guide how I made decisions and approached the work in front of me.

Countertransference

As Black counselors practicing during the racial pandemic, we had the excruciating but beautiful opportunity to guide our Black clients through a harrowing time as we were navigating it ourselves; thus, our Black clients became a source of fulfillment and nourishment. At the same time, we were tapped out. Lipscomb and Ashley (2020) stress the point that we, as Black clinicians, "used the connection, the shared experiences, and our activation to inform our clinical lens during this time" (p. 232). There is no culturally responsive canon of evidence-based models and practices to use when working with Black clients, so we are forging our own out of shared lived experiences, making it up as we go along, validating and holding their pain while honoring our own.

Countertransference occurs when the words or actions of a client trigger a counselor (Freud, 1910/1959). Often, this phenomenon happens at a subconscious level. Jones-Smith (2018) states that countertransference influences the therapeutic relationship and course of treatment. In the

above example, countertransference can be positive and aid in the therapeutic process because of the deep, unspoken connection of shared experiences. Naturally, in the ordinary course of therapy, topics arise that the counselor may feel strongly about. When Black counselors are in a cross-racial therapeutic dyad, countertransference can hinder progress as feelings and triggers come up for the clinician, especially given the historical context of racism in America.

Cultural countertransference is “a matrix of intersecting beliefs and experiences that take place within the counselor both consciously and unconsciously” (Jones-Smith, 2018, p. 43), which includes the clinician’s beliefs and biases about the identities of both them and the client, their worldview, and their value system. White people are often conditioned not to recognize their whiteness or the privilege it affords (McIntosh, 1989/2019). Consequently, white clients may unconsciously commit microaggressions, microinsults, and microinvalidations (Delapp & Williams, 2015). The Black clinician is tasked with regulating her emotions and maintaining composure, even when triggered by the client, all while prioritizing the client’s well-being. This responsibility can be exceptionally overwhelming. Race significantly influences American relationships, including the cross-racial therapeutic dynamic, where racism is a prevalent concern (Price, 2015). White clients’ sudden acknowledgment of historical racial violence and dynamics can be jarring, as Black clinicians are unaccustomed to hearing them accept or explore these truths. Given that white individuals are often discouraged from discussing race and may have never examined their whiteness about others, they may inadvertently make inappropriate, insensitive, or overtly racist remarks.

Honeycutt recounts facing questions like, “Why do Black people get offended when...?” and “Why don’t y’all just...?” These questions seemed straightforward to address in the past, but in 2020, they became profoundly triggering. Despite the available information online, the responsibility once again fell on the Black social worker to respond while maintaining composure, as they are professionals. When these microaggressions or overt acts of racism occur, Black therapists often face further microaggressions or microinvalidations when seeking support from white supervisors lacking multicultural or culturally responsive supervision training (Constantine & Sue, 2007). Whether dealing with clients, supervisors, or strangers, Black social workers continually assess how to handle each situation, moment by moment, weighing consequences, staying composed, readjusting, refocusing, recalibrating, and repeating. The therapeutic microaggression mirrors the broader challenges they navigate daily.

Chapple recalls instances of countertransference that manifested in different ways with clients, colleagues, and students:

I worked with a client for months to gain the courage to leave her abusive husband. We made a safety plan and discussed risks. As we began to execute the plan, I helped her with strategies to learn to love and accept herself for who she was. As we were working on her getting more comfortable with her decision, she asked for my assistance to prepare for an event she wanted to attend but feared her husband would also be there. We worked on strategies for her to remain calm if she saw her husband. She attended the event and later told me it was a unique, uplifting experience. Eventually, she revealed that it was a Trump rally. The event I helped prepare my client to attend was a Trump Rally. This

news rattled me to my core; it is not my practice to tell my clients whom to vote for or how to feel about politics, but all of the unhealthy traits in her husband that she was trying to get away from were shared by Trump.

In addition to working with an influx of new clients, there was a bevy of requests for me to do anti-racist/culturally competent training for agencies. In these training sessions, I would often work with people and try to explain some of the nuances of race-based mental health disparities and racial trauma that Black individuals were going through. In one of my training sessions, listening to therapists of color outline their struggles with white clients and feeling dismissed by their bosses, there was a specific instance in which I had to gather myself because the emotions were so overwhelming; I found myself transfixed by my past traumas, flooded with images of racism I had experienced in my life.

Morris reflects on staying centered and managing countertransference during therapy sessions:

Black people have been outraged by systemic and institutional racism for years, but we are even more outraged during the pandemic, and now other non-Black bodies are paying attention. We are hurt, outraged, and frustrated, but not all feel the same. During this time, I faced the challenge of my career because of the feelings of those who would dispute the argument that Black lives matter. I began to reflect on several questions, such as, can a clinician who identifies as LGBTQ counsel a homophobic client? Can a Black clinician counsel a white nationalist? We are taught to meet clients where they are, but what if their behaviors and perspectives are marginalizing and racist to you as the clinician? How much are we, as clinicians, required to endure? How much of our mental health do we have to be willing to challenge to support the client?

As I explored my role in promoting social justice and addressing race-related issues, I found myself feeling guilty that I was unable to attend protests on the Saturday following George Floyd's murder. I felt a pull to participate, but my client's schedule was full. As I reviewed my schedule for the day, I realized that every client happened to be Black. My immediate thought was that they would want to process the hurt, despair, frustration, anger, and other emotions they were feeling due to the police brutality and systemic racism impacting our community. The guilt of failing to attend protests subsided as I realized my role: supporting my clients, helping them process and cope, and supporting their mental and emotional health goals. My clients did not censor themselves; they shared precisely how and what they felt, one of them declaring, "Today, more than ever, I appreciate having a Black therapist and knowing that you truly understand, and you feel this, too." That client was right, and I appreciated that I could be in the water with them rather than pulling them out of the water because sometimes, that is what we need.

Ladonice discusses her transition from school social worker to PhD student:

In the fall of 2020 (during the presidential election), I worked as a graduate teaching assistant in which we were on Zoom due to the pandemic. One of my roles was to help

manage the chat during lessons. During a lesson on cultural competence (including cultural humility), a white student typed a question into the chat, asking why cultural competence needed to be discussed. I immediately felt angry. I marveled at how, in light of all that happened regarding racial injustice and the protests only months earlier, a student could ask why this was important. I wondered whether this was a sincere question from a student who wanted to know how cultural diversity related to social work practice or if this was coming from a student who was annoyed and felt it was unimportant. I wanted to address the question by asking for its motive. I wanted to know if this was an attempt to devalue the necessity of becoming culturally aware and culturally sensitive as students preparing to become future practitioners—but I was not the professor. Thankfully, the professor responded quickly and passionately with what appeared to be the assumption that it was a sincere question. We later discussed the incident. She also had the same initial reaction that I did—anger, wondering what the motive was behind the question, especially in light of current events surrounding racial injustice. I felt validated. At the same time, while the topic is critical to both of us, we were triggered differently—she is white, and I am Black. I carried that incident with me throughout the semester, on edge every week and concerned about the possible mindset of future white social workers. If we are honest, we can see issues of racism and ethnocentrism among some of our white social work practitioners of today.

Honeycutt states:

I was contacted by a Black therapist who was looking for therapeutic support for her child and decided that I would be a good fit because the child could relate to me. This should have been a red flag for me. As a Black therapist, there were many layers of countertransference at play, and I should have taken a step back to untangle my emotions and consider the implications of taking on another clinician's son as a client. I could identify with her experience as a Black woman and a mother. Since this was not her child's first experience with therapy, and she had explicitly referred to needing a Black therapist, I was pretty sure that racism or microaggressions were part of the story, which can be triggering for a therapist, as well. I wanted badly to help, even though my caseload was beyond full at the time. I immediately started feeling inferior, with a significant amount of imposter syndrome, since this new client was the child of a clinician. Would I do a good job? Could I be impartial? I began to think about my intersecting identities: As a mother, I understood this mother's need to ensure that her child was receiving the best care; as a Black woman, I understood this mother's need to be seen, heard, and understood by professionals without having to explain or teach about being Black. Ultimately, I took on the client, but I had to establish firm boundaries with the mother regarding discussing her son's treatment. It would be a challenge, but who else could she turn to?

Self-Care

Existing literature on clinician self-care targets white practitioners (Daniel-Washington, 2011). This bias is rooted in the fabric of white supremacy and colonialism ingrained in American

society. However, Black clinicians often adopt different stress management strategies compared to their white counterparts. For instance, religion, spirituality, and the Black church hold significant roles in African American life, with prayer and fellowship serving as vital self-care rituals not adequately covered in the literature (Blank et al., 2002). Black and white clinicians cannot engage in self-care in the same manner. A standard recommendation, going for a walk outside, is something often taken for granted by white individuals but may not always be safe for Black people due to the historical risk of confrontation, challenge, or harm for merely existing as a Black person in America. These added stressors, combined with assisting clients in navigating racial issues during times of heightened racial tension, contribute to burnout and compassion fatigue.

Burnout and compassion fatigue are pervasive issues in helping professions, prompting a recent surge in emphasis on self-care (Posluns & Gall, 2020). The constant exposure to others' problems can take a toll on practitioners, potentially impacting clients' treatment progress. Despite existing research on therapists and their self-care practices, the unprecedented nature of managing stress as a clinician during a global health crisis applies universally, regardless of racial or ethnic background. The COVID-19 pandemic has created a shared experience worldwide, with experts foreseeing an increased need for psychological intervention and guidance to cope with its emotional and psychological effects (Rokach & Boulazreg, 2020). This demand extends to clinicians, who must manage their stress while aiding clients. Additionally, Black practitioners face their stress, triggers, and trauma related to the racial pandemic, police brutality, and heightened racism surrounding the 2020 presidential election. Beliard et al. (2018) emphasize the importance of self-care and supervisory support for practitioners of color in addressing race and culture-related issues in therapy. Self-care is crucial for all clinicians but especially vital for clinicians of color, who navigate not only standard stressors but also racism, microaggressions, cultural insensitivity, and a lack of cultural support (Beliard et al., 2018).

Chapple states:

As alluded to previously, several events signaled significant loss and chaos that would occur in 2020: The death of Kobe Bryant and the loss of a sentimental item occurred in January; the loss of my wedding ring occurred in February; I learned I earned tenure and promotion to associate professor via an awkward Skype conversation; and my youngest child, a senior in college, was sent home from a London social work internship focusing on HIV education and testing in March. As it became evident that we would have to shut down in March, it became imperative to think about self-compassion. I quarantined with my husband, youngest child, and three dogs; it was challenging but comfortable. I converted my in-person classes to Zoom, increased my virtual counseling caseload, mentored counselors in online teletherapy practices, and tried to support my family, friends, students, and clients through unimaginable loss. Some of my students missed Zoom classes due to a lack of internet access or computers; many were thrust back into unhealthy living situations or were embarrassed to turn on cameras because of a lack of privacy. Some students became unhoused due to dorms closing; others missed assignments because they lost jobs or loved ones due to illness or contracted COVID-19.

I could not have imagined what the next year would entail, but it became clear that self-care was survival.

Morris:

Many people, such as spouses, do not understand. Sometimes, I wanted to take the day off, but my husband would say, “Isn’t this your job?” As clinicians, we often place unreasonable expectations on ourselves to be well and perceive others as expecting us to be well. We are trained and provided the knowledge and tools to address mental illness and are therefore presumed likely to address our mental and emotional health issues adequately. We face the same challenges our clients face; often, they know what to do but require more support regarding how to do it and how to find the motivation to follow through. Sometimes, the problems seem insurmountable; the critical factor is knowing when to step back and allow yourself respite. Rest, recovery, and self-care are essential to gathering the energy and motivation to follow through with interventions. Rest also enhances the mental clarity to know what and when to execute. Suppose we fail to accept that we are human and, therefore, are not impervious to mental and emotional health challenges. In that case, we do not allow ourselves respite and recovery. This is especially difficult for clinicians who feel their clients genuinely need them at this time. However, we must ask ourselves, “Do my clients need me, or do I need my clients? Have I supported their self-sufficiency and validated them as the leader in their process? How much of me do they need, and how much do I have to give?” Of course, we should not abandon our clients, but when we notice that our obligations interfere with our mental and emotional health, we must re-explore our commitments.

Ladonice:

In addition to coping through teaching, I practice self-care by setting strict boundaries about what, when, and if I will watch videos or read articles related to racism and discrimination. I must protect my peace, which means I must be in charge of what I let into my emotional space and when—if ever. As practitioners, we teach our clients how to set and maintain boundaries. We teach them that they do not have to attend to everything around them that is crying out for their attention. As Black clinicians, we need to practice what we teach. Another way I practice self-care is by being in a community with other therapists of color, where I can safely process my experiences (including my most recent experience with microaggression), share my concerns, give and receive support, and discuss ways to move forward—emotionally and practically. Having a community of therapists of color has been a consistent, invaluable blessing. Above all, my spirituality has been the anchor for my well-being. Being connected to God through prayer and music therapy keeps me grounded. It reminds me that the hatred and suffering I see now will not always exist, so I move forward each day, hoping for a better future.

Honeycutt:

My self-care practices have included increasing my intentionality about the activities I participate in training, learning circles, and social events. Additionally, I have increased my physical activity and found ways to enjoy movement within the safety of my home while seeking safe out-of-home experiences. My self-care has also included attending to my self-talk and being mindful of my thoughts to create a healthy internal environment. With each injustice toward a Black person, I noticed that there was more work to be done within myself. When an issue of injustice presented itself in session, I could better recognize it as a trigger and seek professional support from peers and mentors to work through the countertransference that it presented.

Blakey:

This article intentionally centers on Black experiences; as a white collaborator working with Black colleagues, I assumed a supportive role as a writer and editor, opting not to contribute to the narratives. Countless articles exist that focus on the experiences of white clinicians. Additionally, because of the way I have structured my life, it is not uncommon for me to be the only white person in a group of BIPOC individuals. Though this is neither intimidating nor uncomfortable for me, I realize this type of self-awareness is not always the norm for white clinicians. However, it is my reality and a privilege.

Discussion

Often, as Black social workers, we must help our BIPOC clients process the same racial trauma that we are experiencing while assisting white clients in managing disputes over racial climate, Black Lives Matter, or politics—or console them as they experience guilt or confusion while confronting their white privilege. All of this is occurring during a pandemic that disproportionately impacts Black Americans. Navigating this triple-faceted pandemic requires rigorous self-care. Prioritizing our well-being during these trying times enables us to manage the emotional roller coaster and demonstrates to our clients the significance of consistent self-care practices.

