

“At What Cost?”:

Women of Color Therapists and Emotional Labor

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Abstract

This thesis uses a combination of theoretical frameworks and qualitative interviews to understand the question: How do women of color therapists perform, experience, and negotiate emotional labor inside and outside of work? Theoretical frameworks include sociologist Arlie Hochschild's literature on emotional labor, feminist economist Nancy Folbre's work surrounding the care work industry, as well as the work of other researchers who focus on intersections between emotional labor and race. It is of note that there is little to no literature exploring the intersections between emotional labor, race, and mental health professions including therapy. The aim of this thesis is to begin to fill this gap by interviewing women of color therapists and gaining insight into how they engage with emotional labor. The results of the interviews show many common themes among the interviewees, including similar experiences with expectations to perform emotional labor due to their identities as women of color and as therapists, feelings of exhaustion/burnout, experiences with regulating emotions during therapy sessions, and experiences with setting and maintaining boundaries both inside and outside of the therapeutic

space. Viewing the interview results of this thesis in conjunction with prevailing literature surrounding emotional labor, we come to understand that women of color therapists perform and experience a unique form of emotional labor that is marked by their relationships with identity as well as their maintenance of boundaries.

I. Introduction

When we think about “therapy” what are the associations that come to mind? Let’s set the scene. Perhaps we are in a small office with a few plants on the windowsill. The therapist sits on her easy chair with a yellow notepad and pen in hand, scribbling comments as you share trauma from your childhood. She listens to you intently as you unload and process some of your heaviest memories. She is calm and composed and you are unable to read her, unable to gauge how she is feeling. She simply nods and utters sounds of support: “I see”, “Mhmm”, “How does that make you feel?” Maybe she writes something in her notepad, but you have no idea what it could be. You have no idea what she thinks of you or what she is thinking at all. The forty-five minutes are over, and you say your goodbyes. Until next week.

The therapist is typically seen as a figure whose primary job is to listen and hold others’ trauma. Oftentimes the therapist is painted as a blank slate for the client’s emotions. Perhaps they express care and concern during a therapy session, but besides that it is impossible to tell what they are feeling beneath the surface. What if we were to pose the questions: What is the therapist feeling in the space of a therapy session? How does the therapist process their emotions?

These are a few of the questions I aim to explore by writing this thesis. Through a combination of analyzing theoretical frameworks and conducting interviews, I look at the experience of women of color therapists and how they perform, experience, and negotiate

emotional labor inside and outside of work. I choose to focus on women of color specifically because this is a group that, due to the dual effects of racism and sexism, are expected to perform emotional labor on a daily basis, and I am interested in examining how this plays out for women of color therapists, who perform paid emotional labor as their job. My reason for focusing on therapists as a site of inquiry, as opposed to other professions in the care work industry, is because therapy seems to consistently involve the most emotional labor on a daily basis, so I felt that it would be interesting to see how this impacts the personal lives of my interviewees.

Seeing as the current literature surrounding emotional labor and race is sparse, and that there is an absolute lack in literature surrounding emotional labor and women of color therapists, I bring forth this thesis with the aim of beginning to fill the gap and uplifting the voices and experiences of a group that is frequently marginalized. Another important aspect of my thesis is that I frame and discuss emotional labor as an economic issue, looking particularly at how care work has historically been devalued under the system of capitalism, and how this devaluation impacts those who participate in the industry.

Above all else, this is a thesis that relies on the real, lived experiences of women of color therapists and their relationships with their work. With the help of these narratives, I explore what it means for women of color therapists to express and process emotions, set boundaries, and engage and interact with identity.

II. Literature Review

What is Emotional Labor?

Arlie Hochschild introduces the idea of “emotional labor” in 1983 in her landmark book *The Managed Heart: Commercialization of Human Feeling*. Hochschild defines this term as labor that “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild, p. 7). The characteristics of emotional labor, according to Hochschild, are: “First, they require face-to-face or voice-to-voice contact with the public. Second, they require the worker to produce an emotional state in another person-gratitude or fear, for example. Third, they allow the employer, through training and supervision, to exercise a degree of control over the emotional activities of employees” (Hochschild, p. 148). These qualities are most commonly found in service and care work, in professions such as nursing, waiting tables, customer service, and domestic work. While there are several jobs that fill all three of the criteria of emotional labor listed above, some professions such as doctors, therapists, and social workers, only fill the first two criteria because they are not supervised by their employers.

Hochschild uses the iconic example of the flight attendant as a vessel through which emotional labor is produced in a rather extreme form, making the argument that flight attendants’ entire jobs are based on performing emotional labor in a highly feminized way, where the goal is to make sure that passengers are always comfortable. This is achieved through warm smiles, flirtatious gestures geared towards men, and other behaviors where the flight attendant employs her personality and femininity in order to elicit specific emotions of comfort and belonging from the passenger. As a part of her research for *The Managed Heart*, Hochschild interviewed several

flight attendants to gain insight about their experience with emotional labor. She writes, “For the flight attendant, the smiles are a part of her work, a part that requires her to coordinate self and feeling so that the work seems to be effortless. To show that the enjoyment takes effort is to do the job poorly. Similarly, part of the job is to disguise fatigue and irritation, for otherwise the labor would show in an unseemly way, and the product - passenger contentment - would be damaged” (Hochschild, p. 8). This further solidifies the idea that emotional labor relies on deep acting from the individual and also speaks to the fact that there is a distinct separation between the individual and the emotions they are displaying. Near the beginning of the book, Hochschild makes a clear distinction between the concepts of “surface acting” and “deep acting”. She writes that surface acting is done by outward performance of a feeling through one’s bodily motions and expressions, and it is meant primarily to evoke emotion in the audience. Deep acting, on the other hand, involves the person actively trying to *feel* the emotion so that the expression of the feeling is more real, in a way. Hochschild writes, “Seeming to ‘love the job’ becomes part of the job; and actually trying to love it, and to enjoy the customers, helps the worker in this effort” (Hochschild, p. 6). As we will see, Hochschild’s analysis of deep-acting also has consequences for the way she claims the problem of alienation takes shape.

A major component of Hochschild’s analysis of emotional labor is the way that gender is implicated in it. Hochschild writes, “Especially in the American middle class, women tend to manage feeling more because in general they depend on men for money, and one of the various ways of repaying their debt is to do extra emotion work-especially emotion work that affirms, enhances, and celebrates the well-being and status of others” (Hochschild, p. 165). She solidifies this argument by providing the example of the aforementioned flight attendant, who is most

commonly female and whose role is based in maintaining an external feminine persona. Kathi Weeks (whose work I refer to later in my thesis) comments on Hochschild's notion of gendered emotional labor, agreeing that personalities are inherently gendered and that this is something that employers see and capitalize on.

