

White Privilege and the Mental Health Profession

by Gail K. Golden, LCSW, Ed.D.

Editor's Note: We touched on *Undoing Racism* in Barbara Blank's Fall 2006 article, *Racism: The Challenge for Social Workers*. We continue the dialogue on this important ethical issue as Gail Golden shares her thoughts and experiences.

Since the late 1960s, I have worked in the field of mental health as a clinical social worker. I think that many people have benefited from the work of the great men and women who first studied our emotions, our passions, our thoughts, and our dreams. And I think that over the years, people in my profession have helped many people live more productive and fulfilling lives. For lots of years, I felt quite confident in my profession.

And then some things happened to me that caused me to begin to ask some questions about my profession, and I think that was a very good thing...beginning to ask questions.

The first thing that happened to me was that in the early 1990s, I took my first *Undoing Racism* workshop. Later in 1999, I began to work more closely with the various immigrant communities in Rockland County, NY. These two experiences changed me.

The *Undoing Racism* workshop is offered by the People's Institute for Survival and Beyond—a group of antiracist trainers and organizers who travel the country teaching about institutional racism. Since my first workshop, I have taken the training many more times, trying to continue to learn about the ways in which racism infects every aspect of American society. I was helped to see that every institution in this country was created with the needs and concerns of the dominant white culture in mind. And this includes health care, education, and mental health. That caused me to take a step back and take a new look at old ideas. I always talk about that time as being like getting glasses when your vision has been bad for a long while.

Another important thing that happened in the *Undoing Racism* workshops is that I was helped to begin to think

about “whiteness.” Of course, today we know that the whole concept of race is a false one. Science today tells us that we are much closer to each other than we have been taught to believe. We are not really different groups. Having said that, it is also true that the notions of race have been so deeply learned and so deeply taught that we cannot ignore what it has done to us.

To be considered white in the USA means to be part of the dominant culture. We are the majority. America is also a world power with great influence around the world.

So we get to define what is normal, what is important, and what is right.

We enjoy what is called white privilege. As a group, we often tend to think that we are smarter, better, and more capable than other people. Part of the arrogance of white privilege is that we think that if something is good for us, then it is good for everybody. We also believe that we deserve all the privilege and benefits that we enjoy because of our own merit and hard work. We do not always recognize how much of what we enjoy is due to our white privilege. We also do not recognize how some of the things that we enjoy as a group are rooted in a disturbing history. Sometime in our past, white people have simply taken things from others: most notably land, labor, and resources. A great deal of wealth was accumulated in this way. Many of us who came to be called white have benefited from this wealth, directly or indirectly.

As a group, Americans tend not to be curious about other people. We do not learn about their history, their culture, their languages. When I began to work more closely with immigrant communities, I realized that when I was a student, I had not learned anything about any country outside of Europe. That is an aspect of white privilege. Other people in other countries, and immigrants to this country, tend to learn a great deal about white American culture. They do this because they have to. Their survival and success depend on it. As I

began to think about what I was learning, I began to wonder how whiteness and white privilege influence mental health.

In the United States, all of our theories about emotional health are based on studying the lives and experiences of people of European descent, who came to be called white. Now, it is probably true that some of these theories are truly universal. But I have come to believe that some of these ideas are rooted in white culture and often in white, middle class culture. These ideas and theories often do not consider the experiences of other people. Many people have to deal with the evils of racism, the brutality of colonial occupations, and the horrors of civil violence, unbelievable poverty, and hunger. Such people may develop different coping strategies than people who do not have these experiences.

Over the years, I have seen many mothers from non-European cultures sent to be evaluated by mental health professionals. These professionals were always white and mostly from fairly comfortable middle class backgrounds. I have read reports written about these women, and I have read the diagnoses put in these reports—and I have often questioned the reports. Some of the women were diagnosed as lacking all feelings. I knew some of them, and I think they had different ways of showing their feelings. Some of them had lived through very hard experiences. They were strong women whose spirit had helped them find ways to survive. Sometimes they had paid a big price for the terrible struggles they had known. But I do not think they were lacking feelings.

I have also learned over the years that the focus on verbalizing feelings

For more information

To learn more about Undoing Racism, see the People's Institute for Survival and Beyond Web site at: <http://www.pisab.org>

is a very Euro-American notion. Not all cultures talk directly about feelings. Some are more inclined to talk about physical symptoms as a way of expressing how they are doing. In some Asian cultures, for example, people talk about feeling "congested" when they mean that their feelings are not flowing freely or that they are depressed. In an African country, people will say, "My heart is not sweet" to express sadness. And the whole idea of sharing very personal concerns with a complete stranger is absolutely not normal in many communities.

I do not think that white mental health professionals generally have a good understanding of people with different experiences and realities. We fail to honor other cultures, and we often do not see their strengths. We do not try to learn from them, and we do not question ourselves. A therapist working with a person of color in the U.S. should think deeply about racism and learn about it from people of color, because a person of color may have many emotional issues that are related to living with racism all the time. We have no right to ignore such powerful forces.

American psychology has its own ideas and theories, based in large part on the experience of white people in Europe and the U.S. For example, we think that mental health is the ability to be independent, to leave home, and to separate from the family. In other cultures, the focus is on the family group or the community, rather than on the individual. In oppressed communities, people may have a very particular need to stay connected to their own people. It may be healthier for a member of an oppressed community to stay close to the extended family network. This offers a kind of protection, support, and buffer zone. So we need to look at our ideas of health and independence. That is just one example.

The way in which American human services agencies work with people is also based on a very white European model. We like to do things on schedule.

We like to be punctual. We like to see people by appointment and not keep them waiting. There are some good things about that. But when I sit in the waiting rooms at small community-based agencies, people come in all day long, and many of them do not have appointments. No one is sent home, and the people wait patiently until someone can see them. There are also some good things about that. We can learn from each other.

I hope that as the minority communities become larger and stronger, they will be in a position to demand that the people who are providing them with services learn something about these proud communities, their histories, traditions, cultures, and struggles...and that human services providers also learn something

about racism and the meaning of white privilege.

And I hope that people are counseled and evaluated by providers who are deeply respectful and open to learning about the full range of human experiences.

Gail Kadison Golden, LCSW, Ed.D., is the Director of Counseling and Family Services at VCS Inc. in Rockland County, NY, a therapist in private practice, a community activist, trainer, author of many professional articles (<http://www.goldenwrites.com>) and a published poet (<http://www.gailgolden.com>).

This article is an adaptation of a speech given to the Haitian American Cultural and Social Organization, Rockland County, NY, Fall 2007.

Journal of Social Work Values and Ethics

<http://www.socialworker.com/jswe>

The Journal of Social Work Values and Ethics is an online, free, full-text peer-reviewed journal published by the publisher of *The New Social Worker*.

The *Journal*, edited by Stephen M. Marson, Ph.D., and Jerry Finn, Ph.D., and published twice a year, is available at <http://www.socialworker.com/jswe>. The *Journal* examines the ethical and values issues that impact and are interwoven with social work practice, research, and theory development.

Register for free, and you will be sent the Table of Contents of each issue when it is available.

Continuing education credit is available for selected articles published in the *Journal*. For details, see: <http://www.socialworker.com/jswe/content/view/57/52/>

Term Paper Contest

The *Journal* is sponsoring a term paper contest. The deadline is May 15, 2009. See contest details at: <http://www.socialworker.com/jswe/content/view/81/55/>