When it comes to our intersecting identities, we cannot, as Black female social workers, proclaim the existence of one identity that is absent from the others. We proudly embrace our Black female identities as we navigate our challenging yet rewarding profession. The following are some tips and suggestions for fellow Black clinicians, which we have personally incorporated into our lives. These practices have helped us maintain our equilibrium, prevent countertransference, and manage the demands of multiple roles as wives, mothers, daughters, sisters, and social workers:

1. Check in with yourself every morning about how you are feeling. You have a right to feel sad, angry, exhausted, fearful, anxious, depressed, or numb. This can be a sign of vicarious trauma or simply a survival mechanism. Be honest with yourself; look at your schedule and try not to schedule challenging clients together or schedule clients back-to-

back. It would help if you had time to decompress and expel the negative energy we sometimes take in from clients.

2. Try to limit your consumption of news and social media. Adjust your phone and computer notifications. Many of us lose productivity when we are highly emotional or stressed.
3. Process your feelings with your therapist, spiritual advisor, or emotionally safe BIPOC and white allies. Allow yourself to be vulnerable and resist the urge to minimize your feelings. This is your opportunity to work through your feelings and concerns.
4. Start a self-care routine: Use meditation, grounding activities, yoga, stretching, or breathing exercises to calm your body and your mind.
5. Set boundaries and consider muting or blocking toxic individuals or anyone who causes you to feel overwhelmed or stressed. Just because you are a therapist does not mean you need to take in negative energy in your personal life.

Many view counseling as a part of our life, not just a career. However, we cannot be effective if we are depleted or stressed; we cannot pour from an empty cup. Being a clinician in 2020 was physically, mentally, and emotionally exhausting because it meant carrying an additional burden of unreasonable expectations. Some therapists felt uncertain; others were triggered and overwhelmed. Nevertheless, we are resilient, and we discovered support in each other, colleagues, and co-workers with shared experiences, and sometimes even through online clinician support groups. Setting boundaries and establishing connections became crucial for coping with unprecedented times and unique challenges.

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About the Authors: Reshawna Chapple, PhD, LCSW (she/her) is Associate Professor, School of Social Work, University of Central Florida, Orlando, Florida (407-823-2958, rchapple@ucf.edu, @drreshawna); Ashley Morris, PhD, LCSW (she/her) is Owner/Psychotherapist, Holo Wellness, Orlando, FL (407-839-9152, contact@holowellness.org); Shelleta Ladonice, PhD, MSW (she/her) is Assistant Professor, Department of Social Sciences, Augusta University, Augusta, GA (sladonice@augusta.edu); Karyll Scott Honeycutt, MSW, LCSW (she/her) is Counselor, K Honeycutt Therapy, Oklahoma City, OK (954-849-2949, khoneycutt@khoneycutttherapy.com); Britt Blakey, MSW (she/her) is Graduate, School of Social Work, University of Central Florida, Orlando, FL (407-271-9775, britt.bebrilliant@gmail.com, @britt.ohanameansfamily).

The Academic Resiliency of This Black Man

Stefan Battle

Abstract: This autobiographical narrative reflects challenges I have faced, throughlines I have identified, and insights I have drawn and can share from my experience as the first Black male chair of the social work department in a predominantly White postsecondary context. This reflection offers a historical profile of my lived experiences with occurrences and patterns of interpersonal racism that have shaped and intersected with my goals, duties, and responsibilities as an administrative leader and department chair. I share and unpack these details here to provide context and support to scholars and academic leaders of color still to come.

Keywords: Black male chair, administrative leader of color, PWI, academic chair, social work, racism, racism in academia

Two years ago, I became the first Black male to chair my academic department at a college I served then as an associate professor but where I am now a full professor in the school of social work. This is a predominately White postsecondary institution with a 169-year history. Only once before that had there been a Black chair, and electing a Black female to the position was a genuinely progressive move at that time, but no other Black leader had served since then—until me. I had already served as interim chair the previous fall and knew firsthand that chairing an academic department is challenging and involves a lot of detailed work and focus. The role certainly affords a great deal of interaction and intervention with both faculty and students. In addition to managing the curriculum, the department chair works closely with the school’s dean to ensure curricular compliance with the Council on Social Work Education. The department faculty and the dean carefully observe the chair’s leadership and communication skills and patterns. Such assessment and examination should happen if the chair is to fulfill the intended role of assisting students in sorting the appropriate required course options to graduate, offering and guiding students through learning challenges within the curriculum, providing strategies for the betterment of the college/university’s educational growth, and assisting faculty whom they supervise with professional development options and goals for advancement.

Despite gradually fulfilling chair leadership obligations by working in a committed department, I worried that my Blackness itself would sometimes cause White colleagues to subconsciously doubt my capability to lead. This expectation was grounded in experiences of former colleagues with unfounded racial and social perceptions they weren’t always even aware they held within and outside academia. I expected race-related diminishment and challenges to occur and accordingly positioned myself for racial prejudices and oppression that I did, indeed, encounter from some White colleagues.

Though unanimously elected by my peers, I was aware that I was the only person who volunteered for this position of authority. Academic leadership positions are typically time-consuming and can be challenging. Like me, many of us in academia have witnessed departmental struggles involving former chairs that arose due to personality conflicts or control issues. Potential candidates may not want a leadership position because they worry about known

or debatable obstacles to their success. When I asked before my election, former and current departmental chairs described the chair position as generally undesirable for these and other reasons. Yet, someone needed to step up. I was the next senior person in line for it and thought I could do a good job, and I hoped to make a difference for our department's faculty and students. I also felt sure I would continue having to navigate my Blackness through what was sometimes unfriendly territory.

My first acute awareness of being Black in the academic world occurred in high school when my honest intent to write a poem for an English contest was questioned. Given my hard work on the poem, one White teacher's ill judgment made me aware that my academic skills and potential would not be assumed and would sometimes be questioned for the mere reason of my skin color. Like many others, proving myself in the White Academy at every level became part of my coursework. For more than 45 years, the messages and actions of various White academics have been piling up as memories of racial trauma that would doubtless be unimaginable to those very people. Significantly, only *some* White people contributed to my academic trauma as a Black man—not all—though this former pattern of treatment which, as I share and unpack here, has shaped my experiences in profound ways that continue to impact how I view my place within academia.

Consistently proving oneself can become second nature, as can navigating low expectations, verbal abuse, and microaggressions. While working within and on behalf of my academic community, I have needed to find ways to address my challenges—and vulnerability. Sharing these experiences and related learnings is essential because I want to encourage other Black male academics. In *The Content of Our Character: A New Vision of Race in America*, Shelby Steele (1990) writes, “Racial vulnerability is best thought of not so much as the wound of our oppression as the woundedness we still carry as a result of it—our continuing openness to inferiority anxiety and racial diminishment and shame” (p. 57). Steele is expressing what I have experienced insofar as some White academics have dismissed and verbally attacked me for no reason other than my skin color. Marc Lamont Hill (2021) states, “Emotional vulnerability can cut deep. The world hasn't created space for us, particularly Black men, to say, ‘What you said hurt my feelings’ or ‘What you said made me feel insecure or inadequate’” (p. 76). Expressing emotional vulnerability in writing is scary, but bell hooks (2004) reminds us that “if Black boys and Black men do not allow themselves to feel ... they are not able to take responsibility for nurturing their emotional growth; they cannot access the healthy parts of themselves that could empower them to resist” (p. 93). hooks (2004) suggests that emotional growth is a journey to empowerment to resist and can be modeled and nurtured by Black males who do not internalize false and demoralizing images of their Blackness. The idiom “there is strength in numbers” may be a cliché, but it is not an exaggeration. I hope that this essay may help other Black male academics feel safer articulating manifestations of white supremacy and anti-Blackness if they experience racist harm in their professional lives.

Judith Herman (1997), the author of *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*, writes, “To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human

nature” (p. 7). A Black man examining his own experiences of racial trauma can reflect on his willingness to be vulnerable, enabling potential healing.

My racial trauma was triggered early in life via overt and subtle racist messaging and actions. The White male guidance counselor tasked with helping me discern post-high school pathway options and realize my priorities and potential taunted me by saying, repeatedly, “You’re not college material.” Those words, on repeat, were overt and devastated me, an adolescent whose entire family was college-educated and expected the same for me. Perhaps this guidance counselor had absorbed negative messaging from protests of the *Brown v. Board of Education* (1954) decision. Digging into these demoralizing sentiments and low expectations, he would methodically plant subliminal messages and give me material for a trade high school. However, my resiliency prevailed, and I was self-motivated to improve my grades, attend a prestigious college, and graduate.

Into adulthood, I continued to find ways to react positively to opportunities and new contexts despite being judged and treated in non-affirming and negative ways because of my race and having others try to define me rather than let me explain myself. Indeed, I had been given some tools and know-how from older Black folk who were biologically related or considered a fictive kin relation from my Black church. Exemplary role models and elders taught me to find value and worth inside myself and not from outside oppressors. Even so, it was not always easy to hold this line. To transcend the structures, norms, and realities of White America, resilience quickly became a critical survival skill. I sought explicitly to live in authentic ways that did not compromise my Blackness. A Black male elder once told me that when introducing myself to White people, I should look them in the eyes and shake their hands firmly to convey confidence to them *and also to myself* that I am a strong Black man. He felt that shaking a White person’s hand symbolizes internal confidence, and looking directly at them asserts equality. Another church elder, my older and now-deceased sister, corrected me anytime I held my head downward. At the time, I considered myself shy and was known to be very sensitive, though I didn’t feel I lacked self-confidence. Even today that sensitive side remains very present. As a younger person, introversion was my comfort zone. As I reflect now, though, my introversion offered me a safe space of comparative protection from White people who could be cruel and othering. Perhaps not defending myself to the high school guidance counselor was connected to tendencies of shyness and introversion. Maybe that was a response choice of self-preservation: practical and active harm avoidance.

Whereas “naive” is a word my mother often used to describe me as a youth, I am today, of course, well aware of White American individuals and systems that hurt Black men consistently, physically, verbally, emotionally, and economically. I watch the news media regularly report incidences of Black males being physically harmed by police violence, yet police actors are not the only perpetrators. I wonder whether there was any way *not* to imagine that racial trauma would affect my life trajectory as a Black male. I subconsciously learned to become an invisible child, to blend into the room’s decor without being seen or heard. Little did my sister know why I tended to hold my head and eyes down. She would say, “Hold your head up. Be proud and confident in yourself. You have nothing to be ashamed of.” This was good advice, though it also taught me that even if it was racist assumptions or microaggressions that I might encounter, I

was to recover quickly and present myself without fear or shame. Self-pity was not allowed because wallowing in vulnerability could be exhausting and self-defeating. Yet, I've learned that sometimes a Black man should nurture his truths and permit himself to embrace emotional vulnerability. Other times, giving in to vulnerability feels like allowing White people to win, controlling and manipulating me by my very Blackness.

Another academic experience highlights such an outcome. I chaired a Black male student's doctoral dissertation committee four years ago (since the time of writing). It was my first experience in that vital capacity. The committee consisted of two White men, one White woman, one Black woman, and one Black male (me). I was the only dissertation faculty member of color for our doctoral program then. To my knowledge, the student on whose committee we served was the first Black male to be admitted to and graduate from the program. He asked me to chair his dissertation committee at the personal recommendation of his previous chair—one of the two White male committee members mentioned above—who could no longer serve due to other obligations. On the day of his dissertation defense, the student presented his project to his committee and guest with a slide show that offered brief narratives from the contents of his dissertation chapters. Once he finished, the committee directed questions to him. As is customary, after the questioning was completed, I asked the student and his guest to leave the room so the committee could convene and decide whether he would pass. I felt confident that the committee would pass him because of his clear presentation, responses to our questions, and flawless passing of each benchmark (e.g., comprehensive written and oral exams and dissertation proposal defense). To my surprise, the White male committee member who had been the student's original dissertation chair was reluctant to pass the student due to writing errors in the drafted dissertation that caused him to want more time to review the manuscript. He explained to the group that he was willing to give the student a conditional pass. When I mentioned that the student had been working with a professional editor on the dissertation document itself, the dissenting committee member became irate, insinuating that I was questioning *his* writing skills and abilities and was perhaps not as able to recognize grammatical errors as he was. In an explosive rant, this committee member demanded a public apology from me for what he described as my rudeness in explaining the student's use of an editor. I sat in silence as the other committee members did; he continued, with rage and for a second time, to demand that I apologize to him. I composed myself and moved the discussion forward, with the committee deciding to pass the student on the condition of that one White male committee member re-reading the dissertation and providing feedback.

In processing the event with some very close friends and colleagues afterward, I recognized that the verbal attack felt racially motivated and had been notably unprofessional and demeaning. I do not believe this committee member would have treated a White professor that way. I was then contacted by the other committee members, who indicated that they thought the White male committee member had implied quite directly that I could not write well. The White female committee member told me she had witnessed my composure and praised my professionalism and integrity. By not allowing the White male committee member to interrupt the committee's functioning with inappropriate behavior grounded in racist ideologies of superiority and entitlement, I held my head up—literally and figuratively. My late sister would have been proud to witness my resilience.

This was not the only time I had been challenged because I was administering and leading as a Black man. As a social worker and assistant director of an adolescent wellness program, I supervised an established three-person staff. I remember conferencing individually with each staff member for a friendly meet-and-greet. One was a middle-aged White woman who had been with the program for years. Our first exchange began cordially but took an odd turn when she interrogated me about my educational background and skills. I recall one straightforward question: “What makes you think you’re qualified for this job?” Instantly, I knew my skin color was the real point of her query. At that point, I no longer experienced a colleague but an adversarial co-worker raising us-and-them divisions/perceptions/expectations by harmful racial stereotypes. I did not doubt by her body language, tone, and general attitude that her harsh questioning was race-related. I could not help but think that if I were a White man or woman, she would likely have had default respect, however unconscious, due to our common Whiteness.

This was thinking directly connected to past personal experiences. I have been part of hiring search committees where I witnessed some White individuals giving a person of color the third degree from a place of distrust concerning their qualifications. It is the case that exploring candidates’ relevant qualifications is vital to a successful search, but when related queries come with a tone that’s somewhat edgy, harsh, and disbelieving? I’ve only seen that from White decision-makers to candidates of color. It has been my experience that candidates of color often have to prove themselves worthy for interview in ways that White candidates do not. My White guidance counselor’s message of “you’re not college material” felt and still feels troublingly similar to my White colleague asking, “What makes you think you’re qualified to do this job?”