In "The Dimensions, Antecedents, and Consequences of Emotional Labor", J. Andrew Morris and Daniel C. Feldman provide a helpful mapping of the construct of emotional labor that expands on and clarifies some of Hochschild's points. Morris and Feldman divide the notion of emotional labor into four parts: frequency of emotional display, attention to required display rules, variety of emotions expressed, and emotional dissonance. These characteristics are useful tools to determine or indicate if one is engaging in emotional labor in their work role. Morris and Feldman write that frequency of emotional display certainly plays a part in indicating emotional labor, but that the latter three are required to provide a full picture. Attentiveness to required display rules is another characteristic that indicates emotional labor, in that a person who puts more energy into displaying emotion is clearly performing more psychological labor. Within this category are the subcategories of intensity of emotional display and duration of emotional display, which are both positively associated with emotional labor as well. Variety of emotions expressed is also a positive indicator because if one is expressing a wide range of emotions in their work role, it is likely that they are performing emotional labor because of the level of effort and active planning and thought one must go through in order to keep up with all the changes. Morris and Feldman provide the example of the debt collector: "A debt collector who works on bills that are 30 days overdue on Monday, 90 days overdue on Tuesday, and 6 months overdue on Wednesday exhibits a fairly wide variety of emotional displays, because

interactions with different kinds of delinquent accounts requires different amounts of cajoling, sympathy, and anger (Sutton, 1991)". Finally, emotional dissonance is an indicator of emotional labor. This phenomenon, coined by Middleton in 1989, refers to the dissonance between a person's "real" feelings and the feelings that they are expected to display as a part of their work role. Emotional dissonance is a key indicator of emotional labor because of the amount of sheer effort and control required to project a certain emotional display that is in conflict with how one truly feels. The figure below is a representation of the relationships and dynamics that exist between all four of the emotional labor dimensions:

Source: "The Dimensions, Antecedents, and Consequences of Emotional Labor", J. Andrew Morris and Daniel C. Feldman

I have chosen to include this figure because it can help us to understand some of the dynamics that come into play specifically for therapists, who due to their frequency of emotional display would be likely to experience emotional dissonance.

Other scholars have taken up Hochschild's theory of emotional labor but have revised it in ways that are particularly significant for my research. Kathi Weeks expands on Hochschild's

ideas in her article “Life Within and Against Work: Affective Labor, Feminist Critique, and Post-Fordist Politics”. Weeks writes: “When what workers offer for sale and command is “a smile, a mood, a feeling, or a relationship” (Hochschild, 1983: 198), it may be that work requires not too little but too much of the self. Hence we need to attend to the ways that work does not thus simply abandon us to nonwork pursuits but is carried by subjects into the temporalities, subjectivities, and socialities of non-work. . . . Hochschild’s analysis extends also to the colonization of life by work” (Weeks, p. 242).

On the flipside of fusion, Wharton also discusses the possibility of estrangement between self and work role. Wharton employs the concept of emotive dissonance (as mentioned previously), writing that the constant performance of emotional labor and congruently, emotive dissonance, may lead an individual to feel a sense of inauthenticity due to the constant separation between the self and work role. Wharton references a paper by Ashforth and Humphrey (1993), who write that, “Ultimately, such dissonance could lead to personal and work-related maladjustment, such as poor self-esteem, depression, cynicism, and alienation from work” (96-97)” (Wharton, p. 163). This statement rests upon the argument that most people are internally motivated to be their most authentic selves, and that the perpetual inability to do so can lead to an extremely harmful stage of estrangement. In her discussion of alienation, Kathi Weeks brings up an interesting point. She questions whether or not there is actually as vast a separation between life and work as Hochschild articulates. She does not argue that life and work are indistinguishable, but rather that there is not necessarily a “true” self. Instead, she introduces the idea of the “potential self”, asking the question: “What if the critique that had been developed around the logic of alienation were recoded so that it was no longer about a self to save or to

recover but one to invent?” (Weeks, p. 248). This point is interesting because it challenges Hochschild’s entire framework, which rests upon the idea that there is a stark difference between life and work.

Care Work and Emotional Labor

Hochschild’s framework of emotional labor primarily focuses on individuals working in the service industry and does not seem to touch on those who engage in care work, particularly jobs such as child and eldercare, nursing, and therapy. In this section of my thesis I explore why this is the case, as well as underscore the reasons why care work is economically and culturally devalued. I also examine how care work and emotional labor intersect and diverge from one another, and interrogate why these distinctions are particularly useful for my research on emotional labor and therapy.

The 1999 article “The Cost of Caring”, by sociologist Paula England and feminist economist Nancy Folbre, explores the devaluation of care work in the labor market. They define caring work as “any occupation in which the worker provides a service to someone with whom he or she is in personal (usually face-to-face) contact. The work is called “caring”; on the assumption that the worker responds to a need or desire that is directly expressed by the recipient” (England et al. , pg. 40). The main reason they cite as being a cause for the devaluation of care work is gender bias and the fact that care work is traditionally associated with women. England and Folbre argue that because of this inherent bias, policy makers more readily recognize the value of jobs coded as male rather than female. Another possible reason for the devaluation of care work is the intrinsic rewards argument, which states that care workers receive lower wages because care work is intrinsically satisfying. They reference the

neoclassical economic theory of compensating differentials, which “implies that jobs with non-wage characteristics that the marginal worker finds onerous must offer higher wages” (England et al. , pg. 44). An additional reason involves that of public goods and free riders, specifically the idea that those who receive the effects of caring labor even if they are not the direct recipient, still reap the benefits and are as a result free riders. The authors provide the example of child care workers or elementary school teachers who instill a good work ethic and willingness to cooperate which later teachers and employers will reap the benefits of. While these are real benefits, they are difficult to categorize and quantify, which makes it hard to provide compensation. The final reason cited for the devaluation of care work is the idea that love is viewed as sacred and that caring is the most effective when it is done for intrinsic rather than extrinsic reasons. The way that this plays out is that “the notion that women should provide care out of the goodness of their hearts has traditionally reinforced low pay for caring occupations” (England et al. , pg. 48).

In her article “Caring Labor”, economist Susan Himmelweit echoes many of the points that England and Folbre make, as well as explores the overlap and distinctions between care work and emotional labor. She argues that another reason care workers are susceptible to exploitation is because they are less likely to jeopardize relationships with those they care for in the name of self-interest, because of the fact that their jobs are motivated by care in the first place. The main argument of this article, however, is that “not all emotional labor is caring labor, but caring labor is a type of emotional labor” (Himmelweit, pg. 34). Himmelweit places caring work under the category of emotional labor, as it involved both the motivation and action of caring which translates into both a physical and emotional caring for, which involves an effort

on the part of the carer. This falls under the definition of emotional labor as Hochschild describes it, as it involves the managing of feeling. She examines reasons why care work is not typically included in the prevailing literature about emotional labor, and comes to the conclusion that most the emotional labor discussed involves professions in the service industry (e.g. flight attendants, cashiers, etc.), and these professions are more transitory in nature whereas care work involves the development of a lasting relationship between the carer and the cared for. It is this lasting relationship that Himmelweit cites as the reason that many care workers find their jobs more fulfilling and rewarding than emotional laborers in other industries, even though they are both performing emotional labor.

Another relevant point that Himmelweit brings up is the idea that care work is usually not completely commodified, whereas other forms of jobs involving emotional labor are, and that this allows the care worker to experience less alienation. Himmelweit cites Margaret Radin's theory of "incomplete commodification" to make this point. She writes that "Complete commodification of work - pure labor - does violence to our notion of what it is to be a well developed person'. Caring, therefore, may avoid the alienation of much other emotional labor because, even when caring is paid, it tends to be incompletely commodified. This is because caring involves the development of sustained relationships between carer and caree, and these cannot easily be commodified". However, she writes that "If they do not [succeed in developing such relationships], maintaining appropriate emotional engagement may be as hard and as wearing as in the more transitory forms of emotional labor" (Himmelweit, pg. 37). This idea that the formation of lasting relationships as a part of care work helps workers avoid alienation is

certainly something I interrogate and engage with in my upcoming discussion of therapists and emotional labor.

