

# The Four Questions: A Framework for Integrating an Understanding of Oppression Dynamics in Clinical Work and Supervision

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I have always been interested in oppression and how it creates power dynamics in relationships, both professional and personal. Like most people, my unique identity gives me differing levels of privilege. As a woman of color, I experience being marginalized on a daily basis. However, as a person who is identified as straight and cisgendered, I also experience privilege. I am often not even aware that I am experiencing that privilege. Systems of oppression function without me doing anything to benefit from my privilege besides just living my everyday life (Van Kerk, Smith, & Andrew, 2011). Initially, as a clinician and then as a supervisor, I have always been concerned with how power dynamics and attitudes shaped by oppression impact our work.

When I look at my relationships and interactions, the ones that are the most meaningful are the ones where I do not have to censor myself. These are the relationships where I can be forthcoming about all of my experiences. The relationships where I cannot do that are the ones that sometimes feel are leaving out a significant portion of who I am as a person. My ability to discuss oppression may or may not be impactful in friendships. Every relationship does not have to go that deep. In therapeutic relationships, however, the ability to honestly look at how clients experience the world due to their unique social identities is very impactful. These relationships are, by definition, deep. What does it mean for our work if we are overlooking or ignoring a large factor in how our clients are functioning? If the system exists without us actively doing anything other than living our lives, how are we acting it out with our clients?

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## **Juanita\***

Juanita was an 11-year-old Latina female and she lived with her older sister, who was her legal guardian. Before being assigned to me, she had seen three other therapists in our clinic. Her sister had a reputation for being less than forthcoming and at times difficult to work with. When I met them for their first session, she was somewhat abrupt, but it was evident to me that she cared deeply about her sister. When I met Juanita alone, she was cooperative and friendly. Juanita's sister was diagnosed with breast cancer shortly after she became my client. She hired a babysitter to bring her to sessions, and I rarely saw her. When I attempted to contact the sister for more information, she artfully avoided any discussion of their parents. There was a lot of focus on Juanita's behavioral issues and on how her sister's illness impacted her. She was acting out in school and needed to improve her social skills. She was having tremendous difficulties relating to her peers and had a very high level of distress about it. Her sister was her legal guardian and Juanita mentioned once in a session that she had never met her mother. The most she said was that she called from Ecuador, and her sister would get sad during the phone calls. She was always very guarded when the topic shifted to her family, and it was not part of her treatment planning.

When we talked in therapy about her difficulty following rules in school and what the consequences could be for that, she would make jokes. She often joked about going to jail and talked about how she did not want to go there. From therapy sessions, I often remember the things my clients say, but I do not always remember my responses. I know that her jokes about jail were an ongoing theme for a while, but it was never the biggest part of the session, so it never actually got investigated. One day about a year into our time together, Juanita came into my office and was very quiet. It was a struggle to get her to engage, and she did not have her usual sense of playfulness. She was like this for most of the session, and when I questioned her about it, she just shrugged. I continued attempting to distract her. When she won a card game we were playing, I very dramatically insisted that we both do a victory dance to celebrate. She started to come around. I reminded her that if something was bothering her, she could tell me. She replied that she was not supposed to tell anyone her "business." So I explained to her that therapy is a place where you can tell people your "business" and no one ever has to know. We had, of course, talked about this before, but she finally had a real context for it. I explained to her that unless she was in danger of being hurt or hurting herself, whatever she told me was a secret. Visibly relieved, she admitted to me that she went to visit her father in prison that previous weekend. She revealed that she had been going to visit him in prison as far back as she could remember. She said she had never told anyone before because she was embarrassed and her sister told her that it was their biggest secret. I asked her why she felt like she could tell me. She said that she knew I did not think someone was a bad person just because they were in jail. She is right, I do believe this, but I have no idea how I conveyed this to her. Somehow I did because she never felt like she could tell another person this. It made me realize how long

