
Racism and Sexism, Together, in Counselling: Three Women of Colour Tell Their Stories

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Abstract

Ten women of colour were interviewed for qualitative research about their experiences as clients in mental health systems. Of these, three stories are used here as examples. Preceding the stories, the terms "racism," "sexism," and "mental health systems" are defined. The dilemma of a white researcher doing research on women of colour presents moral, ethical, and political concerns. The ten women's paradigms of racism and sexism are summarized. The stories and the impact that the experiences had on the women are discussed. Suggestions for counselling research, theory, and practice include addressing racism within ourselves and with women of colour clients, and making space for women of colour in the centre of counselling work.

Résumé

Dix femmes de couleur ont été interviewées pour une recherche qualitative concernant leurs expériences comme clientes dans les systèmes de santé mentale. De celles-ci, trois histoires sont utilisées comme exemples. Précédent ces histoires, les termes "racisme", "sexisme" et "systèmes de santé mentale" sont définis. Le dilemme d'un chercheur blanc faisant de la recherche auprès de femmes de couleur soulève des problèmes moraux, éthiques et politiques. Les paradigmes sur le racisme et le sexisme des dix femmes sont résumés. Les histoires ainsi que l'impact de leurs expériences par rapport à elles-mêmes sont discutés. Des suggestions pour la recherche, la théorie et la pratique en counseling incluent le racisme vécu, perçu par le thérapeute à l'intérieur de lui-même et vis-à-vis les clientes de couleur, et de créer une place pour les femmes de couleur dans le milieu du counseling.

*The first thing you do is to forget that i'm Black.
Second, you must never forget that i'm Black.*

PAT PARKER

These lines are from the poem entitled "For the white person who wants to know how to be my friend" (Parker, 1978). The words ring true when applied to the research I did to find out how women of colour, who had been clients in counselling, felt about their counselling experiences. In particular I was exploring in this qualitative research what racism and sexism, together, looked like, sounded like, how they were practiced in counselling settings, and how the clients, themselves, perceived the experiences. As in Pat Parker's poem, the women's accounts revealed paradoxes and contradictions.

For many years in mental health systems, which is the expression I use in this paper to be inclusive of many types of counselling systems, there have been separate critical analyses of racism and sexism, (see, for instance, Broverman, Broverman, Clarkson, Rosenkrantz and Vogel, 1970; Caplan, 1985; Chesler, 1972; Friedan, 1963; Fulani, 1988; Gilligan,

1982; Guthrie, 1976; Mercer, 1984; Miller, 1976; Penfold and Walker, 1983; Thomas and Sillen, 1972; and Willie, Kramer, and Brown, 1973). But there has not been a critical analysis that examines these two oppressions together in mental health systems. This is an important omission for many reasons: 1) women of colour do not live partly as women and partly as non-Whites—they live them together, simultaneously; 2) the practice of always compartmentalizing creates an artificial construct, in which the part is examined without benefit of the context of the whole; and 3) sexism and racism are two oppressions with similar dynamics, histories, and impact on our society.

In this article I explore racism and sexism in mental health systems by presenting and discussing three women's stories. Of the many stories I heard, I have selected examples which reflect 1) mainstream counselling from a therapist in private practice; 2) guidance counselling in a high school; and 3) a counselling educator for whom the boundaries of educator, mentor, and counsellor are fused. Preceding those accounts I define terms, and discuss their paradigms of racism and sexism. However, as a white woman doing research in the area of racism, it is imperative that I begin by situating myself in this research.

As a therapist for twenty years who has worked with women of colour both here and in Africa, my commitment to do this research came from observing and subscribing to mental health theories, policies and practices which have been developed and implemented by mostly white, male administrators, academics, and therapists with no knowledge of, much less involvement with, women of colour. Traversing these systems as a professional and a student, I was disturbed by the degree of racism and sexism in my colleagues' and teachers' statements, and their reactions when I challenged them. Racism and sexism were not neutral words—they evoke emotionally charged reactions. My feminist politic not only allowed me to see these two oppressions as connected, but challenged me to do something about them.

A white woman examining racism from the perspective of women of colour raises political, ethical, and moral concerns. This is so because of the power differential that exists between whites and people of colour in a racist society such as ours, the way in which the researched have traditionally been objectified by the researcher, and the possible exploitation of women of colour in using their stories to benefit others, including myself. I have struggled with these issues and have reached no totally satisfactory resolution except to include the women as research participants, asking them to read and change transcripts, where necessary, and to comment on and make changes in my final research report.