The final work I discuss in this section of my thesis is Benjamin Gray's book *Face to Face with Emotions in Health and Social Care*, particularly the chapters "Emotions and Nursing" and "The Clinical Contexts of Emotional Labor". Gray's research found that the emotional labor involved in nursing was simply a part of the routine and was something they were expected to perform in order to ensure that daily operations ran smoothly. He writes, "the emotional labor of nursing was [at its simplest] just making a gesture to the patient and holding their hand to make them feel better". Many of the nurses interviewed used language such as "oiling the wheels" to describe the role of emotional labor in their daily work (Gray, pg. 49). In the chapter "The Clinical Contexts of Emotional Labor", Gray draws upon Hochschild's theoretical frameworks to report his own findings that "Mental health involves ambiguous and often undecided upon emotions which, if left unresolved, mean that nurses take unmanaged feelings from work back to their own home" (Gray, pg. 75). These findings are important for me to consider in my own research regarding therapists, as therapy and nursing are both forms of care work and as a result it is possible that workers in both fields may have similar experiences with emotional labor.

Emotional Labor and Race

The literature on emotional labor largely focuses on it as a gendered experience, but what might an intersectional analysis of emotional labor bring into focus that the single-axis emphasis of Hochschild and many of her interlocutors cannot? Seeing as my thesis is focusing on how women of color therapists experience emotional labor, this particular subtopic will be important

for me to investigate. Hochschild, as well as most of the authors that work off of her notion of emotional labor in their own research, fails to include race as a site of inquiry. Marlese Durr and Adia M. Harvey Wingfield, however, do so in the article “Keep Your ‘N’ in Check: African American Women and the Interactive Effects of Etiquette and Emotional Labor”, where they discuss the experience of Black professional women performing emotional labor in predominantly white workplaces. Durr and Wingfield write that, “Generally, emotional labor enables Black women to present the appropriate emotional veneer that allows them to fit in and enhance their compatibility with organizational norms. This is particularly useful when confronted with racial issues. . . They are aware that occupational mobility also depends upon personal, social, and cultural characteristics” (Durr et. al, p. 568). They also write that another reason Black women engage in emotional labor is in order to deal with feelings of loneliness and alienation which come from being minorities in the workplace. In this case, emotional labor is used as a safety measure and mode of protection. Based on this paper, it is clear that women of color, specifically Black women, must perform a very specific form of emotional labor that is a product of their intersecting identities of race and gender.

Another paper that discusses race in conjunction with emotional labor is Kathleen Wong’s dissertation “Emotional Labor of Diversity Work: Women of Color Faculty in Predominantly White Institutions”. In her paper, Wong explores the experience of women of color faculty who find themselves having to engage in emotional labor in the context of “contributing to diversity” and emotionally caretaking their white counterparts. Wong makes the distinction between emotional work and emotional labor, writing that “The emotional management that women of color participants describe in this study fall somewhere in between,

being neither simply the courteous social lubricant that makes work run more smoothly [emotional work] and efficiently, nor the very specific job duty requirement of putting on a happy face when confronted with racist discrimination [emotional labor]” (Wong, p. 202). I am interested in exploring this distinction in my own thesis and thinking about how it applies to women of color therapists. In terms of where this sort of emotional labor/work is required, the most common situations Wong notes that participants experience are those where they must appease white people: where they must either disguise hurt or anger in the face of racist remarks, or disguise feelings of frustration towards white co-workers who exhibit signs performative allyship or white guilt, and instead expressing emotions of support or encouragement. The second case, which is more a form of caretaking than anything else, certainly speaks to the highly feminized form of emotional labor that Hochschild discusses in depth. Wong writes that many of the women interviewed felt they had to engage in this sort of emotional labor for the sake of their own safety and job security.

The connection between emotional labor and race is also explored in the nonprofit organization Catalyst’s report titled “Day-to-Day Experiences of Emotional Tax Among Women and Men of Color in the Workplace”, by Dnika Travis and Jennifer Thorpe-Moscon. The report describes Emotional Tax as “the state of being on guard-consciously preparing to deal with potential bias or discrimination” (Travis et al. , pg. 4). Through the use of surveys taken by Asian, Black, Latinx, and multiracial professionals in the U.S. , Catalyst has found that approximately 60% of the employees surveyed related to the experience of being constantly “on guard” and feeling “othered” and that this has led to detrimental effects on health and well-being. One surveyee named Tena, who is a Black and Latina woman in her 20s shares that

she “Work[s] from home, so none of my callers can see me. Based on the sound of my voice they assume I am a young, Caucasian female, and so they are very comfortable making very racist comments against different nationalities. I have to pretend that I am not offended, and I am encouraged by my superiors to suppress my true identity” (Travis et al. , pg. 6). Tena’s experience serves as an example of the emotional tax that many people of color pay in the workplace on a daily basis. While Catalyst does not explicitly use the theoretical framework of emotional labor, it certainly alludes to it. The constant state of having to be “on guard”, as well as Tena’s assertion that “I have to pretend that I am not offended” without a doubt involves Hochschild’s exact argument that they must manage their own feelings in order to induce certain feelings from others.

Another relevant source is *Intimate Labors: Cultures, Technologies, and the Politics of Care*, specifically Kalindi Vora’s article “The Transmission of Care: Affective Economies and Indian Call Centers”. This work is different from those I have discussed previously, but is still important to include because of the ways it helps us understand emotional labor in relation to alienation, and I am particularly interested in how this discussion can help me in my analysis of emotional labor and women of color therapists. Vora makes the case that the call center is a site of emotional labor (though she does not use this exact term). She exemplifies this through the play *A Terrible Beauty is Born*, in which employees manage their emotions in order to relate with customers and ultimately get customers to pay overdue account balances. The main character, Ashok, must assume an American identity and speak in an American accent in order to appeal to his American customers and make them feel attended to and cared for. Vora writes that Ashok ends up feeling an intense loneliness, a type of alienation, as a result of the constant

affective labor he performs: “Even the access he has to people’s private lives in America as he calls them at home after their workday does not allow Ashok to feel integrated with that society. He gains entry only through the imagined persona he inhabits, which allows the people he calls to accept him as someone like themselves. The better he becomes at his job of collection calls, which hinges on his ability to impersonate an American, the less connected he is to either Indian or American society” (Vora, p. 39). The experience of Ashok in this play is a good representation of the everyday alienation that comes as a result of prolonged emotional labor.

This fusion of Ashok’s roles in work and self lead to a phenomenon known as “burnout”, which “has been defined as the numbing of the inner signals of emotional feelings, reflected in the inability to create or feel any emotion (Maslach 1976; Maslach and Pines 1977; Maslach and Jackson 1982)” (Wharton, p. 162). I grapple with the notion of burnout in my qualitative by exploring whether or not this is something that women of color therapists experience as a result of the emotional labor they consistently perform inside and outside of work.

