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Real Cases With African American Clients: Reports of Racially Diverse Practitioners

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By calling attention to human factors such as cultural biases, mistakes made, and lessons learned from real clinical scenarios, these racially diverse practitioners use their counseling experiences to offer a people-responsive, diversity-sensitive framework and recommendations for clinicians working with African Americans in university, school, and community counseling settings.

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Martin Luther King Jr.'s (1968) plea in 1963 to let freedom ring “From the prodigious hilltops of New Hampshire, the mighty mountains of New York, the heightening Alleghenies of Pennsylvania, the snowcapped Rockies of Colorado, the curvaceous slopes of California, and the hills and molehills of Mississippi” (p. 156) was a plea for respect, equal rights, and freedom for people of all creeds, colors, and religions all across this country. Sadly, equity and equality for women and people of color are still not realized. Sadly still, with all the progress made in education and counseling and psychotherapy, the inequities continue in the American higher education system and mental health system. Despite the increase in multicultural research, African American clients and other clients of color are still not faring well with counseling services. In short, there continues to be a need to address the experiences of clients of color with counseling services.

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As clinicians and practitioners from diverse cultural backgrounds and academic disciplines within counseling, we have collectively amassed an extensive set of working experiences that spans decades of working with diverse people both nationally and globally. Thus, the experiences recounted in this article address our training, academic, and professional experiences as European American counselors and counselors of color from various counseling disciplines working with African Americans. By depicting scenarios from our earlier experiences as neophyte counselors, we attempt to delineate human issues encompassing our cultural diversity and that of our clients from eclectic settings and perspectives and share reflections on our mistakes and successes in our work with African American clients.

AS MENTAL HEALTH CLIENTS

In mental health, inequities have occurred at several levels and at different phases and are substantiated by empirical and conceptual research in the delivery of mental health services, in general (e.g., D'Andrea & Daniels, 1991; Marbley, 2004; Rogler, Malgady, & Rodriguez, 1989; Scheurich & Young, 1997; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2003), and in counseling and psychotherapeutic services for people of color, in particular (e.g., Atkinson, Morten, & Sue, 2003; Sue & Sue, 2003). For example, compared with the European American population, large numbers of African Americans and other people of color are denied access to treatment because it is cost prohibitive, while others feel they receive inferior forms of treatment (Constantine, 2001; Thompson, Akbar, & Bazile, 2002; Wade & Bernstein, 1991; Watkins & Terrell, 1988).

In the past 40 years, multicultural researchers (e.g., Atkinson et al., 2003; Poston, Craine, & Atkinson, 1991; Sue & Sue, 2003) have attempted to generate counseling services to improve therapeutic outcomes for people of color in counseling and psychotherapy. Despite their efforts, African Americans, Asians and Pacific Islanders, Hispanics and Latinos, and Native Americans continue to underutilize, prematurely discontinue, and report unsuccessful outcomes in counseling (Akutsu, Lin, & Zane, 1990; Herring, 1996; Marbley, 1998; Ponterotto, Anderson, & Grieger, 1986; Sue, Ivey, & Pedersen, 1996; Thompson et al., 2002). For example, in some situations, therapeutic approaches that do not reflect sensitivity to gender, race, and ethnicity continue to be used. Such approaches produce ineffective counseling services and elicit negative attitudes toward the profession, counselors, or community agencies from female clients and clients of color (Gamst et al., 2002; Roysircar, Sandhu, & Bibbins, 2003).

We, as scholars of multiculturalism, have yet to uncover all variables that hinder or facilitate success with African American clients; yet monumental strides have been made in implementing effective strategies to improve mental health services for African Americans and other clients of color. Foremost, we now know that it is important to address the multicultural
issues inherent in cross-cultural counseling relationships, such as the diversity of the clientele as well as the clinicians (Alessandria, 2002; Marbly, 2004; Toporek & Reza, 2001; Vera, Speight, Mildner, & Carlson, 1999; Wade & Bernstein, 1991; Watkins & Terrell, 1988).