Many of my interpersonal interactions with White people have no racial undertone or unsavory assumption of superiority. Yet, I also have a long history with the latter type of experience pattern and can sense when such a situation is about to arise. I am a Black male expert in this area; my senses are honed, and I can intuitively feel problems before they take precise shape. Perhaps the White female co-worker I just described had wanted my position and was not considered for the job, a slight that made her irritated or envious that anyone else was being considered. Perhaps she was upset that I was younger than her and believed I had limited experience while she had much more. Both or either of these possibilities may be true, yet the encounter I described did not *feel* like anything other than racial discord. Furthermore, ensuing encounters with her as a colleague also smelled racist, but I often left these alone, knowing it was her mindset, not me, that was at the root of her starting points. According to Kimberly Frazier (2011), “contemporary racism is defined as subtle forms of racial bias that is expressed in attitudes, beliefs, and behaviors that are considered acceptable by the White individuals who use them” (p. 6). I knew that addressing these dynamics head-on would require me to educate White people on something they have not experienced, could never fully understand, and might never believe anyway.

I experienced these encounters as triggers that raised older feelings of racial trauma and vulnerability. According to Young (2021):

Acknowledging the impact of racism on your life is like walking into a dark, murky cave. You know that once you go in there, you’re not able to see; you do not know where you’re

going or what you'll find. But you walk in anyway because you know there are things in that cave that you need to reclaim that have been taken from you. Despite the fear, you walk in to reclaim your ability to speak up and say what you need to be seen and heard and to take up space. (pp. 127–128)

While the specifics will typically differ in predictable ways for Black women, Black men, and Black queer and trans folks, the darkness of racism always remains fear-inducing and yet predictable in whatever paths we travel personally and professionally. While many people think being the first Black person to do something is prestigious and influential, many of us who are marginalized experience being a “first” as life-altering in primarily negative ways. It caught my attention, and it was not a surprise, that when President Barack Hussein Obama II became the first Black male to be elected to the highest office in the US, I observed that vast swaths of White America believed he was not qualified for the duties and responsibilities of the job, and that he may even have lied about meeting the birthplace criteria. I feel Black female Vice President Kamala Harris, also a first, has similarly received little to no recognition or respect from White Americans who perceive Black folks as not being worthy of, or fit for, such high office.

Black people born underprivileged economically and socially are especially expected to face and deal with debilitating and deliberate symptoms and systems of oppression rooted in American racism. Ruby Bridges was born five months after the US Supreme Court ruled against racial segregation in public schools in 1954, declaring such conditions unconstitutional (*Brown v. Board of Education*, 1954). At the innocent age of six, Ruby became the first Black student to desegregate the all-White William Frantz Elementary School in New Orleans, LA (Michels, 2015). How could a six-year-old comprehend White Americans hating her because of the color of her skin? How could a six-year-old defend herself when White Americans yelled racist and hate-filled epithets as she walked to and into the school? How could her parents and community members prepare her for that brave and very vulnerable public experience? There were no criminal charges for hate speech at that time, and I suspect that one source of racial hatred and racial ignorance preparedness that I share with Ruby Bridges and other Black folks who became “firsts” was a proverb commonly attributed to African culture: “It takes a village to raise a child.” Again, there is strength in numbers—and in Black community elders equipping us and supporting us and safeguarding us to survive and thrive despite all the interpersonal and structural obstacles to our inclusion and belonging.

My Black village included my parents, siblings, auntie, godmother, and many parishioners and elders in the church where I grew up. While many of them have passed away and are deeply missed, I am but one of many similarly raised adults who carry their legacy and memories in what we do, who we are as Black folks, and who/what we set out to do and become. My life honors the names and images of those who grounded me because I have survived and thrived long enough to become the first Black male chair in my academic department.

When this professional opportunity emerged, I suspected my three-year tenure as chair would mark a critical, pivotal time of accomplishment and lead to more than usual scrutiny and questioning of my leadership by some White colleagues. Again, every department chair is

challenged from time to time. This is as it should be, and faculty leadership tends to have hallmarks of democracy that can be hard for anyone to navigate. Yet, unlike all but one of my predecessors, I had been subjected to racist attacks and stereotypes as an administrator and faculty leader at higher education institutions—in my case, at three different institutions since entering the academy more than 20 years ago.

Racist/racial attacks early in my career primarily occurred when I had to express my reasoning and beliefs and truth-telling so as not to compromise my convictions as a leader. Yet my authentic voice as a leader in departmental meetings when discussing student concerns, especially those involving students of color, seemed to be dismissed or passively noted by my predominately White colleagues. Many seemed unable to contain their dislike of me being vocal and speaking publicly to point out their racialized actions and patterns. If I sought to hold them accountable for harmful approaches, perceptions, and stereotypes regarding the students of color in their classrooms, some White colleagues spoke to me with hate, using speech and tones that came across as derogatory and made clear that they did not think we were equaled, communications that might better reflect a master–slave/servant relationship. Among the comments I remember being aimed at me were these:

“How dare you speak to me that way?”

“Who do you think you are?”

“I’ve been here a lot longer than you in this school. I demand an apology.”

The most consistent of the troubling quotes from White colleagues? “You need to stay in your lane.”

You might say that these kinds of derogatory comments are common among colleagues in various fields and mainly aimed at junior faculty, perhaps a sort of ankle-biting. Fair enough. However, when a privileged, entitled White person is standing over me, and I am a representative of an underprivileged and marginalized racial group—when that person uses a forceful voice so close to my face that I can almost inhale the same breath—the experience feels more like a master–slave/servant confrontation than a collegial interaction in which two professional people diverge or disagree. These colleagues situated me as subordinate, reminding, cautioning, or threatening me not to get too big for my britches. In the spirit of self-preservation, I needed to prepare myself, consciously and with intention, for what could happen while I served as department chair. I knew all too well that subtle drilling and outright interrogation of my abilities and competency could be expected and that many White people who see themselves as “allies” perceive such happenings as permissible because they carry the good intention of supporting oppressed and racially marginalized people.

Let me say unequivocally that good intentions can accompany actions, words, policies, or signals that are, in fact, racist and very harmful. Researchers Gaertner and Dovidio (2005) described this phenomenon as *aversive racism*:

Aversive racists, in comparison, sympathize with victims of past injustice, support the principle of racial equality, and regard themselves as nonprejudiced, but, at the same time, possess negative feelings and beliefs about Blacks, which may be unconscious. Aversive racism is hypothesized to be qualitatively different from blatant, “old-fashioned” racism. It is more subtle and is presumed to characterize the racial attitudes of most well-educated and liberal Whites in the United States. (p. 618)

Seeking, whether consciously or subconsciously, to give Black folks a “lane” and keep them in it causes estrangement and dynamics of superiority and subordination rather than collaboration, authenticity, and belonging. Some White academics have delivered feedback they undoubtedly had no idea was racist: “You are very competent when you write.” Another subtle but racist attack referred to my speaking voice: “You are expressive and speak very well.” Such expressions could be entirely appropriate and affirming to a graduate student preparing for a conference paper delivery or a dissertation defense but are in no way proper from one professor to another, especially with doctoral degrees each. This gesture of almost-praise, of aversive racism, is code that some Black Americans interpret as “keep up the good work despite your disadvantaged circumstances as a Black person”—and I note that the majority of the White colleagues in my department firmly identify and self-present as supportive White allies.

Films like *Gone with the Wind* (Fleming, 1939), *Driving Miss Daisy* (Beresford, 1989), and *The Help* (Taylor, 2011) dramatically portray racist traditions of Black people not being permitted to sit and eat at the big dining room table. Instead, Black folks were dismissed and authorized only to sit and eat in the kitchen, without the same abundance and comfort—after their serving jobs were completed. The dining room table represents power and privilege that Black folks did not have in the 19th or 20th centuries. In too many ways, Blacks continue to struggle and face barriers to getting a seat at the big table in the 21st century, as well. When I read Gaertner and Dovidio’s (2005) article about aversive racism, I could not help but see metaphorically how some White Americans who identify as allies to Black folks or other people of color throw just enough breadcrumbs from the big dining room table to symbolize their compassion for our well-being. These breadcrumbs give Black folks just enough to taste but not fill our stomachs, representing hundreds of years of need and desire for individual and collective well-being, inclusion, equity, and justice. It seems clear that some White people default to stereotyping and seek to control and minimize Black folks and their potential to uphold their power and privilege at any cost—all while presenting a sanctimonious White ally image that obscures the continuation of ideologies, institutions, and interpersonal dynamics of White supremacy.

Tommy Curry (2017) states that “racist accounts of Black males depict them as lesser males who are lazy, unintelligent, aggressive, and violent” (p. 3), and it is hard to escape this stereotype in the US to this day. Black men continue to be challenged and expected to explain or defend their skills, expertise, and abilities. Many White people see Black men as threatening or, at best, *other*. The notion of othering is that “some individuals or groups are defined and labeled as not fitting in within the norms of a social group” (Cherry, 2023, para. 1), leading to some people being “in” and others being “out.” My Black villagers prepared me to anticipate racial animus and possible acting out by White people who would scrutinize and judge my racial identity and Black male body. As I now know from experience, these Black villagers knew then

that I would be tested as I embarked on this academic leadership role as department chair. They schooled me well for unfortunate circumstances and patterns that I cannot escape as a Black man. They also schooled me to be ready for the day when I would have a seat at the metaphorical White dining room table of power and privilege as an academic department chair. No more crumbs to be caught and tasted. No more relegation to the kitchen. No more pretense of yes-ing and no-ing White colleagues who expect compliance because of their own power and privilege status. I had planned to model my entry into the chair's leadership role on Sidney Poitier's characterization of Dr. John Prentice in *Guess Who's Coming to Dinner* (Kramer, 1967). Prentice is an intelligent, educated, dignified Black physician character who is uncompromising yet collegial, honest yet unerringly polite, and strong yet kind. Though he is fictional, I am a real Black man with equally positive human and leadership qualities.

The weight of being Black and having administrative power and privilege has been an essential experience for me. Black friends, family, and colleagues express that my being in this leadership role was one more feather in my cap of accomplishments. Still, I also understood that my new role was another feather in the cap of all Black folks' pursuits of equity and inclusion. Though, significant administrative leadership roles such as "chief diversity officer" or "director of multicultural services" are insufficient for Black academics. These are typical positions for which people of color are hired. Hiring White academics in these roles can be considered detrimental to the unit's mission, which I imagine no school wants. Yet, as DeWitt Scott (2016) indicates, "being forced into these and similar positions can send a message that the individual is incapable of contributing to the governing of an institution outside of racial matters" (p. 42). Black academics need not just a seat at the big dining table but a seat at the head that requires everyone to take notice. Black academic administrators and leaders are not typically expected.

Unfortunately, and with sadness, I stepped aside as departmental chair after two long and fretful years of ankle-biting and outrageous harassment by specific White individuals. I reached the peak of my academic career through high standards and ambitions. Despite predictable shortcomings and roadblocks from some of my White faculty colleagues, I thought that post would be a pinnacle. Leaving the position a year early was hard, but a diagnosed physical illness and poor emotional well-being made it clear that I should—could—no longer continue. Departmental leadership is challenging enough, and compounded with chronic stress from the racist behavior of others, it has taken a heavy toll, mentally and physically. Sheila Wise Rowe (2020), author of *Healing Racial Trauma: The Road to Resilience*, cites Professor William Smith from a University of Utah study that found "mental and physical stress people of color face from racism is similar to what soldiers experience in battle" (p. 23). Consistent microaggressions and predatory actions from some White department members overwhelmed my resiliency and weighed heavily on my mind, body, and spirit. The constant battle of "them against me" was much like what Smith (as cited in Rowe, 2020) found, not dramatization from my imagination. Interestingly, a White colleague who observed my survival tactics and creative efforts to avoid this personal "war" described me as a "good soldier." I stood my ground until it became too exhausting to fight any longer. Something needed to give. I have sacrificed myself enough. I have not retreated because I wanted to give up the fight for equality and my rightful place as a Black academic leader. I am simply moving away from this position and to a new

department for self-preservation, an act that is also, though somewhat ironically, a mark of resilience.

A White woman once told me that some people in her racial group will not ever change their thinking about Black men. She further said that their beliefs and behavior are unforgivable. My work as academic department chair brought the challenges and benefits I expected and anticipated. Yet there is one opportunity I have not yet mentioned: My administrator and leadership role thrust me into active role modeling Black leadership for faculty and students of color and becoming an elder to them as others once were to me. I offer them my lived experiences as a case study that will hopefully better prepare and not deter or divert their self-belief and possibilities to exist and excel as administrative leaders in higher education. My presence and legacy as the second Black person and first Black male department chair *will* persist as a tangible pathway for more people of color to lead my now former department in the future. Although things did not work out as I had hoped, I am proud of this and expect more than one will count me among their Black villagers and that my Black villagers have been and will continue to be proud of me, too.

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- About the Author:** Stefan Battle, MSW, EdD is Professor, School of Social Work, Rhode Island College, Providence, RI (sbattle@ric.edu).

Teaching While Black: My Journey from the Caribbean to Teaching in White Canada's Blackest City

Petra Roberts

Abstract: This narrative traces my travels from an Afro-Trinidadian upbringing to coming to white-dominant Canada where I became a social worker for 20 years. It follows my struggles to confront racism and become a teacher in institutionally white universities. It culminates in my challenges and successes in finding a space to thrive, both inside and outside the classroom, at a university in Canada's largest and Blackest city.

Keywords: academia, Canada, the Caribbean, gender, race, class

Road to Academia

Teaching while Black often is centered around experiences of Black scholars in classrooms and in their interactions with colleagues. Without doubt, I feel, these are contexts in which being a Black scholar is often felt acutely—events of anti-Black racism are everyday experiences that are often overlooked or talked away. As I reflect on teaching while Black, I have a different starting point, and I quickly arrive at a narrative that doesn't neatly separate teaching while Black from living as a Black woman and experiencing constant intersections between my professional life as a professor and my private life as a Black woman. For this reason, what follows is the story of my life as much as it is the story of teaching while Black. While even I find it difficult at times to fully connect aspects of my journey across professional and private spheres, I choose to narrate my story across these domains as a whole rather than two separate parts.

I was born in Trinidad and Tobago to a family of immigrants from the neighbouring Caribbean island of Grenada. Much of my development through girlhood and early adulthood followed the pathways one might have expected and even hoped for. I attended a girl's Catholic high school and graduated with the requirements to acquire a government job as a civil servant. As a dark-skinned Black woman, I was considered by many people in my family and social circles as quite lucky to get a permanent job. Many of my social connections thought, and sometimes voiced, that all that was left for me was to get married and have children while I wait for the mandatory retirement age. For many Black women in Trinidad and Tobago, this was considered a positive and meaningful pathway through life. I, however, dared to dream beyond my working-class upbringing, and I hoped to attend university. Some of my friends at the time suggested that I consider studying abroad, and as a result, I applied to colleges in the USA. My first attempt at dreaming big ended in a nightmare. In fact, I was deported. I was turned back from entering the country by the immigration officers at the airport after questioning me on my intentions in the US and discovering I was planning to begin my studies on a visitor's visa. It was humiliating being escorted to the plane by security officers with only my handbag, as my luggage would be shipped on another flight.

