

The First Session with African Americans

A Step-By-Step Guide to the Most Crucial (and Perhaps Only) Opportunity for Effective Change

Janice Sanchez-Hucles

Chapter 1: Description of the Population and Mental Health Experiences

Effective first sessions with African American clients require well-prepared therapists. This chapter outlines important demographic, philosophical, and cultural characteristics of African American clients. We'll explore the challenge of balancing information about African Americans as a group with the necessity of always focusing on the uniqueness of each individual client.

This chapter will help you appreciate important areas of diversity and similarity among Black clients. Naming and self-identity issues are critical variables to understand. We as therapists need to know how clients understand their racial, ethnic, and cultural heritage, as well as how they want others to view them. The term naming refers to the word or words used to describe a group, for example, Black or African American. The term self-identity refers to the terms individuals use to refer to who they feel they are, how they want to be identified, and with whom they feel affiliated. In this chapter, we'll explore some of the factors that lead individuals to prefer one term over another. Out of respect for the varied ways that this population of individuals self-identify, I'll deliberately use both the terms African American and Black.

RACIAL AND ETHNIC IDENTIFICATION

There are approximately thirty million African Americans in the United States; 47 percent are male, and 53 percent are female. Black Americans currently compose about 12 percent of the population.¹ Of the total African American population, 60 percent reside in urban areas, and a trend toward moving north and east has reversed so that more and more Blacks reside in southern states.²

The population of African Americans is united by historical ties to the west coast of Africa, slavery, indentured servitude, discrimination, and ongoing traditions of resiliency. But at the same time, African Americans are also heterogeneous with respect to appearance, ethnic identity, religious affiliation, socioeconomic status, cultural expression, family composition, and geographical origin and residence.³

African Americans have diverse geographic backgrounds due to slave trade routes and because their ancestors may have settled in the Caribbean Islands, Central America, South America, the United States, and Canada. As a result of this geographic diversity, Blacks may speak Standard and nonstandard English, Spanish, French, Portuguese, and other languages and dialects.

African Americans vary on many demographic and cultural dimensions. Out of respect for the diversity of this population, we must try to understand how each individual client self-identifies. In the United States, traditional laws dictated that any individual with a drop of Black blood was considered Black. Today there are growing numbers of multiracial individuals, some of whom identify as Black; but there is a significant trend

for many of these individuals to identify themselves as multiracial. Some Black individuals grow up in homes where the primary language is Spanish, French, or Portuguese, not English. Our society tends to force these individuals to ignore their multicultural heritage in favor of identifying themselves simply on the basis of their visible skin color.

What's in a Name?

It used to be that when a White person was comfortable with a Black person, the most typical question was, "I know this is personal, but can colored people get sunburned?" Over the last twenty years or so, the question most of us field from White individuals is, "Why do you people keep changing your name? First you were 'colored,' then 'Negro,' then 'Black,' then 'Afro-American,' and now 'African American.' How can we figure out what to call you when you can't find a name and stick with it?"

Majority group members' confusion about racial naming is understandable, but there are good reasons why racial names have changed over the years. Names matter. It is a positive development that more individuals are sensitive to these issues. African Americans have a history of being disrespected by the names they've been called. The terms colored and Negro were designations assigned by the majority culture. For years these terms were associated with second-class citizenship, segregation, and other symbols of repression. Whites have often forgotten that it was only one generation ago that many Black individuals were legally restricted to "Coloreds Only" entrances, bathrooms, water fountains, schools, and services that were consistently inferior to the resources available to White Americans.

In the 1970s the progress of the civil rights movement led to the rise of the sentiment "Black is beautiful." This was a remarkable development, because Black people chose to call themselves Black as a sign of pride. (In contrast, in American culture the connotations of the word black are usually negative.) The racial pride inherent in the use of the term Black led to a greater feeling of kinship with other people of African descent, and so the next popular term of self-identity was Afro-American. Most recently, the term African American is the preferred term for many Black individuals in the United States. Just as people use the terms Italian American and Irish American, Blacks have chosen to use the name African American because it gives recognition to the continent of their ancestors and to their cultural and citizenship ties to the United States.

