

RACISM AND THE HELPING PROCESS

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The issues addressed in this paper relate to racism within the helping process. We will base our discussion on the premise that racism is an illness and should be regarded as such wherever it emerges in the helping process, whether or not this relates directly to the client's reasons for seeking help. The discussion will also be based on the converse, i.e. that concerns of clients about race relations, their interest in establishing positive interracial relationships or in effecting change on some level, should be regarded as healthy and positive, not as "symptomatic" of hidden pathology.

Presently, in social casework and other helping techniques, professional racial awareness and responsibility seem to be focused almost exclusively on understanding minority clients, in order to improve service delivery to third world people. If racism is not confronted directly as an illness, the burden of change will remain on the oppressed, whom we may attempt to "help" by inadvertently blaming them exclusively for their situation. We may continue to use strictly an individualistic approach, looking for origins of intra-personal maladjustment. We may, through what is considered in this paper the cultural lag of social Darwinist theories, judge oppressed clients as "losers" because they have not come out among the "fittest" in the struggle to survive, rather than including in our diagnoses the lack of equal opportunities necessary before judging the competition.

Many caseworkers believe that "once we have contracted to represent society's concern to help persons who are experiencing some maladaptation or obstacle on their social living, we are carriers of social values and social standards."¹ This paper indicates that without recognizing that American social standards give mixed messages, i.e. social Darwinism vs. brotherhood and democracy, (whose ambivalence may reflect either the adolescence, part of a growing process, or the firmly schizoid nature of our society--a discussion of which could be the topic of a separate paper), caseworkers who want to "carry social values" may engage clients in a process as destructive and controlling as helpful. Here we emphasize the significant factor that racism, as it is manifested both inter-personally and institutionally, is a prevalent social standard. Yet our professional ethics, diagnostic skills and our experiences with oppression and clients should reveal to us that racism is an illness.

Racism as Pathology in Clients

In view of these considerations, as helping professionals we should also consider whether we will deal with the racist manifestations of clients, or we will confront racism only as it affects the issues that clients have come to discuss and as it apparently affects their progress. We should note that we deal with all manifestations of clinically recognized pathology in our clients, whether they are verbally or nonverbally concerned about or aware of them. It is easy to dismiss racism because of our own discomfort. We must decide whether we see ourselves as social Darwinists or representatives of change. Have we begun to draw distinctions between "treatment as a clinical process concerned with disease or disorder, and the kinds of help arrived at supporting the life process and dealing with problems of living, but imply no illness"?²

It is important that we *be* judgmental about racism. In keeping with social work values, it is a casework responsibility to recognize racism as pathology and to deal with its manifestations in our clients. The therapeutic relationship is of particular importance. The client's trust in the worker will allow the worker, as in any casework process, to criticize. More positively, trust will mean that the caseworker can begin to serve as a role model, both in behavior and attitudes that can affect the client.

Behavioral modification has been used as a practice technique for those who are victims of oppression. We might consider the technique in relation to racist behaviors.

After the casework process's impact on the client's self-esteem and behavior towards others has evidenced some change, a group experience may prove to be very beneficial to the client. There, acceptance and support will be continued, while the client may have the opportunity to interact with black clients. Whether or not race relations form the rationale for the group, again, we deal with pathology, and help the group recognize, in their dynamics on a microcosmic level, the dehumanizing function of racism in the total community. Role-playing, exchanging roles, and psycho-drama, are techniques available in groups to help clients change stereotyped attitudes and understand white racism. Poetry reading, of black poets, can bring the white group members to a feeling-level in relating with blacks. Fears may be overcome through inter-racial dialogue, through discussing the real meanings of "militancy" and "black power." A comparison of the Platform and Program of the Black Panthers and the Declaration of Independence could be a helpful exercise. The long-range opportunity of developing inter-racial relationships not based on racial issues is a valuable potential experience offered through group work.

It seems that if in casework, or a related group process, we help our clients relate to the goals and values involved in their own self-development, we should be able to help them see the importance of these as group values and goals in the black community. This would provide common ground, empathy, perhaps lessening fears and defensiveness. Just as feelings of alienation, of exploitation, the need for self-esteem, self-assertion and growth form the helping nature of casework, these same goals are emphasized and must be understood on a group basis in the black movement. As we talk about communication and relationship skills with our clients, it is possible to use these skills to build bridges to the black experience.

If whites can value the themes of the following lines, why then are the concepts of separatism and black power still so deeply feared, unless they are not understood in the context of the universal human condition?