I remember feeling deeply dejected, and also embarrassed, because everyone back home had expected me to be studying in the US; instead, here I was, back home, with no real prospects of making good on my courageous declaration that I would study abroad. In retrospect, I recognize that this was my first indication that Black women don't get free passes. While I am quite sure that this could also have happened to a white woman, I think it more possible that a white woman may have somehow wiggled her way into the country despite the situation. First lesson: Black women don't get to wiggle into spaces where they are seen not to belong.

I returned to my desk job, dejected. Amongst those consoling me, one colleague suggested going to Canada instead. He connected me to his brother who was a teacher in Winnipeg. Once again, I felt a glimmer of hope that my audacious dream of studying abroad could come true. However, challenges awaited that move. Two pages of my passport had the word "deported" in large red letters. I was advised by a private consultant that I would not receive a visa with my current passport. The options for requesting a new passport were limited to theft or loss in a fire and the application would have to include a police report. Fortunately, the "who-you-know" technique in Trinidad and Tobago worked, and I was able to get a new passport officially through the relevant ministry and application process.

With one hurdle over, the next was to apply for the Canadian student visa. Anecdotally, during the 80s, it was common for African-Trinidadians to study in the United States and Indo-Trinidadians to migrate or study in Canada. None of the people I knew had much experience with the migration process to Canada. I was on my own. I went to one of the consultant services advertised to help those migrating to Canada. One of the many requirements was to show a bank account with funds to cover a portion of the degree costs. My father had recently died and my mother, my sibling, and myself shared in his estate. However, this was inadequate to cover the funds required by the Canadian Embassy. My mother reached out to a family member for a loan to support my bank statement. I specifically remember it was \$4,000 TT dollars (then worth about \$2,000 CA). I also remember the morning of the immigration appointment, my mother sitting in the veranda of our home, quietly praying that I would be successful in receiving the Canadian visa. The consultant placed all my documents in one of their advertised envelopes. When I proudly opened the envelope to share my documents, the immigration officer became quite angry and proceeded to give me a lecture on the use of these "illegal" immigration consultancy services. My heart sank. I feared that my application would be rejected. However, a few minutes later, she began to tell me about the weather in Winnipeg and that day I received my Canadian student visa. That was the beginning of a new journey in my life towards becoming an academic.

Living on the Canadian Prairies

Manitoba, a province in western Canada, became my unlikely home away from home. In fact, aside from a couple of longer return visits to Trinidad during which I worked in a residential care facility and taught social work at the University of the West Indies (UWI), I spent the next 15 years in Winnipeg, Manitoba's capital and largest city. Although I always wanted to teach, during my many years as a social work practitioner with two undergraduate degrees and one graduate degree, I was never given the opportunity to teach at the only accredited school of

social work program in the province at the time—but I noticed other white social work practitioners were teaching at the school. To satisfy my desire to teach, I accepted many social work students for practicum placements and added small group teaching modules to their experiential learning.

I had the opposite experience in Trinidad and Tobago. During one of my longer returns to Trinidad and Tobago, I was interviewed and given a contract to teach at UWI. I began to think that it was not my knowledge that was keeping me back from the opportunity to teach in Manitoba, but my identity as a Black woman. Teaching while Black was inconsequential at UWI because the majority of the faculty and staff were Black or Indo-Trinidadians. Although it was common there for people to teach without a PhD, I returned to Manitoba and registered in the full-time PhD program. I was able to teach while being a student. I was not conscious of being perceived differently as a Black woman, although in hindsight, I now understand that my students were certainly conscious of being taught by a Black PhD student.

Before and during completing my PhD, I worked as a child and family services worker in northern, urban, and rural Manitoba. I also worked in adolescent mental health services, both hospital and community services. In all my professional experiences, especially in the remote north of Manitoba, I was usually the only Black person, and definitely the only Black woman, present.

Road to Tenure

Three decades after migration to Canada as a young international student, I started in the world of academia after being offered a tenure-track position in the School of Social Work at Algoma University. Algoma is located in northern Ontario in the city of Sault Ste. Marie, which had a population of approximately 70,000, exactly 127 of whom were Black people—128 after I moved in!

I applied for this position a few months after I graduated with my PhD. I knew my chances were good based on my work history—my academic credentials and my experience living in northern communities were major assets in applying to teach in social work programs. However, I remember being concerned that my natural hairstyle and large earrings might look too threatening to the interviewers. I had internalized ideas about being “too Black” for academia in Canada.

At Algoma, the majority of students were white with four Black students—one international student from Nigeria, one from the USA, and two students from Toronto. This was the university's first hiring of a tenure-track Black woman professor. There were two Black men who had worked there for over two decades. This was the formal start of my career of teaching while Black. During one of the classes, I asked how many students had had a Black teacher before. For the student from Nigeria, it was normal; however, only one white student had a Black teacher during her final year of high school.

Although I only spent one year at Algoma, there were a few complaints by students, either about their grades or about course content. A group of four students wrote to the department director complaining about their grades: “marking seems to be arbitrary, unclear and often unexplained ... meetings with Petra produces [*sic*] advice that is limited or not clear enough to be of use.” In another case, a student openly challenged her grades during class. She indicated that the grade I gave was wrong and demanded that I make the change immediately. Although I told her I would review it at the end of the class, she angrily slammed her book on the desk and mumbled, “Okay, so just shut up and don’t ask questions.” Others complained that I made them feel uncomfortable in discussions about race and racism. Although it is true that all professors get complaints about their grading, I believed that I was singled out because I am Black. Furthermore, it wasn’t just the complaints, but also the audacious method of complaints, which often featured students speaking to me or about me as if I were their peer. I felt they were not being respectful of my status in the university and my knowledge and experience because I was Black.

The university had hired three professors during the year: one East Asian woman originally from Hong Kong; one white francophone man from New Brunswick, Canada; and myself. My two colleagues never received official complaints from the students to the director or dean. The complainants from my classes went directly to the director or dean without first approaching me. In the complaint about class discussion and race, the students felt that I was directing the discussions to them as white people and accusing them of being racist. I believe their discomfort was about having a Black person speak openly about racism. The topic was new and may have been challenging as this was the first Black professor or teacher they had ever had.

The news of my departure from Algoma brought many congratulations from my colleagues there. I had been hired by Toronto Metropolitan University (TMU) in Canada’s largest and most diverse city. TMU had more prestige than Algoma, so it was seen as a step up. Also, most thought that Toronto was the place for me as a progressive Black woman. The view was that there would be a lot of Black people and Black progressive activists there with whom I could engage and activities in which I could become involved.

It was true that I was moving from the field of social work to the field of child and youth care, but much of my practice experience, both in Manitoba and in Trinidad, was quite congruent with what I understood child and youth care to be. Social work has a longer history as a discipline and focuses not only on children and youth but also on people through the lifespan. In child and youth care, a great deal of attention is paid to the interpersonal context of practitioner and young person, with systems and structures that impact families as elements of the ecological system in which young people’s lives unfold (Stuart, 2010). The field often uses phrases such as “life space intervention” and “relational practices” to get to the core of its purpose (e.g., Kiaras, 2019). Social work, in contrast, typically centres the systems and structures that shape communities and offers a more critical analysis of those systems and structures, with less attention on hard practice skills (especially at the undergraduate level)—these are usually left to be learned through field education components of social programs (Parris, 2012). Although I initially thought that these distinctions were quite minor, I quickly learned that social work and

child and youth care are in fact quite different fields with considerable variation in how they approach practice.

I felt the School of Child and Youth Care, and the faculty of which it is a part, were a good fit for me. The School and faculty support Caribbean research, and a significant proportion of the Black students in the Greater Toronto Area are from the Caribbean diaspora. Actually, the province of Ontario is home to more than half (52 percent) of the Black population in Canada (Statistics Canada, 2019). I was also very excited that the faculty members in the School consisted of 50 percent Black scholars. Except for my time teaching at UWI, I had always been the only Black person in all my previous places of employment in Canada.

My initial experiences in this academic world in the heart of Toronto were not what anyone had previously described and certainly not what I envisioned. The promise of a Black presence in Toronto, relayed to me long ago in Winnipeg, in fact came true. And yet I felt more a stranger, more on the periphery of activity, than ever before. I met my Black colleagues briefly; there were introductions and admittedly a warm welcome. But the initial encounter to say hello seemed to meet the needs of everyone else, while I remained alone. I saw my colleagues mostly during faculty meetings. They told me to call anytime, but this is a large university after all, and in my experience, these offers often mean nothing outside of an established relationship. Two white colleagues did take me out for lunch. I was expecting, although did not ask, that my Black colleagues would take me out for coffee and introduce me to significant places and things I should know at the university and Toronto. Places like where to get a Black hairstylist or products for Black hair. I should admit, I did not do much to interact with colleagues both white and Black. I did not make the calls. I found it uncomfortable to make the calls. I may have been relying on my experiences in smaller communities which were more friendly because they were smaller social circles. This compounded my experience as a new Black faculty member.

I have since heard from others that senior faculty members should have seen it as their responsibility to help me get settled in Toronto. I did not feel like they did. This made me think how easy it is to make assumptions about another's needs. The assumptions could not have been that I had a pre-existing social circle, a community of belonging, somewhere to turn to when I needed someone or something. These things don't develop overnight, and I was a complete newcomer. I have lived in enough different communities to know that it takes time to develop a social circle. This would take even longer in a large city. It may be that my colleagues did not know what it was like to live in communities that had only a tiny minority of Black people and assumed I would have no trouble becoming comfortable with the university and the community.

My reality was that I was in a new city, new to the social and cultural diversity offered by the city, new to the hustle and bustle, and new to trying to find my space, my Self and my spirit in this place. I was also existing with a broken heart and an emptiness from the loss of my sister and only surviving relative who died the same day I was moving to Toronto to start the tenure-track position.

Inside the Classroom

I was very excited for classes to start in September. At least this was a place where I expected to feel comfortable and like I belonged. That is not quite how it happened.

I am confident in social work knowledge and practice. I have a very large amount of professional experience. I believed my knowledge and skills were transferable to child and youth care, particularly for a course like Interpersonal Communication Skills, which was one of my first assigned courses. I felt a little more apprehensive about a core child and youth care course I was asked to teach, given that I was not yet as well-read in the field. But I do have a critical analysis of human services work widely speaking and my knowledge and my experience is broad—both urban and rural, and northern, always with a focus on Indigenous peoples and a focus on international migration, which feature centrally in child and youth care as much as they do in social work.

I was comfortable taking a position in a school of child and youth care specifically because my practice and my conceptual approaches have always been situated within the context of children, youth, and families. I had worked in residential care. I had worked with families in crisis. But I still had an identity crisis. This was the first time since graduating with a Bachelor of Social Work that I was not teaching or doing something under the professional banner of social work. I started thinking that I was not a social worker anymore, and I was not a child and youth care practitioner, either. So, who or what was I?

A combination of the size of classes, which were much larger than what I had encountered at Algoma University; the mix of students; my newness to the program; and being a Black woman made managing the classes quite challenging. I thought of something I had read that referenced Black scholars. Nellie McKay (1992): “Being Black and female in the academy has its own particular frustration because it was never intended for us to be here. We are in spaces that have been appropriated for us” (as cited in Alexander, 1995, p. 451). It was a very tough first semester, and I suffered in silence. A paragraph from a student’s final self-evaluation captured my experience of teaching while Black. This is a white 19-year-old student:

As a final note, thank you for a good semester, especially with the cards that you were dealt. Starting in a new place, a new environment come up with new students’ challenges, new rules and norms ... is never easy and I want to officially apologize on behalf of myself and my classmates. I know it has been a difficult semester for you Petra but I’m extremely proud of how you handled everything. Each week I saw the effort you would put in at trying to be a more “reasonable” professor, (e.g., getting a mic, providing extensions) and in my opinion what you did was more than enough. Next semester, do not let anyone take advantage of you. Remember to always stand your ground!

After a discussion with the director, I made some changes in the next semester, including getting a teaching assistant, yet I still did not feel that I was in complete control of the class. I still felt that my Blackness was preventing me from gaining the respect of all members of the class. I used some of the feedback from my in-class teaching assessments performed by my senior

colleagues. I changed some of the ways I presented the lectures and the classroom activities. Many students did give me positive feedback. But my confidence was shot. I didn't come to a university in the heart of Canada's biggest and Blackest city, and a school with perhaps the most representation of Black scholars of any school or department in the entire country, expecting to face what seemed present but distant in the overwhelmingly white world of Winnipeg—anti-Black racism!

While the Academy is well known for its lack of authentic practices with respect to resisting or fighting anti-Black racism (or anti-Indigenous racism), Toronto had always been described to me as the city of diversity and the city of multiculturalism, and most importantly, the city in which being Black, much less teaching while Black, would not be a problem. I had high hopes to find myself in this city, to finally live with easy access to all things Black. How quickly my anticipation was shattered! With all this hope, I may have ignored the many voices that said Canada is a racist country and always has been (e.g., Foster, 1991; Maynard, 2017).

Outside the Classroom

I linked my experiences in teaching while Black to what I experienced outside the classroom, which included several concrete incidents of anti-Black racism. I realized quickly that notwithstanding its diversity, Toronto was still a space in which anti-Black racism could thrive, including in communities that are themselves racialized. From the hair salon to the shopping centre, experiences of anti-Black racism quickly accumulated, which had the effect of centering my consciousness of being a Black woman both outside of the classroom and within the academy. As an example, I had returned to Toronto from my sister's funeral. I had a trip to Italy planned, so the Sunday before my departure, I quickly dropped in to get a pedicure. Salons are not usually crowded on a Sunday. The man at the entrance looked me up and down and then said that they were busy. It did not feel right. I walked around the block, unsure if my feelings were accurate. I called a white friend and asked her to call for an appointment. She called back with horror in her voice and explained that the man had asked her to hold and then came back on the phone with an appointment for that very day.

This hit me to the core. It felt like the first time I was deliberately being rejected based on the colour of my skin. I had never experienced this in Winnipeg, in the northern Manitoba city of Thompson (where anti-Indigenous racism is rampant), or in Sault Ste. Marie. Months later, another incident occurred involving a business telling me that there were no walk-ins available that day. Again, I asked a white woman to please call and see if she could get an appointment or if they were not taking walk-ins. She did and was promptly told that walk-ins were available. With these kinds of incidents, I found myself quickly developing a hyper-awareness of being judged. Toronto is indeed the city for all things Black—including anti-Black racism.