IV. Methods

The methodology of this thesis is based on analyzing theoretical frameworks and conducting interviews with women of color therapists. The names of the interviewees are Mayowa Obasaju, Racquel Jones, Gillian Scott-Ward, Anupama (Anu) Kalyanam, Amanda Mays, Deanna Richards, and Nadia, who chose not to include her real name. Interviewees were contacted through three sources: Barnard College’s Rosemary Furman Counseling Center, The Therapy for Black Girls directory, and The National Queer and Trans Therapists of Color Network directory.

The Rosemary Furman Counseling Center is Barnard College's counseling center that is open to all students. The center offers various services, including individual counseling, group counseling, referrals, and consultations. Gillian currently works at Furman, and Mayowa used to work there. The Therapy for Black Girls website was created by Dr. Joy Harden Bradford, who is a licensed psychologist from Georgia who specializes in counseling Black women. In the "About" page, Dr. Bradford describes Therapy for Black Girls as "an online space dedicated to encouraging the mental wellness of Black women and girls. So often the stigma surrounding mental health issues and therapy prevent Black women from taking the step of seeing a therapist. I developed the space to present mental health topics in a way that feels more accessible and relevant" (Therapy for Black Girls). Interviewees were found through a directory located on the website, which includes the names and informations of several Black women therapists throughout the United States. Racquel was found through this directory. Finally, the National Queer and Trans Therapists of Color Network is described as "a healing justice organization that works to transform mental health for queer and trans people of color. Launched in May 2016, our network has quickly grown into a community of care, resource sharing, connection and learning. We provide a space for queer and trans people of color committed to improving mental health for our communities" (NQTTCN). Similarly to the Therapy for Black Girls website, there is a directory on this website listing several queer and trans therapists of color throughout the country. Clicking on each therapist on the map reveals information such as race, gender identity, sexual orientation, credentials, and approaches to therapy. Anu, Amanda, Deanna, and Nadia were found through this directory.

Below is a table with the therapists' names, self-identified race/ethnicity, and the particular type of therapists they are:

Name	Race/Ethnicity	Therapist Type
Mayowa	Black	Clinical and Community Psychologist
Racquel	Black	Clinical Social Worker/Therapist
Gillian	Black	Clinical Psychologist
Anu	Indian-American	Clinical Social Worker/Therapist
Amanda	Indian/Arab	Clinical Social Worker/Therapist
Deanna	Black	Licensed Professional Counselor
Nadia	South Asian Parsi/Zoroastrian	Clinical Social Worker/Therapist

Limitations and Biases

The reason I chose to only include women of color in this sample, rather than both women of color and white women, is because this is not a comparison study. The objective of this thesis is to use case studies in order to understand how women of color particularly engage with emotional labor inside and outside of work. I recognize that only Black and South Asian racial identities are included in this sample, and that other racial identities are not represented. It is important to acknowledge that the women of color interviewed for this thesis do not represent the experiences of all women of color, but only these particular subgroups.

I am also aware of my own positionality as a South Asian woman conducting these interviews, and keeping in mind the potential biases that I may hold because of this identity. For example, in some of my interview questions that speak to the experiences of women of color, I am careful not to use phrasing such as “We as women of color experience ‘x’”. While such a phrasing may feel natural to me, I am careful to maintain a professional distance from the interviewees in order to ensure that I do not generalize or equate my personal experiences with emotional labor as a South Asian woman with the experiences that Black women, for example, may have with emotional labor. At the same time I am cognizant of the fact that holding shared identities may cause interviewees to feel more comfortable opening up to me.

Interview Method

Interviewees were contacted through emails that explained the purpose of the thesis, background information on emotional labor, and logistical information about the interviews themselves. Interviewees were informed that they would be recorded, and were given the option of including their name, using a pseudonym, or remaining nameless. Interviewees were also informed that they would be able to view their specific quotes before the thesis is submitted. A total of seven interviews were conducted, which all lasted between 30 and 45 minutes. Two of the interviews were conducted in person, and the rest were conducted over the phone. The two that were done in person were recorded using a cell phone recorder, and the other five were recorded using an app called TapeACall, which is used to record both sides of a phone call. The interviews were individually transcribed and hand-typed in order to ensure accuracy.

The interviews conducted were qualitative in nature. The style of the interviews is “semi-structured”. According to the book “What is Qualitative Interviewing?” by Rosalind Edwards and Janet Holland, a semi-structured interview holds the following qualities:

1. The interactional exchange of dialogue (between two or more participants, in face-to-face or other contexts).
2. A thematic, topic-centred, biographical or narrative approach where the researcher has topics, themes or issues they wish to cover, but with a fluid and flexible structure.
3. A perspective regarding knowledge as situated and contextual, requiring the researcher to ensure that relevant contexts are brought into focus so that the situated knowledge can be produced. Meanings and understandings are created in an interaction, which is effectively a co-production, involving the construction or reconstruction of knowledge

[Adapted from Mason 2002 : 62] (pg. 3, Edwards & Holland).

Interviews were conducted using the semi-structured method because while I have come up with a questions of my own, I also wanted my interviewees to be able to take the interview in whatever direction they want to and to allow for a more fluid and conversational tone and structure. The interview questions that were asked are as follows:

1. Why did you decide to become a therapist?
2. What is your approach to therapy?
3. Was race discussed/acknowledged in your training?
4. How do you think being woman of color affects you in your role as a therapist?
5. What is it like being a woman of color and treating patients of color?
6. Do you feel like your role as a therapist ever seeps into your daily life?

7. How do you set boundaries?
8. Do you have your own therapist?
9. How do you practice self care?
10. Is there anything you wish you could change about your job?
11. What is something you're excited about?
12. Is there anything that you think I missed?

Once interviews were transcribed, they were coded by theme in order to streamline the process of analysis. These are the themes that were found across the seven interviews:

1. **Red**: feelings of exhaustion/being overworked/burned out
2. **Orange**: setting boundaries
3. **Yellow**: practicing self-care
4. **Green**: regulating/managing/expressing feelings *during* sessions
5. **Light pink**: processing feelings *outside* of sessions
6. **Blue**: experiences in graduate school and training
7. **Light green**: working with white clients
8. **Purple**: working with clients of color
9. **Pink**: hopes for the future
10. **Magenta**: specific approaches to therapy (e.g. anti-oppressive, relational, etc.)
11. **Grey**: experiences of racism/microaggressions
12. **Light blue**: expectations that come with being a woman of color/woman of color therapist
13. **Light red**: general experience of being a woman of color therapist

The aforementioned themes are used to organize the upcoming results section of this thesis, which is broken down into two sections: therapists' experiences with emotional labor inside of work, and therapists' experiences with emotional labor outside of work. In the first section I explore different therapeutic approaches that my interviewees use, including relational approaches and anti-oppressive, intersectional, and feminist approaches. I examine what it means for them to express emotions authentically and what this means in the context of their own identities as well as the identities of their clients. I also look particularly at how power and privilege are implicated within the therapeutic space and how they affect therapists' engagement with emotional labor. I additionally discuss difficulties experienced by therapists in regards to managing and regulating feelings during therapy sessions, as well as feelings of exhaustion/burnout after emotionally taxing days at work. Finally, I look at therapy in the context of the care work industry and explore the ways it fits into this economic framework.