Definitions

Racism is a multifaceted phenomenon stemming from the belief that "race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race" (*Webster's*, 1963).

Sexism is defined by Frye (1983) as

"cultural and economic structures which create and enforce the elaborate and rigid patterns of sex-marking and sex-announcing which divide the species, along lines of sex, into dominators and subordinates."

Both racism and sexism exist individually, societally, and institutionally. They are both self-perpetuating because, as Fernandez (1981) has pointed out, the myths and stereotypes are inculcated by whites and men by way of their power to enforce them.

Mental health systems are defined here as structures and theoretical frameworks in which these structures are embedded, which exist for the purpose of providing a service to a clientele, the stated goal being positive change in the client's mental health. These mental health systems are staffed by individuals or groups of individuals in private psychotherapy practice, mental health clinics, hospitals, counselling agencies, and school guidance departments. Such staff include psychiatrists, psychologists, social workers, nurses, trained therapists, teachers, and community workers such as women who work in shelters for battered women.

RESEARCH METHODS

Qualitative research methods (Taylor and Bogdan, 1984) were employed in talking with ten women of colour, eight of whom were from the metro Toronto area and two of whom were from Western Canada. Six of the women were Black, two were South Asian, and two were Native. Their ages ranged from the mid-20s to the mid-40s. All of the women were employed and identified themselves as middle-class. Among the ten women, they had seen thirty-four counsellors. Although advertising was used to recruit volunteers, all the women eventually contacted me through word of mouth.

An interview schedule was used, but questions were open-ended and allowed for the interviewee to focus the interview on her particular issues. Interviews were taped and transcribed by myself, then sent back to the interviewee for changes, if necessary.

The methodology incorporated the ideas of Smith (1987), Sullivan (1984), Stanley and Wise (1983), McRobbie (1982), and Roberts (1981) in the following ways: the women being interviewed were seen as subjects, not objects, the research was from their standpoint as much as possible, and I located myself in the research both at the time of the interviews and in the analysis and reporting. I felt it was necessary to critically analyze and reflect upon my impact, as a white woman, on the woman being

interviewed, on what she said or didn't say. As Sullivan (1984) points out, "An interpretation is reflexive when the social scientist ponders and reflects on the effects of his or her horizon on the interpretive event. We are not just agents but agents-in-relation" (p. 121).

RESULTS

Women of colour wanted to talk to me about their experiences as clients in mental health systems for one of two reasons: 1) they had had one or more bad experiences in mental health systems, and they saw their participation in this research as an act of resistance; or 2) they had had good experiences and they wanted to tell me why those experiences had been good. (A discussion of those experiences is not included in this paper but can be found in Gerrard [1990].) It is not surprising, given this, that some of them would relate experiences that reflected blatant racism and/or sexism and others wouldn't. Another factor in determining their judgment of their experiences was how their own paradigms of racism and sexism were constructed. I briefly summarize them here, though a more thorough discussion of paradigms is in Gerrard (1990).

TABLE 1

Summary of the Women's Paradigms of Racism

	<i>Group 1*</i>	<i>Group 2†</i>
Overview	Racism as global Power and control central themes Historical perspective (1 woman)	Racism as individualized experience No central themes Here and now
Theory	Distant from individual	Individual is central
Experience	Personal effects: self-esteem, visibility and validity threatened	Rejected victim identity
Coping	Not frequent Frame reality so that individual had control re: experience of racism When coping, became more like Group 2 in "Theory" (above)	Common Framed reality (same as Group 1)

* Group 1: Critical of their experiences in Mental Health Systems (MHS)

† Group 2: Not critical of their experiences in MHS

Paradigms

The women responded in three ways to my separate questions of what racism and then sexism were: 1) theoretically, 2) relating experiences, and 3) coping methods. From these discussions I organized the material into what I call their paradigms of racism and sexism. It should be noted that the women talked much more about racism than about sexism and so I focus first on their discussion of racism.

When their paradigms were correlated with their experiences in mental health systems (critical versus non-critical), a pattern emerged. In Table 1 I summarize their paradigms as well as show the correlation between groups.

Notice that there is a big difference between the women in Group 1 and Group 2 in terms of their overview of racism. Women in Group 1 saw racism as a global issue of power and control in which they were one of many victims. Women in Group 2 never talked about central themes, and they felt racism was a very individualized experience.

Women in Group 1 used the third person when talking about racism theoretically, whereas women in Group 2 used first and second person. It appeared that women in Group 1 separated themselves from the *theory* of racism, were distant from it, whereas women in Group 2 saw themselves as central figures in how racism existed for them *theoretically*.