I not only experienced petty racial discrimination, but I came to feel undervalued by Black academics and activists in Toronto. I think the identity issues that played out for me in the Black community mirror those related to my professional ambivalence around social work and child and youth care practice. I found myself feeling like an outsider in the "Black community." I did not have a community, and no one really was giving me an application form to join the

community. I felt like I was made to remember that I was someone from outside of Toronto. Whatever I may have done elsewhere, however I may have been positioned before coming here, was not really relevant. No one asked or expressed any interest in what it was like to work with Indigenous families on small reserves in northern Canada, or former alumni of residential care institutions in the Caribbean, or the fight for access to mental health services for newcomers from Sierra Leone and Sudan. It seemed to me that to matter in Toronto, you had to be able to point to your activism, your contributions, your active resistance to racism in Toronto.

For much of the first ten months of my time in Toronto and my time in the School of Child and Youth Care at the university, I had only very limited interactions with my Black colleagues, and I did not feel like I belonged to a Black community. No one had my back because I did not have a community. At one point these feelings overpowered me, and I was reduced to tears while at a friend's party. This was an old friend from high school in Trinidad with whom I had recently reconnected. I felt she was a safe person to discuss these feelings with as she was a Black woman in academia and was a part of the Black Toronto community. She validated my feelings and gave me her experiences in living and teaching while Black in Toronto.

A Visit from a Friend

The turning point in my journey came from an unlikely relationship. I had a visit from my friend who had also been my high-school teacher. She was just a few years older than her students. She too ended up going to Winnipeg to study. We met each other just two days before our departure from Trinidad. She was attending the University of Manitoba to do her master's degree in history. I was starting as an undergraduate student at the University of Winnipeg. Our friendship developed further as she stayed in Winnipeg to complete her PhD before returning to teach at UWI. She later moved to the US to teach at Spelman College, and we kept in touch.

A visit from this friend to Toronto came just at the right time and ended up being a very meaningful experience. I did not know how much I needed it until it was over. I initially asked her to visit mainly for her to see two of her former students (myself, and another former student who now lived in Toronto). I wanted her to see our development as scholars. However, the time spent with her allowed me to remember who I was, where I came from, what I brought to Toronto and to TMU and not to forget that! It was also nurturing and intellectual. She re-introduced me to Black women writers. We also talked about my sister's death. Since she had known my sister in Trinidad, it was easy to bring her death into the conversation and not feel the need to apologise for any discomfort to the listener by talking about grief. And how I needed to talk about my grief!

My friend was a Black woman academic like myself with a similar cultural background and similar graduate school in Manitoba, and initial tertiary teaching experiences in Winnipeg and in Trinidad. While I remained and entered the academic profession in the white space of Toronto and in a demographically white institution, she had gone to the US South to teach at Spelman College, a historically Black college. While the history and entrenched extent of anti-Black racism in the US South is well documented and undisputed, the city in which she landed is seen as one of the most empowering places for upwardly mobile Blacks in the US, the Black

Mecca—Atlanta, a city central to the civil rights movement for Black empowerment, desegregation, equal rights, and justice (Wiltz, 2022).

Her institution, too, is one of the only two institutions of higher education specifically for Black women, a place which fostered the rise of Black feminist thought, community, and pedagogy. In other words, a place with more ingredients for the making of a safe space for Black women intellectuals than Toronto. Yet, even here, in a sea of Black academic womanhood, sisterhood support and community were not complete. My friend, too, felt alienated by the fact of her different cultural background and immigrant origins.

There is no nirvana, no ideal place where total acceptance can be achieved. No utopian safe and all-inclusive space. But with such visits, shared understanding, bonding, empathy, and nurturing, community, however geographically dispersed, can still be achieved. The community and support system we seek may be spatially ephemeral, but the empowerment is real. If we treat such moments of connection like oases in a vast desert, we can provide others who are similarly located the much-needed sustenance for which we thirst. When we share our ideas, and even lived experiences of “teaching while Black,” we are fortified and renewed in resolve, knowing that we can do it, we can always find fuel for the next mile; we are not alone.

My friend found that I was not taking the impending COVID-19 lockdown seriously. She walked to the corner store and bought me a care package, including toilet paper, milk, and flour! She asked for a needle and thread to sew a missing button on my jacket. She gave me a journal with the inscription “This book is for you to document your incredible life journey.” Although the lockdown occurred a few days after the end of my friend’s visit, the impact of her stay was so empowering. I found myself feeling that neither I nor my teaching was the problem. Toronto was the problem. Toronto suffers from Toronto centrism, much like New Yorkers see their city as the centre of the US. Many Torontonians know nothing or little about life in the rest of Canada. And Black people in Toronto suffer from a different kind of oppression that I naively did not realize that I would encounter.

Hope

In March of that year, the world changed rather abruptly. The lockdown brought on major loneliness for many people, myself included. It felt like I was abandoned all over again. What I needed was to get out, at least for some time. When everyone else was avoiding planes and travel, I hailed a taxi and left for the airport. I knew Trinidad was not an option at that moment, but Winnipeg—where I continued to maintain a home before making a permanent decision whether or not to relocate to Toronto—was my second home, and certainly was an option. I was so happy to leave Toronto. Waking up in Winnipeg felt like heaven. The distance really helped me further analyse my ten-month experience in Toronto and put it in context. I no longer felt less than. I decided I now knew my worth. I saw how I could get to the next step. I knew that there are still things for me to learn about teaching while Black in academia, but my knowledge rooted in practice and theory places me in good standing with knowledge worth sharing with my students and my colleagues.

Conclusion

It's been an incredible journey of hardship, opportunity, disappointment, and finally the rediscovery of the meaning of relationship and care. When I returned to Toronto for my second year of teaching, an open discussion with my Black faculty colleagues and sharing of my experience resulted in a more supportive relationship. A similar discussion occurred with white faculty members. I found supportive people in Toronto's Black community and among those who work in academia. They were able to provide me with support in working while Black. My social circle includes both Black and white colleagues. We socialize outside of the university. I am involved in initiatives to resist anti-Black racism both in the School and in the community. I feel fully engaged in the field of child and youth care. Sometimes I get excited about the things I learn. But often, I wonder whether child and youth care, just like social work and all the other human professions, really understands that young people, just like me, can perform wellness but can be hurting on the inside. In the end, I found a path toward renewal and my own wellness in relationship. An old friend; a trusted soul. Someone who cared enough to go out and buy me toilet paper.

Teaching while Black is an important subject that calls for greater exploration. At the same time, I believe that teaching while Black cannot be neatly separated from living while Black. Of course, I encounter all of the challenges that Black teachers and scholars encounter every day. I still wonder whether my knowledge is taken as seriously by students as it would be coming from a white professor. I still find myself having to justify decisions in the classroom that for others may just be accepted on the basis of the authority inherently embedded in being a professor. And every time I enter the classroom, I am conscious that I am being evaluated not on the basis of substance, but on the basis of whether I reflect the normative standards of being a professor that were set by white people many, many years ago. And still, for me teaching while Black has been about the precarity of relationships, about belonging in communities where one might intuitively feel that one should belong, and about recognizing that even when offered the exceptional opportunity to teach in a department in which most scholars are Black and where conversations about teaching while Black occur regularly, I still cannot relax. A Black woman in the academy is still a unique person with a unique story of how she got there, and yet I feel that story is somehow rendered invisible, much like Black lives are often rendered invisible.

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About the Author: Petra Roberts, PhD is Assistant Professor, School of Child and Youth Care, Toronto Metropolitan University, Toronto, Ontario, Canada (petra2.roberts@torontomu.ca).

Delegitimizing Blackness in Human Services

Christene Tucker, Warren Graham, and Shakira A. Kennedy

Abstract: Delegitimizing Blackness is an attempt to remove one's power or authority. Our reflections within this article discuss the various attempts to remove one's legitimation and power. The power of oneself to own his/her story, the power of children and families to understand their needs, and the power of managing and confidently stepping into one's own Blackness are discussed. Reflecting on navigating this process within human services with three social work professionals with over 30 years of experience, cumulatively, is highlighted. Our Blackness often compounds our experiences either due to unjust policies, micro-aggressive interpersonal relationships, or unprofessional/inadequate leadership experiences. The cumulative journey of these reflections will be discussed, along with implications for practice.

Keywords: human services, anti-Blackness, anti-Black racism, internalized anti-Black racism, internalized racial oppression, racial trauma, intersectionality, Black families, child welfare, systemic racism, social work

Personal Experience 1: Tucker

Child Welfare: An Intentional Arrival

My career in child welfare began in 2006: I was a 23-year-old, single Afro-Caribbean parent with a not-uncommon delusion of super-womanhood. I was hired at a time when the death of a child meant increased surveillance of the child welfare workers' task to protect predominantly Black and Brown children from their parents (mainly their mothers). At the time, I had a BA in psychology and boasted (what I thought was) an impressive year of experience at a non-secure detention facility; I felt well-prepared for the arduous task of protecting children and serving families. I quickly realized that "protecting" children required informal training on how to use Black familial surveillance. I was immediately struck by the similarities between myself and the families I encountered. I learned to confront the inequities and sought to empathetically engage BIPOC families interfacing with systems that either invalidated their challenges or victim-blamed them for their perceived pathologies. Following my MSW, I returned to child protective work with a renewed sense of purpose and empowerment. I even assigned myself the professional distinction of *BlackFeministCreativeSelfReflectiveSocialWorker* to announce my official arrival into the field.

Sarri and Finn (1992) suggest that US child welfare practices were shaped by three assumptions: "the dichotomy of private and public domains; the primacy of autonomous individualism; and the capacity for corrective intervention" (p. 220). This article will focus on the latter two regarding Black families. The Black caregiver (who is often identified as female) is solely responsible for her child's wellbeing; therefore, her parental capacity is questioned when there

are deficits in the child's functioning (or that of the family overall). In a child protective investigation, the mother is the maestro of her family's strife; her actions place her children at risk of harm, and she must be disrupted. This framework allows the child protective agent to investigate abuse and maltreatment allegations with a glaring indifference toward the oppressive systems that may impact the respective family (Sarri & Finn, 1992; Williams-Butler et al., 2020).

I wondered how perceptions of Blackness impact assessment in child protective investigations and service provision. Black and Brown caregivers who challenge the system or dare to apprehend their rights are often labeled "uncooperative," "aggressive," or "incorrigible." These sentiments are echoed in engagement, documentation, and referrals (or lack thereof) to address the family's presenting issues. While "systemic racism" and "racial equity" are uttered in administrative forums, I find the discussions often lack nuance. My attempts to carefully examine the roots of colonialism and antiBlack coding in child welfare practice are not always well-received: that is, I have been successfully branded as a rebel.

Delegitimizing Black Parents

When Black parents become demonstrative and/or *uncooperative*, child welfare agents often introduce coercive interventions to *correct* the offensive behavior (Adjei & Minka, 2018; Edwards et al., 2020; Sarri & Finn, 1992). Parental practices that oppose our understanding of attachment and child-rearing are often vilified and perceived as uncivilized, "ghetto," and dangerous (Greenesmith, 2019; Stephens, 2022). Black mothers are more likely to be involved with child welfare due to a myriad of factors, including poverty and the historical vilification of Black women (Ewa-Elechi & An, 2019; Harp & Bunting, 2019; Roberts, 2011). The trope of the Welfare Queen designates Black mothering as pathologically abusive, lazy, and angry (Cammett, 2014, 2016; Cénat et al., 2021).

It seems we are less likely to see Black mothers as vulnerable persons in need of protection; we blame them for their socially identified maladies and rarely attribute those pathologies to external factors and systems. In our discussions with families, we repeatedly fail to consider how race, sex, and economic status intersect to subjugate families of color further (Ortega & Coulborn Faller, 2011). In comparison, Black fathers are socially type-casted as absent, uncaring, and often unworthy of outreach during active investigations (Cammett, 2014, 2016). Thus, these powerful symbols result in a tendency to assume criminality in Black parenting at the onset of the child protective investigation (Cammett, 2016; Ewa-Elechi & An, 2019).

An Anecdote

I perused a family team conference referral, which focused a great deal on the parent's mental health disorders and her "refusal" to cooperate with the agency's investigation. I searched for additional attempts to engage the parent and/or recommend services to assuage the parental

afflictions that were so profoundly named in the referral narrative. My frustration was further amplified by the vacant section inquiring about the father's information (which is not an uncommon occurrence).

There was a fleeting hope that this inflammatory document (that used subjective language rather than concrete behavioral descriptors) did not reflect the true mindset of the child protective team. As expected, the teleconference *felt* more like a session of "shame and blame" towards a parent who suffered extensive trauma and (while functioning in some respects) lacked support and resources to "strengthen her parenting." It took all the diplomacy I could muster not to lecture the child protective team about the dangers of bias, cultural humility, and structural racism. My reputation as a rogue social worker required a different tactic: I modeled empathy and invited the parent to share her story. The meeting was not without some intensity and language disruption (which entailed correcting some of the phrasing parroted from the initial referral); however, we reached a consensus. "Mom" would be referred for trauma-informed services while the team would make their efforts to engage the father (which would begin with a simple inquiry about his identity). This felt like an accomplishment and another step towards liberatory child welfare practice. This feeling was short-lived, as I was later criticized for "not being a team player," and I was called the dreaded a-word: "aggressive" (the very same language used to describe the parent in the case). I want to pretend indifference to statements like these; the truth is, I am exhausted.

The reader should be aware that this anecdote is a limited, abridged version of events, as multiple factors contributed to the child protective team's assessment of this family. Nevertheless, two crucial elements must be acknowledged: the parent in question was a Black woman, while this child protective team was also of Black/African descent.

Black-on-Black Policing

The agency at which I practice was established over 50 years ago, less than 100 years following the inception of the child welfare system in the United States. I wondered about the coincidence of having so many workers of color investigate similarly completed families—was this a purposeful arrangement? When children die at their parents' hands, is it more convenient to hold Black and Brown workers accountable for their deaths? I was puzzled over how different the investigative process would be if New York City child welfare workers were White. Subsequently, I considered the protection and preparation afforded to White or non-Black Child Protective Service (CPS) workers. My brazen questioning of The Agency's practices towards families of color was often met with exaggerated eye-rolls; I was the quintessential ABW (Angry Black Woman), the insurgent, and deemed a conspiracy theorist.

At The Agency, I am the bridge between the CPS team and the family: the moderator, a process leader, and the person responsible for ensuring consensus. My division's racial and gender makeup differs little from that of the child protective staff: The variance lies in our education

and licensure. Our tasks are not steeped in investigative practices: We do not visit the families' homes, contact collaterals, or file neglect/abuse cases in family court. Often, a scoff or a sardonic smirk accompanies the description of our roles; the Black female licensed social worker has no right to pride (or "arrogance," which is often sputtered when demonstrating any modicum of confidence).

