

BIPOC Therapists Are Fighting For Better Practices in the Field

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Mitra Karimi-Taleghani

(All photos courtesy of Yaquelin Hernandez)

When Mitra Karimi-Taleghani decided to become a licensed therapist over a decade ago, she realized how out of place she was as a half-Black half-Persian woman in a predominantly white space. "I dealt with so much racism," she says of her postgraduate education in social work at Radford University in Virginia. "I felt like I was constantly arguing with people and having to advocate for myself."

The 34-year-old California native quickly noticed a lack of cultural diversity and competency in the mental healthcare field that started in the classroom. Karimi's professor asked the class whether they would call Child Protective Services (CPS) on someone who has marks on their back from coining. Also known as gua sha, [coining](#) is an ancient technique from Southeast Asia that is believed to rid the body of chronic pain and fever by rubbing curved objects on the back.

While the practice is supposed to be painless, it does cause visible skin inflammation that fades after a few days.

Karimi thought it was obvious that authorities shouldn't be involved in a case like this. However, a white classmate argued that calling CPS, which can often lead to parents getting arrested or losing custody of their children, was appropriate since "they're not in their country."

Karimi was stunned by the responses she heard, growing concerned that many of her peers were taking a punitive approach to practices like these. In Karimi's opinion, much of the social work curriculum she learned from was Eurocentric, prioritizing white, Western practices over other cultural customs.

"The system, in general, has been structured to leave people of color out," Karimi explains. Statistics from the mental health care field show a lack of diversity in the United States today. For example, white psychologists comprise 83 percent of the field, while only 7 percent are Hispanic and 4 percent are Asian, according to [data](#) from the U.S. Census. Furthermore, of the over 40,000 psychiatrists in America today, only two percent are Black, a [survey](#) from the American Psychiatric Association shows.

Thus, once she completed her degree, Karimi knew she wanted to make the space she entered more inclusive and sought to help BIPOC (Black, Indigenous, People of Color) communities access mental health resources that were culturally protective rather than punitive. She began to incorporate social justice into her therapeutic work, specifically helping vulnerable, disenfranchised communities.

Karimi worked at a veterans hospital, helping victims of military sexual assault recover from their trauma. Later, she focused on alleviating the school-to-prison pipeline in residential facilities by advocating for BIPOC minors recently released from juvenile detention.

Through these experiences, Karimi discovered her love for [play therapy](#), an approach that draws on the neuroscience behind child development. "It's really like an umbrella," she says. "So you

can incorporate music, movement, art, and games, and we study the neuroscience of play." This type of therapy helps adult clients who cannot verbalize how they're feeling due to trauma, grief, or other factors. It can also [help](#) reduce stress and promote creativity and has helped adults with post-traumatic stress disorder (PTSD) and dementia.

Karimi has also experienced depression, anxiety, and trauma and believes that mental healthcare should be free and available to everyone. "I feel like a lot of what motivates me is wanting to be the therapist that I felt I could never find when I needed it," she explains.

"I get that we are in a capitalist society, but let's be creative and learn how to navigate it to be accessible," she says. It was difficult for Karimi to cut her fees at most of her jobs, so she joined the Los Angeles practice [Social Justice Healing](#) (SJH), which offers reduced rates and free sessions for many clients by partnering with nonprofits that cover expenses and donations from the community.

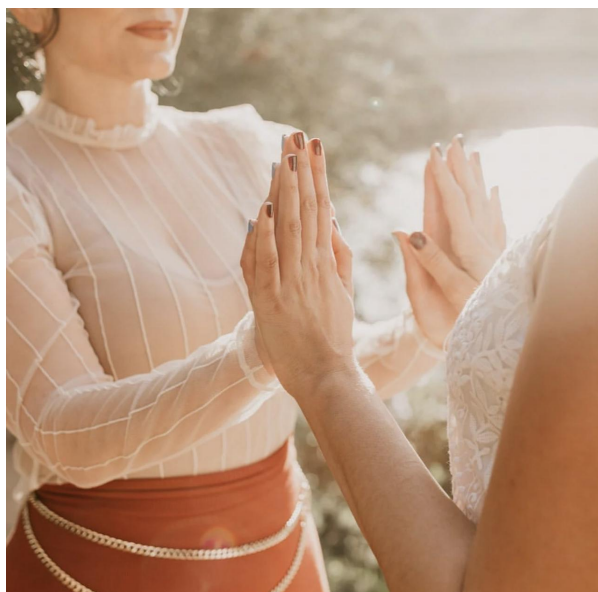


Claudia Morales

Claudia Morales is the founder of SJH and a therapist of Colombian descent. She focuses on helping communities that have been disproportionately impacted by poverty, racism, and current

immigration and incarceration practices. Morales and Karimi offer free sessions because many people of color do not have health insurance and cannot afford to pay out of pocket. For example, 22 percent of Native Americans are uninsured, the highest of any demographic in America, according to a 2022 Department of Health and Human Services [report](#).