In the second section of the results I discuss therapists' experiences with emotional labor outside of work. I start by looking at their experiences in training programs and graduate school, looking particularly at how they had to perform emotional labor in predominantly white space and when dealing with curriculums that were not culturally informed. I also discuss their experiences of performing emotional labor in response to microaggressions from white colleagues and professors. I then move into a discussion about the expectations placed on women of color, especially women of color therapists, and how this often manifests in the performance of emotional labor in everyday life. In this same vein, I discuss the difficulties that come with these expectations and the experience of feeling as though work has seeped into life. I also discuss the importance of boundary setting both in the therapeutic space as well as outside

of it. In regards to the therapeutic space itself, I discuss therapists' views of it as a sacred space and as something that provides structure to their lives. I explore various ways that therapists set boundaries, whether this is through going to therapy themselves, going to supervision, or practicing self-care. I also discuss their personal views on boundaries as well as the responses they have received from others when they set boundaries.

V. Results and Analysis

Emotional Labor Inside of Work

Relational Approaches

When I asked my interviewees the question “What is your approach to therapy?” many of them responded by first expressing that their approaches strayed from traditional psychoanalytic therapy. Nadia describes what this means to her: “I think traditional Freudian models have been like “I'm gonna sit on my side of the room and the patient is gonna sit on the other side, and the therapist doesn't speak. And just letting the client pour forth all of their stuff, and then the psychoanalyst will just analyze and offer up interpretations”. Several of my other interviewees echoed the sentiment that traditional forms of therapy create too much of a barrier between the therapist and the client, and do not allow room for cultivating meaningful relationships. Deanna specifically critiques traditional approaches to therapy, noting that they are often very manualized and pathologizing and as a result fail to really see who the client is as a person. She says that when she thinks about therapy through that lens, which often relies on diagnosing clients without truly taking the time to understand them, “we tend to lose who the person is and a way to relate to them”. Anu adds to this point, noting that “traditional psychodynamic theory

historically hasn't taken into account the experiences of people of color, and along with that often gender identity and sexual orientation were often pathologized".

Most of the therapists interviewed noted that they practice therapy through a relational approach as opposed to the traditional psychoanalytic approaches mentioned above. Of course, this looks different for everyone. For some it means expressing their own emotions authentically and transparently, for others it means offering up their own experiences to their clients, and for others it means directly asking clients questions like "How do you think *I* feel about what you just said?" There are various motivations behind using a relational approach, ranging from outwardly showing emotion in order to validate clients, to expressing emotion in a very intentional way in order to model healthy emotional processing for clients. For Deanna, the relational approach broadly looks like "Taking everything into context, and then also asking "Who am I in the room? What are the triggers that come up for either one of us in the ways that we're relating to each other? How are we relating to each other as people? How are we relating to our perceived sense of who the person is? And then finding ways to talk about that. And so that's what will drive what I do and how I speak to the person".

Being transparent and authentic with their emotions is a major aspect of the relational approach that the therapists practice. Again, the expression of emotion looks different for every therapist that I spoke to. Gillian speaks about the idea of therapists crying with their clients, and notes that "Not all people in therapy are going to feel comfortable with that. Some people can feel overwhelmed and upset that they made their therapist feel something. In other cases it can be really impactful, like "They care about me and are impacted by me". So really it's a quick calculation about what you do about the feelings coming up". This quick calculation that Gillian

speaks about is certainly a form of emotional labor in that it involves the management of feelings in order to ensure that the person on the other end of the interaction feels comfortable. She notes that a large amount of therapy sessions involve these kinds of quick calculations.

These calculations also play into the way that the therapists strategically and intentionally choose to show emotion in order to validate the experiences of their clientele. They feel that rather than simply giving verbal acknowledgement that they understand the client's experience, it is more effective to visually *show* their expression of this acknowledgement. Several of the therapists noted that this was a particularly helpful and meaningful practice with clients of color.

Deanna shares:

I find with my women of color, specifically Black women, there's a lot of "Okay, yeah, this happened but you just gotta muscle through it. Okay, yeah, this happened but you just gotta keep going". And so what I do in those moments is I'll slow it down and I will respond- I'll kind of show them, and sometimes that does include tearing up, because some of these things are distressing- but to see it reflected in someone else's eyes, to see someone else kind of give voice to that and to slow you down and allow you to be in that space and honor all of your resilience and all of the ways that you continue to show up and do the things that you have to do, and to take this moment and know it's not going to break you and know you're not gonna break anyone else with your story, but to have the person across from you saying "That makes me *feel* like this when I hear this from you and you can *see* it and you can *feel* it and it's palpable in the room. That's relating. That's relational.

Deanna makes the point that women of color often receive negative responses when they express their emotions in everyday life, and as a result she does not want to perpetuate that and instead opts to react with an alternative response that is validating and supportive. Amanda echoes the idea that showing authentic emotion is especially important with clients of color because "For communities of color and marginalized communities in general, that sort of blank stare really reinforces the initial trauma of marginalization. Like, "I'm telling you this really shitty thing that

happened to me and you're just looking at me like "Oh well". And that's just gonna re-aggravate my trauma, that my stuff just isn't important".

Gillian, Deanna, and Amanda's experiences with expressing authentic emotion during therapy sessions can be understood in several ways. The use of the word "authentic" by therapists such as Gillian is particularly interesting. Gillian states that the majority of her emotional expression during sessions is highly calculated. What does it mean for emotion to be emotion to simultaneously be authentic and calculated? Upon first hearing this, I was skeptical of the true authenticity of this emotion. Hochschild's definition of emotional labor is labor that "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (Hochschild, p. 7). In the case of these therapists, it seems that many of them are engaging in labor that requires them to suppress, rather than induce, feeling. When Gillian speaks of the calculated nature of emotional expression, she says that she occasionally has to withhold the authentic emotions she is feeling because particular clients might not be comfortable with seeing her cry, for example. This speaks to the notion of suppressing feeling that Hochschild describes. This being said, it seems that the emotion expressed by these therapists is indeed authentic, as they say it is. However, the calculated nature of this expression is still a form of emotional labor because it requires them to constantly be on guard about how their emotions will be interpreted by clients, thus causing them to suppress emotion at times. Deanna and Amanda's experiences with expressing authentic emotion, however, seem to differ from what Gillian describes. While the calculation that Gillian describes falls more under the realm of suppression, Deanna and Amanda share that they express authentic emotion with the primary purpose of making their clients, especially clients of color,

feel the emotions of validation and support. Even though the emotions are authentic, Deanna and Amanda are still engaging in emotional labor by strategically choosing to show those emotions to elicit certain emotions from their clients.

Other methods therapists use as part of the relational approach are offering up their own experiences to clients, and sometimes directly implicating themselves in the session. Nadia shares that “If someone's going through an experience that involves gender or sexuality I will absolutely offer my own experience as well if I feel that it would be helpful. And I hug my clients if they like that. I'm not into this like “I'm better than you, I know more than you, or like we have to keep ourselves really separate so if I see you in the hallway I'm gonna pretend you don't exist mentality””. This comment is interesting to consider in conjunction with a comment made by Anu, who notes that while she tries to express authentic emotion, she feels conflicted and is rather careful about sharing her own experiences in the therapy setting. She says:

When I'm working with people who have very similar backgrounds to me I have to be on top of it and really have to manage my countertransference and over-identification and make sure I'm not putting my experiences on their experiences or working from a place of I know how to deal with this because I've been through something like this - that's not helpful. That's not how I want to work.