she had been carrying around this secret and how if I had not somehow sent her the message that I would be a person she could talk with about wither father being in prison, that there was a huge part of her that I might not have ever seen in therapy. She came in the next week and told me that she talked to her sister and said that her sister told her that it would be alright for her to keep talking to me about her father. Juanita's father was incarcerated for selling drugs 7 years ago. She had so many bad experiences talking about it that she just stopped talking about it with anyone who was not already aware of her father's incarceration. She said that people judge him. They assume he is "a lowlife" or "a deadbeat" and they judge the entire family. Juanita's sister very poignantly said to me that when there is a story on the news about someone selling drugs or committing any crime, there is rarely any backstory about how hard it is for Black men to get jobs to support their families. "No one ever assumes that he was desperate after being unemployed for an extended period. Instead, people think that I don't know how to raise Juanita or that I should keep her away from our father. They constantly ask me if he was in a gang or if he was abusive. People also ask me if he molested us! No one wants to believe he is a good person who loves us. So we just don't talk about it."

Over time, I was able to work with them in family sessions about their feelings regarding their father and how they reconciled their ideas about him with what the world assumed about him. It was some of the best work I have ever done, and I cannot believe that I could have easily done something in a session that would have caused me to miss out on doing that work. What became apparent to me is that the same way I conveyed something that made them feel safe, others before me had expressed the opposite—most likely without even realizing it because we all want to help our clients; this is why we do this work. I wanted to make sure that I was always approaching clients the same way that I was approaching Juanita.

"The Four Questions" is a framework that reminds the clinician how messages in our culture impact how we view people and brings us back to the oppression analysis context. I wanted a structure that could give a starting point for looking at clients. I also wanted to be able to refer to when we needed to refocus our lens. To test the framework, I chose one of the most challenging cases I had. I took a case that involved multiple oppressions that often intersected.

## ***Velma***

Velma is a 49-year-old married, African American mother of two. She has been in recovery for 8 years from a long battle with addiction to crack cocaine. Velma was married to a man who abused and prostituted her for many years to support his drug habit. She started smoking crack to survive the abuse as well as the many horrors she experienced being forced into sex work. Five years after getting off of crack (without a program), she immediately realized that being out on the streets at night was not an option. Velma started to suffer from crippling anxiety and PTSD and her life as a prostitute ended. She helped her husband get clean and hoped that the abuse

she endured would stop, but it seemingly got worse. When she became my client, there was an open investigation with the city's Child Welfare Services (CWS) because her children had missed an excessive amount of school and her older daughter had been caught in the school bathroom cutting her arms. When I spoke with the CWS caseworker assigned to the family, she said that there had been a history of not being compliant with agency demands. She also stated that the children had been removed from the home previously when my client was actively abusing drugs and that made it more likely to happen again. When I asked the caseworker to elaborate on what she meant by "lack of cooperation," she admitted that the mother had complied with everything. She had taken two parenting classes and completed a drug counseling program (which they required even though she never failed one of the 14 drug tests they had administered). They mandated counseling for both parents; my client had been going fairly regularly except for when she had severe episodes of anxiety that prevented her from leaving the house. However, the father was openly belligerent in court and refused to comply with any demands set by the judge. The father regularly missed appointments made for him for drug testing and openly stated that he would not go to any programs assigned to him. He was frequently witnessed yelling at his lawyer, the CWS worker, and case worker assigned to him. I asked CWS what options my client had if she cannot get him to comply. I was fairly confident that if the judge and CWS could not make him comply that my client had even less of a chance.

The CWS worker was silent for several seconds and then finally said, "Well if she wants to keep her kids, she needs to get him to cooperate." So I asked again, "what if she cannot get him to cooperate?" She paused and then asked if I thought they needed couples therapy to work out their "relationship difficulties." I would not suggest couples work for cases of domestic violence, but confidentiality barred me from stating that.

The notes from the previous therapist stated that he had tried to do some work with Velma about domestic violence, but she was adamant that it should not be revealed to CWS, and she had refused to call the police. The previous therapist had been puzzled by that and suspected that maybe she was exaggerating it. Therefore, he stopped even talking about domestic violence with the assumption that if things were "dangerous," she would be more "proactive" about it. Based on how her husband was behaving with people outside the relationship, I did not have any illusions about how bad it was for her. I just needed to figure out how I could use that knowledge to help her.

