

THE THERAPEUTIC PROCESS OF DISCUSSING AND NAVIGATING THE
ISSUES OF RACE

by

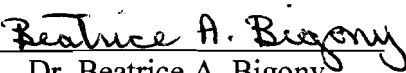
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ABSTRACT

Given the historical, political, sociological, and psychological racial relationship between African Americans and mainstream American society, it is important to continue the discussion of the impact race on the African American family. It is also equally important to begin a discussion on the impact of race within the field of Marriage and Family Therapy among African American clinicians and their African American clients as race has greatly impacted African American families. For these reasons, this researcher investigated the clinical implications of African American therapists and their African American clients navigating the racial system within the United States.

In this study, the researcher explored how African American Marriage and Family Therapists discuss the issue of race with their African American clients. The researcher focused on understanding how African American clinicians deal with the issue of race in their personal and professional lives. It was hypothesized that as African American therapists discuss the topic of race, their personal and professional perspectives may

present as clinical issues. Given the premise that race has an impact on the African American therapist and African American client relationship, the researcher believes that this project may also serve as a starting place for other clinicians who may serve African American clients.

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Acknowledgments

Afro-American Fragment (Langston Hughes)

So long,
So far away
Is Africa.
Not even memories alive
Save those that history books create,
Save those that songs
Beat back into the blood –
Beat out of blood with words sad-sung
In strange un-Negro tongue –
So long,
So far away
Is Africa.

Subdued and time-lost
Are the drums – and yet
Through some vast mist of race
There comes this song
I do not understand
This song of atavistic land,
Without a place –
So long,
So far away
Is Africa's
Dark face.

I begin by thanking my ancestors for passing on to me the wisdom to know that all things are possible through our belief in God who provides us with all that we need to get through this life.

I would also like to thank my Mother (Bernice) for all the love and support that she has shown me throughout my life. I would like to thank her for passing on to me her love and admiration for our Creator. Mom, you have been a cheerleader like no other and

I am grateful for having you in my life. Thank you for believing in me when no one else did. You may never truly know how grateful I am.

To my wife, Kiwana, thank you for nurturing our children through this difficult time. I know this process has taken a toll on our marriage but I hope through patience and understanding we can continue to grow the love our relationship has been built upon. You are a special lady and I feel honored to have shared so much of my life with you. There were nights when I thought I could not make it and I know it was because of your prayers that I have gotten here. You have been my sister, friend and wife and I appreciate you. Now that I am finished with my masters program, maybe you will let me have my side of the bed back.

To Nala and Nia, my beautiful daughters, thank you for the phone calls in the middle of clinicals and the hundreds of hugs that provided me the strength to continue on. May you some day have the courage to follow your dreams and allow God to carry you on the path of your calling and become that which you were created to be. I love you so much and I am so fortunate to have such wonderful children.

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Chapter I: Introduction

There is a plethora of information that speaks to the social, political, historical, and psychological disposition of the African American Family. However, within the field of Marriage and Family Therapy there has not been much exploration regarding Black families. This lack of resources can be attributed to the newness of the discipline compared to the overarching fields of Social Work, Psychology, and Mental Health Counseling. Nevertheless, there is some research on the African American family within the field. This research ranges from the most effective therapeutic intervention to use with the African American population to therapeutic joining with single parent multi-generational households. Each area of research related to the African American families is valuable in helping therapists interact more efficiently with this population of collective individuals. In the majority of articles and books written about this population, there is discussion about the differences between African Americans and the larger society. Such discussions of differences are important because in this study the researcher seeks to discuss and understand the process and language used by African American clinicians as they discuss the implications and the meanings of race in the lives of their African American clients.

The therapeutic process employed and the language used are critical components in the process of helping African American families deal with and heal from the historical and sociological difficulties they have faced as a group within the U.S. It is important for therapists who exist as part of the majority within this white social system to have a language from which they can attempt to relate to the systemic oppression of the African American family. Not only is the language used by these professionals important to their

white counterparts, it is the researcher's belief that African American therapists can gain valuable insights from this information. Given the extreme nature of race and its polarizing impact on different populations within this social context, it is critical to give credence to the multi-layers of impacts this construct has on the therapeutic process.

There are several questions that arise as one begins the exploratory process of looking into how therapists discuss race with clients who have had similar racial experiences, responses, challenges and struggles related to self-identity. Given the landscape and the challenges that African Americans face as they grow into adulthood in the U.S., the researcher wished to know what type of impact the issue of race has on African American clinicians and their African American clients. This discussion of race not only includes how African American Marriage and Family therapists view the health of the community from which they come but also includes whether or not they have an understanding of the possible links between the physical and mental health of their clients within the historical backdrop of Slavery, Jim Crow, and the Civil Rights Movement. Furthermore, as African American clinicians work with African American clients, there is a need for them to understand and be mindful of the impact of transference and counter-transference. How do these clinicians gain this awareness and understand the impact it potentially has on the therapeutic process? These are a few of these issues the researcher sought to begin exploring related to the African American community and their participation as clinicians/clients in the field of Marriage and Family Therapy.

Statement of the Problem

The primary concern in exploring this topic was to begin the process of discussing the therapeutic relationship between African American therapists and the African American clients they serve. There are many studies that focus on the health of the African American family from historical, social, political, and psychological views. However, there seems to be a lack of material available, which would help African American therapists work with African American clients, specifically around the issue of racial transference and racial counter-transference.

In this study, one of the researcher's primary concerns was that as new African American therapists are trained to receive information from their clients, there is little attention given to this issue of racial transference and racial counter-transference. Therefore, the researcher wanted to examine the processes by which African American therapists discuss the issue of race with their African American clients.

This researcher's other concern was the naiveté often exhibited by the theoreticians and clinicians within the field of Marriage and Family Therapy. In comparison to other disciplines, these theoreticians and clinicians have not comprehensively begun to truly deal with the issues of race and the therapeutic impact these issues have on the African American family or the therapeutic process. Therefore, this study was an attempt to move the Marriage and Family Therapy discipline forward with regard to understanding race, by examining the impact race has within the family system regardless of the ethnic backdrop of the client or clinician, and by developing new paradigms to deal with issues of race.

Purpose of the Study

The purpose of this study was to begin the process of understanding how African American Marriage and Family therapists discuss the issues of race in the therapeutic process with their African American clients. This project was seen as a part of continuing process of attempting to understand the social and professional relationships between the African American family and its interactions with the larger U.S. system from the perspective of African American clinicians. The underlining goal of this research was to find out how race impacts discussions between African American clinicians and their clients. Thus, this researcher believes that by understanding the impact of racial dynamics between African American therapists and their African American clients in the therapeutic process, therapists and researchers will be able to pursue more in-depth research related to African American families and other groups of color as these racial groups navigate the system of race in the United States.

However, this research was not simply about the African American population, even though this group will benefit directly the information gained from this research. Dismantling the crippling impact race and the construction of racial systems have in the lives of all individuals is a priority of this researcher. As a racialized society, everyone in the United States is shamed, damaged, and conned into thinking in terms of racial schemas. Nevertheless, therapeutic interventions have to be about freeing those who are interested in more than systemic bondage. Navigating the racial system and allowing the soul stretching to take place can be freeing for all. Therefore, the overall purpose of this study was to explore the language of race as used in therapy sessions involving African

American clinicians and African American clients. This exploration, in turn, can result in therapists becoming better able to help clients to navigate race clinically.

Assumptions of the Study

This project was birthed out of the researcher's passion for helping people find freedom from systems of oppression. Therefore, one of the primary assumptions of this project was that the system of race is oppressive and restricts personal freedoms. This researcher believes that racial systems cause damage to both families and individuals as they interact within these oppressive systems. The researcher further believes that as people encounter race, they are damaged by shame and the fear of systemic isolation.

Another key assumption made by the researcher was that race and therapy interact on many levels. In many cases, White therapists, even when working with families and individuals of color, avoid the issue of race based on their own unresolved issues with race and miseducation about race. Furthermore, this researcher believes that based on an African American therapist's experience and acknowledgement of race, he/she may also avoid issues of race. Likewise, this researcher hypothesized that there are some therapists, who out of their eagerness and naiveté, prematurely attempt to address issues of race in therapy sessions. Thus, this researcher believes that either of these positions can adversely impact the therapeutic relationship and the manner in which clients continue or do not continue therapy. Consequently, this researcher sees the need for understanding the impacts of race in the broadest and most general sense in order to gain a deeper knowledge of the interplay between the issues of race and therapy.

Moreover, this researcher concludes that there have to be more studies done on the clinical relationships of African Americans. Because of the history of African

Americans in the U.S., this researcher hypothesizes that the issues of racial transference and racial counter-transference have had a deep impact on the African American clinical relationship, specifically within the African American racial group. This researcher also thinks that the hatred of self within the African American community is as rampant as undiagnosed physical and mental ailments within this community. Therefore, in this study, the researcher sought to begin the process of understanding this perceived dynamic. The researcher understood the magnitude of such a venture, but believed this study will be able to provide some sustainable influence on the discussion of race vis-à-vis African American therapists and their African American clients.

Definition of Terms

African American, within the context of the project, specifically refers to individuals who share African ancestry because of indentured servitude or forces immigration to the United States before or after 1619. The definition of this term is also synonymous with the use of the word “Black” within the text. This term excludes other groups of Africans or people of African descent in the Americas, such as Africans from the Caribbean Islands, who have immigrated to the United States.

A Counter-cultural individual refers to one who exists in opposition to the cultural context of the normative society in which he/she lives. For something to be counter means it exists in defiance of, contradictory to, or opposite of. The word “culture” refers to the normative functions and patterns of practice of a nation or group of people living together.

Racial Transference relates to the experiential, emotional, and attitudinal perspective, which a clinician projects onto a client based on the life experiences of the

client. These experiences can be experiences from the client's family of origin or from the client's social and contextual racial experiences. As it is used in this text, this term refers to the intra-racial experience of race and the larger systemic racial experience.

Racial counter-transference relates to the experiential, emotional, and attitudinal perspective which a clinician projects onto a client based on the clinical and personal experiences of the clinician. These experiences can impact the ways in which the clinician engages clients based on their experiences and levels of anxiety caused by the action which triggers the emotional reactivity.

Limitations of the Study

This is a pilot project, one in which the researcher sought to explore how African American therapists discuss the issues of race with their African American clients. Due to time and space constraints, this project was limited to the Twin Cities (St. Paul/Minneapolis) region of Minnesota and the research participants were limited to African American Marriage and Family therapists with at least five years experience or therapists with state supervisory status. This study was also limited by the amount of time and resources available to this researcher. Given more time and resources, this researcher believes that this study could have been larger and involved more clinicians, thereby providing a more diverse population of clinicians.

Methodology

The remaining four chapters of this project will consist of a literature review, detailed project methodology, interview results, and a concluding discussion. Chapter Two, the literature review, has seven areas of focus. Each area concentrates on the experiences of the African American family and African American clinicians. This

section begins with a discussion surrounding the psychological relationship between the Black family and mainstream White society and concludes with possibilities for clinical training of future therapists related to race and self awareness.

Chapter Three discusses the development process of this project. This section begin by outlining the questions used to interview the participants, the selection process of the participants, procedures related to the collection of the data, the transcription of the information, the process of data analysis, including the limitations and weaknesses of the project.

Chapter Four provides an analysis of the data collected. Each of the questions from the interviews will be outlined as section headers and the three interviews will be compared and contrasted to each other. Finally, in Chapter Five, the researcher discusses the findings of the interviews and provides recommendations based on the information discussed in the findings.

Chapter II: Literature Review

In this chapter, the researcher focuses on a review of the literature, detailing seven critical areas. Each area centers on the experiences of African American families and African American clinicians. The researcher begins this chapter with a discussion focusing on the polarized psychological relationship between the Black family and mainstream America. This discussion is followed by examinations of historical trauma and isolation, resiliency and shifting the paradigm, the Black family and the clinical process, the Black family and a multi-systemic approach, clinicians, race and self-awareness, concluding with possibilities for clinical training of future therapists related to race and self-awareness.

Polarized Psychological Relationship: The Black Family and Mainstream America

Many Black families' stories are based on their values surrounding family, community, and connectedness. A critical element to the understanding of Black families is accepting the emphasis placed on the institution of community. For Black families, the notion of a united and undivided community, which fights, sits, and stands together is a cornerstone of how they see themselves. Therefore, as the family exists, so the community exists. This idea of connection and cohesion in some ways places the Black family in an oppositional stance related to America's mainstream population, which is specifically based on the individuality of families and their members, not the community. However, even as outsiders in a society that praises individualism, the Black family still seeks to join with the system in order to not feel isolated by the practices of the mainstream society. Thus, in many ways, this seeking to join is a powerful motivator, even in the face of denying the principles of family and connectedness which African

American families value. Nevertheless, Blacks still encounter barriers and walls of frustration because of the innate role of race, which is built into the cultural landscape of the United States.

Since the 1960s, there has been a shift in African American approaches to living and adjusting to life within the racial framework of America. “Being Black in America is first of all being: it is existing. The key, however, is becoming” (Wyne, White, and Coop, 1974, p. 85). One must first begin the discussion of racial identity with Blacks by surveying the polarization of the cultural terrain in which the process of identity is formed. Most of the Black family’s relationship with mainstream America has been one of resistance and polarization. Implicit in this relationship for Black families is the hope and search for a sense of self that allows for freedom from the effects of a racial history and racial socialization. Today, African American families continue this historical journey of discovery and connection. They continue on the road of becoming, regardless of the psychological obstacles that remain a stable part of this nation’s landscape.

Parham (1993) discusses this polarized relationship between the African American family and the mainstream culture. In this scheme, he explores the relational impact of racism and begins the process of creating a paradigm that demonstrates what happens when individuals or a group of individuals attempt to rise up and interact within a system that does not support them or value their presence. He takes a unique approach to discussing this polarized relationship. He uses the imagery of storm fronts and what happens when low and high air pockets interact with each other. Thus, the racial relationship may be volatile like high and low storm fronts as they interact in the

atmosphere. In his own creative way, Parham stimulates the reader by using this scheme to demonstrate the functionality of his theoretical approach and reach the reader.

In a more recent publication, Parham (2002) also discusses the treatment and process of therapy of Blacks in America. He begins his discussion with a case study about a man, Roland (who is Black), who has just been promoted at work and is showing signs of relational and emotional stress. He works for a White male who does not offer much in the form of support or praise. At best, his new supervisor offers criticisms and demands. Roland is spending more time away from his family. When he is home, he is not the man his wife knows him to be. So, Parham asks the question of why Roland is in therapy and having difficulty when most people in our society (Whites) would be basking in the glow of their accomplishments. According to Parham, the diagnosis for Roland might be twofold. On one hand, Roland may have recognized that he is not capable of the job he has been promoted to and thus he is feeling distress from the pressure to perform. Given his inability to do the job, he overcompensates, causing him to feel overwhelmed, anxious, and irritable when he is at home. Parham says that, this might be the diagnosis if one does not take into account that we live in a racialized and individualistic society.

On the other hand, Roland's situation could be caused by a number of systemic problems related to his family interactions, self-identity, and shift in class position or even systemic pressure not to fail and let the entire race down. For Roland, his success is not only his success but reflects on the entire Black community (Parham, 2002). Such is the reality faced by a large majority of Black individuals today because success is not

about individual success. Success for Blacks in America is a racialized and communal process.

This communal reality for many African American families is also seen in the process of educational pursuit, which is a communal effort. When poor or middle class Black families send their youth off to college and universities, these are collective movements (Boyd-Franklin and Moore-Hines, 1996). These families are not concerned with the competition between individual families and who will get what scholarship. On the contrary, there is a deep sense of self-sacrifice within the identity of each African American person. The notion of reciprocity is a large contributor to the identity of the Black family and community. As Boyd-Franklin (2003) states, “the process of helping each other and exchanging and sharing support as well as goods and services is a central part of their lives. It has been one of the most important Black survival mechanisms” (p. 112). If one has “made it,” there exists an undercurrent of desire to give back and remain connected to the Black community.

The difficulty of commitment to family and community has two components. The first component involves giving back to family and community if one makes it. This is a large burden to carry in a society where everyone is expected to take care of his/her individual self. The other component is deeply related to the first, insofar as what the individual is expected to do in the face of larger systemic pressure is to move away from one's lower social class, one's extended family and one's community in order to focus on tending for one's self and individual family. The intricacies of these commitments offer some insight into the complexity of the issue of self and family that might be raised for individuals like Roland. “The tenuous nature of income and class in many African

American families can contribute to the psychological pressure and distress, which can present in clinics as depression and anxiety in adults and in acting-out behaviors of their children” (Boyd-Franklin, 2003, p.17). So people like Roland have to ask themselves, “Do I stay connected to the Black community or do I leave?” Many times, it is a combination of the two but it is still a difficult and painful paradigm in which to find one’s self. Parham’s and Boyd-Franklin’s perspectives give researchers a plan to work from in developing new ways of speaking about the Black family’s voyage toward self-liberation and mental freedom by discovering self and the need for community. Their approaches also offer clinicians distinctive ways of discussing issues of race and the impacts race may have on the lives of clients.