Bowed heads and conformity are often gifted with inclusion, while ostracism or mockery accompany branded insurgents like an unwelcome shadow. I am reminded of how dangerously sophisticated *white supremacy* is: it exists even when its benefactors are minorities in the respective space. When facilitating family team meetings, my unabashed Black intersectional womanhood is ever present in my style and cadence. Thus, my "militant" reputation is maintained.

I cannot provide the reader with an exact timeline on when The Agency's racial demographics shifted or if there was ever a time when the (standard) face of the oppressor (i.e., White folks) dominated child welfare in New York City. Perhaps it was gradual: a slow-paced filtering of one group to allow the other (i.e., people of color/POCs) to satisfy diversity promises. Maybe it was an immediate exodus: an interagency White Flight (Kruse, 2007) due to some catastrophic change in the social atmosphere. At some point, the face of The Agency came to mirror the families under surveillance. I often wonder when the workers of color decided to endorse the idea that Black families were decidedly *bad* at parenting their children.

In fairness to The Agency, ongoing strategies are designed to establish a more equitable practice and address the longstanding disparities plaguing communities of color (Bartholet, 2011; Fitzgerald, 2019). While I commend The Agency for creating these initiatives, racial equity within child welfare is still far from actualized. Despite training and policy planning, Black children are still overrepresented in the child welfare system (Edwards et al., 2020). Additionally, Black female-headed households continue to be treated more contemptuously than their White and other minority counterparts (Ortega & Coulborn Faller, 2011; Roberts, 2011). Part of collapsing racism is dismantling the deceptively "well-meaning" practices that often damage rather than heal our families (Greenesmith, 2019; Bartholet, 2011).

If internalized oppression is a sinister offspring of racism and colonialism, how do we actively tackle this when there are still quite a few of us who deny its existence (David et al., 2019)? As survivors of DeGruy's Post Traumatic Slave Syndrome (2005), we often project our own devalued sense of self onto those who resemble us (David et al., 2019). After all, as descendants of enslaved and colonized people, internalized racism—while harmful to the self and others—can also be perceived as a means of survival (David et al., 2019; DeGruy, 2005). As we unpack our history and post-colonialism, I believe we need to explore how practitioners and educators of color preserve anti-blackness when we interface with clients and colleagues of similar phenotypes. This is not to say that I have evolved, as individual critical consciousness is a

lifelong commitment. I, too, am a survivor of the very -isms that afflict the families I serve and many of my colleagues; our healing needs to be a collective and intentional process.

Personal Experience 2: Graham

Navigating Anti-Black Spaces

My name is an innocuous, inconspicuous name without glaring ethnic significance. And yet, my name is a traditional boy's name of French and English origins, meaning "park keeper," my middle name is a variation of the East African country which means "animal horn" and "mountain of white." My last name is a Scottish surname relating to the Old English meaning "gray home." My name carries significance, even when a recruiter from a human services organization allows his astonishment to show that this man with an impeccable service history is the same African American man before him whose curriculum vitae he holds.

The fight for social justice and equality remains a pressing issue in society. As a practitioner and academic in human services, my experiences navigating anti-black spaces carry immense significance. To understand the complexities of navigating anti-black spaces, we must emphasize power, privilege, and social justice. By delving into these core tenets, we gain a comprehensive understanding of the systemic issues that perpetuate discrimination and inequality. My scholarship, which includes extensive publication and presentation in and around the nuances of power dynamics, privilege, and the importance of promoting social justice, is evident. What is not clear is why human services organizations have experienced me in ways that promulgate continued oppression, marginalization, and role diffusion.

As a graduate student completing an in-class presentation on the Civil Rights Acts of 1964 as the precursor of microaggressions as we know them today, I was subjected to microaggressions by the course professor. Many microaggressions are imbued with racial and/or ethnic biases, which can negatively affect student engagement (Steketee et al., 2021). As I presented, the professor undermined my academic contribution (ascription of intelligence), and I felt under-respected and devalued.

The irony was not lost on me in that my scholarly presentation was met with a diminished return by someone who may be "unaware that they engage in such communications when they interact with racial/ethnic minorities" (Sue et al., 2007, p. 271). And yet here we are, with me standing in front of a classroom of peers and professionals being subject to the damaging and deleterious effects of a marginalized experience still captured in PowerPoint slides, managing in a simultaneously academic and emotional headspace. This experience is significant because as an academic—but more importantly a professional—in human service spaces, there is a parallel process balancing the personal and professional as it relates to the oppressive experiences that threaten all Black, Indigenous, and People of Color (BIPOC) communities. To prepare future practitioners, we must orchestrate different conversations: not just ones focused on how implicit

bias, race-based microaggressions, and racism frame how communities may or may not be supported, but how these shape clinical interventions as well.

White therapists are members of the larger society and not immune from inheriting the racial biases of their forebears (Bivens, 2005; Burkard & Knox, 2004), and yet these are the professionals providing guidance, direction, and supervision to BIPOC students and early career clinicians. Becoming victims of a cultural conditioning process that imbues within them biases and prejudices may minimize their effectiveness in communicating the values of a profession designated to advocate for human rights, social justice, and anti-racism. As a practitioner dedicated to social justice, my experiences navigating anti-black spaces have provided me profound insight into clients' challenges, hoping for racial equity without the tools needed to actualize it.

When working with BIPOC clients, I've been told I code-switch and that bilingual-ness was deemed a negative professional characteristic. I counter the thought that therapeutic relationships are the best indicator of client success or failure, and what better way to engage fully than to meet clients where they are? We can kneel to speak to children and speak at a fifth-grade level for the masses. However, we cannot engage using AAVE (African American Vernacular English) for fear of characterization of being overly aligned with clients based on racial affinity. I don't have braids or locks for the overly white supremacist system to gauge as unprofessional, but the ways I engage with clients by speaking to them in ways that make them comfortable and by not talking "over their heads" was aggressively used to police my effectiveness. Again, this was another space where aggression was manifest, implicitly expressing that "values and communication styles of the dominant/White culture are ideal" (Sue, 2010, p. 33).

Exposure to racism has undoubtedly had a profound impact on my work in human services programs. As a Black male social worker with over two decades of experience, I have often found myself navigating a complex web of implicit bias, microaggressions, macroaggressions, and downright aggression—in addition to overt racism. These experiences have shaped my professional journey subtly and overtly, influencing my interactions with clients, colleagues, and institutions. The constant battle against discrimination has led to feelings of frustration, anger, and even self-doubt at times, leading to imposter syndrome.

It has also heightened my awareness of the systemic barriers that individuals from marginalized communities face, motivating me to advocate tirelessly for equitable treatment and social justice. Despite the challenges, I remain resilient, using my experiences to fuel my commitment to creating inclusive spaces and promoting positive change within the human services field. Despite the challenges, I am left with my resolute resolve to actively engage in the ongoing fight against systemic racism.

Addressing systemic racism in human services organizations requires a comprehensive and multifaceted approach, and here are some suggestions to consider:

1. **Promote Anti-Racism, Equity, Diversity, Inclusion, and Belonging:** Actively work towards diversifying the workforce by implementing inclusive hiring practices that actively seek out individuals from underrepresented backgrounds. Also, provide ongoing training and education for all staff on cultural humility, implicit bias, and anti-racism. This can help raise awareness and build a more inclusive and equitable organizational culture. According to a workplace diversity survey (WhatToBecome, 2022), companies that espouse racial and ethnic diversity are 35 percent more likely to perform at a higher level; racially diverse teams outperform heterogeneous groups with 35 percent better performance; and as it relates to decision-making, diverse teams are 87 percent better decision-makers than individuals. Conceptually, a core element of this goal is to implement data-driven processes likely to identify and reduce disparities in access, quality, and service outcomes. This is fundamentally learning how to examine institutional responses to equity via equity audits.
2. **Diversify the Workforce:** Actively strive to diversify the workforce by implementing inclusive hiring practices, engaging in targeted outreach to underrepresented communities, and providing equal opportunities for advancement. This can help create a more representative workforce that reflects the communities served.
3. **Promote Anti-Racist Training and Education:** Provide comprehensive and ongoing anti-racist training and education for all staff members, including leaders, managers, and frontline workers. This should cover topics such as implicit bias, cultural competence, and understanding power dynamics and should address how to apply an anti-racist lens in practice.
4. **Evaluate Organizational Policies and Practices:** Conduct a thorough review of organizational policies, practices, and procedures to identify and address systemic biases or discriminatory practices. This might involve examining recruitment and promotion processes, client intake procedures, and decision-making protocols to ensure they are equitable and anti-racist.
5. **Foster Inclusive and Safe Spaces:** Create an inclusive environment where staff can openly discuss issues related to racism, bias, and discrimination without fear of retribution. Establish channels for reporting incidents of racism and provide appropriate support to those who experience discrimination within the organization. Encourage the establishment of employee resource groups or affinity groups to create a safe space for employees from the harmful effects of racist praxis. By supporting spaces where historically marginalized talent can thrive, management can utilize self-reflection to examine their positionality and

understand the experiences of these communities for allyship in how those affected need support.

6. **Partner with Communities:** Engage meaningfully with the communities you serve, such as creating advisory boards or involving community members in decision-making processes. This collaboration can help ensure that services are responsive to community needs and prevent the perpetuation of systemic biases.
7. **Develop Anti-Racist Frameworks:** Integrate anti-racist frameworks and approaches into organizational policies, program design, and service delivery. This can involve conducting equity and impact assessments, using data to identify disparities, and actively working to remove systemic barriers that perpetuate racism.
8. **Advocate for Systemic Change:** Go beyond individual organizations by advocating for systemic changes within the social service sector. Collaborate with other like-minded organizations to lobby for anti-racist policies, challenge discriminatory practices, and promote equity on a broader scale.
9. **Commit to Continuous Learning and Improvement:** Invest in ongoing learning and improvement by regularly evaluating and reassessing efforts to tackle systemic racism. Encourage individuals to examine their biases and recognize how they have resulted in structural and historical racism, creating a broader acknowledgment of implicit biases. Encourage staff to engage in reflective practice, attend relevant training, and stay current with current research and best practices.

In addition to these recommendations, I would add a footnote that identity and how it is perceived is core to accomplishing this work suggested. In addition to being an African American man with 20 years of practice experience, multiple degrees, multiple licenses, and certifications, I am also six generations removed from verified slave ancestry. Discovering your ancestral history, particularly with connections to slavery, can deeply affect your understanding of white supremacist culture and racism. This knowledge contributes to my sensitivity and awareness of the historical impacts of racism and discrimination that continue to persist today. Here are a few ways this history and legacy might influence your sensitivity if you identify as a BIPOC social worker or impact your ability to relate if you are not:

1. **Historical Context:** Understanding the historical context of slavery and its lasting effects provides a foundation for comprehending the systemic nature of racism. Being aware of the struggles and experiences of your ancestors can contribute to a deeper understanding of the complexities and depth of racial oppression.
2. **Intergenerational Trauma:** Transgenerational trauma resulting from slavery can impact the experiences and perspectives of descendants. The knowledge of the problematic and

dehumanizing experiences endured by your ancestors may foster a heightened sensitivity to racial injustices and a desire to challenge white supremacist ideologies.

3. **Cultural Identity:** Recognizing your diverse African heritage can help strengthen your cultural identity and connection to your roots. This connection to various African cultures can enhance your understanding and appreciation of diverse racial and ethnic backgrounds, fostering empathy and a greater awareness of the importance of combating racism.
4. **Personal Resilience and Empowerment:** Learning about your ancestral history can inspire personal resilience and empowerment. Acknowledging the strength and endurance of your ancestors may increase your commitment to advocating for racial equality and social justice.
5. **Afrocentric Perspective:** Embracing an Afrocentric perspective can shape your understanding and response to white supremacist culture. An Afrocentric lens centers on African experiences, knowledge, and narratives, challenging dominant ideologies that perpetuate racism.

Personal Experience 3: Kennedy

The Gravitas and Failures Within Senior Management

One's *positionality* captures how an individual is defined by socially significant identity dimensions (Maher & Tetreault, 1994; St. Louis & Barton, 2002). Stating one's awareness of multi-layered social identities—such as race, gender, age, sexuality, and socioeconomic status—and how they are represented in various contexts is a powerful tool for understanding social dynamics and power relations.

Similarly, *intersectionality*, a concept coined by Kimberlé Crenshaw in 1989, serves as a metaphor for understanding how these social identities intersect to shape multiple forms of inequality or disadvantage while creating obstacles that often are not understood through conventional frameworks. Intersectionality highlights how various forms of social stratification, such as race, gender, and class, do not operate independently of one another but are interconnected and compound one another's effects (Crenshaw, 1989).

Therefore, recognizing my positionality and intersecting identities as a Black senior manager draws upon my conscious awareness and understanding of how my various social locations have resulted in distinctive combinations of inequality and privilege. This awareness informs my perspective and guides my actions and interactions within professional and personal spheres. By acknowledging and reflecting on these dimensions, it allows me to navigate, name, and address the complex realities of my experiences.

As a Black Caribbean American immigrant, an orphan, a mother who identifies as a cisgender heterosexual female, the youngest of five sisters, the first to hold a doctorate, and one who had a middle-class upbringing, my positionality encompasses identities of both disadvantage (female, immigrant) and privilege (middle-class, heterosexual, educated) which have shaped my lived experiences. My experiences offer me positions of both danger and safety. My intersecting identities compound my experience as a Black immigrant woman living within systems that are designed to oppress and invalidate, which is dangerous to my existence. This serves as an ever-present reminder that racism itself can kill.

The attempt to “kill” and delegitimize my power occurred when I first obtained my doctoral degree in 2006 at the age of 29. When I became a mid-level manager with my newly minted doctorate, a white female commissioner in human services told my white senior manager that I should not refer to myself as a doctor. It is worth noting that only 243 social work doctoral degrees were conferred in 2019; of those, 22 percent (53) identified as African American, and only 2.5 percent identified as between the ages of 25–29 (Council on Social Work Education, 2020). Hence, my accomplishment of obtaining my doctorate as a Black woman at 29 placed me among an elite few Black women in 2006. I refused her mandate. When I faced this level of aggression, I did not have the words to name this experience, but I do, now. This white female commissioner used her Whiteness, her position, and her office as tools of oppression. *Whiteness* itself refers to the specific dimensions of racism that serve to elevate white people over people of color (DiAngelo, 2018), thus aggressively intending to erase my accomplishment as a young Black woman visibly.