Just to make this issue more interesting, not all Black Americans are able to make the switch to calling themselves Black or African American. Many older individuals who spent their lifetimes hearing negative and inaccurate information and stereotyping of Blacks and Africans still feel uncomfortable or ambivalent about these newer terms. We as therapists can't help but make assumptions about what a client prefers to be called based on the client's age, appearance, or background, but we'd all be wiser if we checked out these suppositions with each client. We will talk more about how to do this later.

Blacks from Outside the United States Typically, the term African American is reserved for Black individuals born in the United States. Other individuals from Africa, the Caribbean, Central or South America, and Canada usually refer to themselves by their country of origin or as Black. Individuals who immigrate to the United States from other countries in Africa and elsewhere don't consider themselves to be African American. These individuals may in fact be very insulted if they're mistaken for a Black person whose heritage is from the United States. Individuals who come to the United States from other countries note that their experiences are different from those of Blacks in the United States with respect to the legacy of slavery, discrimination, and minority

status. Although many of these Black individuals had ancestors who were slaves, their cultures are tied to Native American and European countries in ways that are different from those of Blacks born in the United States.

Blacks from outside the United States note that the nature of the discrimination and oppression they have faced is different from that of African Americans, especially in cases where Blacks were a numerical majority in their country of origin. Where Blacks are a numerical majority, there is often a greater sense of strength and solidarity, and more frequent placement in visible positions in society. This can contribute to a more positive self-concept and a greater sense of self-efficacy.

As therapists, we need to understand the diversity of background that the terms Black and African American represent. Table 1.1 illustrates the heterogeneity of individuals who self-identify as either Black or African American. Census data also indicate that fewer than 1 percent of Black individuals in the United States are immigrants from countries in Africa.

Immigrant Versus Nonimmigrant Status

On many occasions I've been asked, "Why do immigrants achieve such success in their new country when African Americans continue to have such significant problems?" Those Blacks who are immigrants are often characterized by a strong desire to succeed in the United States, and by the belief that hard work can overcome all obstacles and that extreme sacrifices can pay off in the long run with high levels of accomplishment. Many of these individuals immigrate with a marketable trade, some meager financial reserves, and, most significant, with a strong psychological belief that they can be successful.

These Black immigrants are different from African Americans in many ways. African Americans born in this country have parents and grandparents who faced slavery, the Jim Crow era, and legalized segregation, as well as many generations of oppression, unemployment, and poor results from educational strivings. As a result of this history, many African Americans do not believe that it is possible to "pull themselves up by their own bootstraps." Many Blacks have found the forces of institutionalized oppression too overwhelming and consequently believe that success is only possible operating outside the mainstream culture.

Some African Americans have developed feelings of learned helplessness. These individuals know that education, skill, and experience do not open the same doors of opportunity for them as they have traditionally for those of European descent. Many families have endured generations of trying to pull themselves out of poverty, poor housing, jobs that do not pay enough to support a family, unsafe neighborhoods, and inadequate educational resources. These individuals have decided that it is better not to try than to continue to try without any hope of achieving success.

When these individuals turn to public assistance, they face the additional humiliation of being blamed for their own suffering. Those with learned helplessness are missing the activating forces that motivate many immigrants. Therapists must use sensitivity in gradually challenging clients' sense of impotence in order to overcome their long history of demoralization.

The Importance of Understanding Self-Identity

Race is a crucial variable that we can't overlook when understanding how clients view

themselves. We therapists make assumptions, even when we know we shouldn't. As clients explain their ethnic backgrounds, we need to be aware of our own biases, prejudices, and assumptions. Problems can occur whether a therapist is White or a person of color.

