

The true tale of the lion hunt will never be told as long as the hunter tells the story.

—African proverb as cited in J. M. Jones (2010)

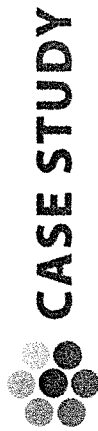
MALACHI

I [White male] have worked with very few African American clients during my internship at the clinic, but one particular incident left me with very negative feelings. A Black client named Malachi was given an appointment with me. Even though I'm White, I tried not to let his being Black get in the way of our sessions. I treated him like everyone else, a human being who needed help.

At the onset, Malachi was obviously guarded, mistrustful, and frustrated when talking about his reasons for coming. While his intake form listed depression as the problem, he seemed more concerned about nonclinical matters. He spoke about his inability to find a job, about the need to obtain help with job-hunting skills, and about advice in how best to write his résumé. He was quite demanding in asking for advice and information. It was almost as if Malachi wanted everything handed to him on a silver platter without putting any work into our sessions. Not only did he appear reluctant to take responsibility to change his own life, but I felt he needed to go elsewhere for help. After all, this was a mental health clinic, not an employment agency.

Confronting him about his avoidance of responsibility would probably prove counterproductive, so I chose to focus on his feelings. Using a humanistic-existential approach, I reflected his feelings, paraphrased his thoughts, and summarized his dilemmas. This did not seem to help immediately, as I sensed an increase in the tension level, and he seemed antagonistic toward me.

After several attempts by Malachi to obtain direct advice from me, I stated, "You're getting frustrated at me because I'm not giving you the answers you want." It was clear that this angered Malachi. Getting up in a very menacing manner, he stood over me and angrily shouted, "Forget it, man! I don't have time to play your silly games." For one brief moment, I felt in danger of being physically assaulted before he stormed out of the office. This incident occurred several years ago, and I must admit that I was left with a very unfavorable impression of Blacks. I see myself as basically a good person who truly wants to help others less fortunate than myself. I know it sounds racist, but Malachi's behavior only reinforces my belief that Blacks have trouble controlling their anger, like to take the easy way out, and find it difficult to be open and trusting of others. If I am wrong in this belief, I hope this workshop [multicultural counseling/therapy] will help me better understand the Black personality.



REFLECTION AND DISCUSSION QUESTIONS

1. What do you think is the source of Malachi's anger?
2. How may the therapist and the therapeutic process be contributing to Malachi's frustration and anger?
3. Was the therapist in physical danger or was his fear based on *stereotypes*?
4. Might not this potential misinterpretation be due to differences in communication styles?
5. Is giving advice and suggestions, helping clients prepare a résumé, or helping them find a job part of therapy?

The clinical tale being told here was supplied at an in-service training workshop by a White male therapist, and is used here to illustrate the meaning of the lion hunt proverb. In this case, we question neither the sincerity of the White therapist nor his desire to help the African American client. We do, however, wish to tell "the rest of the story."

THE REST OF THE STORY

It is obvious to us that the therapist is part of the problem and not the solution. The male therapist's preconceived notions and *stereotypes* about African Americans appear to have affected his definition of the problem, assessment of the situation, and therapeutic intervention. Let us analyze this case in greater detail from the perspective of "the lion."

Stereotyping the Client

Statements about Malachi's wanting things handed to him on a "silver platter," his "avoidance of responsibility," and his "wanting to take the easy way out" are characteristic of social *stereotypes* that Blacks are lazy and unmotivated. The therapist's statements that African Americans have difficulty "controlling their anger," that Malachi was "menacing," and that the therapist was in fear of being assaulted seem to paint the picture of the hostile, angry, and violent Black male—again an image of African Americans to which many in this society consciously and

unconsciously subscribe. Although it is always possible that the client was unmotivated and prone to violence, studies suggest that White Americans continue to cling to the image of the dangerous, violence-prone, and antisocial Black man (Babbington, 2008; J. M. Jones, 2010).

Blaming the Client

Mental health practice has been characterized as primarily a White middle-class activity that values rugged individualism, individual responsibility, and autonomy (Ivey, Ivey, & Zalaquett, 2014). Because people are seen as being responsible for their own actions and predicaments, clients are expected to make decisions on their own and to be primarily responsible for their fate in life. The traditional therapist's role should be to encourage self-exploration so that the client can act on his or her own behalf (Lum, 2011). The individual-centered approach tends to view the problem as residing within the person. If something goes wrong, it is the client's fault. Many problems encountered by clients of color reside external to them (bias, discrimination, prejudice, etc.) and they should not be faulted for the obstacles they encounter. To do so is to engage in *victim blaming* (Ratts & Pedersen, 2014; Ryan, 1971).