The discussion of race, as it relates to the psychological functioning of the African American family, is critical to an understanding of the polarization caused by the racial backdrop of America. Many of the psychologists and family therapists who write about the topic of Black families in therapy emphasize this racial backdrop. They state that the African American family is virtually impossible to work with without having some understanding of both the historical and current social implications of racial impacts within the African American community. Boyd-Franklin states, “In the final analysis, while technically there have been socioeconomic gains for so many Blacks, there are serious questions as to whether many Black people feel psychologically secure in their ability to maintain these gains” (Boyd-Franklin, 1989, p. 13). From a slightly different perspective, the question becomes, has society helped to support the nurturance of a healthy self-concept and identity within Black families? If the identity of the Black individual has not been nurtured from a racial perspective then it is difficult to see how

individuals, families, or communities can sustain themselves without institutionalized systemic support.

The impact of race is far reaching and important to understand. Its effects are not limited to age or a particular generation. Scott and House (2005) state, “Black youth may be the most vulnerable to the demoralizing effects of racial discrimination because of their evolving self-concept, self-esteem, and self efficiency and greater movement into the larger social world” (p. 255). This leads to the issue of the continued generational influences of race on the Black family. Self-concept and development are tied to both the individual and the communal processes. However, for African Americans there is some evidence that shows a correlation that esteem for this group may be connected largely to the communal perspective of self (Twenge and Crocker, 2002). All the same, the issue of race and the African American family goes beyond social status, geographic location, and educational status. Race impacts the Black family on multiple levels and must be addressed from the a multi-systemic perspective.

The depth of the interplay between race and the Black family becomes clearer as one looks at countering race by exploring the development of a more conscious understanding of the Black self related to community and the resilient nature of the community in which the Black self emerges. Fanon (1982) states, “As long as the Black man is among his own, he will have no occasion, except in minor internal conflicts to experience being through other. There is of course the moment of “being for other” of which Hegel [speaks], but every ontology is made unattainable is a colonized and civilized society” (p. 109). The reality for Black families and children in American communities is that they have lived and continue to live in a highly racialized society.

Therefore, there must be an emphasis placed on helping Black families understand and identify skills and techniques that will allow them to navigate this racialized system on multiple levels.

Learning to navigate race is an important skill for Black individuals and Black families to acquire if they are going to find a balance related to the understanding of the Black communal self and the emergent individualized self, which is developed through what Fanon quotes as “being for other” through their interactions within a Eurocentric Americanized society. “The average Black American has never been able to establish social or self-identity that is comparable in terms of the social valuation to that of the white majority” (Banks, 1972, p. 7). Nevertheless, one must understand that the average Black self in the United States has been relegated to the asepsis of a white infrastructure, which is not open to the accepting of other cultures without eliminating distinctions. Never having established a sense of self relative to the social infrastructure can be viewed as a uniqueness that creates a division in the way African Americans engage and interact within this larger social system.

In contrast, most white members of U.S. society have a highly developed sense of self, as apart from community. “Within many North American and European cultural contexts, the person is more likely to be viewed as having a self that is stable and that transcends relationships and situations” (Twenge and Crocker, 2002, p. 374). Such a social context causes a psychosocial dilemma for African Americans, because of the great emphasis within their culture that places the self in the context of community and connectedness to one’s group of origin. Wyne et al. (1974) state, “Self is nothing more than a construct or an idea which permits the linking of unobservable, measurable

behavior. Self concept is only a mechanism which permits behaviors to be explained” (p.7). This statement represents the ultimate reality of Black families in America: having to combat views of themselves that are not based on fact or reality. More often Blacks are addressing a mythological view of self crafted out of a distorted historical and social analysis rooted in the oppositional nature of which the Black family has been seen within the United States.

Today, Black men and women struggle to find a strong sense of who they are outside of their families. Black families are still confronted with images that do not represent who they are. Statistically speaking, 46.2% of African Americans are part of what Nancy Boyd-Franklin (2003) calls the working class, 21% live in the middle class and 6.4% live in the upper class. Therefore, 73.6% of African Americans are contributing members of the economic infrastructure of this country (p. 19). However, these statistics contradict the popular image of Black families historically and in the current media, both showing African Americans as lazy and uninterested in working to provide for their families.

Harry, Klingner, and Hart (2005) discuss the impact of negative self-images of the Black family and the social impact these negative images have had on the educational process for the members of this racial group. “Negative views of families living in poverty have been reinforced by research contending that the effects of the home environment outweigh those of schooling” (Harry et al., 2005, p.102). Such studies have been and continue to be used to reinforce and give validity to the false claims related to the social constructs of what is known as the Black self. However, as Harry, Klingner, and Hart (2005) illustrate, such negative images are countered in *The Strengths of Black*

Families by Robert B. Hill (1971) and *Black Families in White America* by Andrew Billingsley (1968). These works offer a countercultural view of the Black family, thereby setting the stage for the models of positive self-concepts and identity to emerge.

These positive models are beginning to make headway in African American communities. As Banks (1972) says, Black Americans thirst and hunger for a greater understanding of a sense of themselves, which is not marred by the racist white system which they are currently attempting to debunk. Furthermore, he argues what African Americans are doing today is turning the tables on unsubstantiated subjective views of who they are and how they see themselves. African Americans are in search of a higher sense of Black consciousness birthed out of the social and political movements of the 1960s and 1970s. These movements began the process of asking the question, “Who am I?” but cemented the responders in self by proclaiming, ‘I will determine who I am,’ free from dependency on a system which seeks to hold the Black family in an identity limbo. This determination of a self-developed identity is constructed from a desire to overcome and lay to rest a history of slavery, segregation, and suffering.

History: Trauma and Isolation for Black Families

The systemic consequences of slavery and segregation continue to be grounds for social disconnection for Black families. These effects place undue weight and struggle on a group of people, who are already struggling to define themselves in a changing landscape. African American families have been in a constant state of fluctuation and change since they first arrived here in the United States. During slavery, Black families developed deep, extended, and fictive kinship networks out of necessity.

When children were born into slavery, the White slave owners did not see them as the children of the parents. Instead, they were seen as livestock or the owned property of the plantation owner. The family could be spilt or separated at any time, virtually destroying any sense of authentic family connection or family identity. This practice forced separation of one from his/her family and communal self. However, these Black families created extended and fictive family arrangements of relationships to continue this family separation process. In this way, slaves were able to withstand the separation abuse. Thus, if the parents of a slave were removed from a farm or plantation, then there would be elder slaves within that community who would take on the role and responsibility of the missing parents. This practice of destroying Black families served as an important first indicator of the externalized racism which then became embedded in the American system and which continues to counter the connections within the Black family system. This externalized racism even became embedded in the U.S. Constitution. As Angela P. Cole (2000) states, “America is a society that was founded upon the lofty and noble goals of ‘liberty and justice for all,’ and yet in the First Article of its Constitution, a provision was written that Blacks should be counted as three-fifths of a person”(p. 86).

Researchers from many different academic fields have illustrated how Black families have been damaged by the ill affects of slavery and the continued impact that racism has had on family units, socially, economically, politically and mentally. For example, Kivel (1995) writes, “In the earliest days of Colonial America [1619] most of the Africans and 75 percent of the white Europeans were indentured servants and were treated similarly if not equally. Many whites and African Americans fraternized, some

intermarried, and others worked together to revolt against or escape from servitude” (p. 120). The experience of being treated equal during or after slavery now appears mythological to African Americans in today’s society. Certainly, this view would have seemed blasphemous to the millions of Africans who were forced into slavery after this early colonial period. As Sutherland (1997) states, “Based on the psycho-historical thesis of Europeans construing the world in material terms, it was certainly consistent for them to have dehumanized Africans to the level of material things. The enslavement of Africans was based on and justified by the fundamental principle that the people of African descent were the property of Whites” (p.19).

Blacks quickly became a treasured commodity in the early stages of the United States. There were mass transports of Africans to America and these Africans died by the millions during the trans-Atlantic voyage (Kivel, 1995). Upon arrival in the U.S., these Africans were forced into labor for those Whites who saw them as an invaluable resource to create wealth in this new land, a land later deemed the “land of opportunity.” However, this “land of opportunity” did not prove to be true for Africans in America. As slavery approached its end, many of the Blacks who had seen the bowels of slavery and its impacts wanted to see change that would benefit them. As the Civil War ensued, many of those African Americans who desired freedom, wanted to engage in the act of fighting for it. But, unfortunately, the Civil War was not about Black families or the liberation of slaves. As Howard Zinn (1980), a well-known U.S. historian, notes, President Lincoln stated, “What I do about Slavery and the colored race, I do because it helps the Union” (p. 186). Thus, even though they fought on the Union side of the Civil

War, Blacks continued to be used as pawns in this land of opportunity as they searched of liberation and opportunity for themselves.

Racism against Blacks, their families, and communities continued through the Jim Crow years. For example, during the early years of Jim Crow, it was not uncommon for the United States Government to pay for research that helped to destroy Black families and their communities. Examples of this communal destruction are the crimes of intentionally infecting Black men with syphilis and testing the impact it would have on these men and their families (Reverby, 2001). These were acts of war; yet, the African American family continued to survive in this hostile environment. Consequently, it has been through the countercultural nature of fictive kinship, family networks, and community connectedness that the Black family has been able to sustain the wrath of the White American racist infrastructure, which has sought to destroy the Black family.

Aside from the misuse and abuse that Africans received during slavery and the Jim Crow years, there have been even more profound impacts resulting in feelings of disconnection and isolation. These feelings of disconnection and isolation are systemic symptoms of oppression, which started because of the slave system and have continued to exist, impacting the process of Black self concept and identity. In fact, slavery and its aftermath have had continued generational impacts on African Americans and will continue to impact the “Black” way of life for some time to come. As Wyne et al. (1974) state, “Heady statements about cultural pluralism notwithstanding, the Americanized Black individual has experienced a long history of oppression, both obvious and subtle, profoundly affecting the image he develops of himself as a person” (p.4).

Part of the impact of this racial history can be found in addressing the issues related to self-hatred, which has a long history within the Black family. As families find themselves isolated and disconnected, they begin to experience the process of uncovering the wounds of their socialized past. There are many writers who have attempted to discuss these issues related to the development of Black self-image and the impact that it has on the Black family. As Sutherland (1997) states, "Black skin was to become the excluding mark of the pagan, racially inferior, uncivilized being" (p. 15). Such beliefs set a negative tone for Black families, oppressing them even further.

However, in response to the historical effects of oppression and disconnection created during slavery, the Black family has created a system of support for themselves, which continues to allow them to function and hold themselves up. Family is everything; and, out of the dark past of slavery, the Black family has gained strength through protecting this communal institution. Separation from family and community is not an option; to separate is to commit genocide. In addition, because of the trauma of family separation, Black families often mistrust social organizations which represent the larger American system. Today, in the United States, many Black families are engaged in social separation and exclusion, created through the human services offices in every county and every state of this nation. The systemic interference with Black families by the social service providers further fuel disconnection between Black families and mainstream America. Thus, the Black family has taken an anti-institutional stance; some might say, rightly so. Created by this nation's racist policies and acts, this anti-institutional stance has resulted in profound distrust of federal, state, and local human/social services.

Nevertheless, this researcher argues that the work and contributions of many Blacks have resulted in the development of positive self-esteem and self attributes. Out of the woundedness of the American sociological landscape, Black families have been able to develop coping skills and strategies that have allowed them to place themselves in a positive light. The promotion of accurate historical and social attribution counters the predominant historical view of the underdeveloped, dysfunctional and stagnate African American Family.

Likewise, the internal connection of extended and fictive kinship, which created the Black family, is now being used by Black families to help soften the blow of institutional racism. These networks of relationships and connections do not eliminate the internal effects of the system; however, extended family and communal support do provide comfort for those who are impacted the most. The Black family is an island for those who find themselves isolated in the larger mainstream U.S. world of individualism and disconnectedness. There have been many attempts to divide in order to have power over this powerful Black family and communal unit (e.g., slavery, forced familial separation, Jim Crow Laws); yet, this unit still remains a deep source of power and authority seeking to confront the notions that the Black family exists only as a second-class institution within this society. Black families are resistant to these acts because they refuse to be subdued by a system that seeks to destroy them. In their state of becoming, Black families have begun the process of shifting the nature in which they see themselves and choices they make to interact within the mainstream society. Now, however, what is also needed is a movement of professionals within the fields of social sciences to begin the process of redefining and redeveloping the damages caused by the Black family's

history of seclusion and distress. Furthermore, this movement must involve a shifting of paradigms as indicated below.

Resiliency: Shifting the Paradigm

Some researchers use paradigm shifts to discuss how the African American family has shown resilience. In these models, they attempt to use the historical ills to show the strength of the Black families by focusing on the Black families' abilities to create and maintain an identity even in the face of extreme oppression and suffering. These researchers include Hildreth , Boglin and Mask(2000), who discuss current literature and the future implications of the resilient nature of the Black family. They discuss research that gives insights into the current state of the African American family by looking at ways these families bonded together in order to weather racial tensions as well as painting images of potential growth areas as well. Hill (1998) stresses the impact the extended family has had within the Black family unit and how the phenomenon of the extended family had began to decline only to begin to rebound in the late 1990's. This rebounding is significant because it begins to illustrate how clinicians can help Black families utilize the historically resilient tools such as extended families and fictive kinship networks that they have within their spiritual arsenals. Recognizing the strength present in the Black family helps to build momentum towards redefining the images of self, family and community.

Likewise, Laubscher (2005) postulates that there has to be a movement toward restructuring and redefining the images related to the Black Male. A large part of Laubscher's concern is focused on developing relationships in African American males. He hopes that a means will be provided for this population in order "to deconstruct the

prevailing psychological discourse about African American masculinity such that new, perhaps constructively liberating, pathways are illumed” (Laubscher, 2005, p. 112). Thus, the idea of redeveloping the psychological framework to include new perspectives and paradigms surrounding Black males and the Black family plays into the development of positive self-images for African American families. But, shifting paradigms is not an easy task. Professionals need to rethink the current image of the African American family which sees these families as dysfunctional. This current view downplays the complexity of the African American family’s social and psychological development. “The assumption, thinly veiled, is that the societal ills are attributable to the family structures that fall outside of the heterosexual, nuclear family norm” (Laubscher, 2005, p. 113). This assumption has to be challenged. Thus, the professionals in the fields of Psychology and Marriage and Family Therapy cannot simply continue to believe or function as if there is a single causality to the misguided view of the mental or psychological development of Black families. Furthermore, a new paradigm must encompass a holistic approach, which views the contextual and systemic diagnostic of the social positioning and view of African American families. The solutions to addressing the paradigm shift, related to resiliency and self image as well as family development and construction, must be addressed by a multi-layered, systemic approach. Such an approach needs to address the misguided understanding that has been most prevalent within the current and past, psychological and systemic approaches to the Black family.

One of the forms of self-identification that comes out of this paradigm shift movement is the Afro-centric view of the Black self. However, this view has its drawbacks, placing Blacks in a static, historical past. As Laubscher (2005) points out,

this “notion of an Afro-centric core identity (including masculinity as identity) has a timeless, unchanging and immutable quality, the essence of which is fixed (or reclaimed) in (pre-slavery) Africa” (p. 115). Thus, the idea of having an Afro-centric identity places Black families in a position where they are further polarized by their existence in a White dominated society. The Afro-centric shift does not allow for an authentic shift for the African American family. Instead, such a stance places Black families in a position where they are fighting a normative society, which already perceives them as underdeveloped and deficient. Thus, although this Afro-centric perspective offers the vantage point of rooting the Black family in its historic home of Africa, it is not a cultural paradigm that shifts the systemic and contextual view of these Black families.

Moreover, Black families and individuals must take the stance of wanting to be seen as whole people and families, not just as partial images created by mainstream White America. Laubscher (2005) believes that it is increasingly important for Black families attempting to make a social paradigm shift from a deficiency model to a holistic model to make space for concepts and ideas that allow for a true and holistic inventory of the state of Black families. This inventory must be rooted in inclusive and holistic language that allows for an authentic African American experience that does not simply replace one form of oppression with another. Furthermore, this inventory and deconstruction assists in the process of assessing and understanding the context in which images are incorporated by Black families.

In terms of shifting paradigms, it is critical to mention that some researchers (Hill, 1971; Laubscher, 2005; Wyne, et al. 1974; and Boyd-Franklin, 1989) posit the only way to move beyond the current state of being for Black families is to begin the process of

connecting with and creating a deeper understanding of the context from which the Black self in its current state has emerged. On many levels, there is great value in knowing where one comes from as it relates to the perspective of one's ethnic and cultural background. As Parham (1993) states, "Ethnic consciousness is the state of being aware of oneself as an ethnic person [African American], as well as being aware of the connection between oneself and the people who share common backgrounds, characteristic and other elements within the universe" (p. 6). Given the historical, sociological, and psychological distinctions that exist for the members of the U.S. society, this ethnic awareness is especially true for the Black family in America. But, what is the cost of not being aware of one's ethnic identity?