While Nadia seems to regularly find it helpful to use her own experiences to relate with her clients, Anu is more wary about this. She is constantly aware that countertransference, or the transferring of her own emotions onto the client, may be occurring. This deters her from consistently using her own experiences as a relational tool. These two different ways of choosing to implicate or not implicate oneself into the therapy session serve to exemplify additional forms of emotional labor, as these choices are based in inducing emotion from clients.

Other therapists mention that they like to directly implicate themselves into the therapy session when appropriate, asking clients questions about how they think *they* feel about what the client has said. The purpose of this tactic is to create more of a dialogue in the space, and for the conversation to feel more mutual than one-sided. This also often has the effect of making clients feel like therapists are really making the effort to engage with them and hear what they are saying. Deanna shares:

Sometimes I will say things like "What do you think that I would think of you?" if I notice they had said something and are expressing verbally or nonverbally shame around you or holding some level of guilt around it or, and that's where I tap into the fact that maybe this person is constantly reading what other people think of them and that's obviously going to happen in a therapeutic relationship. So in those moments I will ask that in that way.

While not all relational therapists practice therapy in this way, this self-implication is more aligned with relational therapy than traditional psychoanalytic approaches. While traditional psychoanalytic approaches don't necessarily involve the therapist inserting themselves into the session as much, the relational approach seems to involve higher levels of emotion regulation on the part of the therapist, as they are keeping track of how they feel, how the client feels, and additionally how the client feels about how they, the therapist, feel.

Another reason that the therapists cite as being a motivating factor for using a relational approach is that it provides a model of healthy emotional expression for their clients. As mentioned in the previous paragraph, some common themes found among my interviewees were that they are very intentional about the way they show emotions during therapy sessions, making sure to be as honest and authentic about what they are feeling as they possibly can. They feel that it is not helpful to neither the therapist nor the client to bottle up emotions, and that bottling up emotions only perpetuates the narratives that emotions are not acceptable and should not be

fully felt and expressed. Several of the interviewees express that this showing of emotions is not limited solely to “positive” emotions of support, encouragement, joy, etc. but rather extends to a range of emotions including anger, irritation, hurt, etc. They note that they regularly express to clients if they are feeling irritated with them, or if something they said has affected them in some way. As previously mentioned, there is a strategy and intentionality behind these comments, but the common thread is that they aim to be as honest about their feelings as they can. Amanda notes that this modeling of expressing authentic emotion, especially “negative” emotion, can be particularly helpful for clients of color. She makes the point that:

In many other spaces, people of color don’t get to express anger or frustration and they also don’t get to experience their perception of someone else’s anger, disappointment, or frustration with them without it being a high stakes ending of the situation. Like “If I make my therapist angry, that’s it, I’m never gonna talk to them again”, instead of being like “No, we can talk through this”. Like, there’s still a lot of love and care and trust that is foundational for our relationship.

Amanda’s comment underscores the importance of expressing authentic emotion especially with her clients of color because she recognizes that their experiences with emotional expression out in the real world may hold negative associations. The modeling that she speaks about is yet again a form of emotional labor in that there is a specific intention and strategy behind expressing these emotions, even though they are authentic. The fact that love, care, and trust underlie and serve as the foundations for client-therapist relationships is essential to note, and speaks heavily to the nature of therapy as care work that feminist economists Folbre and England discuss.

A specific facet of care work that this notion of foundational care and trust speaks to is the idea that care workers perform this work for intrinsic reasons, i.e. out of the goodness of their own hearts, and that they the extra mile to form deep relationships with their clients. While

this may not be the only reason that these therapists choose to do this work, it does seem to be a motivating factor. Similarly to Amanda, Deanna also shares her experiences with forming deep relationships with her clients, specifically in cases where she and the client are discussing difficult and challenging topics. She says that there is an “established foundation of trust, care, sincerity, and honesty, and so those conversations are being funneled through those lenses at every given moment, which I think provides a different level of safety around how and when those are happening”. Amanda notes again that she and her clients form deep and intimate relationships. When speaking specifically about her clients of color, she says that conversations are “always within this foundation of deep trust and deep protection of them, this space, and the sacredness of this space, and that allows expressions of anger between marginalized communities, particularly if they have therapists of color”. This longstanding foundation of care that both Amanda and Deanna speak about is helpful for understanding how therapy falls into the realm of care work, rather than into the other spheres of work involving emotional labor that Hochschild writes about. As Susan Himmelweit discusses in “Caring Labor”, care workers tend to have more satisfying experiences with their work, as well as more positive views towards emotional labor, because of the long lasting relationships they form with those they work with, as well as because of the fact that this work is less commodified than jobs in which emotional labor is more commodified. Even though Amanda and Deanna perform emotional labor in their jobs, they speak about the experiences relatively positively. This may have to do with the fact that they are able to form relationships with clients of their own accord, rather than primarily engaging in interactions that are transitory, superficial, and highly supervised by employers who expect employees to enact a particular form of emotional labor.

Anti-Oppressive Approaches

Another factor that affects how therapists engage with emotional labor is the way that identity, power, and privilege are implicated in the session. The majority of the therapists I spoke to approached therapy through what they called anti-oppressive, intersectional, or feminist approaches. Amanda defined the anti-oppressive framework as “acknowledging that all social identity is a construct and that these constructs are in existence to basically create power and privilege depending on what your various identities are”. She noted that she brings up issues of power and privilege no matter the identity of her clients, as she believes it is necessary in order to provide context for both parties involved. When I asked her and the therapists what their experiences with white clients were like, they mentioned that the racial difference was something they were aware of. However, most of the therapists actually said they did not have many white clients. Nadia commented that she finds that being a woman of color attracts mostly clients of color. Deanna noted that she has a similar experience, and that “there's just this deeper level of connection through trauma, minority stress, and experiences - that is sometimes a little bit harder to experience with clients who are not identified as clients of color”. It is understandable that Deanna as well as some of the other therapists find it easier to connect and relate with clients of color due to similar life experience.

This connection between the therapist and client of color, however, turns out to be more complex than it seems at first glance. It seems that women of color using an anti-oppressive approach have an added layer of emotional labor that other therapists may not necessarily have to engage with, as they are dealing with emotions surrounding identity, which can certainly be complicated and difficult to speak about. This is something that comes up with clients of color in

particular. Many of the therapists I spoke to mentioned that they intentionally bring up their own identities and privileges with clients. Amanda says:

I think that in my cohort of clients of color there is almost this assumption that we all get each other's experience because we're all people of color and embedded within that, it is hierarchical and we have different proximities to power and so for my clients of color there's still a labor. Like, I think it's okay for you to be irritated that I have a racial identity that is given more power than you, and we can talk about that.

Amanda's comment that "there's still a labor" is important to note because it shows that even with her clients of color she has to perform emotional labor by recognizing how their identities as well as her own identity interact with one another, and being mindful of the power dynamics and hierarchies at play.

