

Explorations in Racial Awareness, White Privilege, and White Guilt

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In these times of intense social change, I have become increasingly aware of my own personal development in regard to racism, diversity awareness, and the emotions stirred up in my work with clients and students as I try to understand others' experiences and cultural contexts. One benefit from this self-reflection has been the recognition of an underlying discomfort that I have experienced when working with people of color who often endure various forms of social injustice as a matter of everyday reality. (The pronoun "I" refers to Janet Etzi in the first half and very end of this essay; Dr. Francien Chenoweth Dorliae contributed to the discussion on implications for clinical work.) Two concepts, *white privilege* and *white guilt*, are helpful in provoking thinking regarding the biases and blind spots of white psychologists.

The words of Baldwin (1972) validate my private struggle with being white in America, and my reward has been deeper connections with my clients and my community:

I have always been struck, in America, by an emotional poverty so bottomless, and a terror of human life, of human touch, so deep, that virtually no American appears able to achieve any viable, organic connection between his public stance and his private life. This failure of the private life has always had the most devastating effect on American public conduct, and on black-white relations. (p. 53)

Until we, that is, white people, start thinking about being white as racialized instead of as the standard against which all other races are judged, we will continue to believe that it is not necessary to understand our white heritage (Coates, 2015). While different white ethnic groups have a myriad of histories and heritages, being white is the history that we share and that has brought us to the present racialized context in which we work and live today. Since race is a social construct and not based in any biology besides skin pigmentation, white is as much a race as black. So we must comprehend what it means to be white and the history of being white. For example, while we have much research and literature showing the effects of slavery on black psychology, including the effect of trauma, there is almost nothing on the effects of slaveholding on white psychology. This is an important omission that only serves to keep us in a psychological fog regarding the effects of white privilege on others and of white guilt on ourselves.

White privilege allows us to remain unaware of and indifferent to racialized existence. We usually do not notice or even think about our whiteness; whereas people of color are constantly reminded of their color. We have had the luxury of taking for granted prereflectively that we are *of* our cultural surround and that it has always been this way. In this sense, white privilege is experienced as an implicit givenness, and we render our whiteness invisible to ourselves.

White guilt consists of a complex and amorphous mix of shame, guilt, anxiety, and awareness/unawareness (Jacobs, 2014). It manifests itself in attitudes, behaviors, projections onto others, and defensiveness, to name a few. In answer to the understandable question, *What am I guilty of?*, Steele (1998) has pointed to our willingness to comply with injustices suffered by people of color, our indifference to human suffering and denigration, and our capacity to abide injustice for our

own benefit and in defiance of our own sacred principles. So while I may not be personally guilty for any specific actions or behaviors, my whiteness situates me socially in a privileged position.

Implications for Clinical Work

Becoming aware of the feelings, cognitions, and attitudes associated with *white guilt* provides opportunities to recognize our own discomfort and confusion, and the defenses against this awareness, as they arise in the therapy session with our clients of color. Guilt can be viewed in two ways: (1) guilt that leads to shame and fear about one's hoped for innocence

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and a compulsion to quickly escape toward feeling innocent; and (2) contained guilt that leads to genuine concern. If I am preoccupied with restoring my sense of innocence, I am more likely to use my client to help me feel innocent, and then she remains invisible to me. I may burden her with my need to feel that my work is adequate and that I am an effective, multiculturally competent clinician. In a session with an African American client, I may go through a checklist of appropriate questions to ask in order to ensure that I am acting in a culturally sensitive manner, all the while ignoring my own immediate feelings and thoughts regarding interactions with this client. It is for this reason that I deem it

necessary to uncover my own personal biases and blind spots regarding my socialization as a white person and more importantly that I prevent my biases from causing me to remain disconnected from my clients.

White privilege and *white guilt* prevent clinicians from thoroughly connecting to our culturally diverse clients by creating a colorblind racial ideology, meaning denial of racial differences by focusing and asserting sameness. It is not uncommon for many white clinicians to deny that being “white “ is accompanied by privileged status or automatic advantage because of skin color. This denial creates defensiveness. Defensiveness is manifested by disavowing being “white” or by expressed anger/frustration at being unfairly blamed for racism (Sue, Rivera, Capodilupo, Lin, & Torino, 2010). White privilege and white guilt allow us to make automatic assumptions about our clients of color and their experiences and to react to them in stereotypical ways that are consistent with our worldview. Automatic assumptions and stereotypical approaches are reflected in the ways that we question our clients, conceptualize their symptoms, and provide

interventions. Constantly making automatic assumptions and stereotypical interactions with culturally diverse clients can lead to mistrust in the therapeutic relationship similar to the relationship that the clients may have with society at large.

Ongoing acknowledgment of white privilege and white guilt, while difficult, permits clinicians to entertain the experience of clients of color that may be different from our own. It helps white clinicians move away from victim blaming and fear of clients of color and it increases ethnocultural empathy. Burkard and Knox (2004) found that psychologists who hold high levels of colorblind racial ideology reported lower levels of empathy and were more likely to hold African American clients more responsible for finding solutions to their problems than those with lower colorblind racial ideology. Increasing awareness further nurtures the white clinician’s ability to authentically connect with clients of color.

While these personal reflections involve emotional discomfort and even pain, the rewards include deeper connections, better understanding of clients’

experiences, and joy in discovering so many people whom I encounter every day who are eager to share their experiences, sorrows, and joys with me. ▮

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