

Chapter 72

Deconstructing Racial Stigma in the Therapeutic Relationship

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ABSTRACT

This chapter seeks to deconstruct racial stigma of mental illness held by counselors within the therapeutic relationship. The authors will provide counselors with practical tools that will help them work through their own prejudices, discriminations, and stereotypes about people of color and mental illness. This chapter will provide background information on stigma, specifically racial stigma, the process for incorporating theoretical variation in clinical work, and its importance. Additionally, the authors will explore best practices that will help counselors obtain the knowledge and skills needed to effectively work with a variety of clients who are racially and ethnically diverse.

INTRODUCTION

Unfortunately, stigma is not a new concept. In 1963, Erving Goffman's book *Stigma: Notes on the Management of Spoiled Identity* took a look at the stigma of character traits. The stigma of character traits as outlined by Goffman (1963) are the "blemishes of individual character perceived as weak will, domineering, or unnatural passions" possessing "treacherous and rigid beliefs", and favor "dishonesty". These characteristics are "being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior" (p.2). The stigma of mental illness is historically wide spread. Stigma for individuals struggling with mental illness robs them of what is perceived as a "quality life: good job, safe housing, satisfactory health care, and affiliation with a diverse group of people" (Corrigan and Watson, 2002, p. 16). Stigma related to mental illness exists in the workplace, in homes and within families, in the education systems and, most surprisingly, in the practice of therapy. Two types of stigma are prevalent in the literature,

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public stigma and self-stigma. Public stigma “is the reaction that the general population has to people with mental illness” (Corrigan & Watson, 2002, p. 16). Public stigma includes discrimination, stereotypes and prejudices. Racial stigma emerged in the literature and will be explored to better understand its impact on clients of color in the therapeutic relationship within the United States.

Howarth (2006) references Goffman’s view of stigma as being seen as a way to reduce the whole person to a “tainted, discounted one” (p.442). Racial stigma emerged as spotlighting what happens when stigma is applied to minority groups of people. Racial stigma is recognized in a variety of settings including the media, education and in the field of medicine. The authors suggest that racial stigma is also present in the therapeutic counseling relationship. Racial stigma “reduces the identity and the potential of those seen as *rac(ed)*; they are spoiled or blemished by the racist gaze” (Howarth, 2006, p.442). Howarth (2006) suggests that, “racial others” are individuals with skin that is brown and black who are seen as “less than, different from, unequal to the realizing, normatively white other” (p.442). Howarth (2006) also suggests that “race produces and sustains inequalities and is anchored in histories of prejudice, exclusion and poverty” (p.442). Howarth (2006) further explains that race, as stigma must be understood in order for it to be deconstructed. The authors suggest processing this understanding in order to help counselors become more aware and educated when working with individuals who are different; individuals who are also perceived as being so different that they are not considered normal. Additionally, race as stigma highlights how race reduces one’s identity and potential. Howarth (2006) speaks to the fact that race is institutionalized and has historical implications. It is important to understand the impact and legacy negatively associated with race.

Education and awareness are critical to helping counselors engage whole-heartedly and authentically with clients who identify racially and ethnically different from the counselor. It is the intent of this chapter to provide practical ways to help counselors acknowledge and work through their own personal prejudices, discriminatory views and stereotypical behaviors related to racial and ethnic minorities with mental illness. The terms counselor and clinician will be used interchangeably as the terms differ according to therapeutic setting. This chapter highlights the theoretical orientation, Relational-Cultural Theory and will provide therapeutic applications that will help counselors engage clients in a harmless, productive and harmonious way. This chapter is designed to assist current counselors or clinicians in becoming efficient in working with people of color in therapy. In addition, this chapter serves as an additional training guide for counselors-in-training to be utilized in counseling programs.

BACKGROUND

Due to the various levels of stigma, individuals do not seek out the assistance they need to reduce their mental health symptoms leading to the public’s prejudicial fear and negative perception (Corrigan and Rao, 2012). Challenges faced by those who have mental illness are diverse and may include the struggle to: understand their illness, gain insight into how the illness effects their lives, understand treatment options, deal with society and how this leads to stereotyping, prejudices and discrimination. Within the counseling setting, it is important to ensure that clinicians are prepared to work with any person seeking their clinical help. Historically, people of color and other marginalized groups have opted out of therapy. Black/African Americans have been prone to not engage in therapy for a variety of reasons including the cost, religious views and the stigma associated with counseling. Only about one quarter of African Americans seek mental health treatment compared to 40% of White Americans (NAMI). With this known

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