One example of misunderstanding of backgrounds arose when I was supervising a Latina therapist at a university counseling center. The therapist, Lettie, had an intake session with an African American client named Tim, who sought assistance from the counseling center because of depression and anxiety related to his poor performance in one of his classes. Tim was initially pleased to have Lettie as his therapist. He told her that he thought it would be easier to open up and work with her because he felt that as a minority female she could understand how hard it could be for a minority student at a predominantly White university.

During the first session, Lettie focused on Tim's background. She learned that he came from a working-class background in an urban area and that he was the eldest in a family of four children. He was raised by his mother and had only a distant relationship with his father.

Lettie, now in her third year of a doctoral program, was pleased that she could diagnose Tim's problem by the end of the first session. She told him that "from what I've read in the newspaper, I know that most African Americans in the good universities are here because of affirmative action programs." She went on to explain her conclusion that he came from a culturally disadvantaged background and was unprepared for college work and that he should be referred to the special services office for tutorial and remedial work. She said to Tim, "I'm sure you're motivated enough to overcome your background and be successful in college."

Tim was insulted. In no uncertain terms, Tim told Lettie, "I graduated at the top of my class with excellent college board scores." He left that first session convinced that he would have to find some other way to cope with his problems, as it was clear that Lettie couldn't help him. What went wrong?

In this case, both the therapist and the client made some erroneous assumptions about each other. Tim thought that because Lettie was from a minority group she would understand how difficult it was to ask for help. He expected her to know how much pressure he felt to defy stereotypes and to be a top student academically.

Tim did not know that Lettie had immigrated to the United States in her senior year of high school and belonged to a very wealthy South American family. Lettie did not feel any kinship with Tim or any understanding of Tim's circumstances because her background bore no resemblance to Tim's. In fact, Lettie didn't self-identify as a minority at all. Because of her family's wealth, status, and Caucasian appearance, Lettie and her family members were treated with all the privilege and status typically accorded to White Americans. Lettie and her family had very conservative values and were opposed to programs that they felt were handouts to people capable of working hard and improving their circumstances. Lettie's only real identifiable tie to a minority group was having a Hispanic name. Tim and Lettie had very little in common, and Lettie was not a culturally competent therapist.

In subsequent chapters, we'll talk about how to raise the issue of race and self-identity. For now it's important to understand that clients make their own decisions about their cultural heritage, color, and identity, and that all these variables most assuredly affect how they see themselves. It is therefore important for us to sensitively assess the guiding

philosophies of individual African Americans. Similarity of color can obscure major differences in background, values, and behavior.

GUIDING VIEWS AND PHILOSOPHIES

In the past, a hot topic of discussion was whether Black people in the Western Hemisphere were more "American" or more "African." Historians, anthropologists, and other researchers now believe that Black culture was shaped by the integration of African traditions with the experiences in the Western Hemisphere.⁴ It's important for us to understand this integration of values and traditions if we are to understand our African American clients.

Family Ties

There is a strong consensus supported by research that Black individuals grow up in families that adhere to the African traditions of being communal and collectivistic. In this tradition, interactions are valued that focus on the good of the whole family and group and not just on the needs of an individual.

Partially for survival reasons and partially due to African traditions, Blacks deeply value the strengths of the extended family. Grandmothers, grandfathers, aunts, uncles, and even so-called fictive kin all play a major role in raising children and providing support to parents. The term fictive kin refers to those people who are treated like blood relatives although they're really only close family friends. Members of African American families are taught to share their resources with other family members. Likewise they are taught that when they are in need, they can ask "family" for help. In general, it is not OK to ask for help outside the family.

Another tradition is to hold a deep respect for the elderly. In fact, a stigma is often attached to placing relatives in nursing homes. Family members may feel that they are letting down long-held family and cultural traditions if they do not provide high levels of support and care for their elderly or infirm relatives. African American clients may experience guilt and anxiety if they receive the typical counseling adage "take care of yourself" while they are trying to be true to their family and cultural values that advise them that "family must come first."