### **The Four Questions Framework**

1. What are the common stereotypes about each of the groups that she falls into?
2. What is the dynamic between us because of oppression?
3. How can I expect to oppress her inadvertently if I am not careful?
4. How are the current presenting problems related to oppression?

The first thing that I need to do with this client is "locate" her in oppression structures:

- African American
- Woman
- Domestic violence victim
- Mental illness
- Substance abuse
- Public assistance recipient
- Prostitution

As with the previous case, each of these descriptors, whether current or in the past, comes with many assumptions that can shape how I think about her. Whether I want to believe that they influence me or not, this is true. All of the systems she is involved with treat her according to those assumptions as well. That is just how she experiences the world.

### ***What Are the Common Stereotypes About Each of the Groups That She Falls Into?***

What might I think about her situation because of these assumptions? What do I have to do in therapy to make sure that I do not project any of these assumptions on her? With this, the first step is acknowledging that these assumptions go along with these labels. The second phase is actively thinking about not defining her that way.

In my first session with Velma, I asked her to tell me a little bit about what brought her to the office. She began to tell me about her childhood and mental health history. I noticed that we were not talking about the current situation with CWS or the danger of having her children removed. She had been dealing with the investigation for 4 months when she came to see me. I imagined that she had a lot of thoughts and feelings about what was happening to her, which she probably was not given space to express. I asked her what it was like to have her parenting judged by others. I meant CWS and family court, but I left it open-ended. She avoided the question by telling me about the parenting class that she was taking. She started going through one of the bags that she brought into the room and pulled out a black and white notebook. She began to read to me all kinds of plans that she had written up for the kids. She had created daily schedules of activities including art classes, dance classes, and karate. There was a list of learning enrichment books that she was going to buy to help them study. She even had plans for how she would redecorate their rooms. There were several directions where I could have gone with what she was putting in the room at that moment. It was tempting to ask her if she thought all of her plans were realistic given her financial situation. She stated earlier in the session that she had no income. She was on food stamps and Medicaid. Then there was also the issue of her ability to get her children to all of these places when she sometimes experienced crippling anxiety and could not leave the house. It also went through my mind if I should ask her if a book full of activities was what her children needed at the moment. I also wondered if she was just telling me what she thought I wanted to hear and exaggerating or lying.

Then I realized that I might be making an assumption about her because of some of the labels that had been attached to her. Instead, I decided not to comment at all, and before the next session, I asked myself a few questions. Do I think she is a bad parent? If she was not involved in an open CWS case with the history of substance abuse, prostitution, and domestic violence, would I have any judgment about her planning activities for her children? When we think about people who are in danger having their children taken away, we usually believe that they must have done something wrong. What if instead, I assumed that she was a good, well-meaning parent until she proved otherwise?

Do I think she is not trustworthy? Do I think she is not reliable or credible? What if she fully intended to take her children to all of these activities and had figured out ways to do this in her community? Before I make assumptions about her not telling the truth or the impossibility of her affording these activities, I needed just to be curious. When I asked my students or my clinicians in discussion groups about common traits of substance abusers, “they lie” is always one of the first three items listed. Was I assuming that she could not possibly be telling the truth? What about as a woman of color? Did I assume that she was less than truthful because of that? She has a history of prostitution, and there was clearly domestic violence in her relationship at one point, even if it was not confirmed to be going on now. Did I think she made poor choices?

I opted not to bring any of these things up. Instead, I thought about why it was so important to her to show me her notebook, especially in the first meeting. What might she be trying to tell me and why? In the next session, I chose to ask her if she was afraid that I thought she was a bad mother. She immediately started to cry. So I invited her to consider allowing me to prove to her that I was not going to judge her. I believe that took our work in a new direction than where she had gone before.