In addition to the aggression previously shared, the delegitimization of being a young Black female manager for supportive housing projects, managing contractors, architects, city officials, and others is a sobering reminder of the ever-present male patriarchy. On several occasions, my operations supervisor, who happened to be male, was often thought of as the person “in charge” or who had the talent and skill of project management. I found myself constantly making corrections and/or seeking allyship from senior managers to reestablish my position as the project leader. Women make up 56 percent of chief executives in nonprofits with annual budgets of less than \$1 million but make up just 22 percent of chief executives at the 2,200 nonprofits with annual budgets of at least \$50 million (American Association of University Women, 2018). The underrepresentation and the devaluation of women persist at all levels of executive leadership. For women of color in senior roles, the representation is even lower.

Representation and Leadership

Representation matters. As a Black female senior manager, seeing one’s likeness in executive positions significantly drives social and cultural shifts within the human services sector. Black senior leadership representation was often rare in a large nonprofit organization with over 22 programs. Yet, I supervised predominately Black and Brown employees. When opportunities for promotions arose, the qualifications of these individuals were frequently questioned and

promotions denied, regardless of experience or exhibiting the values of organizational leadership. I encountered consistent reminders to follow the chain of command, even when systems were ineffective. This formality provided the illusion of structure without employee trust. Managerialism, characterized by hierarchical, formal systems lacking trust in employees, was prevalent, leading to uncertainty (Abramovitz & Zelnick, 2022).

I was often asked to verify the credibility of staff reports, spending more time investigating than leading. A toxic work environment, primarily concerned with organizational operations and program acquisition, left little space for mental health and wellness consideration. Despite the lack of support and constant scrutiny, I accomplished organizational goals, built trust, transformed my group into a team, provided opportunities for clinical development, passed program audits, and ensured client-centered interventions for client stability. Mental wellness must be coupled with organizational wellness for employees to thrive. A house cannot sustain without each individual brick to anchor its foundation.

According to the United States Office of the Surgeon General (2022), five essentials support workplaces centered around wellness, employee voices, and equity: “mattering at work,” “opportunity for growth,” “connection & community,” “protection from harm,” and “work-life harmony” (Explore the Framework section, paras. 1–5). These essentials emphasize the importance of caring for employees’ well-being, providing equitable opportunities for professional growth, fostering a sense of community, ensuring safety, and maintaining a balance between work and life.

Personal Management Style and Leadership Legacy

These experiences have shaped my management style, emphasizing that respect is earned through interactions, fairness, and how we make others feel while they are in our care as leaders—that is our legacy. Kindness adds value to life, and trusting employees to do the work they are hired for is fundamental. True leaders allow people to lead.

I have been privileged to know a few great female leaders in my 20 years of leadership. These women shared the “how-tos” of their positions, allowed me to make mistakes, recognized diverse learning styles, and provided consistent learning opportunities. They nurtured my mind, fostered a supportive work environment, and understood the value of community and teamwork. This approach benefited the team and the organization, reducing turnover. Reflecting on my experiences, I realize that my foundation helped me survive mismanagement without losing myself. I was able to offer my team lessons on human dignity, client-centered service, addressing service gaps, humility, and the importance of flexibility and mental wellness. Ultimately, I chose to prioritize myself and decided it was time to step away to preserve my mental health. Self-care should not have to be a radical act of self-love. As leaders, we are often forced to make a binary choice between prioritizing our mental health needs or upholding systems designed to oppress and devalue our humanness.

Practice Reflection

Reflecting on the gravitas and failures within senior management reveals the critical role that leaders play in shaping organizational culture and driving success. My experiences as a Black female senior manager have underscored the importance of diversity, effective communication, adaptability, and employee well-being. Delegitimizing Blackness within human services occurs when the contributions, expertise, and identities of Black professionals are undervalued, questioned, or outright dismissed. Our individual experiences should inform our practice through self-reflection, allowing us to see the entire picture, ground us in our work, build stronger communal relationships, and improve our leadership skills. Addressing systemic racism requires deliberate effort and a willingness to challenge existing norms and structures. We must continue to raise the consciousness of those around us and refuse to remain silent in the face of adversity. By fostering an inclusive and equitable work environment, we honor the principles of both justice and respect while enhancing organizational effectiveness and integrity. This is easier said than done—thus, we must also know when it's time to walk away as a revolutionary act of justice and self-love.

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About the Authors: Christene A. Tucker, LCSW SIFI (she/her) is Clinical Practitioner and Acting Manager, NYC Administration for Children’s Services’ Office of Family Team Conferencing, New York City, NY (christeneatucker@gmail.com, chtuck@upenn.edu; <https://www.linkedin.com/in/c-tucker-lcsw-sifi-51643494>); Warren K. Graham, MSW, LCSW, LMSW, CASAC (he/him) is Associate Dean of Practicum Learning, School of Social Work, Columbia University, New York, NY (212-853-5735, wkg2103@columbia.edu, <https://www.linkedin.com/in/warrenkgraham/>, @warren.k.graham); Shakira A. Kennedy, PhD, LMSW (she/her) is Executive Director, National Association of Social Workers – New York City and New York State Chapters, New York City, NY (315-543-8978, skennedy.naswnys@socialworkers.org, <https://www.linkedin.com/in/shakira-a-k-4bb4a421>).

Nurturing the Soul: The Experiences of Three Black Practitioners in an Afrocentric Academy

Patricia Antoinette Gray, Nadjete Natchaba, and Shawneladee C. Cole

Abstract: Amid today's racialized, radicalized, and polarized environment, Black professionals face unprecedented challenges in responding to the diverse needs of the Black community. This article delves into our experiences as three Black practitioners who participated in a year-long program to become equipped with the necessary tools, knowledge, and understanding to enhance our practice while navigating the complexities of being Black. The program, rooted in Afrocentric principles, provided a space for reflection, replenishment, and transformation. We explore the program's impact on our professional journeys through personal narratives, emphasizing the importance of cultural grounding and community-focused interventions. The reflections shed light on the need for specialized training for Black practitioners, addressing the gaps in traditional social work education. Our article advocates integrating Afrocentric perspectives in professional training to empower Black professionals in meeting the unique challenges faced by the communities we serve.

Keywords: impact, journey, specialized training, Afrocentricism

Introduction

This article explores our experiences as three Black practitioners who, as adjuncts at a social work institution, undertook a transformative journey through participation in the National Association of Black Social Workers' (NABSW) African-Centered Social Work Academy year-long course. The authors, sharing frustrations common among Black practitioners, highlight the challenges rooted in the Eurocentric approach prevalent in the educational journey of Black social workers. Their narratives underscore the disconnect between traditional social work education and the Afrocentric principles essential for effective engagement with the Black community.

The reflections delve into our struggles and frustrations, emphasizing the need for interventions that align with the unique experiences of Black service users. The impact of Eurocentric education on both Black practitioners and students is explored, shedding light on the resulting unmet needs and diminished returns for the Black community. We argue that addressing these disparities requires post-master training, focusing on the historical context of Black social work rooted in oppressive practices.

The article further advocates for a paradigm shift in social work education, urging Black practitioners to seek training integrating Afrocentric perspectives. By reconnecting with ancestral responses to community needs, Black practitioners can replenish themselves and develop skills aligned with community, togetherness, belonging, upliftment, and encouragement. We posit that such interventions are crucial for cultivating a new generation of Black social workers capable of addressing the complex needs of their communities.

Patricia Antionette Gray

Registering for the course and viewing the syllabus brought excitement and concern that we had bitten off more than we could chew. Authors Nadjete and Shawneladee, my colleagues, laughed and responded, “*Well*, we spent all this money; let us see.” I grunted like an authentic Jamaican and said, “OK.” The first class arrived, and because of COVID-19, we participated via Zoom monthly with the caveat that we would also have group assignments via Zoom. The class mainly consisted of Black professionals across the United States. After listening to the introductions, I was impressed by the years of experience, the level of community involvement, the number of years affiliated with the association, and mainly, the number of Black professionals gathered to learn about African-centered social work practice.

To open the learning environment, the instructor introduced a Ritualist to open the class, which was new to me. The Ritualist asked the elders for permission to speak; he then briefly shared the purpose and importance of requesting guidance, protection, and blessings from our ancestors. I sat forward in my seat, and as he began with the libation, the inflection in his speech and tone as he asked the cohort community to call out to their ancestors gave me goosebumps. My first thought was, “Why is he calling duppies [dead people] in the room?” I immediately sought my colleagues’ faces on the Zoom boxes to see if they were as surprised as I was. Over the next 11 months, I was awed by this ritual. When he called on our ancestors who lived hundreds of years in Africa, the world, and the United States, the ritualist’s knowledge flooded me with new knowledge. New knowledge as I do not recall having this experience in Jamaica or here in America. I learned that the history books omitted important ancestral rituals from our work (Asante, 2003, 2010) and our community (Bangura, 2012). Therefore, the omission of the full scope of Black history is detrimental to our understanding that Black history does not begin from the slave trade but from our contributions to math, science, religion, and language (written and spoken).

The dual journey of learning and practicing while Black emphasizes the transformative experience of uncovering the contributions of Black pioneers in social work. I reflected on a seminal lecture that delved into the lives of significant figures such as Mary Church-Terrell, Charlotte Hawkins-Brown, A. Phillip Randolph, George E. Haynes, Victoria Earle Mathews, Marcus Garvey, Amy Jacques Garvey, Madam C. J. Walker, Ida B. Wells, Margaret Murray Washington, Lugena Burns-Hope, Eugene Kinke Jones, Jane Edna Hunter, Jamie Porter Barrette, and Virginia Randolph. I sat enthralled as I could not recall ever receiving this information comprehensively, concisely, or objectively in my 50-plus years of attending school, training, or programs. I wondered, “How come I did not know? Was I asleep?” While I knew some names like Ida B. Wells, Marcus and Amy Garvey, and Madame C. J. Walker, my education was lacking.

Our debriefing sessions often had the same reactions, such as “Thanks; however, I did not know this information” and “I knew some of the names but not all.” Once we moved beyond our initial shock and awe of our ancestral contributions, we pondered as a group how best to infuse the information learned about Black pioneers in social work into our day-to-day practice. There

was a shared commitment to apply this knowledge meaningfully, ensuring it becomes an integral part of the service delivery to the Black community.

The profound impact of attending a year-long African-Centered Social Work Academy course, sharing the acquired knowledge with my students, and witnessing students' reactions to the rich history and principles presented reflected a collective realization of the gaps in their education. As a professor, I witnessed a transformative moment as students expressed a deep hunger for knowledge previously absent from their curriculum. The students' comments ranged from, "How come I was not taught this rich history?" and "Professor, where did you get this information?" to "Professor, you need to keep and share this information with other students," and "Professor, can I use this information at work for my training?" The cumulative student reactions reflected parallels drawn between the historic calls to action by influential figures such as Dr. W. E. B. DuBois and the rallying cry of Bowles and Hopps (2014) about the profession's role in preparing practitioners to deliver services to vulnerable populations.

My learning continued by introducing how to structure and write an intellectual biography, which develops an account of life through writings of the subject's motives and beliefs. I was fascinated with W. E. B. DuBois as a sociologist, scholar, and writer; he would be the subject of the intellectual biography assignment. However, I was unprepared for his vast scholarly writings, the number of books he authored, and the level of academic, community, and world recognition afforded to Dr. DuBois. My first draft from my instructor on my initial paper included comments like "your paper did not go far enough in providing DuBois's lived experiences, sayings, utterances, and philosophical thinking." I felt deflated because I thought I had provided a good paper. Nevertheless, I took the feedback, immersed myself in the utterances and sayings of Dr. DuBois, and resubmitted the paper. My second submission received positive feedback, with comments like "yes, Sister," "good job, Sister," and "you made my daddy proud as he was a scholar of DuBois." The positive feedback made the long nights and feelings of ineffectiveness seem unwarranted. The thoughtful and encouraging feedback nurtured my soul as I wanted to succeed in this program centered on African values and traditions through collective learning.

Nadjete Natchaba

I was not fully prepared for the intensity of the course and less prepared for my realization of cultural elements I had taken for granted, particularly the significance of elders' voices and the pouring of libation for ancestors in critical gatherings. As a woman who was born and raised in Togo, a colonized country, I did not want to have anything to do with practices that were categorized as indigenous. Some of the cultural practices consisted of honoring our ancestors by invoking their names before any important gathering as well as having elders open and close every gathering. I recall my parents' seeking permission from their elders before speaking at gatherings and how youngsters were also reminded quite often of the greatness they come from and the need to rise up to keep the mantel. These Togolese cultural practices, particularly the invocation of ancestors, beautifully connected our past to the present to keep us grounded and encouraged and to the future so we can internalize the sense of responsibility and the imperative to uphold the greatness of the tribes. During the course, these cultural practices, deeply rooted in

my heritage, became central to my journey in the Afrocentric course. Despite witnessing these rituals, I must admit I lost aspects of incorporating my ancestors' role as the invisible guiding force in my life.

Our class started with a robust ritual signaling that I was embarking on a journey to connect my brain and spirit. The rituals from Baba (one of the elders) took me back to my childhood because I recognized some phrases (“*Ago, Ameh*”) Baba was saying and the practice of inviting the ancestors before and during every critical gathering. I realized that these ritualistic practices were categorized as primitive and unable to exist in the academic space because cultural imperialism and coloniality are the frames that guided the Western education I partook in for 37 years in Africa and America. I was moved by how eloquently the class merged rituals and academics.

For the first time, I felt a connection to the American-born Black people as I saw the oneness of our being. I realized that instead of being afraid of the spirits taught by Eurocentricity, we all welcomed our ancestors' spirits as actual Africans; we knew the ghosts were our superpower and source of wisdom. As we progressed through the lectures, it became evident that I could do this work in a way that honors my whole being and not feel like an imposter, mainly because my roots are on the African continent. I also felt great racial pride and the purpose of belonging even though my positionality differed from those born and raised in America or migrated from the Caribbean. Traditions anchor Africans to engage in spiritually motivated behaviors vital to our success (Ani, 1997, 2004). I distinctly remember how my parents reminded us of the greatness of the people we come from to motivate us to stand tall in front of life's challenges. My dad often told my siblings and me, “You are descendants of proud people who lead with honor, dignity, and humility.” My mother would nod in agreement. My uncles would echo my dad. These positive affirmations remind me of the importance of never becoming enslaved physically or mentally.

As the course progressed, I learned and read about powerful, intelligent, and brave Black people who disrupted various systems of oppression even before the enactment of the civil rights laws. This newly acquired information ignited a sense of pride and a burning desire to continue the legacy of the pioneers through our daily engagement with the world. I needed to recognize the complexity of the pioneers' contexts and show appreciation for their visions, missions, and actions. These pioneers were strategic in navigating the world, especially in white spaces that aimed to make Black people invisible. The point is not just learning about these leaders but learning and adapting their approaches to help us be agents of change and improve the world. I have been asking myself: How can I exemplify some of the values and strategies I learned from the pioneers as an administrator in a nonprofit organization? How do I infuse this material with students of varying races and ethnicities in my co-learning environments? Do I want to share the brilliance of our pioneers with white students and academics alike, and if I do, can they relate?