Deanna similarly mentions another way that power and privilege are implicated in the therapy session, in regards to the particular privilege that the therapist holds in her role as a therapist. She says:

I'm a woman of color but I'm in the therapist's seat, and there are some assumptions that are made potentially around my socioeconomic class or the kinds of ways that I have power and privilege in the space as a therapist. So for me it's about being really cognizant of that, bringing it up, and looking at the ways in which this privilege might be acting out in the room between me and the person I'm working with.

This comment from Deanna in conjunction with Amanda's comment above, speaks to the ways that privilege is something the therapists are conscious of and how it can affect the dynamics of the space. This relationship with personal privilege is not something I had expected before speaking with the therapists. Their responses show that emotional labor is carried out not only through the regulation of emotion that I discussed in the section "Relational Approaches", but also through the manner in which they choose to strategically engage with manners of privilege, power, and identity.

Challenges of this Work

Many of the therapists I spoke to also described the difficulties that come with the relational approach to therapy, such as being emotionally triggered during a session because of something the client shared. Nadia shared her personal journey with dealing with difficult situations during therapy sessions, stating that it took her many years of experience and personal growth to “see this person as their own experience, to notice that it does affect me and might even remind me exactly of my own experience, but to allow that not to trigger me into my own emotions and thoughts about myself, but to see it as a way to connect deeper with the person who's right in front of me”. Nadia’s experience speaks to a different kind of emotional labor from what I have previously discussed. Whereas the emotional labor previously mentioned had more to do with strategically expressing authentic emotion, Nadia’s experience alludes to Hochschild’s original definition of emotional labor, particularly to the notion that she is withholding her true emotions in order to ensure that the client in her presence remains comfortable.

The therapists also discussed experiences of feeling exhausted or burned out after long days of work. Racquel noted that it is often difficult for her to see client after client, especially as many of her clients deal with serious trauma. She shared that she has to be “a holding place for that person because that’s why they’re here to see me. So after some sessions I’m exhausted because I just spent an hour talking about some awful things. . . I think people don’t understand the amount of work it is to take on a person’s emotional pain and listen and try to help”. Racquel’s statement that she doesn’t think people understand how much work goes into being a therapist, especially a woman of color therapist, is essential to note because it speaks to the

common perception that many people have of therapists, which is that they simply sit there and listen as people share their problems. Racquel highlighted the fact that this job is so much more than that, and that the emotional labor (although she does not use that particular phrase) required in the role of therapist can at times take a major toll on her.

Emotional Labor Outside Work

Experiences in Training Programs

While therapists must engage with emotional labor on a daily basis within their jobs, there are spaces outside of work in which this occurs as well. A site that almost all of the therapists I spoke to mentioned was in their training programs and graduate school settings. In these settings, most therapists noted that their programs were predominantly white both in terms of student and professor makeup. Additionally, the majority of the curriculum content focused on psychological issues that primarily affected people who were white and upper middle-class. As a result, the therapists often had to perform the emotional labor of bringing up matters of race and other forms of identity such as class and sexuality that were not mentioned or acknowledged in the curriculums. They additionally often faced the task of responding with emotions such as grace and calmness when met with racist microaggressions from white colleagues and superiors. Anu shared that whenever she brought up identity-based issues in her classes, “some of the instructors probably got annoyed having to talk about it, and wanted to just teach what they teach”. Amanda also shared her experience with performing this kind of labor in training programs, particularly in regards to what she called the preemptive management of emotions. She says:

I know that physically showing up in a space is going to create emotions and reactions and sometimes I can expect what that reaction is going to be, and I can change how I say

certain things to try to mitigate the reaction. I think earlier in my career and certainly when I didn't have as much autonomy in my profession or in my life I did a lot of the 'I'm brown but I'm good brown, or I'm queer but I'm not this kind of queer, or I have this kind of body but I'm not what you think'. So I did a lot of that preemptive 'I'm gonna name your stereotype of me and then I'm going to preemptively say that I'm not that'. And so I know that if I'm negotiating those kinds of spaces I know I have to be that much more intellectual or use really big words just to dispute any preemptive stereotype or marginalizing assumptions that you might have of me.

It is important to note that the emotional labor that Anu and Amanda brought up in regards to training programs differs from the emotional labor that occurs within the therapeutic space itself as was detailed in the previous sections. Whereas the emotional labor required in therapeutic spaces is more dependent on strategic emotion regulation, this particular form of emotional labor relies more on what Kathleen Wong writes about in her dissertation "Emotional Labor of Diversity Work: Women of Color Faculty in Predominantly White Institutions". Specifically, Wong explores the experience of women of color faculty who find themselves having to engage in emotional labor in the context of "contributing to diversity" and emotionally caretaking their white counterparts. Amanda's experience falls into the realm of this kind of caretaking, specifically in the way that involved ensuring the comfort of white professors and colleagues and maintaining the stereotypical views they had of her.

Expectations That Come From Being a Woman of Color

Many of the therapists I spoke to also shared experiences of having certain expectations placed on them because of their identities as women of color. Amanda shared that her identity as a woman of color has made her feel like she must take on the role of the "24/7 caretaker". Anu shared: "I think as someone who is socialized as female, as a South Asian person, a South Asian daughter, there's a lot of pressure and a lot of holding everyone's shit. So it was just what I did".

Mayowa shared that as a Black woman, she has always been expected to fall into the mammy stereotype. She describes:

Every time I think of the mammy stereotype, I very much think of the movie *Soul Food*, where the Black woman matriarch does everything for everyone at cost to herself. And she does everything for everyone from an expectation, not actually because it's truly what she wants to do. She's always forgiving, always kind, always calm, always willing to tell you how amazing you are and be part of your success while always being in the background and kind of loving the background. And I think of the movie *Soul Food* and I actually have used this in therapy so much because I ask people "What happens to that mammy figure in *Soul Food*?" And if they've seen the movie they know the fact that she died. Because as she was cooking, cleaning, and was emotionally available for everyone else, she wasn't looking at the toll that was taking on herself. She wasn't taking care of herself, and she died from it. And that's something that I hold on to.

Mayowa's explanation of the mammy stereotype provides insight into how she as a Black woman experiences the pressure of fitting into a certain stereotype, and how this influences various aspects of her life. Her description of this stereotype, taken along with Anu and Amanda's experiences, shows the very particular experience that women of color have with emotional labor. Specifically, women of color are constantly caring for others despite what the effects are on themselves, because this is what is expected of them and what is seen as inherent to their nature.

The expectations that come from being a woman of color are only magnified when one adds on the identity of "therapist". Several of the therapists I interviewed stated that friends, family, and acquaintances sometimes expect them to perform labor for them even while they are off the clock, which they attribute to the fact that they hold those particular identities. Anu shared: "I have a group of friends who whenever any of us are experiencing a mental health crisis of some sort, they will call me". She also shared: "I think sometimes friends and family

consciously or unconsciously knowing what I do can come to me and dump, and I have to set my limits". These accounts exemplify the emotional labor that women of color therapists often find themselves performing because it is what people in their lives expect them to do. Racquel sheds light on the particular ways that her identity as a Black woman therapist plays out. She comments that people expect her to constantly be calm and level headed and that as a result she has no space to express any emotions that fall outside of those realms. She says:

I don't get angry very easily but the minute I get upset about something they would look at me like oh my god, why are you so angry? Like you're not allowed to be angry. A white woman can be angry and nobody cares. But you get angry and the world is gonna end because you're angry. It's ridiculous. It's frustrating.