Historically, social science literature has portrayed the African American family as inferior, disadvantaged, and different from White families. African American scholars countered these distortions by identifying the strengths of Black families. Pioneering and current research cites the strengths of African American families: the central role of extended families; a strong work ethic, high valuation of educational achievement, flexible gender roles, and high commitment to religious and spiritual themes.⁶

Many African Americans are unique in their ability to perform both instrumental and expressive functions without undue attention to gender roles. Although there are definite pressures to subscribe to the majority culture standards as to what constitutes "male work" and "female work," historical pressures have led to some flexibility in gender roles for Blacks. Specifically, Black women, as a group, have almost always had to work outside the home as well as inside the home due to racism and economic necessity. Because females had to work outside the home, men and children have historically assisted in what the majority culture has considered the "female" work of cooking, cleaning, and caring for children.

There are other characteristics of African traditions that we would be wise to consider. James Jones believes that what unites African descendants are the values of time, rhythm, improvisation, oral traditions, and spirituality (what Jones refers to as TRIOS).⁷

Time

It's imperative to be aware that some African Americans experience time as flexible. They don't believe that time commitments should bind activities. For example, if an African American client asks a question at the end of the therapy hour, he or she might expect that answering the question and building a relationship would be more important than delaying the end of the session for a few minutes.

Many African Americans are taught that valuing people and their feelings is more important than being "anal" about time. As a result, many Black people joke about C.P.T.-colored people's time. This phrase refers to the idea that sometimes scheduled events in the Black community may start a little after the advertised time. It can actually be considered in poor taste to show up exactly on time for a party or social gathering, as the expectation is for guests to arrive at least a half hour later than the announced time.

This issue of time can be confusing because some African Americans take pride in showing that they endorse more Eurocentric values of time and like to be early, prompt, or highly structured in their use of time. I frequently hear my White colleagues complain that when they attend an event in the African American community, they have to ask if the start time is based on colored people's time or Caucasian time.

Rhythm

Many African Americans rely on rhythm or "vibes" as a basic tool to process both verbal and nonverbal cues.⁸ Many African American clients demonstrate this quality when they evaluate their therapist based on how "in sync" they feel: they notice whether the therapist's actions and verbalizations match; they have sharp antennae about any negative or masked feelings of the therapist; and they are highly aware of the degree of ease in the give and take of their conversation with the therapist.

When clients intuit that they are not establishing an effective rhythm with their therapists, they do not develop rapport. Likewise, a client's sense that the therapist is in sync can facilitate a strong working alliance.

Improvisation

Many African Americans value improvisation, which involves a desire to be unique and distinctive and to demonstrate flair or verve. People demonstrate this quality in their style of dress or in a colorful way of speaking. Richard Majors has commented specifically on the need of young Black males to adopt a "cool pose." This posturing refers to a style of dress and speech that expresses bravado and hypermasculinity. "Cool pose" behaviors provide a positive sense of identity and validation for young men who are not likely to find societal reinforcement in academic and vocational pursuits.

I'm reminded of the first session I had with "Little Bit" and his family. Little Bit was a slightly built fourteen-year-old male who was referred to me for therapy because of his poor school achievement and fighting with peers. For our initial appointment, he wore an electric-green T-shirt and purple pants that hung so low on his hips that his boxer trunks were visible. He spoke using a lot of "gangsta rap" slang. He wore a baseball hat that was

placed backwards on his head and always kept on whether he was inside or outside. His attire and speech pattern might have identified him as a hard-core gang member. But it quickly became clear to me that Little Bit was trying desperately in his poor grades, his fighting, and his dress to fit in with the dominant Black peer culture in his school and neighborhood so as not to be "dissed"-as in disrespected.