As I struggled to answer the above questions, the assignment to complete the autobiography of a pioneer led me to a monumental Black woman who effectively and graciously modeled how to use allyship to effect change. Dr. Mary Mcleod Bethune's leadership approach resonated with me, especially as a Black woman in the C-Suite in a not-for-profit organization. Bethune (1946)

firmly believed in working within the system to create change and elevate Black people. Her belief affirmed my decision to be in social work and academia.

My community often sees me participating in systems of care and knowledge that are destroying them—a criticism Bethune (1946) faced—but Bethune stayed true to herself. Her accomplishments afforded Black people, especially Black women and youths, opportunities for societal advancement. Though my impact will not be as significant as Bethune's, I am committed to helping my Black and Brown people improve their situation by building a virtual community, advocating, mentoring, teaching, and brokering job opportunities. I am intentional about my role in institutions as I want to continue to walk in my purpose and be a gate opener like Dr. Bethune. An example of being intentional is connecting with a dynamic Black woman who was providing culturally relevant trauma work via her newly established consulting firm. As an executive, I brought her in to provide culturally relevant grief support work to our staff, who are 90 percent Black and Brown.

Since learning about Bethune, I have openly shared with my staff and students the rationale for my teaching and leadership approach, which emphasizes interdependency and Karenga's (1995) Nguzo Saba principles rather than individualism. Bethune's leadership style embodied the following Nguzo Saba principles, which should be a value system to guide the actions of people of African descent (Harvey, 2018). For Bethune (1946), we can see how she exemplified the following principles:

- *Umoja* – Unity (bringing Black women together through formal organizations)
- *Kujichagulia* – Determination (advocating for Black people to have power over programs that affect them)
- *Ujima* – Collective work and responsibility (developing and leading the Black cabinet)
- *Ujamaa* – Cooperative Economics (developing social enterprises to make money)
- *Nia* – Intentions (her vision to elevate the Black race)
- *Kuumba* – Creativity (unorthodox approaches to solving problems and gathering resources)
- *Imani* – Faith (Using her faith to fuel her drive and motivation to keep pushing)

This course showed me that the Nguzo Saba principles are more than just a holiday celebration. My needs prompted me to operationalize the Nguzo Saba principles using Bethune's work to help others—and me—who want to move from seeing the principles as just concepts to their application in our personal and professional lives. The course instructor at the Academy praised my efforts by stating that I did an excellent job of simplifying and operationalizing the Nguzo Saba principles. Further, students and peers expressed interest and the desire to learn more about principles they previously only related to the Kwanzaa celebration. They wanted to understand better how to incorporate those principles in their daily work/decision-making. I aim to lead and teach in ways that demonstrate my embodiment of the Nguzo Saba principles.

The graduation ceremony was intense; I was overwhelmed with significant emotions of great pride and a strong sense of obligation toward my community. I felt (1) the presence of our

ancestors—I had goosebumps and could not understand nor control my tears, (2) the responsibility to do more with our talents to honor their sacrifices—I felt the ancestors whispering to me the need to focus on righting the injustices they suffered, (3) the expectations from the elders/instructors to continue the work we started in the Academy, and (4) an embracement of the obligation of actively participating in the restoration of Black greatness and pride in the Black community. I left the ceremony with a feeling of the Renaissance! Unlike any other courses I have taken, this course intentionally impresses on us the need to use our skills and talents to uplift our communities. Therefore, I feel the need to produce work that captures the journey of rediscovering and rekindling this cultural wisdom within the context of sharing the power of this knowledge within my community, organizations, and academic spaces.

Shawneladee C. Cole

I am a long-standing member of a social work organization where I actively engage in community work. I have wanted to take the class my co-authors described for years; however, travel demands across the country for in-person classes before COVID prevented me from participating.

While typical complaints about remote learning include technological challenges and a lack of social interaction, I was not deterred. These issues paled in comparison to my excitement of finally taking this class. For me, accessibility and flexibility far outweighed these difficulties. Like most of my cohort, I feel the absence of reflection on Black history in mainstream social work education and the subsequent impact on the practitioner's understanding of their role in fostering positive change within Black communities is an abusive act of cowardice.

Fellowship and camaraderie are essential. The diversity within our friendship, showcasing stimulating conversations and occasionally differing views on race, class, or culture, was typical. Despite these differences, a deep respect for each other prevailed, fostering a sense of unity as we collectively completed this transformative journey.

I concur with Gray; I, too, wondered if we had bitten off more than we could chew when I saw the syllabus and the time commitment. The course content addressed long-standing historical inequities and the denial of our ancestral contributions to the field of social work. I share the Pan-African spirit of fostering a sense of fellowship and connection with all people of African descent living inside and outside Africa (Odlum, 2015).

We connected with colleagues in all areas of social work, such as policy, education, and research. We were all working on issues impacting urban communities like my own. As a psychoanalytic and psychodynamically trained therapist, I was excited to work with African-centered social workers nationwide. We all struggled to integrate these interventions into our various work specialties.

African-centered social work uses *Afrocentricity*, centering the experiences and peoples of Africa and the African diaspora within their own historical, cultural, and sociological contexts to understand and disseminate professional social work practice (Bent-Goodley et al., 2017).

Unfortunately, professional social work training programs omit this content, leaving Black professionals with limited resources to respond effectively to the Black community's needs (Bent-Goodley et al., 2017; Carlton-LaNey, 1999). The course content filled in some of these gaps. However, I still needed support and guidance in navigating psychodynamic theory with Afrocentric theory.

Psychodynamic theory is a study of personality—it tries to understand the impact of the past experiences on our present life experiences and functioning (Berzoff et al., 2021), while the Afrocentric approach emphasizes that my community is part of a larger collective (Schiele, 2000). This collective includes my ancestors, peers near me in this country, and those far away from other countries. This joint focus also provides preparation for future generations. Additionally, recognizing our need for self-care has compelled me to include my love of flow arts, particularly hula-hoop dancing, as an alternative wellness intervention.

I envision a world where members of the African Diaspora can comfortably seek care from various Black African-centered mental health practitioners, regardless of their theoretical orientation. I learned from this class that practitioners must be able to reach back into our culture to facilitate not only personal change but also our collective racial healing. As I learned more, I started to contemplate the myriad of ways in which the Black community may deal with mental health hardships arising from racial oppression and in what ways we can use the Afrocentric perspective to address these barriers. This class helped me to identify the infinite number of ways oppression occurs institutionally, interpersonally, ideologically, and internally.

I wholeheartedly embraced the teachings of Afrocentric thought and theory. Our instructors often provided a roadmap to individual healing and contributions to the broader goal of collective racial healing within society. We saw artifacts, research, and documented histories of our strengths and victories assigned to short sections in our American history books at best, but habitually.

I am proud to learn of our Black initiatives and responses to historical oppression. The African American holiday Kwanzaa and how it originated from the seven African principles of Nguzo Saba provided a different perspective and added new meaning to each of them. Of the seven principles, I mainly connected with Kuumba, meaning creativity, and Kujichagulia, meaning self-determination. They resonated with my interest in providing healing through the flow of arts mentioned earlier. We learned that when our ancestors were kidnapped, forcibly removed from Africa, and enslaved in various countries, they lost many original traditions no matter where they were placed. Although we did not lose everything, our ancestors could no longer pass on all our culture to future generations—in many ways, it was stalled, ridiculed, and forgotten.

Asante (2003) teaches that the loss of culture led to our dislocation, further allowing enslavers to enforce Eurocentric practices on vulnerable people. Today, these descendants are more likely to speak European languages such as English, Spanish, French, or another non-African language (Asante, 2003). They are less likely to know or claim the African history of their ancestry but will understand and celebrate the origin of their oppressors. All of this serves to maintain our dislocation and disconnection from our past. We learned that dislocation for many is so

prevalent that any connection or even recognition that they are descendants of enslaved Africans is forgotten. As indicated earlier, the content was not just for our clients but also a healing experience for us.

The significance of reaching back to Africa and its cultural practices to address historical trauma and emphasizing the mandate of Kujichagulia, I advocate for a transformative process of breaking free from Eurocentric cultural constraints and reclaiming a sense of self-determination. The profound impact of Kuumba, emphasizing the need for creative approaches to relearning and embracing African traditions in the present context, is critical to moving forward. This creativity becomes a cornerstone of integrating agricultural clinical social work practices and interventions through the expressive mediums of flow arts. The importance of these principles in shaping a culturally responsive and innovative social work practice that not only heals historical wounds but also nurtures the growth and resilience of individuals within the African Diaspora is encouraged.

Kuumba permitted us to be creative in providing service in America and the diaspora in 2023. It allowed me to stretch my thinking to consider alternative methods of treatment embedded within the cultural context of the clients I served. I was encouraged to use every talent, experience, and education to pass on our heritage and rich history in our social work practice. I combined my love of the flow arts with our music to allow another form of expression for both me and my clients.

Incorporating African-centered teachings into my clinical practice is a gradual process. My first attempt arrived in 2023, when I was accepted to present my proposal, incorporating Afrocentric theory (Schiele, 2000), psychodynamic theory (Berzoff et al., 2021), and the flow arts. In this work, I used both theories to guide hula-hoop dance as an alternative mental health and wellness care intervention. After my presentation, participants shared, “I like the importance of using the hula-hoop to engage participants,” “Wow, that was different,” “You brought back memories of using hula-hoop with friends,” and “Really, I never thought of that as a strategy to engage adolescent girls.” Feedback from the conference chairs shared that my workshop was a success. The written feedback had mixed responses. Responses included, “Collapse and leave out the psychodynamic stuff and use the African-centered perspective,” “I wanted more about psychotherapeutic interventions,” “Maybe with time, I could learn how to integrate African-centered strategies such as the use of hula-hooping,” and “Introduction to the topic is rarely explored in social work education.” While I was ecstatic about the feedback, both orally and in writing, one of the participants in the room was a peer who also attended the year-long workshop. It reinforced that the camaraderie, support, and allyship developed during the year were excellent as my peer left another state, participated in the conference, and chose my workshop to attend.

This reflection acknowledges the impact of the year-long course. It signals a commitment to an ongoing journey of learning and development in the realm of African-centered social work practice.

Lessons Learned

We learned that NABSW developed its course from Afrocentric thinking. Concern for the Black community's collective needs drove the course's creation. We also learned African-centered values, principles, and rituals to pass on from generation to generation.

It would be unjust not to acknowledge the history and origins of the NABSW National Academy for African-Centered Social Work. The class was created from NABSW's commitment to educating African American practitioners and the collective diaspora. In 1996, Leonard G. Dunston, the then NABSW President, led through the principles we learned from Nguzo Saba in this paper. NABSW purposefully created and certified this course identifying the values, knowledge, and skills needed to create a framework specifically engaging African American community practice. The experience encourages students to find creative ways to reclaim our African past for practitioners and the clients we serve.

Our fantastic instructor, Dr. Colita Fairfax, began the tradition of naming each cohort after they completed their cycle. Our class was named Akinyemi of Aminifu. We were named after our sage, Dr. Aminifu R. Harvey.

Our reflections underscore the critical examination of historical narratives and the limitations of conventional education in providing a comprehensive understanding of the African American experience. *The 1619 Project* author and journalist Nikole Hannah-Jones (2021) emphasizes the need to question and reassess the narratives that have shaped perceptions of Black history. Further, Hannah-Jones highlights the potential biases and gaps in historical education, suggesting that the conventional narrative may not accurately capture the richness of African American history, traditions, and culture. Thus she encourages reevaluating historical perspectives to uncover a more nuanced and authentic portrayal of the African American experience.

The challenges faced by Black Indigenous People Of Color (BIPOC) in social work training programs, where Eurocentric practice theories often dominate the curriculum, are highlighted. The Council on Social Work Education accreditation standards underscore the systemic nature of these challenges, as students must adhere to institutional methodologies for graduation and licensure. The authors strongly suggest that participating in the African-Centered Social Work Academy can help address these deficits by encouraging a departure from Eurocentric approaches.

The course provided a valuable opportunity for Black practitioners to engage with clients more deeply, drawing on their shared history and experiences. The emphasis on creating treatment styles based on collectivity, humanness, fellowship, love, responsibility, and partnership reflects a commitment to a more holistic and culturally responsive approach. We advocate for a more inclusive and culturally sensitive approach to social work practice.

Recommendations

Our collective stories testify to the transformative power of reconnecting with cultural roots and incorporating ancestral wisdom into professional practice. They advocate for recognizing and integrating diverse cultural perspectives in social work education and practice, urging practitioners to embrace their cultural heritage as a source of strength and guidance. In this vein, we suggest the following recommendations:

- **Recognize Eurocentric bias:** Acknowledge that traditional social work education is grounded in European views, causing emotional injury to Black practitioners and those seeking services.
- **Embark on Afro-centered learning:** Black practitioners interested in serving their communities meaningfully and increasing racial pride and belonging should consider learning and understanding Afro-centered social work.
- **Integrate Afro-centered practice within the social work curriculum:** Social work educators should find ways to integrate Afro-centered social work practice in classrooms, ensuring that graduating students are aware of Black social work pioneers and interventions developed explicitly for Black communities.
- **Raise consciousness:** Recognize the duty and passion for continuing practice by learning and raising consciousness within the Black community.
- **Intergenerationally transmit culture:** Encourage Black professionals to use African-centered intergenerational transmission of culture to pass on knowledge to present and future generations.
- **Connect and share knowledge:** Black professionals should continue connecting with African-centered individuals, learning, and embracing information to share with the community.

Conclusion

This reflection paper by three Black professionals highlights the transformative impact of a year-long program focused on Afrocentric practices. The recommendations emphasize the need to address Eurocentric biases in social work education, integrate Afro-centered practices, and continue learning and sharing knowledge within the Black community. The overarching goal is to nurture racial pride and provide practical tools and strategies for Black professionals practicing in their communities. The call to introduce Afro-centered social work practice in classrooms underscores the importance of reshaping social work education to serve Black communities better.

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About the Authors: Patricia Antoinette Gray, EdD, LCSW (she/her) is Doctoral Lecturer, Silberman School of Social Work, City University of New York, New York City, NY (212-396-7610, pg202@hunter.cuny.edu); Nadjete Natchaba, EdD, LCSW (she/her) is Chief Program Officer of Behavioral Health Services, Homeless Services, and Veteran Services, Services for the UnderServed (S:US), New York, NY (natchaba@gmail.com); Shawneladee C. Cole, PhD, LCSW is Psychotherapist and Clinical Supervisor, Gotham ENY Behavioral Health, Brooklyn, NY (drcollection@aol.com).