The double standard highlighted by Racquel is essential in understanding how women of color, especially Black women, experience emotional labor. This emotional labor that suppresses anger and induces calmness involves the strategic regulation of emotions to fulfill the role of caretaking and prioritization of white comfort.

Boundary Setting and Maintenance

A common theme that arose in my interviews was the idea that boundaries are absolutely necessary in the practice of therapy. As I discussed in the previous section, the therapists I interviewed often dealt with people feeling like they were justified in unloading their problems onto them. This was attributed to the fact that women of color often have the caretaker stereotype placed onto them, and this combined with the role of therapist led others to feel entitled to their therapeutic advice at all times. While this was an experience shared by most of the therapists I spoke with, another shared experience was the way many of them responded to this unloading. All of the therapists I spoke to emphasized that the setting and maintaining of boundaries is essential for them in order to do their job properly. Amanda shares:

I can't be a therapist 24/7- like in my personal relationships I can't be the therapist. The professional cap that I put on requires certain boundaries. There's all these expectations in being a woman of color where it's like "Oh you're a woman of color AND you're a therapist, you want to hear all of my problems!" And I'm like "No, I'm not. Your therapist wants to hear all of your problems". So that area I think can get tricky at times in terms of others expectations of me and then also taking a step back and reminding myself that I chose to do this as a profession and this requires certain structural hygiene in order for it to be an effective process and that can't happen in my personal life.

Amanda's description of her experience shows that for her, setting boundaries is just as important as the job of therapy itself. Amanda believes that therapy is a very particular space with a particular function and that effectively carrying out the therapeutic process requires a certain level of boundaries, which she calls "structural hygiene". Whereas my expectation going into this thesis was that most of the therapists would consistently experience trouble with what Kathi Weeks describes as work seeping into life, this does not seem to be the case, according to Amanda. Nadia echoed Amanda's point about structural hygiene. She says: "What's nice about therapy is there's a structure. People come to your office, people come on time, they leave on time, they pay you on time. It's just something that's very structured. It actually allows you to see when boundaries are crossed even more, and I think that only actually helps me in my daily life". According to Nadia's comment, it seems that there is a structure inherent to therapy that allows therapists to set boundaries in their lives more easily because their work is already so boundaried.

What does it look like for these therapists to set boundaries? For some of them, it looks like saying no to friends who are constantly asking for support in the form of therapeutic advice. It can also mean ending relationships with people who are constantly demanding emotional labor. In some cases it just means being very careful and intentional with how much time and energy one gives to their relationships, and communicating clearly with people if things need to

change or if they need to take a break from the relationship. Mayowa shared her experience with “saying no”:

I started being really good at saying no when I literally just didn't have any more hours in the day because I'd said yes to too many things. And then people wanted more and more from me so I had to say no out of necessity, and then the more I'd practice saying no out of necessity was when I was able to say it even when I had time and didn't want to [say yes]; I'd said no so many times before I was like "Oh I can say no now", like it doesn't have to get to working 18 hours a day for me to say no. I can be reasonable about it.

Mayowa's experiences show that it took her a long period of time to get to the point of being able to easily set boundaries with people in her life, and that it initially took several instances of pushing herself to the limit. Most of the therapists I interviewed spoke about boundary setting as a process that takes hard work and time.

Another point that many of the therapists brought up in regard to boundary setting and maintenance is that they believe it is necessary for therapists to be in therapy themselves so that they can be in more in touch with themselves and their own issues, as well as be more effective in setting boundaries. Deanna comments:

I think it's important for therapists to be in their own therapy. I think it's really hard work, depending on what kinds of clients you're dealing with. But as much insight and reflection that we therapists go out of our ways to do for our clients, I think it's really hard to turn that mirror, that eye, to reflect on yourself in a way that captures all of what's happening, in a way that is compassionate or understanding.

Deanna's comments expresses the idea that it may be difficult for therapists to treat themselves with the same compassion and understanding that they show their clients, but that it is necessary to do so in order to have a healthy and effective therapeutic process for both the therapist and the client.

VI. Conclusion

At the beginning of this thesis writing process, my initial expectations were that women of color therapists would have to perform large amounts of emotional labor inside and outside of work. I also expected that the therapists I would speak to would primarily have negative experiences with this emotional labor. I specifically expected that they would speak about experiences of people in their personal lives constantly demanding labor from them due to their identities of being women of color and therapists.

My first expectation was mostly proven to be true. Women of color therapists do indeed perform large amounts of emotional labor inside of work. Many of the therapists I spoke to shared that they used a relational approach in their practice, and describe the various ways they regulate their emotions during therapy sessions. This includes expressing emotions as authentically as they can, and doing so in calculated and strategic ways. The calculated nature of these expressions of emotion speaks to Hochschild's notion of suppressing one's own emotion in order to elicit emotions in someone else. Some also speak about how they implicate themselves into therapy sessions, asking questions such as "How do you think I feel about what you just said?" so as to create more of a mutual dialogue in the space. Some also share that they express authentic emotions during sessions in order to model healthy emotional expression to their clients, who otherwise might not have an understanding of what that could look like. This modeling is a form of emotional labor because even though the therapists' emotions are authentic, they are still being shared in an intentional and strategic manner with the goal of

eliciting particular emotions from their clients. Most of the therapists I spoke to also shared that they use an anti-oppressive, feminist, or intersectional approach in their practice. What this means is that they bring up matters of power, privilege, and identity during therapy sessions. The inclusion of these topics in therapy sessions seems to require emotional labor on the part of the therapists as well, especially seeing as these are often complex and difficult things to discuss.

Whereas I expected therapists' experiences with emotional labor to be mostly negative, the associations with it were primarily positive. This seems to be the case because of the long-lasting and non-commodified relationships that therapists form with their clients. Therapists also find that emotional labor is expected outside of work, but the amount was not as much as I had expected. The primary reason for this is the fact that most of these therapists are extremely intentional about setting and maintaining boundaries with the people in their lives. Again, this setting of boundaries seems to be another reason for the positive associations that therapists had with their work. Many of the therapists spoke about how boundaries are absolutely essential to the practice of therapy, and that without boundaries it is impossible to be a good therapist. Some also share that they have found therapy to be a positive force for providing, rather than taking away, structure to their lives.

There are several implications of this thesis. First and foremost, this thesis sheds light on the particular forms of emotional labor that women of color perform and experience, and provides a nuanced look at the ways they engage with their work. My hope is that this thesis provides us with the opportunity to rethink the way we conceptualize the work that women of color therapists perform. There is little to no research on this subject, which is why this thesis is particularly important. On a larger scale, I hope that this thesis also allows us to rethink the way

we view care work in general. The care work industry is severely devalued and overlooked as being just as valid a form of work as other industries. This thesis details the complexities of therapy as a form of care work, and can ideally serve as a site that shows the importance and value of this kind of work and potentially paves the path for future research on this subject.

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