### ***What Are the Dynamics Between Us because of Oppression?***

How is this client routinely oppressed by helping systems? What does this client probably think about me? Does the client worry that I am on the side of CWS who she experiences as calling her a bad parent or a criminal? Does she think that there are huge class issues? Does she expect me to understand her lifestyle? Does she expect me to understand domestic violence? Is she afraid to tell me things because she thinks I will tell CWS? What kind of treatment does she expect from me? (Does she expect me to talk down to her? Does she expect me to see or hear her as a person?)

Looking back now, it seems obvious that she might worry about me judging her. As therapists, we are put in the role of judging our clients and the role they play in their problems. If we did not think that we could improve client's lives through transforming them, then there would be little point to being in the room with them. However, there is a fine line between creating space for change and blaming them for the situations that they are in. We can often cross that line without meaning it or

even realizing it. The power that we have as the perceived expert can make us influence client's lives in ways that can be scary to them and even to us.

When we fail to understand how vastly someone's experience differs from our own or from what we assume to be true, we miss out on seeing the world as it truly is. This can be somewhat harmful to us in our day-to-day lives. We may not connect with people and not necessarily even know why. However, as therapists, this same issue can profoundly impact our work. At our best, as therapists, we are connecting with people in ways that assist them in transforming their lives. We are the person they can tell their deepest darkest secrets to without judgment. We are the person that sees them when no one else does. We are the person who understands them enough that they can understand themselves. At our worst, we have a tremendous power to make people feel worse about situations where they have no power; we can reinforce debilitating guilt and be the source of crippling negative "self talk."

We have a family friend who tells me the same story whenever it is referenced that I am a therapist. She talks about being in therapy years ago and saying to her therapist that various people did not like her and listed all of the reasons. After an unusually long rant, the therapist looked at her and said, "Well I don't like you either." This was obviously not a good therapist who possibly misunderstood experiential therapy. However, it's not about the therapist; it is the fact that this happened over 40 years ago, and it is still the first story that comes to mind for this family friend when talking to a therapist. Needless to say, her problems with people have not improved in the years since this happened to her. She is deeply affected by this. For me, this story demonstrates how much power we have as therapists. If that power is shaped by unconscious personal judgments and biases, we can inadvertently get in our own way.

We can also cause significant harm to our clients emotionally as well as in other ways. If I decided that Velma was a bad parent, who routinely makes bad choices, she would understand that quickly. She was acutely aware that the CWS worker had a low opinion of her and would not tell her anything about the abuse she experienced from her husband. This relationship was her biggest obstacle with CWS, who had the resources to help her have him removed from the home, but Velma did not trust them. Would she trust me to advocate for her with CWS? Would she trust me to help her cope with her abusive husband? Would Velma even tell me about the abuse? She had apparently stopped talking to the previous therapist about it. As I started to explore this in my analysis of her case, her presentation of the notebook and reluctance to discuss her children in a real way made more sense.

### ***How Can I Expect to Oppress Her, Inadvertently if I am Not Careful?***

What can I do to combat that? Am I assuming that she is not capable of making good decisions? Am I talking down to her? Do I make directives without checking in for her opinion? Am I on her team even when I find it hard to relate to her? Do I



understand her motivations even when I do not understand her choices? For this client, especially, it became critical to rely on her ability to make the best choices for her life. It was not hard because I genuinely believed it. She had endured a very traumatic childhood as well as abuse at the hands of many others in adulthood. She was not only in recovery for several years, but had helped her husband to do the same. She was the definition of a “survivor.” She was smart in ways that I could not even understand, and I was in awe of how she persevered. I treated her like she was the expert on her life and she blossomed in my office every week. In time, she trusted me and revealed more and more of her past to me and was able to process things that were eating away at her for years. The more she disclosed to me, the more her choices made sense to me which I believe is the hallmark of genuine empathy. She started to believe in herself because I believed in her and it was a miracle to witness.