Denying one his/her own perspective creates a conflict, which may be damaging and or cause alienation. Not having knowledge may lead to "self hatred and mentacide (suicide of the mind)" (Laubscher, 2005, pp. 115-116). The fact is that African Americans must challenge falsities that continue to hold them back from finding the mental and physical liberation, which they long for and which is rightfully theirs. Black families must fight for this liberation by shifting these images so they can find peace in who they are, regardless of the social context in which they exist (Fanon, 1982). Freedom of the mind comes out of shifting the paradigm, which in turn changes the system. However, even if Blacks are unable to attain a valuable view of self within the larger society, they need to find some sense of connection with the contextual or cultural self within the Black community.

From the perspective of finding a sense of self in a communal and cultural context, the emphasis has been placed on African Americans' needs to acknowledge the

limited connections they have to their African ancestors as well as their generalized sense of self, both of which have developed out of partial images created by mainstream U.S. society. They must become aware of and develop an understanding of the current context in which they find themselves. True mental freedom for Black families can only be achieved if the African American family and its advocates continue the journey of shifting the polarizing effects of the systemic oppression of the Black family by challenging false views and myths created by a mainstream society that does not understand or value the presence and contributions of Black Americans.

Such a vision is emphasized by Wyne et al. (1974) who state, "With an increased orientation toward black significant other as the basis for self-evaluation, black consciousness has great potential for helping Blacks attain self-realization and for helping them overcome the strong negative self-imagery emanating from reflections in a white mirror" (p. 88). Today, more and more Black families are demanding a presentation of self related to their therapeutic experiences and it is critical that they have the opportunity to see and articulate this imagery as they engage in therapy (Boyd-Franklin, 1989).

The Black Family and the Clinical Process

Part of the challenge for Black families in therapy is being able to differentiate themselves from a system that speaks of them from a vantage point of dysfunction and negative attribution. The language currently used in the field of therapy has a great impact on the clinicians whose roles are to help Black families find liberation. The language used in recent years does not allow for articulation of a more complete lens of psychological reexamination. Therefore, a new language which allows for liberation from perceived dysfunction within Black families must be developed (Laubscher, 2005).

Creating this new language is imperative if therapists are going to be able to supply clients with new views of self and family outside of the normative patterns of derogating oppressive statements in which such words as “endangered” or “dysfunction” are used, words which perpetuate the current patterns of oppression throughout the therapeutic process.

As Boyd-Franklin (1989) states, “This (empowerment) is threatening to many family therapists because it often requires them to take a stance vis-à-vis a decision made by another agency, thus forcing them to abandon their stance of ‘neutrality’ in therapy” (p. 23). In this same publication, she further hypothesizes about the need for “action therapy.” Action therapy is a critical component because it demands that clinicians learn to process and deal with their personal stances, which may have an impact on the work they do with Black families.

In some cases this passivity that Boyd-Franklin (1989) describes can be interpreted as a lack of understanding either the structure or the functioning of individuals in Black families. The challenge to clinicians is to take an active role in trying to understand the social impact on the structure and functioning of any given family. Often times the miscues about Black family structure lead to the alienation of the Black family in the therapeutic process. These misinterpretations further reinforce the belief in Black families that the therapeutic process is simply another means for, as Blacks would say, “White folks getting all in their family business,” thus, continuing to create a division between therapists and these would be clients.

Because many Black families have been oppressed on many levels, it is important that clinicians are mindful of not perpetuating this oppression. They must begin the

process of helping Black families find refuge in the therapeutic process as a way of navigating the racialized American system, thereby impacting the development of positive developmental models related to the understanding the Black family (Laubscher, 2005) and the redevelopment of socially appropriate and psychologically adequate tools to help Black families achieve a sense of normalcy in a system of polarization and system isolation.

Likewise, achieving a sense of normalcy is difficult for Black males. Laubscher (2005) emphasizes that, “the formal (academic) psychological literature seems in comfortable lockstep with popular representations on television, in the lay media, and the North American populace at large of the African American man as absent, destructive, violent, or otherwise unable to function healthily and responsibly” (p.112). Apparently, this perspective of Black males extends to the view of the Black family as well suggesting the reasons for academicians and professional therapists having difficulty in developing models of therapy that allow for the empowerment of the Black family. Following Laubscher’s reasoning, if a therapist has a dysfunctional view of part of the system, the ensuing view of the family would fall in line with that view. The difficulty with this position as it relates to therapy is the potential for providing inadequate therapeutic services, therefore, further alienating the Black family from what might be helpful recourse. The alternative is the development and implementation of multi-systemic approaches to working with Black families.

The Black Family and Multi-Systemic Approach

The oppression of facing and dealing with externalizing the impact of race can be a socially isolating process for many Black families as they begin to move beyond the

positions of their current social networks. This isolation causes dilemmas on many levels. However, the strength and resiliency of their continued patterns of connectedness and use of extended family network systems has allowed them to cope admirably. Now, as Black families begin the movement toward a more normative alliance with the mainstream culture, these families may begin to internalize this process of shifting the psychosocial paradigm and begin to show these changes in their family networks. It is critical for clinicians working with Black families to help these families realign with groups and institutions (e.g., churches, elder family members, friends, etc.) that are important to their survival. As Boyd-Franklin (1989) states, "The therapists who work with poor and isolated Black families in particular must find a way to discover these resource (traditional referrals and important community resources) people" (p.31). However, the paradigm shift is not just about discovering the strength and resiliency of the Black family. Shifting the psychosocial paradigm also calls for an understanding of the construction of race in order to develop a process of navigation through the social system.

Combs, et al. (2006) state, "Racism is a multidimensional construct that includes prejudice toward minority groups and behavioral acts of discrimination" (p.88). Therefore, navigating the social system demands a multidimensional approach which addresses the issue of race and begins desiccation of the influence race has on the Black family. As part of this multidimensional approach, professionals need to specifically address the issue of race as it is discussed within the clinical settings by both Black and White clinicians. This multidimensional approach to addressing race then allows for viewing the symptomology of Black families differently. As Combs, et al. (2006)

hypothesize, anxiety and paranoia are synonymous in looking at race related specifically to Blacks. Therefore, there is a need for the development of a process that addresses the issues created by race for Black families and individuals as well as clinicians. Critical to this process would be discussions of how Black families view race within the clinical context and to what degree racial issues impact the participation with clinicians who are Black or non-Black. Thus, the process of understanding the multidimensional impacts of race must not only provide a more holistic experience for Black families, but it must also shed further understanding on the needs and concerns of Black families.

In this context, it is imperative that, therapists understand the myriad of issues and concerns presented by Black families in therapy. Black families are impacted on so many levels by race: socially, economically, historically and politically. Understanding these impacts give therapists surer footing from which to work clinically. As Boyd-Franklin (1989) states, “because of the economic realities of many Black families, this role flexibility developed as a survival mechanism” (p. 64). Attempting to understand the ways Black families function and the way they live requires therapists to acknowledge and then reframe their own biases in order to see the values and strengths in the roles and the functioning of Black families. (Boyd-Franklin, 1989) As with other families, there are many causes behind the challenges faced by Black families. Reputable therapists know that there are many reasons for the difficulties facing Black families. Therefore, clinicians and other professionals in the Marriage and Therapy field must begin developing multidimensional processes that create opportunities for growth beyond the many challenges faced by Black families. Furthermore, therapeutic professionals must not take the stance of liberators in regard to the Black family. Instead, they must begin to

see themselves as functional tools to be used for the liberation of the Black family. Therapists must throw away to the notion that they must save the Black masses who continue to live in dysfunction. Letting go of a savior position is imperative to the process of helping Black families evolve into an intrinsic component that feeds and validates the ever present strengths in the Black family systemic structure.

Consequently, therapists must begin the process of creating holistic approaches to addressing and identifying psychological barriers faced by Black families. Within these approaches, researchers, social scientists, psychologists and clinicians must be able to view the Black family from a contextual and systemic diagnostic perspective in order to frame the family or individual within a sociologically appropriate context (Laubscher, 2005). Such an approach dismantles the dysfunctional view of the Black family system and Black individuals and allows for a true vision of the families to surface, a vision that highlights their strengths and resources. In turn, such a process will create opportunities for shifts in the way Black families have been observed economically, socially, and psychologically. This process also initiates restructuring the analysis of the development of Black self-identity as well as Black family development and functioning. It also allows for the reconstruction of a multilayered systemic approach by which to address the concerns of the Black family. Furthermore, as perceptions of the Black family change, professionals who work with Black families can be advocates of deconstructing the current image of Black families.

Such a reconstruction must also include an emphasis on Black males and their place in families and community. According to Laubscher (2005), it is necessary to begin the discussion of how “to deconstruct the prevailing psychological discourse about

African American masculinity such that new, perhaps constructively liberating, pathways are illumed” (p. 112). Thus, one might also contend that this deconstruction process is not so much about the client, but about the clinicians and the theorists in the psychological and social sciences. In other words, reconstruction must entail an internal evaluative process for researchers, social scientists, psychologists and clinicians.

As this progression of reconstruction/reframing happens, it will be helpful for therapists to be mindful of their personal biases toward families and family structures because of the different shapes and structures of African American families. Having a view of one’s own biases helps to lessen the negative impact based on race that might happen because of the insufficient training and limited understanding of the African American family structure. Also, it is important to note that many of the systemic structures in Black families are developed out of the need to provide the economic and financial support needed to keep the family functioning (Boyd-Franklin, 1989). In summary, the process of redeveloping the psychological framework surrounding the Black family plays into the development of a positive self image of the African American family and the construction of a new, holistic sociological view of the Black family. Without this introspection, therapists will be left with misleading and misinformed views of Black families and their psychosocial functioning.

Moreover, this researcher must also point out that therapists can make deadly mistakes in therapy by attributing patronizing symptoms to Black families based on misguided research. In fact, it is clear that Black families struggle with many of the same challenges as others in the American social landscape. Yet, because of the perpetual misdiagnosis of individuals in Black families, many stereotypes have been allowed to

stay visible and continue to damage the systemic view of the Black family, both internally and externally. An example of these stereotypes is the image of the “peripheral” Black father. As Boyd-Franklin states (1989), “One possible pattern is that of the “peripheral” Black father, who lives in the home but is not really involved in the family’s daily life. This of course is also quite common in many different ethnic groups where fathers are absorbed in their work or other interests and spend little time with their wives and children” (p.67). Even so, many researchers have posited this phenomenon as solely a Black family issue, thereby further adding to the derogated image of the Black family as a dysfunctional system.

In many cases, the battle that African American therapists present in session with Black families may be the same battle these families have been attempting to deal with throughout their lives. Therefore, the therapeutic process must entail having a “safe space,” a place where clients can let go of what has been protecting them in order to find freedom from the racism and oppression they experience. Such a safe space call allow them to fully explore self and the impact race has had on them as individuals, and on their family systems. However, there is a danger in comparing one family group to another family group. Therefore, the process of helping Black families understand the underlying causes of their challenges is critical. This process allows clinicians to view these challenges as created by the social system, not the Black families, themselves. In so doing, alienation and harm are diminished (Laubscher, 2005). This is necessary as further alienation decreases the possibilities of therapeutic interventions because of the current and historical impact of race on Black families. As Combs, et al. (2006) state, “it is possible that perceived racism would be related to cultural mistrust and non-clinical

paranoia due to their foundation in real-world experiences and perceptions” (p.89). Thus, understanding the mistrust Black families have is important in helping develop a discussion pertaining to the development and implementation of research and language related to the ways in which race is discussed and perceived in the therapeutic process.

Clinicians, Race and Self-Awareness

However, as stated previously, it is equally important that researchers, social scientists, psychologists and clinicians also begin a process of understanding the impact that race has on their views related to race and the impact race has had in their lives and the development of their theories and interventions. One way for clinicians to begin the process of working with Black families is to become aware of their own issues related to dealing with race. “We must constantly maintain awareness of what we’re feeling and what our clients are pulling from us with respect to emotions and behavior” (Sanchez-Hucles, 2000, p. 102). On some levels it is inevitable that the issue of race will be present in therapy sessions. As race becomes present or known, the question must be asked how clinicians can begin recognizing the presence of *racial transference* or *racial counter-transference* (see definitions, p.15, Chapter 1). Although these terms are not typically used in the field of Marriage and Family Therapy, racial transference and racial counter-transference are pertinent and relevant for discussions of race and ethnicity in the therapeutic process (Boyd-Franklin, 1989). Therefore, it is important to gain insight related to the function of transference and counter-transference within this discussion of race and awareness. Sanchez-Hucles (2000) states, “a fundamental counter-transference is a counselor’s inability to handle issues of race, culture, or demographic variability” (p. 211). If it appears clinicians are resistant to the discussion of race in therapy, this

resistance may impede the therapeutic process (Sanchez-Hucles, 2000). Hence, clinicians must understand why they might avoid the discussion of race or dismiss the validity of racial impacts.

Research (Boyd-Franklin, 1989; Ridley, 1995; and Sanchez-Hucles, 2000) points to the idea that, in some instances, therapists avoid the discussion of race based on their professional insecurities and clinical limitations. Such avoidance creates a dilemma for the process of dealing with issues that are socially and psychological relevant both for therapists and their African American clients. If unaddressed, such practices can create difficulty for African American families as they may have racial challenges that, then, go unaddressed. In many cases, Black families are able to notice the racial discomfort of clinicians because of the hypersensitivity to the issue of race, which thereby adversely impacts the therapeutic process and clinical relationship (Boyd-Franklin, 1989). As Sanchez-Hucles (2000) notes, "Not being able to discuss areas of similarity or difference constricts and distorts the therapy process" (p. 211).

Key to this discussion is the literature that suggests how therapists might become aware of their issues of counter-transference and, in turn, be able to pick up on the transference issues of the client. Significant to both therapists and clients may be the "eight racially related defenses," coined by Charles Ridley (1995), which address how race may evade or impact the therapeutic session. These eight defenses are color blindness, color consciousness, cultural transference, cultural counter-transference, cultural ambivalence, pseudo-transference, over-identification and identification with the oppressor. Each of these defenses is critical to the discussion of race and identifying racial contexts in therapy. Reading Ridley's discussion would prove very beneficial for

clinicians wishing to develop an awareness of the role and impact that race can have on the therapy session, especially therapy sessions with African American families.

Moreover, a large part of this clinical awareness is related to the training of clinicians and beginning the process of developing racial awareness prior to the professional practice of therapy.

Clinical Training and Race

One of the best ways new clinicians can address these cultural background issues is within the context of supervision (Boyd-Franklin, 1989). Supervision provides therapists the opportunity to explore backgrounds and experiences in a safe and supportive environment. Thus, when racial issues come up, clinicians can feel open to processing their thoughts and developing patterns of recognition.

Sanchez-Hucles (2000) offers cues that might inform clinicians as they navigate racial dynamics with African American clients. These cues include recognizing signals and understanding personal histories related to race. Although it is important to realize that at times clinicians may not feel comfortable or competent dealing with race, not dealing with race issues may result in an aborted therapy session or misdiagnosis. As, Ridley (1995) states, “the adverse consequence of colorblindness is misdiagnosis. The counselor automatically labels deviations from white middle-class values as psychopathology” (p. 68). So, clinicians need to learn how to deal with racial issues as they become present in therapy. Their listening to personal and professional histories, memories and early “associations” related to race may provide invaluable information as well as aiding these clinicians in developing an awareness of how to deal with race and how race impacts them personally and professionally (Boyd-Franklin, 1989). This advice

goes hand in hand with the view of Sanchez-Hucles (2000) who says, “Only by honestly investigating our personal psychohistories in racial, cultural and demographic arenas can we learn about some of our hot buttons for counter-transference issues” (p. 213).

Boyd-Franklin (1989) refers to this self-analysis process as “soul searching” (p.98). It provides a balance in the therapeutic process for clinicians and clients alike. As clinicians go through training, there can be lots of focus on understanding their families of origin but equally important to this type of exploration is that of cultural journeys: “It is very important that each therapist explore his or her own cultural identity (or lack of it), family values, beliefs and prejudices” (Boyd-Franklin, 1989, p. 89). By taking the cultural journey of “soul searching,” clinicians can begin to develop and understand for themselves guidelines related to interacting on a racial level (Boyd-Franklin, 1989; Ridley, 1995; and Sanchez-Hucles, 2000).

Finally, in clinical training, it is critical that there be a dialogue about the development and expression of Black self-identity and Black self-esteem. “How a client views himself or herself [racially or ethnically] is just as significant as how others may classify him or her” (Sanchez-Hucles, 2000, p. 103). Racial identity is as complicated as the topic of working with Black families. This racial identity complexity exists because of the racialized system of the United States. Labels have different meanings based on the environment and the context in which they are used. Therefore, as the literature suggests, it is critical for the clinician to understand how Black individuals within the context of families develop identity and racial self-awareness. Such an understanding is critical for both the potential client and the clinician in order to develop a vital therapeutic relationship.