"I want to love you without clutching,
Appreciate you without judging,
Join you without invading,
Invite you without demanding,
Leave you without guilt,
Criticize you without blaming,
And help you without insulting.
If I can have the same from you
Then we can truly meet and enrich each other."³

The Desire to Eliminate Racism as Mentally Healthy

"To join in the challenge to combat racism...means sharing the powers of decision, relinquishing privilege, and becoming an ally to an unpopular cause."⁴ Clients, whose conflicts include the powerful involvement, personally or professionally, with some facet of race relations, are in need of support. The Rankian "guilt of difference,"⁵ the client's lack of a nurturing support group, and their promotion of human interests in a society that de-emphasizes human feeling, may make them ambivalent about continuing their participation. This may be especially true for white males, who may feel the pressure for economic, prestige, and power gains more than white women, for whom it is generally more acceptable to be artistic, feeling, and service-oriented.⁶

Social caseworkers, rather than providing support to socially aware clients, may attempt to "resolve" their ambivalence by subtly steering them away from a helpful or more activist role in race relations. This occurs through what we have observed about the individualistic orientation of casework and its reflection of conflicting social standards.

The client and his/her behavior are "gauged consciously against that which society and the social agency hold to be conducive to the individual's and group's welfare."⁷ Galper's experiences with psychoanalysis "contained some very radical political notions that encouraged and deepened (his) radical commitments. At the same time, the experiences contained some very conservative notions that made (his) movement toward radical commitments more difficult."⁸ Although, as Galper points out, therapy's emphasis on the importance of the individual may seem to be a radical notion in a society that devalues human worth, the direction of the helping process may imply that the individual's ambivalence, anger, and alienation are harmful to both personal and social well-being.

However, it may be helpful to the client to sort out with the therapist displaced negative feelings from those originating from racist issues, per se. If, for example, after working through repressed anger towards a parent, the client's zeal for social and political struggle is considerably lessened, then the result is equally as important to the minority community, who do not benefit from hypocritical involvement, as it is to the client. Moreover, if the client's involvement with race relations causes harm to him/herself or others, and the harm is considerably greater than any apparent growth, we would want to search very carefully for the sources of motivation and negative feelings.

We will look now more specifically at some of the ways in which casework may tend to influence potential and actual helpers, change agents, or activists among clients away from the ultimate goal of eliminating racism.

1. Flattening the client's anger

Because anger can be harmful to the individual's health and enjoyment of life, and because it can lead to destructive behavior, efforts are made to deter the client from an angry or hostile attitude toward other people, inter-personal situations and politics. The positive side of anger as it relates to the energy required for change, the empathetic recognition of human suffering, the motivation to help someone besides oneself, is not usually demonstrated to the client.

2. Emphasizing that unhappiness is not externally caused

Some therapists, in their urgency to relieve clients of anxiety, fear, anger and mistrust, interpret these feelings as fantasies and illusions. Inherent in this interpretation is the idea that it is irrational to "become quite upset over other people's problems and disturbances."⁹ Directing the client's energies totally toward introspection is a serious deterrent to social change.

3. Pointing to displaced anger

Focusing on the client's anger, hostility, paranoia, depression, or whatever other label that may develop, rather than dealing with the actual facts of exploitation, racism and the potential for genocide, underscores the status-quo orientation of casework. Furthermore, interpretations that ascribe all the client's efforts to a Freudian need to triumph over an authority figure, often counter-productive and anger producing for a potential activist, may potentially disrupt the therapeutic relationship as the client begins to question the therapist's approach to people through insistence on this focus rather than on the pathology of racism.

4. Viewing the client as unable to fulfill his/her needs

As we have mentioned previously, a person who asks for help is considered weak, ill, the source of his/her own deprivation. A concerned or activist client's relationships with family and original groups may be seriously impaired because of the philosophies and goals expressed by the client. This, in turn, interferes with the basic needs of the client to love and be loved and to feel worthwhile to himself and others. The caseworker, rather than viewing these inadequacies as functions of the inherent unpopularity of siding with the black community and challenging white power figures, distracts the client from participation in change by insisting that it is a sign of his/her disability that primary group relationships have been disrupted. The strength of the self-assertion and humanistic intent involved may be overlooked, and the ties with the "significant others" that the client does choose may be ignored or seen as pathological.