### ***How Are the Current Presenting Problems Related to Oppression?***

This question can be the trickiest one. Often we do not realize how oppression so easily impacts things that we take for granted when we belong to certain dominating groups that our clients do not belong to. When working with people in marginalized groups, this is the area where we can also do the most damage. This lack of understanding of the impacts of oppression is something I routinely encounter with clients who are seeking support as they navigate helping systems. As I stated previously, for Velma, her husband was a significant obstacle with CWS. He was completely uncooperative with CWS, and it was creating an increasingly precarious situation for her. She worried every day that she would have her children removed. We had done a lot of work around her previous experiences with CWS. When she looked back in the past, she felt she probably deserved to lose her children, and this created a sense of paralysis in her now. A part of her felt like she was paying now for deeds of the past. Velma spoke with an advocate who advised that she needed to start to create a paper trail. The advocate wanted her to call the police to document the abuse, but she was adamant that she would not involve them under any circumstances. She was routinely stuck at this point, and I wanted to help her push through.

For this client, I have to ask, what did her interactions with law enforcement look like in the past? What did her interactions with the justice system and CWS look like in the past? How can I address this in session? Something that I learned a long time ago without even realizing it is that when you are in an oppressed group, part of that oppression is getting the message that you are not supposed to talk about it. So if you are in a dominating group and your client is in a marginalized group, your client is very aware of that, even if you are not. I have never had the experience of being investigated by CWS, and I am not a parent. I cannot possibly understand the



level of fear involved in the threat of having your children taken out of your care and placed with strangers. This client and I are both women of color, but we have had very different experiences of the world. I might experience some routine stereotyping by law enforcement, but her experiences on the streets when her partner prostituted her would be very different.

So with Velma, it was incredibly important to address how she was likely being mistreated by CWS considering her race and her history. I also need to show her that I understood she could not control whether her husband complied with CWS. I also needed to respect her choice not to disclose the domestic violence to the police or CWS. This is probably the most controversial part of really understanding how oppression works. Very often, African American women have trouble being taken seriously about domestic violence for two reasons that I have observed. The first cause I often encounter is the concept of “strong Black woman.” Tamara Winfrey Harris (2014) writes,

We are the fighters. We are the women who don’t take shit from no man.

We are the women with the sharp tongues and hands firmly on hips. We are the ride-or-die women. We are the women who have, like Sojourner Truth, “plowed and planted and gathered into barns and no man could head us.” We are the sassy chicks. We are the mothers who make a way out of no way. On TV, we are the no-nonsense police chiefs and judges. We are the First Ladies with the impressive guns. Strong. Black. Woman.

Calling Black women strong is often said to be a compliment. However, it also erases the victimization of Black women.

So in addition to these often unconscious assumptions, which adversely impact their mental health, we also fail these women for a second reason. We dismiss them as victims if they refuse to call the police. It becomes even more complicated because of Velma’s past. She has an even more complicated history with the police. Once I looked at Velma this way, it made a lot of sense to me that she would not call the law enforcement. I needed to make it clear to her that I understood that she likely had good reasons for her choice. Sure enough a few months into our work when the therapeutic connection was stable, I brought up in a session that she must have had experiences with the police, and she responded immediately. She told me stories that horrified me about the way she and the other women she was being prostituted with were treated by the police. She thanked me for believing her and taking her seriously. It was the beginning of her disclosing so many things that she had never worked on in therapy with other therapists. Eventually, we worked together to have her abusive husband removed from the home. I do not believe she would have been able to do the necessary work to get him out of the house if we had not spent months focusing on the domestic violence in her therapy. Since his lack of cooperation was her biggest obstacle with CWS, the case was finally closed.

## Clinical Supervision

In supervision, I use the framework to remind therapists how the problems their clients bring into the room might be related to oppression. This can be tricky because I am doing the work with the client and with the clinician. I encourage the clinicians to do the same exploration that I do on myself with these cases.