MULTICULTURAL THEORETICAL FRAMEWORK

Multicultural counseling and therapy (MCT) theory is used in this article as a theoretical framework and to aid in discussing the counseling experiences of African Americans. Sue et al. (1996) were among the first to propose a theory of MCT. Briefly, they identified from the research and theory of multiculturalism the following six propositions. First, MCT is referred to as a theory of theories of counseling and psychotherapy. Second, counselor and client identities are formed and embedded in multiple levels of experiences and contexts such as individual, family, and cultural. For people of color, these complex social networks not only help to ease the burden, but also are critical to their survival; as the cliché goes, “the group exists, and therefore I am” (Billingsley, 1993). Therefore, the focus of treatment is systemic and not in isolation from the interrelationships of experiences and contexts. Third, the development of cultural identity is important in forming counselor and client attitudes toward the self, others of the same group, others of a different group, and the dominant group. These attitudes are strongly influenced not only by cultural variables but also by the dynamics of the power differential within the relationship among culturally different groups. Fourth, the effectiveness of MCT is most likely enhanced when its modalities, strategies, and goals are consistent with the cultural background and values of the client. The fifth important proposition is that MCT theory stresses the importance of multiple helping roles developed by many culturally different groups and societies. These roles often involve larger social units, systems intervention, and prevention. Last, the liberation of consciousness and a call to consciousness are basic goals of MCT theory. MCT theory emphasizes the importance of expanding personal, family, group, and organizational consciousness of the place of self-in-relation, family-in-relation, and organization-in-relation. This results in therapy that is not only ultimately contextual in orientation, but also draws on traditional methods of healing from many cultures.

In this article, MCT theory is used not only as a framework to predict, explain, and describe the behavior of clients of color and provide recommendations, but also as a theoretical basis that lessens the potential for destructive human behaviors of counselors whose cultural background and values are markedly different from those of their clients. Therefore, embracing a framework that encompasses a process that values alternative helping roles and approaches, increases multicultural competency, and allows for emic and etic theories enables us to examine the effectiveness of our counseling work and initiatives with clients of color. What follows are our narratives of and personal
reflections on real experiences gained from working with African American clients, including the human dynamics related to racial and cultural issues that can be inherent in cross-cultural settings.

OUR PERSONAL COUNSELING EXPERIENCES WITH AFRICAN AMERICANS

We present in five case descriptions our experiences from earlier years of our careers as neophyte counselors working with African American clients. The reflections that follow each scenario use MCT as the basis to show the connections, change, growth, and improved competency of our individual and collective journeys toward becoming multiculturally competent counselors. All identifying information, including names, has been removed to ensure anonymity of the clients.

Case 1: Shirley’s Reconciliation

As an African American woman, I have maintained for more than 20 years a vested interest in multiculturalism, diversity, and social justice in mental health and education in my research, teaching, clinical work, and service. Although I am now a licensed professional counselor, associate professor, counselor educator, and a 25-year seasoned therapist, regrettably, during the time that I counseled Shirley nearly 30 years ago, I was merely a social service worker and a novice counseling intern with absolutely no diversity training.

Shirley was a 30-year-old, married, African American woman with a medium-dark-brown complexion and dark brown eyes to match. She wore her short hair relaxed, with loose wavy curls combed back and small threads of bangs covering a wide protruding forehead. Her face and her hair, like her clothes, were always perfect. Her full lips were always painted with some exotic color that accented her beautifully made-up face. She stood about 5’2” and weighed about 190 pounds (with most of the weight concentrated in her hips and thighs). Her heavy-set frame was always dressed nicely, but inexpensively. She spoke softly and expressed herself a lot with her hands.

Shirley was having difficulty convincing her husband, Juan, that their marriage was over, that she now had a new man, and that she just wanted Juan to stop harassing her. Juan had come from Mexico 7 years before with no family and speaking no English. According to Shirley, because she and Juan had an abusive relationship and he was jealous and crazy, she had left him. For the past couple of years, she and Jermone, who was African American and her current man, had been seeing each other.