It was important for me not to get hung up on his attire or to lecture him about how dressing less flamboyantly might help teachers and administrators be more accepting of him. Instead, I needed to use this first session as an opportunity to get the whole family involved in understanding Little Bit's feelings and behaviors with the goal of helping him feel affirmed and supported by his family.

It was clear to me that Little Bit had been coerced by his parents and school to attend therapy. When I first saw them in the waiting room, Little Bit was slouched in a chair as far away from his parents as he could be while still in the same room. He had on headphones and was nodding to the music. In contrast, his parents, Mr. and Mrs. London, were dressed neatly and conservatively in what looked like their church clothes. After I introduced myself and invited them into my office, Little Bit very slowly joined us.

After we settled into my office, I tried to break into Little Bit's passivity and distance by asking him why he was brought to see me. He shrugged and said, "I don't know. My parents are always on my case to do things their way-not my way. I don't want to be here. Just talk to them." I explained to Little Bit that although I didn't know all the circumstances around his visit to my office, he definitely had a major role to play in our session. I told him I needed to hear from him every bit as much as I needed to hear from his parents.

Finally, giving me some brief eye contact, Little Bit said, "Look, I'm almost a man, but my mom and dad want to treat me like I'm a little kid." At this point, I asked his parents if what Little Bit said was accurate. His father jumped in with a scowl at his wife and said, "Actually, he's right. My wife, Lois here, doesn't know what it's like to grow up as a Black man today. He's got to learn to be a man by being tough and by knowing how to defend himself. I'm not telling him to go out there and start some foolishness with someone, but if someone starts something with him, he'd better know how to finish it in order to protect himself."

Mrs. London spoke very softly when I asked her what her thoughts were. I realized that her voice was shaky and that she was near tears. She said, "In our extended family, we've already had one of Little Bit's cousins shot, and we have another nephew in a detention center. If Little Bit gets out in the street and tries to prove something, he risks being put into jail or getting hurt. I don't want that. I want him to stay in school, get good grades, and have nice friends so he can make something of himself and get himself a job that pays better than the jobs my husband and I have."

We talked about how important it was for Little Bit to feel masculine and accepted. From his father, he was getting a message to "be a man and defend yourself," and from his mother it was "don't get into trouble and ruin your future."

I knew we had a lot to accomplish in this first session, and it wouldn't be easy to reconcile the different perspectives of this family. I started out slowly by saying, "I hear very clearly that all three of you are looking at what is happening from different angles. It's going to take some time for us to fully hear and appreciate the different views you all have. But I'm impressed that we're united in the goals of Little Bit's being safe, not winding up in jail, and being able to succeed at school and in life. There might be

different interpretations of how we can accomplish these goals, but at least we have a starting point."

The first issue we addressed was how his mother and father needed to unite in sending a clear signal to him about expectations. Little Bit was finally able to hear that neither of his parents wanted to see him get hurt or be involved in activities that hurt his success in life. His parents started to understand how important it was for Little Bit to deal successfully with the peer pressure he faced.

We explored the idea of Little Bit participating in a basketball recreation league at the community center, spending more time with his father doing some part-time painting jobs to earn money, and bringing his friends to his home when one of his parents was present. Little Bit was slowly responding to the idea that he could make progress in school, receive praise from his family, and still feel accepted by a peer group. We strategized on how Little Bit could wean himself away from his peer group without losing their respect. The family agreed to return for additional sessions to try to implement and consolidate the plans we developed in that first session.

Oral Traditions

African Americans enjoy a long-standing cultural tradition of valuing oral expression. Black families encourage even very young children to memorize songs and dialogues from movies, television, and books. This oral tradition began in slavery when African Americans were prohibited from reading and writing. Blacks learned to pass on family history, issue warnings, and share stories, songs, jokes, parables, and biblical passages via the spoken word. Blacks used this oral tradition to learn how to problem solve and think quickly on their feet in case they were challenged by Whites or by other Blacks. African Americans have learned to be experts in oral activities like trading insults (as in "playing the dozens") and developing rap music.