Furthermore, 20 percent of Latino and 12 percent of Black Americans also lack insurance which adds an extra barrier to receiving mental health services. "It's so overly complicated and redundant," Morales says of the payment process. "People under stress or crisis do not have the same access to their [frontal lobes](#)," she explains. "The fact that they're expected to complete a hundred forms before getting in front of a therapist is very counterproductive."



Morales and Karimi from Social Justice Healing

Another source of frustration for Karimi and other BIPOC mental health professionals is the Diagnostic and Statistical Manual of Mental Disorders. The DSM-5 is the standard classification of mental disorders, and many insurance providers in the U.S require a diagnosis from it to cover the cost of psychiatry and therapy appointments.

Racism and sexism play a significant role in who was historically considered deviant and why they may still be considered deviant today. In an [interview](#) with *The New York Times*, Dr. Alvin

Poussaint, a psychiatrist specializing in the effects of racism on the Black community at Harvard Medical School, stated that diagnostic criteria are not hard science.

In 1851, for example, American doctor Samuel A. Cartwright proposed a diagnosis called 'drapetomania' for runaway African-Americans who tried to leave their "pleasant" slave life. "Cartwright saw slavery as normative," Dr. Poussaint says. "So when slaves deviated from the norm, he called them mentally ill."

Furthermore, one [study](#) found that African-Americans are more likely to be diagnosed with schizophrenia (44%) than their white peers (32%), contributing to the unfortunate stigma that the community is severely mentally ill or violent. In January 2021, findings such as these led the American Psychological Association to issue its first-ever apology for its racist history. "Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people with racialized theories that attempted to confirm their deficit status," the [statement](#) read.

Karimi understands the necessity of the DSM for insurance purposes but urges therapists to look beyond it. She mentions how [histrionic personality disorder](#) in the DSM-5 stems from the earlier "[hysteria](#)," which had misogynistic descriptors painting women as "crazy" and was kept in the DSM until the 1980s (according to French physician [Joseph Raulin](#), women were more at risk for hysteria due to being "lazy and irritable").

However, despite its flaws, the DSM is still the most comprehensive source of information to describe psychiatric diagnoses. According to Dr. Christin Drake, the director of diversity, equity, and antiracism at NYU Langone Psychiatry, the DSM provides shared language for psychiatrists; therefore, it must be inclusive and respectful of the experiences of all people.

"Certainly, there has been and continues to be a great deal of harm because of racist, sexist, transphobic, and homophobic ideas present in the diagnostic categories," she says. However, Dr. Drake adds that the most recent [update](#) to the DSM-5-TR is encouraging since the impact of racism, culture, and social determinants have been included.



@blackmarkettherapy on Instagram

In addition to her work as a therapist, Karimi also runs a page on Instagram called [Black Market Therapy](#). The name came from an inside joke with her friends years ago when she mentioned she was constantly straddling multiple cultures. "We were joking about it, and I was like, I'm not about to be like this cookie cutter therapist. I'm out here offering black market therapy!"

Her intention with the page aligns with her approach as a therapist: playful, humorous, and culturally conscious. One of her [recent posts](#) reads, "therapy is political," which is something she hopes more people in the field will acknowledge. "I'm not going to push aside my political beliefs to hold space for a racist person who probably hates me," she says. "I've had experiences of angry racist white men attempting to have me as a therapist. I'm like, Oh, did you just come here to try to mess with me? I had to really call folks out and then refer them out because it's like, I'm not the therapist for you. I'm not going to sit here if it's harmful to me."

Clients also deserve to feel safe in session, Karimi says, which is why she and everyone else at SJH have tried to fight against the narrative that therapy is exclusively for white people. "I don't blame folks for feeling that way because it's been structured that way," Karimi says.



Morales and Karimi from Social Justice Healing

"All of the world's cultures have ancestral healing," Morales tells her clients who are hesitant about the idea of therapy. For example, Morales points to Shamans in Colombia, where her mother is from. Shamans are known to have ancestral wisdom and often use plant-based medicinal practices, such as the psychoactive [Yage](#), for the community. "That's also becoming very popular now among mainstream therapists. It's just really interesting," she says. Much like coining, "it's been appropriated and sold back to people when this is something ancestral," she says. "It's just frustrating."

Ultimately, Karimi says that antiracist practices need to be implemented in the curriculum for therapists in training to make the field a more inclusive, inviting space. "If I don't know enough about my client's culture, I do my research, which every therapist should do, especially white therapists," she says.

Karimi encourages BIPOC clients to look for therapists who can offer them what they need by using specific phrases in search engines, from 'black female therapists' to 'queer kink informed

therapists.' Some databases she suggests are [Inclusive Therapists](#), [Latinx Therapy](#), and [Therapy for Black Girls](#). "When you consult with a therapist, ask them things like, 'are you trauma informed' or 'are you familiar with this culture,' just grill them," Karimi says.

Additionally, Dr. Drake says she prefers to consider and teach the concept of humility over competence. "Humility promotes the progressive mindset needed to provide good care as psychiatrists and psychotherapists," she explains. "We must be listening, open to revising, to being incorrect and inexperienced. That is the mindset required to shift the culture in our field."