She reported that since their breakup, Juan had been doing what she described as “bothering” her, even though he had a woman living with him. For example, he would stand outside of her apartment waiting for...
her to come out, and, when she did, he would threaten to hit or take the children or just stand out there cussing. To stop Juan from attacking her, both the police and I suggested that she take out a restraining order. She refused, until Juan and Jermance had a fistfight that resulted in their cutting each other with butcher knives.

Although Shirley was having an extramarital affair, she was strongly connected to the African American Baptist Church; she often talked about how good God has been to her and her family and how she prayed to him for guidance and help. According to Shirley, her husband Juan was also deeply religious, but as a Catholic, he did things differently from the Baptists. Shirley repeatedly stated that God would take care of her and her children and, ultimately, if she and Juan were meant to be together, they would be.

After addressing safety issues, we began exploring what Shirley wanted out of her life. Behind the curtains of looking good, invincibility, and the I-need-a-man-in-my-life attitude, we discovered that what Shirley was striving for was self-esteem, love, and meaning in her life. Although we exhausted 10 sessions working on self-esteem, self-identity, and self-empowerment, the reoccurring theme of reconciliation with her husband was discussed in all 10 sessions.

The thought of reconciliation was ever present because of financial needs, and, as Shirley explained it, “The kids needed their father.” Shirley felt strongly that her husband had a right to come to her house and see the children because they were his children and he paid child support. However, she felt that when he came to visit he would just “pop up” when he wanted to and “act like it was his house,” instead of respecting her house. We spent the final sessions centered on her reconciliation with her husband.

Toward the end of counseling and after the divorce court hearing, Shirley decided to reconcile with Juan. According to Shirley’s rationale, the reconciliation was needed mainly because of the children and also because Jermance, in her words, “Only came by when he needed a dollar or two for cigarettes, beer, or wine.” Before the counseling prematurely terminated, Shirley concluded that cultural differences were at the root of her marital problems. She insisted on seeing a bilingual marriage therapist who could tell her husband in Spanish how “American women are.”

Case 1 Reflection

Reflecting on this scenario with more than 2 decades of experiences of working with diverse clients, teaching graduate counseling courses, and supervising and training interns under my belt, I can really appreciate the hands-on multicultural knowledge, training, and skills that I have now developed. It is during the many years since this case that I have acquired the necessary clinical and multicultural skills to reflect on this scenario with culturally sensitive and responsive lenses.
Clearly, I now know (consistent with Proposition 2 of MCT) that one of the focuses of counseling should have been a systemic focusing on the multiple experiences and context of my life and Shirley’s life as African Americans. For example, I should have taken into consideration that in the African American culture, family includes in-laws, extended relatives, and augmented members. In Shirley’s upbringing, marriage was sacred and forever; thus, all familial bonds were very important and almost impossible to sever, even if one remarried and especially if the couple had children. Therefore, Shirley felt torn between her own happiness and her children having their father in their lives.

On further consideration, I realize rapport was a key component in this counseling relationship. Being an African American woman like Shirley did help me to bridge the gap and to discover the various common struggles in the challenging roles that we shared as parents, women, and African Americans. It was my self-disclosure and the discovery of the things we had in common as African American women that allowed us to begin the conversations centered uniquely on Shirley’s reality, life, and fears.

Proposition 3 of MCT acknowledges the importance of developing cultural identity. Accordingly, over the course of the counseling, I should have processed with Shirley how the cultural and gender messages from her family defined her identity and her expectations of and relationships with men. This included her need to dress, act, and accept abuse in order to sustain the relationship. For African American women, mate selection and single-parenting, mixed with poverty, are real struggles (Marbley, 2004), and the solutions are not as simple as just leaving and finding someone who appreciates you and can provide for you and your children.

I now realize that perhaps Shirley’s reality, like that of so many African American women, was played out in the scenario with family, children, her boyfriend Jermaine, and her husband Juan, and this should have been addressed in counseling. That is, Shirley’s reality included the age-old themes such as mate selection and the availability of men, responsibility of raising children, child support, emotional and financial support, loneliness, and spousal abuse.