Summary

In this chapter, the researcher has focused on a review of on current and past literature, outlining seven significant areas of research regarding Black families and Black individuals. In reviewing these seven areas of research, this researcher emphasized the need for professionals and clinicians to acknowledge and understand the following: the polarization of Black families, the traumatic and oppressive history of Blacks in U.S. society, the resiliency of Black families and the obstructions to working positively with Black families in therapy. The researcher also stressed that professionals and clinicians working with Black families must be able to assess their own social biases as well as reframe paradigms. He urges the use of a multi-systemic approach to working with Black families in therapy and he concluded by advocating discussions of racial issues in clinical training.

Chapter III: Methodology

In this chapter, the researcher discusses the development process of this project. This discussion begins with an examination of the questions used in the interviews, followed by the participant selection process, the data collection procedures, the data analysis process and concludes with a consideration of the limitations and weaknesses of the project.

Questions Utilized in the Interview Process

This researcher wished to explore the topic of how African American therapists discuss race with African American clients. The primary purpose in exploring this topic was to see how the issue of race entered into discussions between African American therapists and their African American clients. Thus, this project served as an attempt to bring the discipline of Marriage and Family Therapy forward by both 1) exploring how race is discussed within the therapeutic context and 2) examining the impact of race in the therapeutic relationship between African American therapists and their African American clients.

The researcher utilized seven primary questions in his data collection, many of which had follow up questions that probed deeper into the initial question (see Appendix A). The first primary question was as follows: *Do you discuss issues of race and social stress with your African American clients and families?* This question was asked because the researcher wanted to know if African American therapists discuss race with the African American families they serve. In asking the second primary question, *Do the stories of your clients have an impact on your personal life as a clinician?*, the researcher hoped to focus on racial transference and racial counter-transference issues

which may or not be present for therapists in sessions with African American clients. The third primary question, *Do you struggle with race as it relates to your professional development?*, centered on understanding the pressures of being an African American therapist. This question both provided greater depth in understanding the impact of race for clinicians and gave another level of insight on how racial issues might play out in therapy sessions.

The fourth primary question posed by the researcher, *Have you experienced stress related to race?*, was asked to assist the researcher in gaining knowledge of how therapists internalize their own race experiences in the larger society. Another component to understanding how therapists internalize the pressures and impacts of race was centered around emotional and social issues. Thus, the researcher asked primary question five: *Have you ever felt emotionally, or socially pulled by the Black community, family or friends to behave or perform as a therapist related to cultural, social or professional practices?* The researcher believes that this question is critical in understanding how African American therapists might deal with a potentially polarizing feeling in bridging two cultural segments, Black and White.

Key to understanding the role and impact of race related to therapists is knowing what reading material African American therapists might use in learning how to more effectively serve African American families. Therefore, in primary question six, the researcher asked the therapists, *What is some of the literature you have read that has helped you to work with African American clients and families?* For his seventh question, the researcher asked, *Do you think the field of Marriage and Family Therapy is supportive of the needs of African American clinicians and clients?* By asking this

question, the researcher hoped to both gain an understanding of to what degree African American therapists feel supported by the field of Marriage and Family Therapy as well as learn if the field of Marriage and Family Therapy has been responsive to the needs of African American families related to research and therapeutic interventions.

Participant Selection Process

For this project, the researcher initially expected to get a sample size of at least four African American Marriage and Family Therapists. To this end, the researcher desired that each of the participants in this study be a AAMFT certified supervisor or have at least five years of therapeutic experience post licensure. The researcher believed that such therapists would provide a deeper level of insight based on the level of experience and the potential supervision of African American supervisees. Another requirement of the participants was that each had clinical experiences with African American clients or supervisees. As the selection process proceeded, the researcher was only able to recruit three participants, instead of the expected four. These three participants did meet the credential expectation: one was a Ph. D. level Marriage and Family therapist, and the two other had state approved clinical supervisors with 20 years of post graduate experience between the two of them.

In this recruitment process, the researcher's aim was to get a diverse population of therapists to provide the widest pool possible, given the small sample and the limited number of therapists in the area that met the credential expectations. Subsequently, all of the selected participants interviewed in the project were male. The fourth anticipated participant was female; however, because of scheduling difficulties she was not able to take part in the project.

Finding the clinicians to participate was not a difficult process. Because the population of African American therapists is so limited in the Twin Cities area, the researcher began by polling professors at the University of Wisconsin-Stout about African American therapists they knew who were practicing in the area. After collecting a list of names, the researcher began contacting the clinicians by email and phone with an initial inquiry regarding their possible interest in participating in the study. The selected participants were those who were able to find time to meet with the researcher.

Each participant was informed of the purpose of the project, given a general layout of the research plan and notified of the participation requirements. The participants were also informed that the research was focused on the process of discussing the issue of race in therapy involving African American therapists and their African American clients. After the three participants agreed to be interviewed, the researcher set up interviews with each participant and began the data collection process.

At the beginning of this data collection process, the participants signed informed consent forms so they were aware of the use of the information and the primary nature of the research being conducted. Likewise, given the nature of the information being shared by the research participants, their identities remained anonymous and any information that might be linked to their identity was excluded from the study. Such information included names of past agencies or places of employment, colleagues' names, and specific projects which might identify the participants. In addition, to limit the impact this study could have on their professional lives, the audio material was only listened to by the researcher and the person responsible for transcribing the interviews. Thus, the researcher made every attempt to limit any professional damage to the interviewees.

Data Collection Process

The data were expected to be collected initially in two separate interviews with each of the participants. As the researcher initially envisioned the project, the first interview would be done individually with each of the participants and then, a second group interview was to take place which would serve as a focus group, with the participants interacting with one another. However, because of time constraints and participant availability, the focus group had to be excluded from the collection process.

Initially, the motivation for having two interviews was for the researcher to gain a deeper understanding of the issue of race and how it impacted therapy situations. The desire for a second interview was also motivated by the researcher's assumption that the participants, interacting with one another, might be able to share more in depth information and engage in more critical assessments of therapy techniques. Thus, this focus group was expected to provide a collective mind process from which the researcher could develop and gain greater understanding through diverse views and discussion of these views.

The researcher conducted each of these three interviews, taping the interviews on a digital tape recorder. Each interview was approximately 1½ hours in length (See Appendices B through D, pp. 74-115). This interview process provided the researcher with individual perspectives on the issues of race, therapy, self-concept, self-esteem and personal experiences. Also, at times during the interviews, the interview questions were modified to allow for a comfortable flow to the conversation.

Initially, the researcher had planned to maintain a research journal as a means to track and observe biases during the interviews. However, because of the scope and scale

of the project, the researcher decided to omit the journal. However, the researcher has noted some of the biases in the introduction, the assumptions section, the statement of the project's purpose and in the statement of the problem.

Data Analysis

The collected data was typed up by an independent transcriber who listened to the audio recordings and transcribed the data into Standard English. Then the researcher listened to the recordings to verify the accuracy of the transcriptions. The analysis of the data took place by the researcher reading and analyzing the transcriptions. The goal was to read all of the information provided and map the patterns in the interview statements. In his analysis, the researcher was looking for the clinicians' experiences and relationships with clients related to race and the impact of race on the therapeutic process. The researcher was also interested in the development of a reading materials list related to black families, specifically materials on Black self-concept/esteem and Black families in therapy.

Limitations

There were four areas of concern that were challenges related to the completion of this project. These areas of concern were the journal exclusion related to the documenting of the researcher's biases, difficulties with transcriptions due to the location of the interviews, the selection process of the participating clinicians and the overall size and scope of the project.

The initial challenge to the project was the exclusion of a journal process. Omitting this process was a difficult decision; however, the primary reason it was excluded was because of the additional time necessary to keep the journal. The second

reason the journal was excluded was because it appeared to be too time consuming, given the focus on only four individual interviews and the possibility of a focus group. From hindsight, the researcher believes that the keeping of a journal would not have affected the overall outcome of the study or the interpretation of the information provided from the interviews.

The transcription process also presented limitations to the researcher. The interviews were transcribed by an independent transcriber. Because the transcriber had some difficulty in hearing part of the data in the transcribing process due to background sounds, some of the recorded data was lost. Furthermore, because the interviews were done at the convenience of the participants, some of the locations were not optimal for recording the interviews. In the second interview (see Appendix C), the space was not very conducive to the taping process. The placement of the recorder hindered the accurate recording of the information, making the transcription difficult. The third interview took place near the airport where there was lots of background noise, also making it difficult to hear some of the recorded materials. Overall, in hindsight, the researcher realized that site selection is very important: sites with limited background sounds would have resulted in better quality data collection.

Although the selection went relatively smoothly, at the beginning of the study the researcher had some difficulties in finding the needed therapists, contacting them and setting up the interviews. Because of the researcher's lack of contacts in the Twin Cities area, connecting with participants proved to be a longer process than anticipated. After the selection process was done, there were delays in scheduling the interviews in a timely manner. Nevertheless, each of the participants was very free and willing to make space

for the initial interview. And, as pointed out above, as the interviews were being conducted, the researcher realized that attempting to find a mutually agreeable time for all of the participants to meet in a focus group appeared impossible. So, this focus group was excluded from the process. Again, the researcher had overextended the scope and the size of the project by attempting to include such a focus group.

Finally, the greatest challenge to this project was the researcher's vision. The vision proved to be grander than time or resources allowed. However, overall, the researcher was able to collect and analyze some very good data pertaining to the issue of race and its impact on therapy sessions between African American clinicians and their African American clients.

Chapter IV: Results

Chapter four provides an analysis of the data collected. In this study, the researcher asked seven primary questions, many of the questions having follow up questions that probed into the initial question (see Appendix A). The detailed answers to these questions given by the three interviewees provided a wealth of data, too much data to be analyzed in this one masters thesis. Thus, for this analysis, the researcher focused only on an examination of Question One, including the insertion of the secondary responses. This analysis is presented below.

Item Analysis

Do you discuss issues of race and social stress with your African American clients and families?

All of the participants stated that they do discuss race. However, each was clear in stating that race usually is not the primary reason for families coming into therapy. In some cases, the participant may see a clear factor, but it may not be visible for the client to see. Yet, for all three participants, race is a part of the discussion that takes place when working with African American families. As Participant #2 states, “very seldom do I go directly into the cultural issue” (Appendix C, p. 98). And, interestingly enough, Participant #2 began his answer by mentioning bi-racial families. For this participant, race within bi-racial families as a topic appears to be an issue all of its own, affecting the raising of children and dealing with issues of self-identity and ethnic understanding. In the larger social context, all three of these participants acknowledge the systemic impact of race on their African American clients.

Furthermore, the data revealed that even though race may not be the focus of the therapeutic process, the presence of race issues may prove to be a helpful clinically. One of the participants discussed his use of race and ethnicity as an assessment tool (see Appendix C). He uses ethnicity and culture to gain an awareness of cohesion and consistency related to whether or not race is something which may cause a disconnect or create a family system where there might be enmeshment. In such situations, discussions of race give the participant some insights into how a specific family is structured and/or how individuals see their roles in families based on their relationship to race and ethnicity.

Participant #3 describes a case where race was clearly an active force in the life of the client. It was clear that there were other family issues with racial overtones as she attempted to regain custody of her children. This is another component connected to the discussion of race in the multi-layer of issues some African American families have when they present in session for therapy (see Appendix D). In some cases this has a direct connection to systemic pressure from outside the family, as described by Participant #3.

Thus, as African American therapists work with African American clients, it is important that they be able to assess each client's awareness of the racial and cultural issues that might be present in their family's lives (see Appendix C). This assessment begins with the process of finding out what has brought the individual or family into therapy and continues with the process of determining this individual's/family's degree of awareness of racial and cultural challenges. As participant #2 states, "They don't have much knowledge of what Black is and so it's obvious that that's going to be part of the issue" (Appendix C, p. 98). Part of the assessment process involves discovering how the

issues of race are “camouflaged” or covered by other challenges present in the lives of Black families. A large part of the assessment process is learning how those family members portray what it means to be Black. Black identity is especially important to discuss with families where there have been trans-racial adoptions or where the relationships are bi-racial as a part of the family dynamics.

In families where there are bi-racial relationships or trans-racial adoptions, one of the challenges for the therapist is to help the family create an awareness of race for White parents who have adopted children of color. Like most issues, this issue has two sides. At times, the therapist finds white parents who are open to learning about the impact of race in their lives. At other times, the therapist finds white parents who are resistant to a discussion of race or even acknowledging race as an impacting agent on their family system. This resistance is often the result of color-blindness.

However, when working with all families, regardless of racial ethnicity or racial makeup, Participant #1 discusses the importance of helping families to begin to see race as a resource, not an obstacle. He says, “A lot of what society teaches us about race and ethnicity is that it is somehow an obstacle. It is something to get over and something to overcome. What we have to start thinking increasingly about, and teaching families to realize is, that their cultural heritage and their ethnicity is actually a resource” (Appendix B, p. 76). As race/ethnicity relates to African American youth, Participant #1 wants to help create a place where ethnicity can be used to motivate and encourage them to reach for success. Thus, Participant #1 uses race to construct a new way for clients to view their racial background.

For example, Participant # 1 states, “The reason we have high blood pressure and we’re stressed all the time is because we don’t have access to affordable health care. We’re overworked, we’re underemployed, our kids are suffering from under-education, or lack of educational opportunity. And that’s why we’re always angry at each other. We’re angry because of what’s happening to us” (Appendix B, p. 77). There is a need to help families make links and correlations between their internal struggles and how the system of racial oppression affects their family systems, according to the comments of these participants. This is supported by Participant #2 as he discusses the narrative model of family therapy as a means to help some families recognize the historical impact of race on their families (see Appendix C). This is primarily because in most cases they have internalized a great deal of the oppression present in their lives, specifically related to race (see Appendix B).

In addressing the issue of internalizing or externalizing the impact of race on the African American family system, all three participants note that this is a matter of helping families develop awareness of the presence of external forces. Nevertheless, there are some families that are able to make the connections to how issues of race play out in their families. Participant #1 states these are “the families that see everything – all their problems as having to do with race” (Appendix B, p. 78), illustrating there are times when the perceptions of racial issues are misguided and overemphasized. Thus, African American therapists must also be aware that some families are hypersensitive to race, creating concerns when the major family difficulties are completely unrelated to race.

According to Participant #1, these two groups of Black families have different needs based on the perceptions of race and its impact. The families that do not see race

or ethnicity as a force may have some level of disconnection from external family systems or resources. They are living life from the dominant American social paradigm. When working with these families, it is helpful to gain assessment information that can help the therapist understand who may be possible cultural advocates in the families' lives.

As described below, Participant #1, believes families who are not able to see external impacts of race are probably experiencing social and cultural isolation. The difficulty here is that African American families need connection to family, friends and other social outlets, i.e. churches, social clubs, fraternity or sorority organizations (see Appendix B).

“One of the biggest problems I find for a lot of families is this whole issue of isolation. Even in the midst of a big city like this, a lot of the problems that single moms, and dads, and kids go through is that they're isolated. They feel isolated, like they don't have any backup. They don't have any human backup. They don't have any spiritual backup. They're on their own. And so one of the things that I think this discussion of race and ethnicity and culture can help us to do is to get some connection, to get a connection with something bigger than ourselves and bigger than just our own skin” (Appendix B, pp. 78-79)

Participant #1 explains that this issue of isolation can be combated by helping Black families see the cultural importance of their relationships. “I'd say it's [the role that Marriage and Family Therapists play is helping families discover and name their need for social support] a major role that any social service provider, but particularly therapists,

and even more specifically, Marriage and Family Therapists can do. Because what therapists we [as therapists] can do is help families realize that *relationships matter*. They are important. Even when they don't work, even when they're painful even when they're difficult, they still matter and they are important" (Appendix B, p. 85). It is helpful for these families to begin the process of rediscovering their need to have people stand with them. These disconnections impact all or a part of these families' lives. Therefore, it is critical to view reconnection as an ethnic ally when working with African American families.

Also, Participant #1 believes that the challenge for the group of families that externalizes the impact of race is learning how to maintain healthy relationships specifically around effective communication and conflict resolution. He states, "These are typically the couples [or families] who come in and are really overworked and exhausted and they may not have the communication skills to be able to articulate to each other, 'Here is what I need from you. And here's what I'm disappointed about. And here's what I'm dreaming about'" (Appendix B, p. 80). These breakdowns in communication can affect the way these families engage the relational resources available to them. The goal in working with these families is to help the families understand that each person in their family has needs and, thus, the task becomes one of helping the families understand the principle of reciprocity in their families with regard to navigating their relationships.

With regard to this reciprocity, Participant #1 states, "Some folks are very, very good at identifying resources that are non-financial resources. That might be things like child care; it might be things like scholarships, or educational opportunities, or after

school programs, or music, or sports or extracurricular activities” (Appendix B, p. 81). Therefore, if the families are able to learn navigating tools within their internal family systems by effectively communicating, they have a better chance to utilize their familial resources more effectively and efficiently. Furthermore, they are more likely to engage larger external social systems in the same way. Ultimately, this is a demonstration of African American families’ abilities to use ethnicity as a racial asset (see Appendix B).