In contrast to this, when talking about the *experience* of racism, women in Group 1 talked about it personally—the effects that it had on them, such as diminished self-esteem, and the feeling that their visibility and validity had been threatened. Women in Group 2 rejected anything that came close to a victim identity, saying, for instance “[racism] doesn’t affect me personally,” or “racism is other people’s ignorance.” This was in spite of the fact that their overview was of racism as an individualized experience, and that theoretically, the individual was centrally located, not distant or abstract. But the individual’s role seemed to be to deny racism or defend against it by reframing it as something else, such as white people’s ignorance or misunderstanding.

All the women coped in relation to racism, but women in Group 1 talked about coping less frequently than women in Group 2. In all cases, coping was described as an adjustment of their reality so that, for instance, they could deny racism existed, or have hope that racism could be overcome through “healing” or education. In any case, coping served the purpose of allowing the individual woman to take some form of control of her reality.

The women’s paradigms of sexism, in contrast to those of racism, were consistent between groups. Both groups of women saw sexism as “undermining sex, either sex,” or that it was about “men being privileged by virtue of them just being there,” and/or that men held “a certain kind of power over women.” They believed that sexism was systemic and global,

not just specific to a few men in relation to a few women. Their accounts were totally theoretical, i.e., they did not describe their experiences nor did they talk about coping with sexism. They also did not talk about taking responsibility for whether or not they experienced or interpreted something as sexism, as the women in Group 2 did when talking about their paradigm of racism. In addition, no one spoke about a victim identity when talking about sexism. The women spoke much less about sexism than racism and were much less passionate.

As I present the accounts of my interviews related to the women's counselling experiences, these paradigm differences must be kept in mind. Certainly what they said about their counselling experiences must be read in light of how they saw themselves in relation to racism and sexism. Their paradigms lead to our understanding of what they *did* say, as well as what they *did not* say.

The women's stories

Incident 1

A woman I interviewed felt she was the victim of racism and sexism when she went to a female white counsellor to talk about her grief as a result of her husband's death. He had been diagnosed with cancer and died, all within eight months of their arriving in Canada as political refugees. He was survived by his wife and 6 month-old son. At one point early on in the counselling, the counsellor told her that grief must be different in the client's culture. She reported,

Whatever I tried to bring [about her own grief] the counsellor kept on saying, 'Oh you are, how do you do it, how do you deal with it where you come from? . . . You know you're different. I might not understand what you are saying.' I'm different, she said it. You know, to have to say that, you're different, maybe grief is different or how do you do it in your culture? Death of love is universal.

It is also important to know that the counsellor's body language was important at this point, as described by my interviewee:

There was this huge room. She would sit in that corner, she wouldn't look at me, she wouldn't ask me how I was that day. . . . She kept on looking at the ceiling whenever I talked and it was not helpful at all. . . . She'd ask me a question and she'd just keep on looking up and up. . . . She was very detached.

It could be argued from the example above, referring to what the counsellor said, that the therapist was not being racist, but that she was trying to be careful not to assume how the client was feeling. However, the inference was that people from the client's culture don't feel grief like people from white cultures do, and that in the client's culture there is not the same depth or intensity or sophistication of feelings. If she had asked open-ended questions like "How do you feel?", rather than making assumptions about a cultural difference in grief, she would not have conveyed the same racist implications.

The counsellor's emphasis on difference emphasizes a power inequality in their relationship, with difference referring to "less than." In our society, the value assigned to difference is directly proportional to the "different" person's access to economic, social, or political privilege. The greater the person's privilege, the more value is assigned to her or his "difference." In the case of this woman who had very little social, economic, or political privilege, "difference" was not spoken of by the counsellor as if it was valued.

The counsellor's non-verbal actions delivered messages like, "Don't come too close," "I'm not interested," or "I don't want to look at you," according to the client. These messages indicate some bias against the client and since their counselling sessions had just started, there were very few things on which this counsellor could have based her bias. The two most obvious are the two most visible: race and gender.

Interestingly, this same counsellor appeared to be sexist when the client reported wanting to talk to her about her deceased husband. This client reported that the counsellor refused to listen to what she had to say about him. Instead the counsellor, who had never met him, spoke about him and portrayed him as someone on a pedestal. The woman I interviewed said,

. . . she kept on saying, 'He was a very wise man.' And I felt like, no, she's not listening to what I'm saying here. She tried to portray him like he was [bigger than life] . . . she kept on saying, 'No, [he] was' (and she didn't know him) 'really wise.' . . . Whenever I tried to say something about [him] that was negative, she'd interrupt me and say, 'No, he was a wise man.'