### *Tony*

During supervision with one of my clinicians, we were discussing how his client presented with consistently low self-esteem, depression, and anxiety for no concrete reason that they could uncover in therapy. He had been seeing the client for about a year and a half. Tony had come to therapy for suicidal thoughts that he had been experiencing for 2 years. He was a college student and doing well in a competitive school. The client had friends and an active social life. He reported a somewhat distant, but loving, relationship with his family. He reported having some mild anxiety, but nothing else significant until 2 years ago during a challenging time in school. He had originally started in a pre-law program, but found it to be too difficult and changed to a less demanding program. He was doing very well since he changed his area of study, but he seemed to be very fixated on how his struggle in the pre-law program was evidence of him not being good enough. They had discussed several things in session, and it continued to come back to the client feeling like he just was not good enough. The therapist was confused. I asked the clinician how oppression impacted this case.

Tony is a 20-year-old, straight, cisgendered Hispanic male. His parents had emigrated from Mexico when he was 4 years old to give him and his siblings “a better life.” Tony was in school on a scholarship because of his family’s low income. From an oppression standpoint, he was an immigrant and of low income. I asked the therapist to think about some of the stereotypes our culture connects to those labels.

1. *What are the common stereotypes about each of the groups that the client falls into?*

It did not take long to come up with some of the negative stereotypes floating around in our culture about immigrants (specifically from Mexico, being said by presidential candidates as I am writing this). These stereotypes are important because they give us information about how our clients experience people in their daily lives and the messages they are likely internalizing about themselves. In a client with inexplicable low self-esteem, looking at that the cultural messages he might be absorbing is helpful. It is also a good reminder for the therapist about the thoughts that he might have without realizing it. Do you make assumptions about him? Do you think he is lazy? Do you think he should just try harder? Do you wonder if his family is here legally? These are all questions that I

encouraged the therapist to explore when he thinks about this client and how to approach the sessions.

2. *What are the dynamics between us because of oppression?*

In this case, the therapist and the client are both straight cisgendered men. The therapist is White; the client is a person of color. The central dynamic between them is race, and the therapist needs to be aware of how his White privilege plays out in the therapeutic relationship. Does he expect you to understand or dismiss his accounts of racism? Does he expect you to understand his experience as an immigrant? What is it like for Tony to see people enthusiastically calling for a wall to be built to keep people coming here from Mexico? Does he worry that you see him the way others might?

3. How can I expect to oppress him inadvertently if I am not careful?

As a person of color, the client likely experiences people with privilege not understanding how much race impacts him. The therapist, in this case, needs to bring this conversation into the room, especially because of how that oppression could be very connected to how the client feels about himself. Do you make it okay to talk about race? Do you acknowledge the differences in your experiences?

4. How are the current presenting problems related to oppression?

Once the therapist was able to reframe how he saw the client's problem, he was able to talk to him about race. As soon as there was space for it in the room, Tony shared the immense anxiety that he always felt about not being smart enough because he did not want to fulfill the stereotype of a "lazy Mexican." He always felt like he had to work hard and do better and earn the opportunity that his parents sacrificed so much to give to him. This created the deep well of fear that he would not be good enough. When he got to school and struggled in the pre-law program, his deepest fear came true. Maybe he was not good enough. Maybe he did not deserve the chance his parents had suffered to give to him. He had not ever found the words to verbalize this until his therapist gave him the context to explore it.

## Conclusion

At the beginning of this chapter, I posed the question, how can we serve our clients if we are missing huge parts of them? The answer lies in the cases discussed here along with many others belonging to myself and the clinicians that I supervise. These are people who have experienced transformations that I do not think would have been possible with therapists who did not understand how oppression impacted their lives and their identities.

So much of our work as therapists is about our work as people. Understanding the psychology of our clients is about understanding ourselves and what we bring into the therapeutic relationship. How does my parent's divorce impact the work I

do with couples? How does my childhood affect the work I do with parents and children? These are the things that we have to examine. However, the nature of oppression conditions us not to look at all of these factors and makes it easy for us to passively perpetuate oppression. It causes us to have huge blind spots in our understanding of the people we encounter every day. This framework does not just reshape the therapeutic lens, it clarifies it so that we can see the whole picture and do our best work.

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