For each of these families, it is the therapist’s job to help them find internal resources as a means of gaining racial freedom. This challenge involves assisting clients to find balance. As Participant #1 says, “If I always have to be getting something from somebody and depending on somebody’s generosity or obligation to give me something, I’m a slave” (Appendix B, p. 82). Thus, the family group that internalizes the impact of race focuses on using racial identity as a way to create connections and the family group that externalizes race develops a sense of self-sufficiency learning better forms of communication to maintain their connections, which also allows them freedom from systemic oppression. The ultimate goal of working with each of these groups of African American clients is to aid them in seeing their gifts and talents as a means of gaining independence.

Participant #1 states, “Black folks, just like everybody else in this society, have been bamboozled into not recognizing their own heroism and their own genius and their own resources and their own destiny. And instead we’re focusing on stuff that doesn’t mean anything and we’re wasting time” (Appendix B, p. 83). Historically, Black families have functioned as cohesive, fluid organisms taking care of each other and providing resources for one another when there has been need. However, in some ways,

the American social system breaks down the reciprocal nature of the African American family and the ways in which they care and provide for each other. As Participant #1 points out, “As we have been able to have more mobility in American society and move where we want and associate with whom we want to associate with, it has become easier to not have a sense of reciprocal obligation that we used to have when we were forced to live together and when we had to take care of each other and each others’ children” (Appendix B, p. 83). Also, this cultural disconnection, like some of the other issues discussed previously in this paper, is both cultural and racial across the U.S. Consequently, it could prove to be very beneficial for marriage and family clinicians to discuss with their clients the potential effects of losing the sense of reciprocity and being isolated can have on families when some of the symptomology is presented in the therapeutic process.

As just discussed above, Marriage and Family therapists can offer invaluable assistance to their African American clients by pointing out to them the innate resources they already have. These therapists need to be active in supporting young African Americans in choosing paths that create opportunity and connection and that simulate a spirit of reciprocal giving (see Appendix B). However, there are major roadblocks in the way. As Participant #1 states, “But the drift in Black society, just as it is in the rest of society in general, is to have kids and adults who are concerned about foolishness as opposed to things that really mean something” (Appendix B, p. 84). This “bamboozlement” has in many ways been an oppressive systemic tool, perpetuating the disconnection of relationships and the lack of resources awareness within African American families (see Appendix B).

Moreover, if African American therapists do not assist Black families in addressing this issue, then the larger social consequence becomes one of Black families losing their spiritual and their cohesive communal social perspective. This consequence could potentially worsen the systemic view of the Black family, which is already viewed as deficient. Participant #1 emphasizes this by stating, "One of my fears is as an ethnic group within the United States, African Americans, we're going to get left [behind]. People are not going to have much interest or time or empathy for us" (Appendix B, p. 84). Therefore, therapists and clinicians need to realize that the Black family in therapy does not have the luxury of being complacent. These professionals also need to realize it is their ethical duty to actively engage in therapeutic work which will fight this systemic oppression and its impact on these families.

This active engagement needs to start with relationship changes. As Participant #1 observes, "When I see a mom come in with a child who is not doing well, the first thing she does is describe him as being ADHD and he's not doing this and he's not doing that. What I try to do is help her see that child as her baby, and to have the child see this as his mother and that they have a relationship and that relationship is what will heal them" (Appendix B, p. 85). Thus, by using the building and strengthening of relationships as a source of healing, therapists and clinicians have the opportunity to help create an atmosphere of freedom for these Black families. At the same time, these professionals need to support these families by developing communication skills between family members and across their communities, thereby developing more cohesive and humane communities.

There is great emphasis placed on the value of history, time and everything that makes relationships possible which enables the Black family to withstand the external social pressure. Participant #1 states, "And if we can learn how to deal with those things in our micro-relationships within families, we are going to be better equipped to do that in neighborhoods, across the country, and internationally" (Appendix B, p. 87). This building and strengthening of relationships is urged by placing an importance on the entire Black family which include the extended family system. Participant #1 continues by saying, "That's something that we, as MFTs [Marriage and Family Therapists], are uniquely qualified to do, even more so than psychologists, psychiatrists, nurses, doctors, teachers, policeman, judges, whatever" (Appendix B, p. 85). For African American families, this historical generational component must be addressed through the modality of intervention used by therapists as they assess the families' clinical needs.

Knowing the models of therapeutic intervention which given therapists employ in this intervention process may provide valuable insights to therapists in general as they work with African American families. These therapeutic intervention modalities will impact the way African American therapists view race, the impact of race in the therapy session and how they work with the issue of race as a clinical issue. In this regard, it is worthwhile to highlight the therapeutic approaches of the three participants in this study.

Participant #1 appears to be particularly interested in Minuchin's Structural Family Therapy. He believes that Structural Family Therapy offers Black families an avenue to redevelop and redefine alliances, which will enable clients to bring order to their family structures. But, he also places great emphasis on the work of Nancy Boyd-Franklin, especially her Multi-Systemic Approach. This Multi-Systemic Approach

provides ways of seeing multiple levels of understandings related specifically to African American families (see discussion in Chapter 2).

Participant #2 believes that the Intergenerational Model provides therapists with a helpful starting place for the accessing of useful family information in regards to family history, family structure and family hierarchies. This model also provides therapists with opportunities to join with Black families and engage their family systems on a human level. However, as therapy proceeds, Participant #2 appears to have a fluid approach to therapy, utilizing several modes of therapeutic intervention, which allows the clients a number of different avenues by which to discuss their issues. One of the modalities which Participant #2 uses is Narrative Therapy, believing that this modality gives the clients opportunities to uncover issues of shame and guilt. As Participant #2 emphasizes,

“First of all, Black people have been blamed for stuff for a long time. I think that we are tired of ‘the reason why things are jacked up is because of us.’ And it’s nice to be able to take a look out of yourself. It takes away the whole shame part. ...When they see those patterns, all of a sudden it’s not Tyrone who can’t stop sleeping with all these women. It started with Uncle Hannis way back outta slavery when he was taken from his family and forced to breed, and his grandson went through a similar process. So, in that sense, it takes away the shame and it gives them the opportunity to openly discuss it and share the responsibility instead of having to take all the responsibility on.” (Appendix C, pp. 101-102)

Thus, this narrative approach, by placing families in a historical context, allows the therapists to assist their families in working through their present difficulties which often have roots in the oppressive racial past.

Participant #3's primary mode of intervention is Brief Solution Focused Therapy. This form of therapy focuses on the areas in a given family's life that are currently causing issues and concern. Additionally, for this therapist, race is not discussed as a factor in daily living unless family members bring racial issues up in the therapy sessions. Participant #3 states, "I believe that race for most folks is a distraction. And so if it's presented as a problem in someone's life – which has been very rare – the issue of race is very big and very vague" (Appendix D, p. 111-112). Furthermore, as Participant #3 notes, this issue of race can be so broad and far reaching that it is difficult to actually assist families in changing their social reality. As he stated in his interview, "It turns out that race will emerge in—and this is very generic—will emerge because of the social constructs that Black folk have to deal with. And then it becomes more of a generalized statement: "Well, the White man does this," or a phrase like that, or "The cop was White, man, you know how they treat you." So you get these sort of broad, sweeping statements and so it's not about a personal sense of race, it's about societal racial views and problems with the society as its structured" (Appendix D, p. 107). Therefore, Participant #3 believes that because race as an external force cannot be changed and because racial impacts are not a DSM diagnosable disorder, it becomes off limits and out of the therapeutic bounds.

As an example, Participant #3 offers a case study of a young bi-racial couple who had adopted a teenager. This teenager was having challenges unrelated to race. However, the dynamic in the home was such that it was clear that the family was dealing with issues of race. Nevertheless, Participant #3 states, "...my style is to meet all of my clients where *they* stand versus where I stand. So it felt inappropriate for me to broach

the subject if they didn't bring it forward, even though I may feel the great elephant in the room. I couldn't talk about it because they wouldn't talk about it. They wanted to focus on their out of control kid who was in jail" (Appendix D, p. 107). Participant #3 continues, "So I tend to go, 'Okay, we can talk about it [race] forever, and it obviously impacts our education, our socio-economic lives are touched by it, people's successes or not going up the great ladder,' and so on and so forth. I actually go: 'I don't know what to do with that in a therapy session' so I just go, 'Oh man, where are we going to go with this?' Because I can't change those social constructs. They are very big and they are very powerful" (Appendix D, p.112).

Thus, this therapist's modality of intervention negates discussing race, relegating race to subjective material, unless it is offered as a part of the family's challenges. Accordingly, in discussing himself as a Brief Therapist, Participant #3 describes his role as helping clients name the difficulty that they are having at the moment and then he works from that platform. However, Participant #3 admits that, in the midst of developing personal relationships with his clients, there is space for dealing with the ways in which race presents and distorts the view of individuals and families. For example, he discusses the case of one of his clients who is having difficulties with her child protection worker (see Appendix D). Then, Participant #3 states, "A client who works with me has to take ownership with what they want. I can't make that one up and I won't. I am very hesitant to label people, to define who they are, to direct them into the world. In the end, that's my training, a lot of training from my brief model orientation, the solution orientation model of O'Hanlan" (Appendix D, p. 114).

Summary

In conclusion, the participants were in agreement that race is an issue for Black families; yet they saw the discussion of race as being limited by the presenting issue of the family. Also, the participants discussed the importance of ethnicity and culture as clinical assessment tools to help understand both the cohesion and disconnection in Black families. They saw these assessment tools as invaluable in identifying what part race might be playing in the families' performances. Moreover, the participants believed that a large part of the clinical assessment as it relates to ethnicity and culture can be used to uncover issues such as self-esteem, self-identity and recognition of internal family gifts, that might be "camouflaged." Additionally, the participants mentioned that there may be challenges in the Black family related to bi-racial relationships or trans-racial adoptions.

Collectively, the participants offered the perspective that some Black families are challenged because they do not know how to deal with the social impacts of race in their lives. They saw these social impacts as internal and external forces that change the performance of the family specifically related to race. As these participants discussed these internal and external forces, they made the point that it is imperative that Black families understand the value of relationships. For them, the role of African American therapists is to offer their African American clients assistance in using the power of relationships as a means to fight against both internal and external forces. Finally, the researcher found out that all of the participants operated from therapeutic models that set limitations on discussing issues of race.

Chapter V: Discussion

The purpose of this study was to gain an understanding how African American Marriage and Family therapists, in the therapeutic process, discuss the issue of race with their African American clients. This is a topic of importance as racial issues may potentially impact African American families in many ways.

The literature review detailed seven critical areas vital to the interplay between African American families and African American clinicians. The researcher first reviewed the literature pertaining to the relationship between the Black family and mainstream America from both psychological and historical perspectives. Then, the researcher discussed the positives in Black families as and possible paradigm shifts which would bolster self-identity and self-esteem. Finally, in his literature review, the researcher focused on the clinical relationship between Black families and Black therapists, ending with a discussion centered on the need for therapists to have more in-depth training of racial issues and clinical self-identity. The goal of this literature review was to set the stage for the ensuing interviews with African American therapists. In these interviews, the three therapists each discussed how they address the issue of race in therapy sessions with their African American clients.

An analysis of the interviews revealed that African American therapists do discuss the issue of race with their African American clients. However, these discussions vary in levels of intensity and intentionality. Some of these therapists function from the vantage point of seeking out ways to help their clients identify the nuances of the issue of race and to assist their clients in learning methods that can help them navigate the social system differently. Other therapists take a more brief approach to dealing with race and

its impact on families. Whichever position the therapists take, it is clear that their positions are impacted greatly by the therapeutic modality from which they choose to operate.

This analysis further indicated that the therapeutic process (whether race is a present issue or not) requires the necessity of making space for clients and the issues with which they struggle. African American therapists have to be open to helping their clients identify and develop ways of being that allow for the clients' freedoms. Thus, therapists have a great opportunity and an ethical responsibility to assist their clients with the racial challenges in their lives. These challenges emerge from an oppressive racial history with continued generational impacts. From a therapeutic perspective, unless Black families can reframe themselves, they will continue to struggle with for generations to come.

As stated earlier, the chief purpose of this project was to start a dialogue related to how African American therapists discuss the issue of race within the context of the therapy. Given the issues that many African American families face in the racialized social context of the United States, this researcher believes that therapists who work with African American families need to have resources that will enable them to address and to discuss the issues of race in therapy.

These therapeutic discussions of race must include how Black families develop awareness of their own relationships to race. In some families, this issue can be overemphasized, whereas in other families, the relationship between the two may not be seen. Nevertheless, it is helpful for families to view ethnicity or race as something that has positive implications based on how the family frames the relationship.

Included in these therapeutic discussions should be the knowledge that overemphasis on race is possible. This realization that racial issues can be overemphasized by clients helps therapists to see that at times African American families can feel so victimized that they are not able to take real ownership of some of the challenges that they have. In some families this overemphasis plays out by individuals blaming external systems when the focus should be on the lack of effort on the part of the family or persons in the family. However, there are many cases where the stress impacting African American families is caused by outside forces. In these cases, the goal should be to help the family or individuals in the family begin the process of seeing the ways in which they might be internalizing the stress caused from situations outside of their home, beyond their ability to change. Thus, the role of African American therapists is to help Black families understand internal and external challenges of race and, then, assist them in making family and community links which can withstand these challenges.

Conclusions

Race is a present factor in the lives of African Americans as they interact with one another and others in mainstream American society. As a social force, race has impeded the lives of every American in many ways. Race has been both a dividing element (segregation and Jim Crow laws) and a uniting element (Blacks uniting against common ills) since the beginning of the United States. Race is steeped in myth and fiction and continues to pulsate through the thoughts and imaginations of everyone in this country. As a result, African Americans have been dehumanized and treated as subhuman in this culture, creating a group of people stricken with social, economic, physical, and psychological wounds in the wake of its devastation. As Wyne et al. (1974) state, "Being

Black in America is first of all being: it is existing. The key however, is becoming” (p. 85).

“Becoming” is about having an awareness of one’s state of being. This researcher believes that African Americans must find the path to “Becoming.” It is this journey which will help them see who they are, full of potential with lots of resources at their command. Furthermore, “Becoming” is about shifting the social, political, historical and psychological paradigms so that true freedom can be achieved. “Becoming” is about debunking myths and lies about how others may view them and replacing these myths and lies with actual images of self-based potential in a historically true image of Black resilience. In this process, the key is embracing Blackness, embracing African American identities, with all their strengths, in order to form positive, whole identities, thereby dismantling the forces of racism. This is the empowerment which Boyd-Franklin (1989) describes (refer back to Chapter 2).

African Americans must empower themselves in order to achieve individual, family and communal healing. This empowerment needs to be rooted in a healing that transcends the woundedness of slavery, Jim Crow, Redlining and racial profiling. It comes out of the tears and the travailing of Black ancestors who rode the Underground Railroad to freedom. And, it will be reflected in the images of the striking sanitation workers of the Civil Rights Movement, in the voices of the Black leaders, such as Malcolm X and Martin Luther King, both of whom were gunned down in the midst of their struggles to empower Black people.

Many approaches will be needed to achieve these goals of becoming and empowerment. These approaches will need to take into consideration the social,

political, psychological and historical perspectives present in the U.S. in order to create the opportunities and the paths to freedom. Therefore, a multi-layered systemic approach will be needed to address these issues. In this multi-layered, systematic approach, the role of African American Marriage and Family Therapists will be vital. Not only do they have the ability to help Black families understand generational patterns that stem from the abuses of this system, but they also have the ability and ethical responsibility to shed light on the trauma of slavery, economic exploitation and present social injustices.

Likewise, the role of African American therapists must entail helping Black families in the process of shaking off the shackles of self-hatred and negative self-images. In Boyd-Franklin's view (1989), these therapists must become active voices, helping Black families throw off the victim images and emerge as victors, with empowerment and control over their own lives. Black families have to stand on the back of their ancestors and take the position of victors. With the assistance of African American therapists, Blacks can claim victory over the shame and guilt created by degradation and humiliation; they can create connection where disconnection has been; and they can unite to overpower the impoverished neighborhoods of the American Urban Jungle.

Recommendations

This researcher strongly believes that more, in depth research studies focused on the empowerment of Black families are vitally needed, especially in the Marriage and Family Therapy field. In conjunction with this research, African American therapists need to develop awareness of their own issues surrounding race and the potential impacts their attitudes have on the therapeutic process with clients. African American therapists need to gain a greater understanding of how discussions of racial issues with African

American clients can empower these clients to lead more self-fulfilling and peaceful lives.

Furthermore, within the field of Marriage and Family Therapy, African American therapists must encourage the development of projects based on that which will bring out the strengths of Black families and revitalize Black communities. By so doing, perhaps the racial wounds across the U.S. can be healed, thereby making possible the honoring of the many cultures, families, and voices of this nation.