The constant dismissing of what this client was saying, and the persistent insistence that the client's late husband was "a wise man," delivered the message that the client's needs and her thoughts were not important. What *was* important was the image of her late husband. Despite his illness and what it did to this client, the way the counsellor spoke to and treated her, it seemed *she* was the problem, not her husband. It appears that, because he was a man, the counsellor viewed her husband's weaknesses or problems as irrelevant.

This counsellor, then, was both racist and sexist, but she didn't reveal those biases at the same time. In fact, the sexism seems to override the racism in relation to how she reacted about the client's husband. In any event, the woman I interviewed felt that both racism and sexism were present at all times, in relation to her, expressed or not.

This woman felt *unaccepted*. She also felt *unacknowledged*. She said, "And for her not to acknowledge all these things I had gone through, at least to ask me how did you cope. . . . I mean even people who don't know me, they used to ask me that." Feeling *minimized* or *patronized* were also words used by this woman to express the effects this counselling had on her. For example, at one point the counsellor told her to just "read a

book. Can you go and buy this book?”, when what this woman needed was to talk. She felt *distanced*. When the counsellor told her, “I know where you’re coming from. . . . We understand,” this woman felt there were a lot of assumptions being made about her. This made her feel *patronized*. The negative body language described above made this client feel *unseen, hidden, or inconspicuous*.

Incident 2

Another case of racism and sexism together, labelled as such by the person involved, happened when a woman I interviewed was seen by a guidance counsellor, a white male, at her high school. She said,

. . . he just took one look at me and it’s just like ‘Great, not only is she a girl but she’s Black. Everyone knows like it’s hard enough to find smart Black people, let alone smart Black girls.’ Basically, that was the assumption he was working under.

She had this impression because of his attitude toward her, his tone of voice, and the fact that, “he told me I could not go into medicine, that I would need a scholarship and wouldn’t get one.” He gave her no reason for why he said this. His body language also presented a message to her. She said, “He was just sort of sitting there as if bored out of his skull, waiting for me to say something.”

The reader may argue that the counsellor was just trying to be pragmatic, he knew what the difficulties ahead might be for a Black woman in medicine and he was trying to protect her. But again, if that was the case, he could have said something like “Here are the barriers. Are you prepared to overcome them to get what you want?” But he didn’t say anything like that; in fact he gave this woman the impression that she couldn’t do what she wanted because she was female and she was Black.

A word needs to be said here about *context*. As Marilyn Frye (1983) points out, one wire does not constitute a bird cage, but many wires do, even though one can still see through and air can pass between the wires. It is repeated incidents like the above example, the well-known streaming practices in public schools and the lack of employment equity that reflect systematic discrimination over and over again. The woman whose account I include above made her impression, not on the basis of one encounter, but in the context of this sort of discrimination occurring repeatedly.

The effects of this encounter were that this woman felt *unheard* when she stated that she wanted to go into medicine and the counsellor said she could not do that but gave no reason why. She was certainly *not accepted* when he *dismissed* medicine as an option. Because her counsellor was acting as a negative authority, that is, an authority telling her what she could *not* do, she was *controlled and limited*. His body language demonstrated that he felt she was *not important*.

Incident 3

A Black woman was in an educational setting in which her teacher, a white male psychologist, was as much a mentor/counsellor as a teacher. The boundaries were very blurred. Combining an intellectual and personal (bordering on “therapeutic”) agenda in his program for her, he had her read Black literature. She related

He said, ‘You’ve got to see the Black woman in your literature as you.’ And I had to live through that. Oh God, help me. The first time I cried . . . he said, ‘Well, I’m so glad. You have proved now that you are a woman. Because you just face everything so head on and you never break down. And I was getting afraid that you are so much like the slave woman, I wanted to see the real woman in you. I wanted that to come out.’ And for him, crying was healing. So I had to get to the place where after facing it all, after living these experiences, then to cry. Then he said, ‘You’re getting there. You’re ok.’

There was some disagreement between the woman I interviewed and myself as to whether or not this teacher/psychologist was racist and sexist. In my opinion, the oppressions were insidious: the inference that slave women were not “real” women, the implication that there was a choice for this woman whether to be a “real woman” or not, the stereotype that women should not be strong, and last but not least, the presumption of privilege that he should sit in judgement about her progress, her acceptability, her femininity—“You’re getting there. You’re ok.” The amount of control this man had over this woman, the extent to which he blamed the victim, are frightening examples of what Maart (1990) calls the “systematic oppression [by] psychology.”