Proposition 5 allows for prevention and systemic intervention. For example, as an African American woman living in a big city, it was difficult for Shirley to find a good man; that is, one who was faithful, sober, loved his children, could keep a job, and brought home the money to his family. According to Shirley, she had waited all of her life for such a man. We talked about her guilt over leaving him just because he was jealous (even though he was also, in her words, “abusive and crazy”). When Shirley talked to her mother and sisters about leaving Juan, they thought she was crazy to leave him just because of his jealousy, especially, when it was so hard to find a good man.

In reflection, I realize I should have encouraged her to tell me what her life was like as an African American woman (including ignoring the abuse for the sake of having a man), before referring her to a Spanish-speaking marriage therapist so that her husband could be told in Spanish “how American
women are." If I had listened to her life, I would have heard her survival and her cultural story, and in her telling of her story and my hearing her cultural story, perhaps I would have provided more culturally effective, sensitive, and responsive counseling. This realization on my part corresponds to MCT (Proposition 4), which calls for strategies and goals that are culturally consistent with the life experiences and worldviews of clients.

Case 2: James Explores His Feelings

As a Chinese female counselor educator born and raised in Taiwan, I have been exposed to the education and mental health systems in both Taiwan and the United States. During my postdoctoral internship 7 years ago, I worked with a client by the name of James. Although I now have had almost 20 years of teaching and counseling experience, looking back, I see that counseling with James solidified my commitment to continue to strive to improve my knowledge and counseling skills with people, specifically children from diverse backgrounds and culture.

Because of the significant drop in James's grades and his withdrawal from socialization, his teacher referred him to me, a school counselor intern. This 11-year-old boy came from a low-income, traditional African American family. He studied with peers from diverse cultures in a metropolitan school.

Prior to our first individual counseling session, I was a coteacher of guidance lessons with his school counselor. I also acted as an observer during his paired counseling sessions, in which the school counselor was in charge and he was paired with a boy with bipolar disorder. James was receptive when seeing me, a young-looking Asian woman with a Chinese accent.

I integrated play therapy into James's sessions. When drawing pictures, he always chose a brown crayon to draw human figures. It seemed to me that by using brown as the only skin color, he identified himself as Black, and racial identity was not a manifested problem. Once he drew a teardrop beside his eye and expressed that the face was what most people did not know about him. He disclosed that people's words sometimes hurt his feelings painfully. Revisiting the hurtful moments, his head dropped down. His dull voice and cloudy eyes mirrored his traumatized esteem. To express his rage, he threw softballs at a person's face that he had drawn. This was the first time he chose peach as the skin color. After venting his anger exhaustively, self-nurturing was processed, and support was continually provided through the counseling relationship. His school performance and interpersonal relationships improved, and counseling was no longer needed the next year.

Case 2 Reflection

Prior to the individual counseling with James, I used guidance lessons and his paired counseling sessions to increase his familiarity with me.
Because I was not the primary counselor in charge of these two activities, the uncomfortable feelings an African American boy could have toward me, an unfamiliar counselor with an Asian face, were carefully eliminated. Meanwhile, taking advantage of my own presence at these activities, I observed James's demeanor and reactions to the approaches his school counselor had adopted.

Nevertheless, I may have erroneously concluded that because James always chose a brown crayon to draw human figures, he identified himself as Black and his racial identity was not a significant problem. In fact, African American children, especially African American boys (in Eurocentric school settings in a Eurocentric society), frequently struggle with racism and racial identity (Helms, 2003; Kunjufu, 2004, 2005; Parham & Helms, 1981).

Realizing that he was not talkative and was reserved in expressing himself, I chose Gestalt play therapy as a primary intervention method with him. The approach was highly recommended for clients with a need for liberating their feelings yet were not being successfully encouraged to do so through verbal expression (Rosenthal, 2002). It was postulated that youngsters responded favorably to Gestalt methods because the experiential aspect of the approach was consistent with how youth assimilate the world (Oaklander, 1999). This approach also allowed me to shift back and forth between an Asian frame of reference—a more directive child rearing approach—and a less directive Western frame of reference.