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Appendix A: Interview Questions

Interview Questions

- Do you discuss issues of race and social stress with your African American clients and families?
 - If so, how do you have these discussions?
 - If you have discussions about race and social stress how are they described and discussed by your clients?
 - Are there books you recommend for your clients to read?
 - Are there models of therapy or concepts that are helpful in talking about race with clients? If so, what makes one more helpful than others?
- Do the stories of your clients have an impact on your personal life as a clinician?
- Do you struggle with race as it relates to your professional development?
 - Do you experience racial transference or counter-transference in sessions with African American clients?
 - If so, how do you identify these issues of racial transference and counter-transference?
 - Is it helpful to you to have experiences from which you can relate to the issue of race when working with African American clients?
 - Is race an important factor when your African American clients select you as a therapist?
 - Are there other factors that take precedence over race?
 - What is your perspective on whether therapists who are not African American can deal with race within therapy?

- Are there times when you avoid discussing race with your African American clients? If so, why?
- Have you experienced stress related to race? If so, what are or were some of those experiences?
- Have you ever felt emotionally or socially pulled by the Black community, family or friends to behave or perform as a therapist related to cultural, social or professional practices? If so, please describe these experiences.
- What is some of the literature you have read that has helped you to work with African American clients and families?
 - What authors do you read related to Black racial identity?
- Do you think the field of Marriage and Family Therapy is supportive to the needs of African American clinicians and clients?
 - Are you a member of professional organizations specific to African Americans? If so, is it helpful for you to belong to these types of organizations? If so, why?

Appendix B: Interview with Participant #1

Q: Do you discuss issues of race and social stress with African American clients and families?

A: Yes and no; sometimes I do. It really depends on what the client is bringing to me. I tend not to start the conversation talking about race and class and those kinds of things because what the client is bringing is really something that they see as more immediate and it has to do with something else: it has to do with behavior, it has to do with depression or emotions, it has to do with a conflict between two adults in the family, or an adult and a child, or something happening outside.

But as one of the things I like to talk about, one of the things I like to assess for is, yeah, what's going on with this family as far as race and ethnicity? What's going on as far as their connectedness to a sense of ethnic identity? And is that playing as a resource or as an obstacle in their lives?

Q. So when you have those discussions with them, as it relates to race and ethnicity, can you tell me how you have those discussions? What context they might come up in?

A. Again, it really depends. I should probably tell you a little bit about my practice, I work a lot with youngsters, adolescents who are having problems at school or at home, and a lot of those kids are actually in foster placements or out of home placements. And I work in a lot of situations where a parent will bring a child and say, "We're having some problems around these kinds of issues": school behavior, maybe oppositional or defiant behavior here at home, or they're getting into trouble in the neighborhood, or whatever.

In cases like that, again, there's another level down that I have to go, which is, are the parents themselves of the same ethnic group as the child? Because some of adoptions or some of the foster placements are trans-racial so it's a European American or white parent with an African American child. So one of the first things that has to happen is, I think, is that you sort of have to figure out: Well, what is the problem we're dealing with? And then, does the problem... is race a part of that? Is ethnicity a part of that? And if so, how is it a part of that?

In working with the client I will try to discover, first of all, do *they* see that there is any connection? And sometimes there *is* a connection and they see it; sometimes there is a connection and they *don't* see it, and sometimes they see a connection that's *not* there. So we have to sort all that out.

So the clients that I see, particularly the adolescents who are African American kids, often boys, in placements with European American parents, one of the problems is that the parents don't know what to do about race. They don't know what to do with the whole issue. They sometimes are open to learning what they can do and what they might be able to do to put that issue on the table and sort of deal with it. Sometimes they are resistant to that, they think it really has nothing to do with race. That that becomes another issue in itself.

So I often also work with African American parents who the issue of ethnicity and race within their household isn't so much of a problem, but it is potentially a problem outside. So, for instance, the child may be having problems in school and part of the reason the child is having problems in school is because of how the child is being perceived by the larger system: school, the law, other social systems that the family has

to interact in, the neighborhood, whatever. In those cases what I have the discussion about is Well, how is your ethnicity, how is your culture, playing into this?

What I'm trying to do is to help the family to use culture, race and ethnicity as resources as opposed to obstacles. A lot of what society teaches us about race and ethnicity is that is somehow it's an obstacle: it's something to get over, and something to overcome. What we have to start thinking increasingly about, and teaching families to realize, is that their cultural heritage and their ethnicity is actually a resource. How can they use it as a resource? How can we use the fact that this young man is a young African American, how can we use that to help motivate him to do something good: to stay in school, to study, to stay out of trouble, not to impregnate someone too early, to be responsible about getting a job, all those kinds of things? Rather than how can we prevent him from being at risk, from being a statistic.

Q. So you're dealing with those issues in terms of trying to help families understand how race or ethnicity can be used or can be perceived as a benefit to them not only in the family structure or as in system. So then my next question has to do with: Are your clients, are the families that you work with, are they coming in with symptoms of social stress related to them seeing themselves as disadvantaged?

A. Some are and some aren't. For instance, again, some of the trans-racial foster care and adoption systems, those family systems tend not to see it as an issue and they don't see any connection at all. Some of the African American families with African American kids who come in, or just couple who come in to discuss their relationship and then the discussion of the kids comes up, sometimes they see it as an issue and sometimes they *overemphasize* it.

For instance, parents with kids who are not doing well sometimes will see themselves and their kids being victimized by racism in some cases where that's not really what it's about. It's really about the kid not doing what they need to do and then the parent feeling like they're in a position where they have to defend the kid no matter what. Then that becomes a corrosive element within the family system because it's not an honest motivation for helping the kid in that situation.

In other cases, a couple will be struggling, they come in and they want to work on their marriage, and one of the things that's causing them distress is that they don't have enough social support around them, culturally sensitive social support like family, communities of faith, or other kinds of things that could be positive influences to buffer the stress that their feeling because of institutional racism in other systems: the workplace, the law, health care and lack of access to it.

Sometimes what happens is that racism and race is playing out in other areas of the family's life that is causing stress *inside* the family, but the family isn't really good at being able to connect the dots to realize "Well, the reason we have high blood pressure and we're stressed all the time is because we don't have access to affordable health care. We're overworked, we're underemployed, our kids are suffering from under-education, or lack of educational opportunity. And that's why we're always angry at each other. We're angry because of what's happening to us."

Q. So, in describing the social stress as you have, how then do you help families or individuals start to see that for themselves? How does that become part of the process?

A. Well, again, I keep saying, it depends on the family. Some families need certain kinds of encouragement to *see* the dots, other families need encouragement to

connect the dots. So it really depends upon where the family is. And then there are some other families that are connecting the dots but they are the *wrong* dots. I mean, the families that see everything—all their problems as having to do with race—well, no, there's more to it than that. There's other things that you can be doing—that have nothing to do with ethnicity—that would help the situation, and so sometimes I have to recalibrate that.

But let's talk about the first two groups: the ones, first of all, who don't see the dots, and those who don't know how to connect the dots.

Often these families are so busy working and they are trying so hard that they don't understand the ways in which ethnicity and culture *could* be used as a resource and my job is to help them to see: "Who in your family lives here in town?" And they'll say: "Well, I do have a sister," or "I do have a brother," or "My mom lives here, but I never see her." And if I push them on, "Well why is that?" Often, it's, "Well, 'cuz we don't get along," or whatever.

My job then is to help them to see, "Well this is a resource who knows something about you, and in fact they're the same ethnicity as you are so you have something in common with them. And you need to think about why it is that you would be estranged from them. And are you actually estranged not only from them, or from other people who look like them? Is there something going on there?"

Just as an aside, one of the biggest problems I find for a lot of families is this whole issue of isolation. Even in the midst of a big city like this, a lot of the problems that single moms, and dads, and kids go through is that they're isolated. They feel isolated, like they don't have any backup. They don't have any human backup. They

don't have any spiritual backup. They're on their own. And so one of the things that I think this discussion of race and ethnicity and culture can help us to do is to get some connection, to get a connection with something bigger than ourselves and bigger than just our own skin.

So one of the things I try to do with these families and family members is to help them to see that "You're part of something bigger and that bigger starts with the primary relationships in your life: your partner, your kids, your parents, but also your community. You can think of them as being kind of your posse. They can be for you in ways that you may have written off prematurely." And most families and family members I find they really respond to that. Even, sometimes, I have people respond to it and then sort of disappear and leave therapy for awhile and then they'll come back and talk about how, "You know, when we were in here, that was the first time we ever talked about that. That we ever talked about *why* it was important for me to have some connection to family members, not just because blood is thicker than water – yeah that's a nice saying, but its deeper than that. I need to have people who understand me. I need to have people who know me and still want to be in my corner."

And so this whole business of reconnecting and making a place for this discussion about ethnicity is important because it's bigger than just some socio-political discussion. It's really about our own health and well-being.

Q. So those are families who may not see the connection, but then there are families who see the dots but don't know how to connect them?

A. Right, that second group, they know that culture is important on one level. And some of them have good connections with extended family members here and in other

places. But what they don't know how to do, often, is how to make that work, not only for them in their primary relationships, but in their parenting relationships.

These are typically the couples who come in and are really overworked and exhausted and they may not have the communication skills to be able to articulate to each other, "Here is what I need from you. And here's what I'm disappointed about. And here's what I'm dreaming about." But also conflict resolution skills to be able to say, "We think differently about how this child should be disciplined around these issues. That doesn't mean that we need to break up, it just means that we need to find a way to co-parent this child because we're both important to the child and the child needs both of us."

Often that discussion sort of gets lost over the kind of micro disagreements about "Should you hit the child or not," or "Should we let this child be put in daycare or not," or "I don't want your mom coming around and telling us what to do with little Sally or little Jimmy" and those discussions then blow up into "Hey, I'm outta here. You're always trying to tell me what to do" or "You never listen," and then the relationship goes down the tubes.

That's an example, I think, of how sometimes folks know that, "Well, Jimmy's important and grandma's important and I'm important and you're important, but because we don't have conflict resolution skills, the whole thing goes down because we can't connect the dots."

There are some other examples about being able to connect the dots, though. For instances, some parents are really good at doing what I call resource identification. And I'm not talking about just money here, because some folks think that the only resources

that are available to us is money, is dollars. And some folks are very, very good at identifying resources that are non-financial resources. That might be things like child care, it might be things like scholarships, or educational opportunities, or after school programs, or music, or sports or extracurricular activities.

My parents were like really good at that. I don't even know where they got that. They were not even from this country but somehow they got here and they were really good at sniffing out, "Well, here's a good program for Bill, and here's a good program for Janet and here's a way that we can get some help with this, with our rent." They just were good at that and it wasn't about money because they didn't have a lot of money and they didn't find money in terms of public assistance, or those kinds of grants, but they were just good at sniffing out what are the resources that we could have access to that could help us do the job that we're trying to do, which is try to raise this family, try to put these kids through school, try to feed them, try to clothe them, try to give them access to opportunity.

That's a way that some people are able to connect the dots. They know where the dots are and they are able to connect the dots. They are able to make alliances and friendships with people who can help them connect the dots.

One of the saddest things I see is families – often single parents but also families, couples – they believe that it's about getting a payment from somebody, or getting a program, or getting into a program, and not realizing that the program's going to come to an end, the payment could come to an end.

So one of the things that connect-the-dots people can do is that they can say, "What skills, or what stuff do I have to pick up, or do my children have to pick up, so that

eventually they will be self-sustaining?” And then they can take or leave the program. They don't need the program anymore. They can do their own thing.

Whereas some folks, they're looking for whatever the benefit of the program is and they get so focused on the benefit of the program that they never understand, “Well, what is it that I can do so that I don't have to have the program anymore? I don't have to have a program.”

A great example of this is education. Some folks understand that I have to do whatever I have to do to get a good education and to get some skills that somebody down the line will pay me money for and I can make a living. Because if I can do that, then I'm free. I'm literally free.

If I always have to be getting something from somebody and depending on somebody's generosity or obligation to give me something, I'm a slave. I will always be a slave, because I'll always need to find the next person who will give me something.

And this is not a Republican-Democrat-red star-blue star –whatever-they-call-it-state thing. This is about something that we knew, our ancestors knew this. Even through slavery, as soon as we had the opportunity to do (even during slavery) we were doing things, our ancestors were doing things. And those of us who've come from other places, the West Indies or Africa, whatever, we kind of know that when we get here and those of us who hold onto that seem to do really, really well over time and if we lose that we are at risk of being enslaved. Even if it's not by chains and cotton and all that, we become enslaved by systems that keep us away from the mainstream of American life, and what I find, as a clinician, is that it keeps us away from each other. That's that depression and that isolation that I was talking about before.

Q. So what's the disconnect about, then? I hadn't thought about that, so I'm interested in the disconnect that you describe from even what our ancestors would know during slavery and then post-slavery at some point, it seems, some folks have a disconnect. So what's missing there?

A. It's not an easy, simple answer. It's a couple things. You've heard people talk about the worst thing that ever happened to black folks was integration. I don't believe it's that simplistic. But I do think there's some truth in the fact that as we have been able to have more mobility in American society and move where we want and associate with whom we want to associate with, it has become easier to not have a sense of reciprocal obligation that we used to have when we were forced to live together and when we had to take care of each other and each others' children. That's one part of it.

Another part of it is that just like everybody else in American society, we are constantly bombarded with messages that we should be concerned with stuff that isn't important at all. Like whose going to win American Idol's deal? And we're concerned about bringing freedom to Iraqis and not understanding that there are black folks enslaved on the streets of American cities, alright?

We're constantly told that the people who shed blood and give their lives for the Iraqis are heroes but the mother who raises six kids through her blood, sweat and tears in this country, she's a welfare mom.

So what I'm saying is, black folks, just like everybody else in this society, have been bamboozled into not recognizing their own heroism and their own genius and their own resources and their own destiny. And instead we're focusing on stuff that doesn't mean anything and we're wasting time.

When I look at young brothers and sisters and how much time they spend in the mall or text messaging or on video games or listening to music, and how much time they spend at school, how much time they spend in a volunteer job after school, at a daycare taking care of kids, learning a trade from someone, learning how to make a damn pizza if that's what you have to do – learn to make a pizza, be a good pizza maker, you know – we're not doing that. We WERE, years ago, but now a lot of kids don't. But now, having said that, some kids ARE. Some kids are out there doing that. But the drift in Black society, just as it is in the rest of society in general, is to have kids and adults who are concerned about foolishness as opposed to things that really mean something. And that's kind of a cosmic answer to your question but I think that's what's really hurting us. That's how that disconnect has happened and it's getting worse, unless we can sort of focus our minds ,and our attention on what's happening to us.

I'll just say one more thing about this and then I'll get off my soap box. A couple of weeks ago there were all these marches about immigration and all our Latino brothers and sisters went out in the streets and the news was paying attention to that. One of my fears is as an ethnic group within the United States, African Americans, we're going to get left [behind]. People are not going to have much interest or time or empathy for us. That Latinos are going to get organized and they're going to start agitating for what they need and the Asians – in the many flavors that they come –they are going to get much more organized, and we're still going to be here, sitting, saying “Hey, wait a minute.”

Some of that has to do with what I talked about before. Are we people who 1) can identify dots and connect them and make them work for us? Or are we people who are

waiting for something to happen that's not going to happen? We've waited 400 years and I'm not sure if it's going to happen.

Q. I want to go back then. You said that families need to recognize their social support, their systemic support. And I'm wondering how, as a therapist, is there a role that you play in helping them discover or see what that is?

A. Yeah, there's a big role, I'd say it's a major role that any social service provider, but particularly therapists, and even more specifically marriage and family therapists can do. Because what we can do is help families realize that *relationships matter*. To paraphrase Brother West: relationships matter. They are important. Even when they don't work, even when they're painful even when they're difficult; they still matter and they are important.

When I see a mom come in with a child who is not doing well, the first thing she does is describe him as being ADHD and he's not doing this and he's not doing that. What I try to do is help her see that child as her baby, and to have the child see this as his mother and that they have a relationship and that relationship is what will heal them. Medication will not heal them. An after school program alone will not heal them. The government will not heal them. The relationship has to heal them and so the power of the relationship is one of the ways that we can do this. And, making sure that both parties have the skills to be able to build and maintain a strong, healthy relationship. That's something that we, as MFTs, are uniquely qualified to do, even more so than psychologists, psychiatrists, nurses, doctors, teachers, policeman, judges, whatever. We are uniquely qualified to help those two parties that I just talked about get that done.

Or to help a couple that comes in and says, “You know, we think we’re about done with this and we’re not going to put up with this and she’s cheated on me and he’s doing that.” Hey wait a minute, you guys have a relationship and this relationship is worth something. You have an investment in this relationship. You might have kids to show for it, you might not, but the fact of the matter is you’ve been together and this relationship is what’s going to keep you sane. It’s what’s going to keep you from being depressed. It’s what’s going to keep you from feeling oppressed. It’s meaningful.

Now, is it possible that the relationship will have to come to an end? Yeah. Maybe if there’s violence or there’s something else going on, or it’s just not going to work. Even in those situations, can we do the dissolution in a way so that you don’t pull each other’s guts out? Then you do a dissolution in a way so that you still have a sense of your own integrity and your capacity to have a relationship with someone else.

And maybe, even if we’re lucky, for you to support each other in that, that you can have a relationship with other people and if there are kids, that you guys may split but the kids will be whole. And that somehow you can always be supportive of them and they know it. And that the rest of your social circle – parents, in-laws, others know, “Hey, we didn’t make it but we want to make sure that everyone else can be whole.”

