

Black Butterfly: A Statement on Counseling Minority Youth

Kimberly McLeod

Texas Southern University

Abstract

There are numerous challenges present when non-minority therapists engage in counseling relationships with minority clients. Several issues from the therapist's perspective are presented and various suggestions are offered to non-minority therapists working with minority clients.

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“Do you think I can counsel minority children if I am white?” asked one social work intern at a predominately African-American, low-income, urban public school. Her supervisor looked back at her and responded, “Don’t worry. All they see is your heart.” When color becomes an issue in the therapeutic relationship, it is often a personal obstacle with which the therapist struggles and not the client. This issue may occur in the minds of many non-minority therapists when working with minority children. However, non-minority therapists can successfully work with minority clients.

For a non-minority therapist to successfully work with a minority client, three basic understandings must be accepted. The first basic premise that the therapist must accept is that they will not be successful if they *pretend* to care—they really have to *care*. In the counseling field we affectionately call this term genuineness. It is quintessential that the therapist possesses the ability to establish an authentic relationship with the client. This should be the initial and primary concern of the therapist. So when a therapist cries out, “This client does not accept me or want to work with me because I am white,” many times it is the ego defense mechanism of rationalization. “I can’t reach the client—so something must be wrong with the client. It must be because the client does not want to accept me because I am white.” Which mechanism can be used to explain the lack of establishing a therapeutic relationship when a white therapist can not reach a white client?

For a therapist to successfully work with a non-minority client the question must be asked: How can I successfully establish enough rapport to engage in a therapeutic relationship? The therapist must be able to see past the client’s color and get an

understanding of the nature of the client, even before proper rapport has been established. The therapist must rely upon cues from nonverbal behavior and/or body language. Secondly, rapport should not be forced on the client. It is ok for the client and the therapist to sit in silence, many times that is when the body speaks the loudest. Similarly, it sends a message to the client that the therapist respects the client's emotions at that present time. When a client feels respected by the therapist, an unspoken trust soon emerges. The therapist should expect initial resistance, and as a result should be prepared to counter it. If the therapist does not confront initial resistance, it could destroy the opportunity for a therapeutic relationship to become established.

The therapist must be willing to engage in a genuine and authentic relationship. The client will ultimately lose respect and trust if the therapist does not effectively convey the personal qualities of genuineness and authenticity in the therapeutic relationship. However, it is not enough that a therapist possess the qualities of genuineness and authenticity. It is of critical importance that the client believes that the therapist *is* genuine and authentic. Delivery of these two qualities is of more importance than the possession of them. The therapist is of no therapeutic value when good intentions do not benefit the client or the relationship.

The second premise involves understanding that basic human emotions transcend color and culture. For example, you may be working with a minority client that may have been castrated from their family because of some cultural violation. Although you may not have a sound understanding of the clients' cultural experience and background, you do not have to be of that same culture or race to understand the basic

human emotion of rejection. Likewise, there are a plethora of human emotions that occur in the life experience of all people regardless of culture. The culture of a person is simply the environment in which the client experiences and applies emotions. However, if we can successfully work with clients to navigate through certain emotions, clients can apply those coping techniques to any situation or culture.

Therapists should avoid allowing the environmental condition of the client to take precedence over the emotional condition of the client. For example, a student that is easily angered may believe that the source of the anger is from a teacher that doesn't like her, or a team sport in which she performs poorly. The client is resolved to perceive that the situation is her primary concern, when the primary concern is not the situation but the ability to effectively use the emotion of anger. If the therapist can successfully assist the student to effectively deal with the emotion of anger, then the same skills can be used to address feelings of anger in other situations.

The field of counseling is akin to the medical field. However, doctors do not let color, culture or race impede with medical treatment. Perhaps, they have figured out the secret—we are more alike than we are different. All of our insides or biological functions operate in similar ways. Consequently, if the concern of health care professionals focuses on a person's internal organs, then the patient's skin color does not matter. Similarly, when non-minority counselors are working with minority clients, the focus should be the client's issues and not client's skin color.

It is mythical conjecture to believe that skin color will be an issue among non-minority therapists and minority clients. This is an unhealthy notion even if it adopted on an inconsistent basis. This is not to say that culture will not influence the nature of the

therapeutic process or relationship, however, it does not put a non-minority therapist at a disadvantage because of a lack of specific cultural understanding or identification. It does become a problem when an emphasis placed on culture overshadows the therapeutic needs of the client. It is the therapist's responsibility to dismiss the idea that a difference in culture and background may result in an unhealthy counseling outcome before it becomes a self-fulfilling prophecy. Non-minority therapist's that work successfully with minority clients fully understand and accept that race and culture logically influence the experiences of people across the world; however, therapist and client both share the experience of human nature.

The third premise is unconditional positive regard. The client must feel safe to experience unexpressed emotions without fear of judgment. Therapists must be especially careful of making value judgments during the therapeutic process. Value judgments give an incredible insight into the nature of a person. Similarly, there may be a nonverbal assumption that the client is expected to adopt the same value of the therapist. The therapist must be able to accept the client in their current circumstance, situation, cultural background, and belief system regardless of how different the client's experience contrasts from the reality and belief system of the therapist.

Consequently, the non-minority therapist should have already resolved any personal issues regarding work that involves engaging in a helping relationship with minority patients. If issues have not been resolved, then the therapist cannot professionally or ethically facilitate a healthy therapeutic relationship with a minority client. The therapist must be able to establish an atmosphere that is based upon unconditional positive regard. If the therapist's acceptance of the client is based on

certain conditions, then the therapeutic relationship and progress toward client goals will be significantly impeded.