5. Low self-esteem and suicidal tendencies

Perhaps nowhere do the projections of a cultural lag in casework manifest themselves so strongly as in the linkage of white involvement in the black movement and self-esteem.

Suicidal tendencies are often included in the label, as an extension of low self-esteem.

Though we may not formally admit to such an assessment, it is common practice that a white client who forms a friendship or an intimate relationship with a black is considered to have poor self-esteem. Neither is it unknown to practice that white clients who work in black "ghetto areas" are thought to reflect suicidal tendencies.

We, as helping people, are not accustomed to objectivity in this area, in spite of verbalized values about integration and affirmative action. We need to look at how racism has affected our own experience, how our fears and paranoia about the "ghetto"

may be projected in our evaluation of the client, and how our lack of experiences of friendship or intimacy makes us unable to understand objectively a close interracial relationship.

6. Suggesting a change of environment

The activist client, frustrated in his/her efforts to change the particular institutional setting where he/she works or lives, frustrated in efforts to combat racism, because of the individual orientation of the casework process, may be advised to move to a setting that is more in tune with his/her personal or professional philosophy.

7. Non-judgmental approach

Of all the aspects of casework that deter white involvement in race relations, perhaps the most significant is the attempt to develop a non-judgmental attitude.

However, such an attitude is not always desirable. Instead of judging "in the sense of estimating and concluding whether what (the client) is and does is or is not socially acceptable or desirable,"^{1a} we, in keeping with professional ethics, need to view our client's involvement with race relations more positively. Otherwise, pressure towards conformity may occur in two ways: 1.) focusing on the unacceptability of activism, and 2.) allowing, non-judgmentally, for the racist behavior of other whites.

Conclusions

The casework process ideally will provide insight that will help reaffirm the client's involvement in race relations. For example, if the client's experience as an oppressed person within the family system becomes clearer, strengthening personal identity and individual difference may also include greater comfort with the risks of commitment and assertion of social values. Insight into one's personal experience with oppression, rejection, mediation, etc., in the family situation, that casework may provide, may tend to foster the client's identity and empathy with oppressed peoples, and the client's efforts may become more positive and purposeful.

The casework process can help the client overcome the guilt of difference, and develop skills in forming new support groups. If the caseworker has skills in a specific field of social action, a valuable form of support for some clients might be to discuss together effective ways of bringing about change in the social arena.

In helping clients achieve the healthiest balance for them between the inner and outer, individual and the social, the caseworker

could explore with clients other aspects of life and self-development, which inevitably would enhance their involvement with race relations. People who value and enjoy life, who can experience joy, spontaneity, and enthusiasm, will be more credible in all areas of race relations, because they will apparently be committed out of a desire to communicate humanly, to exchange and share with all peoples, rather than out of a pathological need to commiserate and a negative response to life. Such people represent the wholeness and well-being that is casework's goal to develop. The values of the helping process essentially and unequivocally parallel the process of growth toward inter-racial understanding.

"If, in our effort to help others overcome their isolation, we also overcome our own, then we profit along with those we help."¹²

We conclude that social casework has the value base and potential content to offer an effective arena for change regarding the dynamics of racism and to foster more positive inter-racial relationships. It is the responsibility of the helping process to confront racism wherever it occurs, to regard racism as an illness and efforts to overcome racism as an indication of mental health.

FOOTNOTES

1. Perlman, Helen, *Perspectives on Social Casework*, p. 39.
2. Meyer, Carol, *Social Work Practice: A Response to the Urban Crises*, p. 145.
3. Satir, Virginia, *Self-Care*, by Bernhard, Yetta, p. 209.
4. Council on Social Work Education, *Black Perspectives on Social Work Education*, "Can Social Work Education Prepare Practitioners to Contribute a Cogent Challenge to American Racism?" by June Brown, p. 11.
5. Rank, Otto, *Will Therapy*, "Likeness and Difference."
6. Farrell, W., *The Liberated Man*, pp. 16-17.
7. Perlman, Helen, *op. cit.*, p. 39.
8. Galper, Jeffry, "Personal Politics and Psychoanalysis", in *Social Policy*, November/December 1973, p. 36.
9. Ellis, Albert, *Humanistic Psychotherapy*, p. 153.
10. Perlman, Helen, *op. cit.*, p. 39.

11. Grier, William and Cobbs, Price, *Black Rage*, pp. 157-8.

12. Polansky, Norman, "Beyond Despair," in *Shaping the New Social Work*, Kahn, Alfred, ed., p. 75.

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