That’s a complicated thing to do and it takes some knowledge of systems, family systems and relationships to be able to do that.

One other way that I do try to help people, and I do talk about this explicitly is, what people see happen out there, nationally and internationally, often is a reflection of what happens inter-family or inter-familiarly. In other words, many of the same dynamics

that happen in our families and in our personal relationships, there analogous kinds of things going right and wrong externally and internationally.

I was talking a minute ago about Iraq. What happened to this country and to the world with Iraq is not that much different from the kinds of problems that we get into here: Misinformation, the desire to do something hell or high water and then having to deal with the consequences. These are the kinds of things that happen to people in their relationships. And if we can learn how to deal with those things in our micro-relationships within families, we are going to be better equipped to do that in neighborhoods, across the country, and internationally.

So what we do, and I think Ken Hardy talks about this, he talked about changing the world one family at a time, I think that there's some real traction to that. As a therapist, I really do see that what I do with individual clients and with individual families as making a small but perceptible change in global interrelations and politics.

Q. So then in terms of race and ethnicity, how does that play out? How does that become a reality for African American families by sitting in your office?

A. A couple of ways: one way that it plays out is it's difficult for a family or a couple or even a child if I'm seeing him by himself or herself. It's difficult for them to be able to deal with all these larger issues that I'm talking about if they don't feel like they're whole, and if they don't feel like they have some capacity to make a positive difference in their own life, much less in someone else's life. So one of my jobs is to put people in a position to where they feel like they can be agents in their own lives and agents of positive change in their own relationships.

That's what therapy is, often, particularly family therapy. It's getting family members to feel like they can change the relationships that they have within their own system for the better, in a positive way. Because when you feel some confidence about that, then you can go after the school and say, "Here's what I need from you, [the] teacher and [the] school system."

Or you can go to the police station and say, "Here's the kind of policing I need in this neighborhood and here's what I don't need. This is what is not helpful to me."

You can go to your doctor and say, "Here's what I really need from you. Here's what I'm feeling and here's what I'd like to feel." Instead of just presenting with a disease and then whatever you do, you do to me and I have no say in it, I mean.

So what we're talking about is sort of empowering folks to have a different kind of relationship, not only with each other, but based on that, to have a different relationship with the social systems with which they are involved and that runs the whole gamut.

And ultimately, often a lot of discussions I get into end up being about belief systems. So one of those systems that I'm talking about is the spiritual system, a belief system. So people can, as the result of good therapy, I believe, have a different relationship with God as they see God, whatever they see God as being. And I can have a discussion with folks at some point in the therapy about: "What do you believe and why do you believe what you believe? If you don't believe anything, why is that? What would it be like if you did believe something? How would that change your life? And if it wouldn't change your life, what would?" Because that's part of somebody becoming an agent as opposed to just a recipient. And I think that that's important.

Q. If couples or individuals or kids are interested in reading materials, what do you have them read?

A. I have them read all kinds of things – it depends upon the situation. Actually, a book that I have a lot of folks read is *The Road Less Traveled*. That was written by a white dude but it's a really, really interesting book. It's a book about life and it's a book about looking at life and it's just an interesting book. It's just kind of an interesting book about life and about how to go about understanding what's happening with us in life. It's also a book about therapy, which is one of the reasons I give it to people. Because I think it's a good book about the therapeutic process. This guy was a psychiatrist – or is a psychiatrist; he's still alive.

Depending on who it is, I've given... there's a guy named Jeffery Canada. I don't know if you've heard his name. He's an African American from New York, actually, who grew up in the Bronx, not too far from where I grew up. I never knew him but he's a very, very interesting guy. He's written a couple of books about growing up as an African American man, a young boy, in New York. So his books are really good and written for the general population, but mostly for boys, though, and men. I think that his stuff is really good.

There's a book called *Brotherman*. I do a lot of work with men and boys and so *Brotherman* is a compilation of writings, prose, poems, stories, everything from Fredrick Douglas right up through the rappers. It's called *Brotherman* and I believe one of the authors is named Robert Allen.

And often I'll give, particularly young men, that book because many of them have very little understanding of the breadth and the spectrum of who we are as black men.

What we've done in history, throughout history, what we're capable of doing. I think a lot of young brothers, particularly brothers who are struggling with their own identity, are struggling with: "So what am I going to be? Am I going to be a thug? Am I going to be a dad with five babies and five households? Am I going to be unemployed? And I going to be a drug dealer? So what is it that I can be?"

And books like that and experiences of hearing about stuff like that can be a real antidote to them. I think, again, when you ask about what we can do in therapy, this is another place where we can really do that big time. We get lots of young black men in this system. We can really be very effective witnesses to, "Hey you can be whatever you can put your mind to doing." And sometimes that's the first time anybody's ever told them that.

Q. So I'm interested in probing there. Can you help me understand how you help someone who doesn't have a sense of who or what it means to be a black man or a black woman? How do you begin the process to help them see that?

A. That's a good question because I think you have to gauge it and you have to pace it. I don't think the first thing you can come out with is "Here, read this book." That usually doesn't work. Guys say, "Go back to the 60s." They want to dismiss you. I do think that, first of all, you have to assess: Where is the person? How do they feel about themselves? What is their self-image? What is their self concept? What is their ethnic concept? Who do they think Black people are, if it's a Black person, a Black boy or girl or man or woman?

And if it's a white person, who do they think white people are? And who do they think I am as a Black person? Because I'm the person they're talking to. And there's a

picture of Malcolm X behind my shoulder so what do they think of that? So that's the first thing – assessment – what are we dealing with?

Second is, what are our treatment options? Okay, what is it that they're coming in here for? Because we always have to pay attention to that. What is it that they want and how can I weave this other stuff – *if it's appropriate* – into helping them with whatever they came here for. If they come here for something I can't help them with, then I have to quickly find someone who can and not be invested in all that other stuff if that's not what they need.

And also be willing to be paced by them. They might say, "Hey I'm willing to talk about identity and those kinds of issues" and then at some point they say, "Hey, no, we need to talk about this." So take some guidance from them. That's always important. Some clinicians struggle with that because what they want to do is they want to be in charge and they have an agenda about what they want to do and they want to impose the agenda. That tends not to work very well, particularly with this kind of work that we're talking about.

So the last part is, then, trying to launch these folks back out into the world. I mean, once you've done some assessment and you've done some treatment, how do we get them back into their own environment and using the skills and the insights that you've helped them to gain, hopefully, or they've learned on their own?

So if it's a couple who's been struggling with their marriage or their relationship, how can I get them to feel comfortable or safe enough to start practicing these things out there on their own and maybe just check in with me once in a while, maybe once a month or once a week or maybe next year we'll talk again... if we need to?

Same things with kids: How can we get the kid out there, in school, in the neighborhood, in the family, doing the thing they need to do without having to come in here every week? Because if they're limping from week to week in here, that's not going to help them.

So those would be some things, the three most important things – the assessment, treatment – good, culturally competent treatment – and then how can we launch them and get them out there? A successful launch: The point is not to have them crashing back here on the launch pad, the point is to get them out there.

Q. Are there particular models of therapy or concepts that you find more helpful than others when dealing with race?

A. Definitely, definitely. You know Nancy Boyd Franklin's multi-systemic approach is definitely the thing that's in the back of my mind at all times. I would really suggest that anyone who wants to understand African American families has really got to read that book and reread it because it's just full of so many nuances about who we are and how we respond to good treatment and what that can mean for us.

I think another one of the traditional therapeutic models or approaches is certainly structural family therapy as in Minuchin and company. I like the element or the importance of generational boundaries or generational coalitions as being really helpful and useful in supporting families. I'm not a big believer of flattening generational lines and having kids calling their parents by their first names. It happens and I realize that a lot of families subscribe to that and a lot of American society subscribes to that. But I think there's something really powerful about young people or younger people calling older people Mister this or Miss that or Auntie so and so. There's something about... that

kids know, that the younger generation knows, that they've got something I can use, they've got some wisdom, they can protect me. That's important.

AND the older generation feels a sense of reciprocal obligation and nurturance to the younger generation. Again, one of the disturbing things for me is when I see a five year old or a six year old address their mother as Sally, or their father as John. I'm thinking: "What's that? Their running buddy? Their playmate? What's going on here?" That's just an example, that's just one of the things that I think can get in the way.

There are elements of strategic therapy and brief therapy that I like. But having read all these theories and all these approaches sometimes I think to myself: "But wait a minute, I don't think that person really invented that. I mean, it seems like people do that?" I'm kind of loathe to say I'm a Bowenian or I'm a this or I'm a that because I think they all have some elements that are useful and they all have elements you can use in certain situations. I've never been a subscriber to one specific one, or one specific discipline, simply because I've found that one size tends does not fit all situations.

So there are some situations where you DO have to break those generational boundaries because the nature of the situation just works out that way. For instance, there are some situations where having that kind of solution-focused approach may not be the best way to help this particular family on this particular set of issues, because it's more complex, or it takes more time, or there's some work that has to be done downstream to be able to make a solution-focused approach actually have some traction, have some legs. I think if you're flexible enough as a clinician, then you'll be able to make that work and you'll have better outcomes.

Q. In terms of Boyd-Franklin's multi-systemic approach, or Minuchin's structural approach, would you say that one is better than another when dealing with clients around race?

A. No, and again it comes back to the statement I made before. I think you have to, first of all, assess what you're dealing with and understand who you're dealing with and what you're dealing with and then be flexible enough to say, okay, what in my toolbox can I use to address this. So, what FRAME can I put on this situation that will be a scaffold, not a box, but a scaffold on which I can build something.

See, too often I think what happens is that these theoretical models end up being boxes or cages in which we try to do therapy. And the problem with that is... well, I guess if the problem you're dealing with is small enough to stay in that particular cage, then you're in good shape. But if it's too big, then you have a disaster on your hands. Whereas, if you have this idea of a scaffold, then you try to build something on the scaffold, and if the scaffold's not big enough, you put a different scaffold there. You use some different tools.

Some people call this an eclectic model and I guess you can call it that, but I just think it's important to be able to know about those strategies and to know about those approaches and be conversant with them and know what their strengths and weaknesses are. And, then, approach the actual therapeutic marketplace with as much knowledge and as many tools and as many approaches as you have.

The reason I mention the multi-systemic approach, quite frankly, is because I think she kind of does that. She is drawing from a number of different therapeutic perspectives in her discussion of African American families in therapy, and understands a

number of family systemic ideas, such as development—that families are different at different places in their development—and ecology—that there are resources out there that families have to identify and then take advantage of and that part of our job is helping families be good identifiers and utilizers of resources.

So I think a good overall theory or approach, like Boyd-Franklin, takes into account that you can't use just this one—well, here's this model that all families subscribe to, or can be explained by—and then use that in lockstep.

The one last thing I want to say about this is that if you look at African American families when I started in grad school, which was not that long ago ('89), and look at families now, almost 20 years later, you've got not just African American families. You've got families from Liberia, families from Somalia, families from Ethiopia, Eritrea. You've got families from the East Coast, the West Coast. You've got folks here from India with black skin who don't consider themselves African American in any way, shape or form. So you've got all kinds of stuff here. So even when we use these terms we have to be careful.

I had a young man come in here—actually, his mom brought him in. His mom is European American, and she's raised this kid since he was a baby. He's from Central Africa—no, his parents are from Central Africa. He considers himself an African in America and doesn't really have much identity, racial identity, as an African American. In fact, he kind of bristles against that.

But guess what? So what does that leave him? It leaves him isolated. He's raised by a white person. He has no connection with African Americans here. He calls himself an African in America but he has absolutely no ties with any Africans in America, like

Ethiopians, or anybody else. So he's isolated. No wonder he's not doing well. No wonder he's struggling. No wonder he's depressed. Big time depression. Why? He's alone! So my job is to help him to first of all, see the dots. Can you see where the dots are here, guy? You don't have any family! You don't have any backup.

First of all, you have to make peace with the fact that this woman raised you. She's part of your family. Sure, your skin color is different from hers, but she's part of who you are, alright? And other people with black skin, like me, I'm part of who you are, too. If we go back far enough, we're related. That's a good thing. That's not a bad thing. That's a good thing. You've got to learn something about me and I've got to learn something about you. And everybody else out there has to learn about you. Don't run from that. Don't try to say, no, I had nothing to do with that. Don't try to put yourself in a box. That's untenable. So help him to see that he's got connections. He feels like he doesn't but he really does.

And then as an adolescent he's struggling with now: "Okay, so now as I'm starting to think about what kinds of relationships could I be in, who am I going to be in relationship with. White people? Black people? African Americans? Africans in America? Who am I going to be in relationship with?"

No wonder he's depressed. And he's going through the same angst that all teenagers do. Who likes me for who I am? I don't have to be in anybody's pack or anybody's posse, they just like me for who I am. And, self-conscious about who he is.

And again that is where someone like me can be almost like a coach or a guide to say you can do this and here's how you can—here's how you can use who you are, what

you look like, where you came from, as a resource rather than something that you have to run from, something that you have to be scared off by.

Appendix C: Interview with Participant #2

Q. Do you discuss issues of race and social stress with African American clients and families?

A. Yup, it depends upon the issues they come in with. Typically everything leads back to race and culture so with most clients I talk about that probably in the first three or four sessions. Other clients it may take awhile because the presenting issue is articulated differently and you won't get to that cultural piece until people feel more comfortable dialoging about that.

Q. So when you do talk about it, what ways have you found yourself discussing it?

A. Very seldom do I go directly in the cultural issue unless I'm dealing with someone and being in Minnesota this happens a lot they have biracial kids, biracial families, and its obvious that that's a piece of the issue. Their cultural identity. They are identifying black as being people involved in hip hop and they don't have much knowledge outside of hip hop. They don't have much knowledge of what Black is and so it's obvious that that's going to be part of the issue. And that issue is always camouflaged when I do the goals – the treatment goals – as working on identity resolution. So that's when it comes up when I talk about it directly.

Indirectly, it comes up when the issue may be something about the couple and someone may say something about their relationship, or whatever, and I may refer to a talk show, or tv show, or different movies, and that kind of stuff, and that might be how I gauge people's cultural identification. I might say, "This reminds me of something that happens on *101* or something that happened on *The Best Man*," or something like that, and if people have a strong cultural identity, sometimes they'll laugh or giggle because

they know exactly where I'm coming from. And that kind of gives me a sense of how cultural... how much identification they have with their cultural life, or their culture, so then I can begin to move forward and bring in more pieces of their culture into the session.

Q. So, typically, since you do find yourself dealing with issues of race and culture with your African American clients – and within a biracial couple or mixed family context, are families bringing in specific issues around race or how are they describing the context?

A. A lot of times families don't bring in race except for, you know, "These white people at school don't understand what's going on," or "Child protection, they don't know what they're doing." They bring in race when it deals with them being made to do something. So when they're dealing with people in probation, or child protection... schools, then race comes up as far as "those people over there telling me what to do." And so then it would bring in [would be brought into] the session that part of the issue that is, "They don't understand me and that's why I'm here."

Q. So with those clients, or with any of your clients, are there specific books that you recommend for them?

A. For kids involved in the schools you can't go wrong with, *The Conspiracy to Destroy Black Boys* by Jowanza... very small book, real quick reading. You can read it probably within one day. But it hits all the important areas of being Black and going to school in America. I think that's the one I refer to the most.

Also there are pieces to that – Jowanza also went in and did how to relate in relationships, and did kind of a hybrid book on that. And *The Sociological Politics of*

African American Men and Women, sometimes I refer to. And *Is It the Man's Fault?* is another title of a book that I refer to.

But most often I refer to discussions that's in the community. There's always discussions in the community about relationships and how we relate.

Q. Are there specific models of therapy or concepts that are helpful in talking about race with clients?

A. Models of family therapy – I would say the best model that fits to talk about race – well, you can make all models fit in some ways – but I focus more on genogram stuff, family tree stuff. Because, you know, with African American families all you have to do is say the word 'family unit' and they'll bring you the t-shirts, the family pictures, they'll bring in everything so you've got everything you need for your genogram right there.

Now a lot of families are actually creating books for their families. They can bring in their actual book, which has two or three generations down and they maybe have different stories about people. So Black families love that part of therapy. They love talking about their families, where they come from, who their related to, what famous relatives... those mysterious Indians that's in everybody's family. They love talking about that stuff. That would be the most widely used one.

Sometimes, with structural therapy and strategic, it's brought in, but its brought in more negatively: "You know, them psychologists tried to use that reverse psychology on me like I'm dumb, you know." So it's talked about but it's not talked about as far as, you know, used as a way of helping the families, but used as a way of identifying what the families do not like.

Q. So you'd use structural or strategic therapy to get at their encounters in therapy.

A. Yes, it's the difference between... "What do you believe and how do you believe that you can obtain help?" And most of the time they say they obtain help by talking through the issues and having people... talking about family helps them, because it puts them in the third person. In that sense, narrative therapy always work well with black people, and minorities in general. One of the problems is that we don't get a chance to talk that much. So when you give people an open forum to tell their story, then you can't shut 'em up. They keep going and going because nobody else wanted to hear it.