There are frequent occasions when African Americans are expected to speak up and to develop, hone, and showcase verbal skills. These situations range from informal social gatherings to more formal situations such as church or public forums. It is therefore inaccurate to accept the stereotype that African American clients are deficient in verbal skills and unable to adjust to the verbal interaction of psychotherapy.

Spirituality and the Role of the Black Church

Many social scientists have long remarked that the most segregated time in our society is Sunday morning. The United States has a long history of people worshiping along racial divides. It is fairly ironic that despite the Judeo-Christian ideals of love and acceptance, most of the individuals who worship together are racially homogeneous.

The Black church is one of the few institutions that have been under the control of Black people. It is not surprising that the civil rights movement grew out of the Black church, because it was one of the few places Blacks could gather without being under the scrutiny of Whites. It is also chilling to think that because it remains one of the few institutions of Black control, power, and economic resources, majority members continue to target the church for fires, desecration, and random violence.

In addition to the allegiance many African Americans feel toward the organized Black church, many African American clients also deeply value a sense of spirituality. These feelings exist in many individuals regardless of whether or not they maintain regular

attendance at a place of worship. Most African Americans have been exposed to the idea that there is a creator, a master plan, and meaning to the challenges of living. This strong sense of spirituality and harmony may be accompanied by numerous references to God, Jesus, the devil, angels, sin, temptation, and redemption. A client also may make allusions to God's Will that can appear to the uninformed therapist to represent fatalism, a lack of internal control, or both.

Because Black churches are almost exclusively composed of Black members, it is one of the few places where African Americans can feel comfortable about fully expressing their feelings. In the safety of the church, people can speak in tongues, sing and clap, verbalize a sentiment in support of a sermon or a song, and cathartically work out the burdens they carry. Majority culture often misinterprets this behavior as being immature, regressive, or naive, or as a sign of being out of control in a manner akin to psychoses. Such interpretations miss the point of what is valued by African Americans in their celebrations of faith.

Only recently have therapists begun to appreciate that the spirituality of many clients may be completely unrelated to pathology or to borderline or psychotic states. For African American clients, these strong religious values frequently are vehicles that they can use adaptively as a source of strength, support, and inspiration. We need to be alert to the fact that our clients' spirituality reflects a long-standing collective strength and resiliency that we should see as an asset and not a liability.

SIGNIFICANT MENTAL HEALTH AND TREATMENT ISSUES

There is considerable debate about the rate of utilization of mental health services by African Americans. Preliminary research suggests that African Americans are more likely to use these services than some other groups of ethnic minorities.¹⁰ But these studies also make clear that African American clients who present for mental health services are more likely than other racial and ethnic groups to be hospitalized and to be diagnosed as schizophrenic. These findings have helped shape the perception of mental health workers that African Americans are somehow more disturbed and in need of restrictive mental health services than are other racial and ethnic groups.

Other analyses demonstrate inconsistent utilization rates for African Americans. These figures, which were derived from reviews of national statistics and of utilization rates at colleges, suggest that African Americans tend to underutilize mental health resources.¹¹ Research and clinical practice have consistently shown that African American clients are most likely to seek services in crisis situations and are less likely than European Americans to persist in therapy for more than one session.¹²

Ambivalence About Seeking Services

African American clients are cautious about seeking mental health services. They may recognize their need for counseling, but many have heard horror stories about the insensitivity of therapists and about being forced to disclose personal information and then having what was said in therapy used against them. Consequently, many African Americans are unsure that the potential benefits of help outweigh the potential risks of harm.

In addition, therapist bias against African Americans does exist. Too often, therapists have lumped Blacks into a category of clients who cannot benefit from verbal or cognitive therapies. The idea that these clients can't benefit from psychotherapy owes a lot to long-standing stereotypes and to therapists' own comfort level in working with

Black clients.