However, the defense of this teacher/psychologist came from the woman herself. She justified what he said about slave women because, she said,

. . . in the slave literature, the Black woman hardly cried, particularly she’d take death, so hard she got. Because it was the only way to cope with it or the whole bunch would go crazy. . . .

She saw this teacher/psychologist as playing a role of provocateur, after which she would become angry and scream at him. She said, “[He] knew how to take the abuses [she inflicted upon him] that had to come with being the master, the white master. . . .” It appears that this counsellor was following the theoretical model in which patients’ or clients’ defenses must be broken down so that pain can be released so that healing can occur. Whether or not the model is a good one is not at issue here; but the selection of this woman’s gender and race as the focal points of the counsellor’s attack constitutes, in my opinion, racism and sexism.

In this example the effects on the woman were bittersweet. She described it as a process of mourning and guilt:

I cried a lot . . . mourning. Guilt I had to deal with for my people. Mourning, the estrangement between Black men and women . . . [the teacher/psychologist] took a lot of my anger, against white men.

In return, she said she came to terms with her history;

It's *my* history. . . . It's not an easy thing to deal with. . . . You even go into it cursing, and abusing and blaming, or you come to terms with it in yourself. *Deal with the slavery in yourself*. Bury your ancestors in peace and begin to live. . . . I had to go through that. [emphasis added]

The effects on this woman were that she was *transformed* through this experience. Ironically, from her anger and her pain came *self-awareness and growth*. This may have been the result of, in some way, feeling that she deserved this sort of treatment. Or she may have coped with his racism and sexism by "accommodating for it" (Maart, 1990), which means that she shifted the meaning of what he said in such a way that it was least damaging for her. Although I still think that what her teacher/psychologist said to her was racist and sexist, *the way she interpreted it*, then, *in this case*, resulted in a very different outcome than what I would have predicted. In interpreting what happened, it is important to remember the paradigms that the women had about racism and sexism. Referring to Table 1, this woman is consistent with those women in Group 2 who resisted the victim label, saw her experience as an individual, isolated one, and she coped with what had happened to her by reframing, re-interpreting, or defining her reality in a way which gave her the most control she could have in that situation over whether or not, and how much, his racism would affect her.

DISCUSSION

The sum of the effects the counselling experiences had on the women whose stories I recounted in this article include feeling controlled and limited, dismissed, minimized, not important, patronized, unaccepted, unacknowledged, unheard, unseen, hidden and inconspicuous, more self-aware, transformed and developed. I have argued elsewhere (Gerrard, 1991) that the sum effect in the women I interviewed was to render them invisible. As counsellors, when we render someone invisible we do not have to deal with how they make us feel, we do not have to feel threatened by their demands, requests, and issues. By rendering women of colour invisible we have rendered them powerless.

Because women of colour experience racism and sexism *together*, the impact of these two oppressions are more than the sum of the parts (Spelman, 1988). They interact and influence each other. Multiple oppression is stressful and draining. The resources needed to react to and defend against either of those oppressions need to be increased when a woman of colour has to fight them both at the same time.

Counsellors, counsellor educators, theorists, administrators, and policy-makers must open up so that women of colour can take a place in the centre of all counselling work. Only women of colour can define their reality and speak to their needs. Internally, we need to examine our own

racism and sexism and take steps to “de-program ourselves.” In practice, counsellors must raise the issue of race with clients, but it has to be done carefully. I asked each woman I interviewed if she would prefer to have the issue of race addressed in counselling. Eight out of ten said yes. The way they would like to have it introduced is something like this: “You are [Black, South Asian, Native, etc.], I am [white, Black, Asian, etc.]. This may mean that our everyday realities are different. We live in a racist society and it’s important that we recognize that, whatever that means to you, and keep that in mind as we work together.”

SUMMARY

In this article I have shown how the women I interviewed experienced mental health systems, as clients. I have given examples of what racism and sexism looked like and sounded like for these women, and how these two oppressions were perceived by the women. Suggestions were made for inclusion of women of colour in the heart of counselling research, theory and practice, and an approach which begins to address the reality of racism and sexism in the counsellors’ and the clients’ lives was proposed. The research I did was limited by the fact that I am white. Further research by women of colour would be helpful in addressing these counselling issues and practices.

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