In other words, James and I took mutual leads. When I perceived that giving him directions was necessary, I would not be hesitant, and he seemed to feel anchored because of receiving clear directions from me. This part of the interaction was similar to my original frame of reference, that being a more directive approach. However, when I sensed that allowing him the freedom to make decisions could facilitate his growth, I set my frame of reference aside and respected him as an integrated human being who had the intuition necessary for making his own decisions. As both a school counselor in Taiwan, before studying in the United States, and an advanced school counselor intern working with James, who studied in a diverse American metropolitan school, I was comfortable in balancing the subtle shifts during our interactions.

As reflected by Proposition 2 of MCT theory, both James's and my identities were embedded in multiple levels of experiences and contexts. Without my cross-cultural experience both in real life and in academic training prior to working with James, it would have been easier to counsel exclusively from my Asian frame of reference, rather than to switch to James's cultural worldview. Today, looking back through the eyes of a more experienced school counselor educator, I am more conscious of myself as a Taiwanese woman, supervised by a White man, and counseling an African American boy. I now believe there should have been more evidence of shifting among these three worldviews. According to MCT, it is the person in power who must make the switch from his or her cultural worldview to the cultural worldviews of others.
Compared with other approaches, Gestalt play therapy provided me with a less intrusive means for observing and processing James’s behaviors. Moreover, the permissive climate that I fostered throughout the sessions decreased his defense mechanisms and further encouraged him to be in touch with his anger. Most important, the self-nurturing process really strengthened his ego.

In general, my choice of less intrusive strategies throughout the course of counseling was primarily based on my sensitivity to James’s African American background and the likelihood that James might have difficulty trusting an Asian American counselor. My choice of less intrusive strategies seemed to increase the chance of counseling success, as reflected by Proposition 4 of MCT.

Case 3: Kaylynn’s Emotional Outbursts

As a licensed professional counselor and certified school counselor working in a public school system for more than 20 years, I have come to realize that, as a White woman, I am often perceived as a part of the system by African American students. Counseling with Kaylynn occurred at the beginning of my doctoral program at a time when I had some knowledge of multicultural and diversity counseling. I wanted desperately to improve my understanding of the worldviews of diverse students and clients, specifically African Americans. In retrospect, it was through this experience with Kaylynn (some 6 years ago) that I gained knowledge about African American culture and began the journey to multicultural competence.

Kaylynn, a 12-year-old African American girl in the 6th grade, was referred to my office because of discipline problems. Often displaying loud outbursts directed toward the other students, she was disrupting the class. The “message” from the halls was that Kaylynn’s home life was unstable, with her single mother involved in illegal drug use and often inviting her “friends to the house to party” and resenting the presence of Kaylynn.

Because I was involved with the entire student body in the school through teaching guidance lessons, Kaylynn knew me and was receptive to visiting with me. Although I usually recognized and addressed the issues surrounding racial/cultural development in any counseling session, the issue of race was not important for Kaylynn. She needed a responsible and caring adult who would allow her to be herself, to vent her anger and frustrations, and to provide a safe place to plan ways to survive in her home environment.

Kaylynn and I met throughout the school year. During that time, I also received phone calls from both of her grandmothers expressing concern over the home situation. Through these calls, I learned that the home environment was unhealthy and bordering on dangerous. Although the grandmothers shared freely with me, I was very careful to protect the information that Kaylynn shared with me in confidence. (As a school coun-
ounselor, I believed the situation was unsafe for Kaylynn and her siblings. I did report this to Child Protective Services twice during the school year. Both times, authorities determined there was not sufficient evidence to open an investigation.)

In our meetings, Kaylynn and I worked on practical ways to stay safe at home. We developed a list of resources, which included family members and police and hotline numbers. We also talked about where she could go when it was unsafe at home. Because younger siblings were also in the home, we had to include plans for them.

In addition, we spent time discussing Kaylynn’s feelings, plans, hopes, and dreams. A very bright young lady, she was able to articulate her plans for the future and to realize that displays of anger were detrimental to obtaining her goals. We discussed what she could change in her life and what, as a 12 year old, was outside of her control. I also spent time praising her for the positive things she did. I considered it important to take care not to promise anything I could not deliver and to deliver the things that I said I would.