There is no question that therapists feel most comfortable and confident when treating clients most like themselves.¹³ As a result of their discomfort, many therapists distance themselves by recommending a group intervention or medication rather than individual, talk-oriented therapy. They justify this practice with the rationale that African American clients will not open up or that they simply don't have adequate verbal skills to benefit from therapy. Because these clients are different from the therapist, they are seen as more disturbed than other clients and must therefore be referred for medication.

When African American clients seek help, they are likely to be fearful, as are most other individuals. All clients are concerned that they will be held responsible for their difficulties, labeled as "crazy," or be misunderstood. Black clients must also overcome their historically legitimate fears of being blamed for their misfortunes. There have been too many occasions when they've been told, "You brought these problems on yourself," "You didn't work hard enough," or "Can't you just snap out of it!"

A special concern for African American clients is that they come from a cultural tradition that values people solving their own problems or at most seeking assistance from family and friends. To seek help from the formal mental health system can make most Black clients feel like a failure simply because of their need of assistance.

In many cases, clients seek services in response to external pressure rather than because they have decided for themselves that they want therapy. African American clients may be referred by school personnel because of problems with their children, by social services because of concerns about family dynamics, by the court or criminal justice system because of legal problems, or by health specialists because of psychological aspects of physical diseases. In all these situations, clients are apt to have realistic fears that how well they do in therapy may have significant consequences for their lives. It is difficult to trust either the authorities who referred them or the therapists who treat them. Often these clients know they do not have full confidentiality and that their progress or lack thereof will be monitored and reported.

Another subtle reason that African Americans are fearful of therapy is that they are aware of the occasions when Blacks have been referred to therapy simply because they didn't conform to White middle-class standards. Many of the difficulties African Americans face in work, school, and other societal settings arise simply because the structure of these settings is not designed to be responsive to their values, behaviors, and needs. The implicit message is, "Go to therapy because you are not like us. You need help so that you will be more like us and fit in."

When we do not respect difference, we are sending the strong message that one way of behaving is superior to another and that those who don't conform will not be accepted. It is not surprising, therefore, that African Americans are fearful that therapy is simply another technique to "shrink" them into more acceptable mainstream values and norms. Their hesitation to seek services from the majority culture is appropriate.

Paucity of Culturally Competent and African American Therapists

When I refer an African American client for therapy, the immediate question is, "Does this counselor understand Black people?" This is a loaded question. What this potential client is actually asking cuts across several dimensions: Does this therapist

- Understand that Black individuals and families are distinct from other individuals and families?
- Understand that racism, classism, sexism, and other sources of discrimination are real issues for Black clients and not a sign that they're "too sensitive" or paranoid?
- Treat me as an individual deserving respect and at the same time avoid being biased or paternalistic or having a personal agenda?
- Know something about Black cultural expressions: values, music, styles of speech, dress, mannerisms, and popular and classic music and literature?
- See me as deviant simply because I'm different from him or her?

If the therapist is Black or is another person of color, the client is likely to ask the following questions:

- Can he or she relate to me?
- Can this therapist understand the complexity of my life?
- Is this individual too distant from me because of differences in our income or education or because of the need to be "one up"?
- Is this therapist as qualified or as well trained as a White therapist?

Basically, the client is asking if the therapist is culturally competent. Unfortunately, many therapists are not. Although many training programs address issues of cultural competence, African American clients can't feel confident that the therapist they are seeing has met any widely accepted standards in this area.

African American clients and therapists from any racial and ethnic group can entertain stereotypes and biases about each other that can impede the process of therapy. Therapists who are demographically similar to the client, who are themselves members of an ethnic minority group, or who have experienced some form of oppression and identify with minority status can also belong to the category of culturally inadequate therapists. Unfortunately, in some cases minority therapists aren't any more likely than majority therapists to have been fully trained to be culturally competent.