Q. So what's helpful for you in terms of being a clinician? In terms of how you practice, which do you find most helpful? it sounds like intergenerational, but I'm really interested in hearing more of what's helpful, even more than say, strategic. Narrative is a helpful piece to have. Why?

A. Why, well because, first of all, Black people have been blamed for stuff for a long time. I think that we are tired of "the reason why things are jacked up is because of us." And it's nice to be able to take a look out of yourself. It takes away the whole shame part. And it makes people more open because they can sit there and talk about their uncle's drinking. They can talk about "their grandma doing this, or their grandfather doing that." And they can actually begin to dialogue about "Yeah, I wish they wouldn't do that so much," and "They need to change this, or they need to change that." It kinda sets the stage for them to understand why they're in the position they're in.

When they see those patterns, all of a sudden it's not Tyrone who can't stop sleeping with all these women. It started with Uncle Hannis way back outta slavery when he was taken from his family and forced to breed, and his grandson went through a

similar process. So, in that sense, it takes away the shame and it gives them the opportunity to openly discuss it and share the responsibility instead of having to take all the responsibility on.

Appendix D: Interview with Participant #3

Q: Do you discuss issues of race and social stress with African American clients and families?

A. Sometimes. I can't say that's always the case. I was thinking about a case I had many years ago. A woman came in as recommended by child protection and her child protection worker was a white man. She was a black woman and her children were involved in this protection case. I don't remember the details of the child protection case itself but the issue of race arose very quickly in that case, as I recall because the white man had a presence that was making her uncomfortable and we moved into the issue of race right away because of the discomfort, which was not about child protection work so much. This was the particular: on a weekend day, Saturday or Sunday, he appeared without appointment or calling, to her home with a bag of fresh corn to give her.

So there were several layers of problems in that story and one thing is that she was worried about having to deal with this guy professionally. Here he's doing a gesture that, yeah, in some circumstances would be really welcomed but he's a white guy bringing a bag of fresh corn to her and her family. It wasn't a black guy, or even an Asian guy, it was a white guy and she was not into white people. And here this was her child protection worker who's got the reins on her children. It was real wicked problem for her, so we had to work with how she could help manage her children so she could go beyond the child protection need, but at the same time find a way to be assertive enough to have this man and his whiteness back, push back. So she was in a real bind.

She worked with me for quite a while and she brought her kids in and I actually, in this particular case, invited the child protection worker in. The idea was to meet him

and investigate as to what he was doing and what was the purpose and his intent. What he did, though, he brought in his supervisor with him unexpectedly to the session with me and the supervisor was another white man. I don't really recall the outcome of all of this, but I think the very fact that I said "This is a problem" helped make the problem go away. So I didn't have an intervention other than – "Something's wrong here" – that's all I had. So I was working with both races to help resolve a problem of race and I think ultimately it became resolved because she was able to – it was one of those geographical fixes, she did move away. But I think it helped her reduce her fear, the anxiety, the confusion, and helped her bring back to her focus about how to take care of her kids versus fighting: "Why is this white guy hitting on me," because that's how she saw it. It was an outstanding case and this was many years ago that I went through this. It was very apparent to me.

Q. So in talking with the client at the time, specifically about race, do you remember anything particular about the context of the racial dynamics? Did she have fear, anxiety related to this white guy coming to her door? Was it fear about white people in general and having to deal with systemic whiteness, if you will?

A. It was a bit of all of those elements and ingredients at different moments.

She was angry with child protection and didn't care what color that was. Child protection had come into her life based upon a report that her kid made, which was potentially erroneous, inaccurate, and was way over the top for her, that this was the response that happened.

I know one of the things that I know that I registered right away was that "Ah, this is not so unusual. Here we've got a Black family in the Black community getting hit up

by child protection again.” So I knew that that was a problem and that is a race problem. So there was anger. Then there was fear about “How do I get my kids back,” which might have been separate from anyone’s skin color or racial background, but it’s just the fact that there’s a systemic power – really run by white people – so there’s that issue floating in there. And then there was the stuff that he made which was about romancing her in a very crude, indirect, but very inappropriate boundary break by bringing the bag of corn. And he framed it into a: “We do that. This is one of our clients and I knew she needed some food and it was just a gesture.” So he had all these excuses, but the issue of power and the differentiation, for several reasons – he’s male, he’s White, he’s a member of child protection, he’s got her kid – all of that stuff was stacked in there so she was pissed and she was afraid. Those were the two main emotional states that she was going through.

Q. Are there other cases that you’ve found yourself working with in terms of dealing with race, specifically, and what I would call social stress placed on families by race? Are there other examples?

A. Sure. They come and they go. There’s not a lot of Black folks that I’ve worked with in the twin Cities, just because of where I’ve worked. But there are some, and some are more outstanding than others, and I will just try to relate what I remember. I’ve worked in an in-home therapy agency for a short time. I had to leave the agency because I disagreed with their process and philosophies, but while I was there I had an assignment to meet with a family in the western suburbs of the Twin Cities and this was centered around the child of the family who is a teenage boy, I guess he’s 16, 17 years old, an older kid. And this was a multiracial family – father was White, mom’s Black.

And the boy's Black yet adopted. So we've got adoption issues in there, foster kind of dynamics thrown in there, really quite a mess. They are well off, both of them are employed in very good positions. They're living in a fine neighborhood, very nice home, chicken in every pot, two cars in the garage, just really doing well.

I go into the home and it's very well appointed and immediately I can see the couple is under some kind of stress. The person who speaks with me the most about their concerns for their son is the father. He takes the lead and I'm sort of going, "hmm, this is not quite what I thought would happen." And the mom is in the background and they both seem too young to have a kid this old. So you've got an age problem in here too. If that wasn't enough, the kid wasn't in the room, he wasn't in the building, he wasn't at home. And yet that was my main focus to come out to do the work. So I'm getting this sort of rush of energy from the father about the problems with this kid and it turns out that the kid was in jail; he was in juvenile hall. So I was learning things slowly and watching him work and watching her at a distance. It was way out of whack. The whole thing was just kind of screwy because they had a family dynamic that was very disconnected. There was anger and stuff floating around in the room. Dad was commanding my attention. Mom was sitting on the steps and he's on the couch and I'm on the couch and she won't join the conversation. And I felt it was a racial problem all over the place but I didn't have an entrée into talking about race as I met them and yet I'm drawn to – "okay this is really severe."

Q. But you felt the impact of race on the family but you didn't have a platform to begin the process of helping them dissect some of it.

A. Right, and my style is to meet all of my clients where *they* stand versus where I stand. So it felt inappropriate for me to broach the subject if they didn't bring it forward, even though I may feel the great elephant in the room. I couldn't talk about it because they wouldn't talk about it. They wanted to focus on their out of control kid who was in jail.

And the out of control kid is an adopted kid adopted late in age and I've worked enough in the system to know that that was a pretty challenging transition for any family. They were young as a couple and so not having their own children was a question in my mind: 'where was that floating around?' But I didn't address any of that because that wasn't the question. They wanted to get their kid to behave because he was beyond their control. That's why they invited me in.

Q. And does that happen a lot in terms of dealing with African American clients around race where you'll find that race is part of the dynamic but they're not presenting with that?

A. It does happen that way. It turns out that race will emerge in—and this is very generic—will emerge because of the social constructs that Black folk have to deal with. And then it becomes more of a generalized statement: "Well, the White man does this," or a phrase like that, or "The cop was White, man, you know how they treat you." So you get these sort of broad, sweeping statements and so it's not about a personal sense of race; it's about societal racial views and problems with the society as its structured.

I don't think I have ever really worked with a client who has been in my sessions because of a racial problem, in and of itself. They come to me to talk about – “I've been discriminated against” – that would be very rare that they present. It may emerge that they've had experiences and they've felt some pain or they got confused or they lost a job and it becomes like – “Do you know how that happened?” “Well, I think it's because I'm Black.” So it can emerge but that's not necessarily the presenting problem.

Q. Are there certain books that you would recommend for those clients to read around race and social stress to help them self soothe, or learn, or have information for themselves?

A. That's actually a very good idea but I've never done it... Maybe the word never is not the best word. Paul Rosenblatt, he was lead author, on a book on multiracial couples and I have made reference to that with some sophisticated clients, but that took awhile to get into the therapy and they had to be fairly capable of recognizing the value of it in the first place. It's a very nice educational manual and being used as a text but its not something that's a quick read, and some people would find it boring. It gives some scenarios about what people are doing with mixed race couples a lot but its not something that we just give out to anyone.

I make more reference to that to colleagues who were talking about working with mixed race couples as a foundation. But getting back to your original question, I think it's fair to say that I very rarely recommend material for people to read.

Q. Is there any particular reason why?

A. Because I just don't see a great value in it. I figure what we do in the therapy session is the most important part and then following their lead – I will support people who say, “Oh I was reading some stuff on this or that,” and if it seems to be helpful to them I'll say, “Oh read more.” But I don't give a reference to anything.

I don't do handouts. I will refer to other therapists. I refer to people doing group work if there's a specialty area they want to work on. But even those are fairly rare. My style is, I'm a brief therapist trained by Bill O'Hanlan and the elements in my therapy are really about meeting people exactly where they stand when they come into the room each session. So I assume that folks have a life; they try some things, some of which will be stimulated inside therapy, but they have to live it out there and then they will come back and say what they're doing.

And that's one of my first questions: “What are you doing and when did you do it? And how did it help you?” Those are the kinds of things I go after right away. Because it's basically reviewing the homework that may have been directly generated or implied and I take it from there because I think if folks don't have a life outside there then it becomes a different form of therapy.

Because I've worked with chronics and I've worked with folks who are stuck in Axis II and they can stay with you for the rest of your life and not do much work there, but they have a relationship in the therapy which is not all terrible, but it's not the type of work I want to do. So I have a preference. I'd rather see people have a life and grow, develop, challenge themselves, have the courage to change, have the patience to change. I use those types of terms and I say often, when you walk out that door, “That's your life.”

Regardless of any subject: it can be about abuse, it could be about race, it could be about money, you name it, religion – it's their life. And I think that's what's allowed me to be a therapist for as long as I have because I don't try to fix people. It just doesn't work.

I'm a family therapist so I work with relationship dynamics. I want to help people relate to other people inside their families (Unable to hear over jet)

They're going to experiment; they are going to test the waters, because they learn how to do it elsewhere by the experience they have inside the family. Families need to continue to grow. A lot of families don't remember that the adults, the parents, the aunts and uncles, the grandparents, whoever is touching the group – they are still growing. Now maybe the growth isn't so obvious or it's slowed way down but they're still changing. And developing and embracing that and having some internal awareness of that. The externals can come pretty easily but the internal growth thing is something that a lot of folks will miss. And it's not so much missing as it's just not aware. There's no clarity that they still are developing and formulating ways of living in the world. Because they recalibrate based upon their environment. And that's a growth.

So, race becomes very important for some people. That one couple I was telling you about, we did move forward to a great degree where we ended up going to juvenile hall and meeting there with the son and we had a couple of sessions there. He was very distant, but it was kind of interesting... mom still stayed a step back. It was dad's agenda to have a child at all and to pick a Black child. So here's this Black kid who had lived in the black world now is adopted into a partially white family. It was a pretty complex story. But I think the kid wanted to have a family. So he was kind of grabbing at

whatever straws he could and at the same time still acting crazy. Not crazy in a mental health way, just doing stupid stuff he didn't need to. This kid had 20 pairs of tennis shoes. All of them cost \$50 each. He had all the material things but somehow he just couldn't settle into it; the riches that were available. The father was fit to be tied: he was "Well why doesn't he ..." [The therapist:] "Turns out, you're [the father] the wrong skin color. He's not hooking in but it's not because he doesn't want to, it's because it doesn't make sense. It's sort of like off the grid here. I don't think he's mad at you, he just doesn't know how to have any pride in the fact that his dad is "White."

So, that is where we went. We got into some racial talk, me and the man. The kid was not privileged to all those conversations but I think it was helpful for the man. Ultimately, and I learned this much later, the couple divorced. And the kid is still living with the guy. I learned that a couple months ago. Over time there was a shift; the woman leaves, but the two males are still in a relationship, working on some things. So I sense that some of the angst of race had sort of drifted away. Which is, I think, a positive. Because the kid needs a father, over and beyond the race issue, he still needed someone who could help him grow up. So that was encouraging to see and I don't believe I was particularly responsible for all of those changes. I was only with them for a few sessions, but I think it was a pretty powerful thing in the family.

Q. So you said that you prefer to function from a brief therapy model. Are there particular models that you think are more helpful than others when talking with clients about race?

A. This is where you're going to hear more about me. I believe that race for most folks is a distraction. And so if it's presented as a problem in someone's life – which has

been very rare – the issue of race is very big and very vague. And you can stand from any political position or personal position and it's usually fraught with a lot of anger, angst, hatred, fear. It's very rare that someone says, "Ah, I'm so glad that we are a wonderful melting pot in this world and we all get along." It doesn't come that way. It comes because there's a history of systemic oppression in our society, you know. Where there was a real clear issue of race based upon people's skin color and they were killing each other, or attempting to hurt people seriously.

So I tend to go, "Okay, we can talk about it forever, and it obviously impacts our education, our socio-economic lives are touched by it, people's successes or not going up the great ladder," and so on and so forth. I actually go: "I don't know what to do with that in a therapy session" so I just go, "Oh man, where are we going to go with this?" Because I can't change those social constructs. They are very big and they are very powerful.

Some folks maneuver around them quite well. My colleague, name, he tells me about his work. He works with football players. These guys are maneuvering through the race thing. The society has cast them in strong Black guys who know how to play ball. Some of them are really brilliant and they say, "got a scholarship, you know, and I got recruited and I got traded and I've done some stupid stuff" But then others of them say: "I'm going to medical school, too. See ya. I'm not just a brute and muscle bound and stupid."

I hear those stories and I go – "Good! They are not getting caught in their own stereotypical energy." So I appreciate seeing that and hearing about that. Yet, as a therapist if someone came to me and said, "I'm stuck in my Blackness and as a football player I don't know what to do?" well that would be a heck of a story to have to work

with. I'd work with him, but that's never occurred. People don't come up and say "I've got this racial dilemma." There's no DSM in it. So folks don't see it as a mental health problem. So they don't address it in that manner. It's a societal problem and a social construct problem and they will address it there. But as a therapist, the axis for change in that context is, I feel, limited.

Now, as a Brief Therapist—back to the first set of clients I talked about, the woman in child protection—I felt I had some access to those situations because there were some very exact behavioral things going on that really frightened her. So giving her tools to assert herself, to be clear about what she wanted, to set a boundary, and not be caught in the fear of losing her kid at the same time, I could work with that.

But that is really bringing it down into the immediate interactions between her and other human beings and there is a race issue. So I can find a way to work there.

Like, I had a gay man come to see me. He's an African American man. I heard from him pretty quickly that he was gay and very active, looking for another partner but he was sort of—for lack of a better terms—he was a flaming gay. And his profile was very high. This is a man who came in very tight cut-offs to the session. He was showing his body. He was well built. He was a handsome man. And his issue was how he was going to have another partner. So, I asked, "What color is the partner that you want?" Because there was something about him that he wouldn't tell me where he wanted to go. He wanted a gay man to be involved with, but he wouldn't give me any quantifiable stuff to work with. And, as it turns out, I think I was one of his targets, which didn't go very well because I'm not gay and I'm a therapist and he's my client. But, by his behavior and his demeanor and his content and the subject, this is really kind of weird. But, one of the

questions that came to mind, was: 'Is he seeking a White man or a Black man?' I kept going back and forth. I said, "If you're seeking a White man in this community, there's probably plenty." If you're seeking another Black man just like him, he's got a long ride. And I didn't know exactly if that's true because I'm not inside the gay population, but considering I was in the Twin Cities I thought his numbers were going to be pretty limited.

And I would have been willing to help him but he was, again, in this other zone. Even though he was verbally saying this, all the rest of his communication was saying something else. And the therapy didn't really last. So there was race stuff going on and I was willing to work on it, and I'd be glad to, but I was getting kind of stonewalled and tricked.

Q. So there's a couple of things that I get from this conversation. 1) That race doesn't necessarily come up right away, or if it ever comes up. 2) If race does present as an opportunity to come up, there isn't any real opportunity to help the client with regard to changing the social system, but if you can help it becomes more about 3) navigating the system, and then kind of 4) the client has to be at a place where there's a certain level of openness about race and specifically what they want from the therapy process, even if race never comes.

A. A client who works with me has to take ownership with what they want. I can't make that one up and I won't. I am very hesitant to label people, to define who they are, to direct them into the world. In the end, that's my training, a lot of training from my brief model orientation, the solution orientation model of O'Hanlan. But then it works well with families; it's a very nice match with family therapy in that families are on the

run. They're not static so its very helpful when families come in to use that model because there's so much stuff going on and if race is a part of that stuff, hey, fine, we work with it. But if its not there, its just not there.