Objectifying the Client

Therapists are expected to avoid giving advice or suggestions and disclosing their thoughts and feelings not only because they may unduly influence their clients and block individual development, but also because they may become emotionally involved, lose their objectivity, and blur the boundaries of the helping relationship (Parham & Caldwell, 2015). Parham (1997) states, however, that a fundamental African principle is that human beings realize themselves only in moral relations to others (collectivity, not individuality): "Consequently, application of an African-centered *worldview* will cause one to question the need for objectivity absent emotions, the need for distance rather than connectedness, and the need for dichotomous relationships rather than multiple roles" (p. 110). In other words, from an African American perspective, the helper and the helpee are not separated from one another but are bound together both emotionally and spiritually. The EuroAmerican style of objectivity encourages distancing and separation that may be interpreted by Malachi as uninvolved, uncaring, insincere, and dishonest—that is, "playing silly games."

Being Nondirective with the Client

The more active and involved role demanded by Malachi goes against what the helping profession considers therapy. Studies indicate that clients of color prefer a therapeutic relationship in which the helper is more active, self-disclosing, and not adverse to giving advice and suggestions when appropriate (Bemak & Chung, 2015; Choudhuri, Santiago-Rivera, & Garrett, 2012). The therapist in this scenario fails to entertain the possibility that requests for advice, information, and suggestions may be legitimate and not indicative of pathological responding. The therapist has been trained to believe that his role as a therapist is to be primarily nondirective; therapists do therapy, not provide job-hunting information. This has always been the conventional counseling and psychotherapy role, one whose emphasis is a one-to-one, in-the-office, remedial relationship aimed at self-exploration and the achievement of insight (Atkinson, Thompson, & Grant, 1993).

Pathologizing the Client

In almost every introductory text on counseling and psychotherapy, lip service is paid to the axiom, "Counselor, know thyself." In other words, therapeutic wisdom endorses the notion that we become better therapists the more we understand our own motives, biases, values, and assumptions about human behavior. We are taught to look at our clients, to analyze them, and to note their weaknesses, limitations, and pathological trends; less often do we either look for positive healthy characteristics in our clients or question our conclusions (Choudhuri et al., 2012). When the therapist ends his story by stating that he hopes the workshop will "help me better understand the Black personality," his *worldview* is clearly evident. The assumption is that multicultural counseling/therapy simply requires the acquisition of knowledge, and good intentions are all that is needed. This statement represents one of the major obstacles to self-awareness and dealing with one's own biases and prejudices. Without awareness, differences are equated with deviancy and the client is pathologized.

Seeing Race as the Problem

The therapist states that he tried not to let Malachi's "being Black get in the way" of the session and that he treated him like any other "human being." This is a very typical statement made by Whites who unconsciously subscribe to the belief that people of color are problem people. In reality, color is not the problem, but

society's perception of color is! In other words, the locus of the problem (racism, sexism, and homophobia) resides not in marginalized groups but in the society at large. Often this view of race is manifested in the myth of color blindness: If color is the problem, let's pretend not to see it (Neville, Gallardo, & Sue, in press). Our contention, however, is that it is nearly impossible to overlook the fact that a client is Black, Asian American, Hispanic, and so forth. When operating in this manner, *color-blind* therapists may actually be obscuring their understandings of who their clients really are. To overlook one's racial group membership is to deny an intimate and important aspect of one's identity.

Perceiving the Client as "Paranoid"

Central to the thesis of this chapter is the statement made by the counselor that Malachi appears guarded and mistrustful and has difficulty being open (self-disclosing). In essence, he is paranoid. We have mentioned several times that a counselor's inability to establish rapport and a relationship of trust with culturally diverse clients is a major therapeutic barrier. When the emotional climate is negative, and when little trust or understanding exists between the therapist and the client, therapy can be both ineffective and destructive. Yet if the emotional climate is realistically positive and if trust and understanding exist between the parties, the two-way communication of thoughts and feelings can proceed with optimism. This latter condition is often referred to as rapport and sets the stage on which other essential conditions can become effective. One of these, self-disclosure, is particularly crucial to the process and goals of counseling because it is the most direct means by which individuals make themselves known to others. This chapter discusses trust–mistrust and *worldviews* as they relate to marginalized groups.

EFFECTS OF HISTORICAL AND CURRENT OPPRESSION

Persons of color and other marginalized groups (women, gays/lesbians, and those with disabilities) live under a societal umbrella of individual, institutional, and cultural forces that often demean them, disadvantage them, and deny them equal access and opportunity (Toporek & Worthington, 2014). Experiences of prejudice and discrimination are a social reality for many marginalized groups and affect the perception of the helping professional in multicultural counseling (Parham & Caldwell, 2015). Thus mental health practitioners must become aware of the sociopolitical dynamics that form not only their clients' *worldviews*, but their own as well. As in the clinical case presented earlier, racial/cultural