By the end of the school year, Kaylynn’s outbursts were almost nonexistent. She had learned that my office was a safe place and would ask to come to my office when she felt out of control or frustrated. Although the situation at home had not changed, she no longer felt she had to defend it. She was excited and looking forward to her next year at the junior high school.

Case 3 Reflection

As a European American counselor working in an elementary school whose student body is characterized as low socioeconomic status and 99% African American, I have had the opportunity to view many of the inequities existing in public education. As a result, on a personal level, my worldview has changed. Although I counseled the individuals, I accepted the reality of the importance of the system and family in the students’ lives. The extended family and friends play a vital role and, as in this case with Kaylynn’s grandparents, are directly involved and active in the children’s lives as is consistent with Proposition 2 of MCT theory. That is, client identities are formed and embedded in multiple levels of experiences and contexts, such as individual, family, and cultural. This was different from my work in other schools in which primarily the parents were involved in the day-to-day activities of the students. The importance of confidentiality was balanced with the acceptance that the “client's story” would have more than one narrator. It was a conscious effort to maintain my counselee’s confidentiality and maintain the trust and respect of others involved in her life.

The negative and damaging impact of the limited, inefficient support services available to my African American students drastically changed my worldview. In fact, it was a “call to consciousness” referred to in Proposi-
tion 6 of MCT. In this case, I believed that Child Protective Services simply did not have the resources to make my client a priority. There were no physical marks on the child; however, police had been called to the house numerous times for domestic disturbances. Because of the makeup of the community and lack of resources available, Kaylynn simply was not in a priority situation that required the authorities to take action. Proposition 3 affirms the strong influence exerted not only by cultural variables, but also by the dynamics of the power differential among culturally different groups on cultural identity development.

I learned that, for some students, protection depends on where you live and it was important for me not to promise things I could not deliver. This meant that some of the resources I had taken for granted in other parts of town were not available for Kaylynn. In addition, it is often those who you know personally who can best protect you, and the most important person to depend on is yourself. However, I also learned to trust from my students. It is important to accept the individual who is worthy of your respect, regardless of race or background.

On a personal level, I learned that the relationship determines the outcome, and all of us are more alike than we are different. On a societal level, however, racism and prejudice are alive and well. Equality depends on many things denied to many communities of color.

Case 4: Saving Michael’s Nephew

As a European American, heterosexual male therapist, I have developed an interest in multiculturalism, diversity, and social justice that stems from my experiences in the 1960s. I have been a practicing therapist for more than 25 years. However, it was only after practicing for 10 to 15 years that I connected my interests in counseling and multiculturalism, and it was several years later that I reached a developmental level of multicultural understanding at which I began to “get it.” My counseling with Michael 2 years ago reminded me that a multicultural journey has no final destination. Rather, I feel that I have a constant need for movement and growth.

Michael was a 29-year-old African American man. He had been married for about 3 years and the couple had lived together for several years before the marriage. Michael was from a lower middle-class family and was a successful student in high school. Upon graduating from high school, he immediately joined the U.S. Coast Guard. It may have been partly due to economic reasons that he did not attend college until this point in his life. The client came to counseling for two reasons. First, he was feeling overwhelmed with school and the requirements that went with some of the course work. He was dissatisfied with his level of achievement in some of his courses. Second, he wanted to figure out what to do about his nephew. Michael saw his nephew as reaching the age when he was going to start getting into trouble because of the way his parents were treating him.
Michael’s interactions with diverse populations were apparently limited early in life by his southern rural, lower middle-class surroundings. However, joining the U.S. Coast Guard had given him a more diverse view of the world, although, I suspect, with a very Eurocentric flavor. In this respect, he was acculturated to the White world. Although Michael seemed to have a strong sense of his family roots and family responsibilities, he did not necessarily have a strong sense of his African American roots. On the other hand, he seemed to be acculturated to the military and to academia. Essentially, Michael was able to do what Cross (1991) described as bridging his two worlds successfully. At the same time, Michael seemed either unaware of how oppression played a role in his life or unwilling to identify with the counselor that oppression was a source of stress.

I met with this client for five sessions. As a result, he found that he again gained a sense of control over his studies and that he had developed a plan for helping his nephew succeed without jeopardizing his own success. At the end of our sessions, we agreed that he could check back in if further developments occurred.

Case 4 Reflection

Michael’s reaction to me as a European American counselor seemed unremarkable. During the first session, Michael was able to talk about, at an honest emotional level, the concerns that had prompted him to seek counseling. His apparent superior intellect must have helped him succeed despite any possible oppression. With Michael, as with most clients, I tried to recognize his racial/cultural identity status and also to afford him opportunities to talk about racial and cultural factors and how they might affect his therapeutic needs. I also noted, as always, who I was ethnically and racially and addressed how this could also affect therapy. Michael denied that race, ethnicity, or culture were factors for him.

His racial identity status was complex. Michael presented with a strong sense of cultural roots and the responsibilities that he felt within his family, and, at the same time, he seemed to be acculturated. This was demonstrated by his success in receiving numerous promotions in the military, his early success in college, and his willingness to come to counseling. Perhaps his denial of oppressive behaviors was a way for him to reduce the potential negative effects of power differentials. MCT theory suggests that attitudes are influenced not only by cultural attitudes but also by the dynamics of the power differential within relationships.

I enjoyed working with this client immensely and, at the same time, found him perplexing. He was very motivated in therapy and seemed to show no apprehension in sharing his concerns at a very personal and emotional level. He seemed to have a strong sense of his role in the family and the responsibilities within it. He functioned well professionally in a White world (engineering) but did not acknowledge that oppression and racism were more than likely present.
Case 5: Eye Contact With Abe

I started my mental health career 6 years ago at a community mental health agency for children. I have since obtained a master’s degree in counseling and more extensive diversity training and experience. Being a European American, I am culturally different from most of the families that I have served and continue to serve; they are predominantly African American and Hispanic American.

When I met Abe and his family, I had worked at the mental health agency for about 3 years and was assigned to be his service coordinator. Abe was an 8-year-old African American boy brought to the local mental health agency by his parents. His parents stated that he could not sit still, and they complained of various behavioral problems. Abe was the third child of six children, and his parents believed him to be the source of all the problems in the family. Although the initial request was for a referral to the staff psychiatrist for medication services, rehabilitative services were suggested as an addition to medication services to give Abe extra help with symptom management for attention deficit hyperactivity disorder and oppositional defiant disorder.

To his rehabilitation provider (another young European American woman) and me, Abe seemed like a quiet, well-behaved child. One of the things we saw that needed work, and Abe’s school teacher also agreed, was that he avoided making eye contact with us. We added “to increase eye contact with others” as a goal on his treatment plan. During weekly sessions, we would gently urge Abe to look at us when we were talking to him. He would briefly make eye contact, and then look back at the ground. We tried many strategies to improve his eye contact with others, telling him that looking people in the eye is a sign of attention and respect. Abe, still looking at the ground, would nod his head and say, “Yes, ma’am.”

At Abe’s 3-month check-in to renew and revise his goals and treatment objectives, his parents brought him into our office. We had started reviewing his services and progress when Abe’s father started talking to him. Abe looked up at his father and his father boomed, “Don’t you look me in the eye, Boy... show some respect!”

I could feel my face turning red as the realization hit me—Abe had been taught that making eye contact with adults was disrespectful, and I had just spent the last 3 months contradicting his parents’ belief. I felt bad for this boy who not only had been taught not to look adults in the eye, but also had been taught not to contradict or argue with adults.

Case 5 Reflection

Now that I have been trained in diversity in my graduate classes, I realize how little diversity training I had received in undergraduate classes and in the work setting. My multicultural educational experience, like
that of many European American clinicians educated in predominantly White institutions, lacked diversity. For example, all of my undergraduate professors were White men, and there were no diversity classes offered to psychology majors. In additional, the agency where I worked offered a 30-minute diversity "pep talk" once a year. This illustrates that sensitivity to and knowledge about diversity are not a priority for everyone, and sometimes a counselor must take responsibility for his or her own diversity training. MCT theory stresses a call to consciousness that encourages us to recognize our knowledge or ignorance of other cultures and to treat the client within the context of his or her culture.

According to the fourth proposition of MCT theory, "the effectiveness of MCT is most likely enhanced when the counselor uses modalities and defines goals consistent with the life experiences and cultural values of the client" (Sue et al., 1996, p. 19). In retrospect, knowing that eye contact norms are different for various cultures, eye contact should not have been allowed to become such an issue for Abe. Instead of trying to increase his eye contact, the cultural difference could have been explained to his teacher (who was, like me, a young European American woman). To accommodate Abe's comfort level, an age-appropriate conversation about cultural differences, including eye contact differences, would have been useful. For example, in White middle-class cultures, direct eye contact conveys attention and respect. His father, on the other hand, viewed direct eye contact with adults as disrespectful and insolent. I should have initiated a discussion of our cultural differences and their implications for our counseling relationship and Abe's comfort level. This would have been preferable to my misconception that talking about cultural differences makes them more of an issue ("Maybe he won't notice that I'm White!").

In my experience, knowledge and sensitivity to cultural differences make a significant difference when counseling children of color, particularly African American children. I especially believe that multicultural knowledge and sensitivity would have been beneficial to my work with Abe. When working with children, the focus is too often on the person in power (teachers, mental health treatment planning teams, and parents), and the child is often left out of the decisions regarding his own treatment plan and goals.

On reflection, I would spend more time really getting to know the client, asking about the client's own beliefs and goals; this improves counseling relationships and treatment outcomes. An overriding theme of MCT theory is to learn about the cultural context of the client and use that knowledge in individualizing services to best serve the client. Remember that open dialogue about racial and cultural differences puts families more at ease and facilitates more open conversation about how to best help their children.

CONCLUSION AND RECOMMENDATIONS

On the basis of our experiences as clinicians from diverse backgrounds and from various disciplines within counseling, we noted both similarities and
differences in our clinical approaches to working with African American clients. Regardless of our professional discipline, work setting, theoretical approach, or cultural background, we have become more people responsive and more culturally responsive as a result of our experiences.

In all five of the scenarios presented, we reflected on racial issues, successes, mistakes, our ignorance of multicultural counseling, and things we could have done more effectively to facilitate success with our African American clients. For instance, we now know that for African Americans, the development of cultural identity is critical to understanding oneself, other African Americans, people of color, and European Americans (Alessandria, 2002; Vandiver, 2001). Therefore, because of these cross-cultural counseling experiences, we now recognize that early in the counseling process, we should have addressed certain issues, including our racial and cultural differences, the clients’ perceptions of African American culture, and the African American experience in the United States. When working with African American clients, these issues should be discussed even when clients do not present with racial issues.

These experiences for us, as counselors of color and European American counselors working with African Americans, have been rich, beneficial, humbling, and, as a result, have become defining moments in our multicultural journeys as therapists. On the basis of what we have learned collectively from our experiences working with African Americans, but more important, from our own openness to growth as culturally diverse humans, we provide six recommendations for counselors and other helping professionals who work with African Americans. The following recommendations flow from MCT and are parallel to the six MCT propositions, respectively.

1. Be equipped with a repertoire of counseling theories, modalities, tools, techniques, strategies, and goals.
2. Be prepared to self-disclose about your cultural self.
3. Recognize manifestations of your privilege or oppression in the counseling relationship and be able to process that honestly with your clients; sometimes it is about the client, sometimes it is about the counselor, and sometimes it is about the context. Conversely, do not assume that the client’s issue is about oppression.
4. Recognize Eurocentric and culturally different paradigms, axiology, and epistemologies and how these worldviews determine the direction of counseling.
5. Use indigenous systems, such as the African American church, community, or extended family, as nontraditional and alternative helping tools.
6. Expand your consciousness. Recognize that others without privilege see value judgments more clearly than you. We strongly recommend that, on your own time and, perhaps, during your own therapy, you recognize and process any shame or guilt that you may have about your position of privilege and grow from the experience.
REFERENCES