In addition, many African Americans have been exposed to the view that White therapists receive higher levels of training and education than do other groups and are therefore more qualified and skilled. When African American clients harbor these feelings of internalized racism, they often challenge therapists of color to "prove their competence." These clients worry that Black and other ethnic minority therapists are also inferior to White therapists in the areas of power, prestige, resources, and connections. However, in situations where the therapist is viewed as very impressive, his or her array of credentials and skills may then intimidate African American clients. The bottom line is that therapists of color have to walk a narrow path with respect to proving their competence without intimidating their Black clients.

For some clients, the issue of cultural competence is not as important as the basic question, Is the therapist African American? Increasingly, clients understand how expensive and time consuming mental health care can be and rightfully express their right as consumers to have services from a therapist of their choice and who matches their racial or ethnic background. Because it is estimated that fewer than 8 percent of all mental health workers are of ethnic minority ancestry,¹⁴ statistically African American therapists are rare. African American clients are justifiably concerned about the availability of African American therapists.

Lack of Confidence in Therapy

For all the historical, political, and social reasons already mentioned, it's not surprising that Black clients are mistrustful of therapy. In addition, we also know that one of the biggest impediments to seeking therapy for African American clients is the basic question, Will it work for me? It's very clear that an essential ingredient for successful therapy is the client's belief that the process of therapy can and will help him or her.

African American clients historically have not felt confident about their interactions with therapists. It is therefore very important in a first session for us to consistently convey to our Black clients a realistic portrayal of the potential efficacy of therapy. It is vital that we develop and nurture clients' confidence in the process of therapy from the first session. We must be extra sensitive to African Americans' skepticism while at the same time being willing to give extra reassurance.

Reasons for Seeking Therapy

African American clients seek treatment for the same problems that others do. But we need to be aware that specific factors, such as race and class, can make their presenting problems more complex and may have strained any existing resources to cope adaptively. African American clients often feel that they should be able to handle problems without seeking outside assistance. Many of these individuals take pride in overcoming adversity and challenges. In addition, there has long been a perspective that "airing dirty laundry" reinforces negative cultural stereotypes about African Americans. Both of these factors are impediments to seeking help. Therefore, by the time a Black client seeks therapy, he or she has had to overcome long-held barriers and may be in desperate need of services because the difficulties are overwhelming. In many cases, it is a crisis situation involving the family that brings an African American client to treatment, because by definition these situations represent immediate danger and the risk of escalation.

Another circumstance that can precipitate treatment for African American clients is either an implicit or explicit directive from school, work, the court, or social services. Because so many African Americans view education as the key to advancement, reports of school problems can overcome the tendency to resist counseling.

Similarly, African American clients have a strong commitment to employment. Due to historical and current problems of unemployment, underemployment, unfair compensation, and discrimination in the workplace, work issues are very sensitive for African American clients. Work problems are challenging both to a person's sense of worth and to his or her basic survival. African American clients often are without additional economic resources beyond their salary, so any threat to their tenure or performance at work is taken seriously and can lead to involvement in therapy.

Statistics indicate that African Americans are disproportionately processed through the criminal justice system. Approximately one out of every four Black males is involved in probation, parole, or incarceration. As a result, African American men are often involved in treatment that is court ordered.

Domestic problems account for a significant number of referrals to therapy for African American clients. These problems include balancing multiple demands, coping with relationship difficulties, violence, abuse, substance abuse, and the challenges of caregiving to children and older relatives. Sometimes the decision to seek therapy is

made after consultation with primary care physicians, clergy, family, and friends.

African Americans face many of the same pressures and problems that other individuals do. In addition, they also must contend with the challenges that result from the intersection of their cultural values with the dominant middle-class Eurocentric culture. A typical concern for African Americans can be how to help their children develop a healthy sense of identity and attractiveness when one of the major messages in the society is "White is beautiful."

In some cases, the problems African American clients bring to therapy are made more complex due to issues of race, class, gender, sexual orientation, ability status, and other demographic categories. We must be able to sensitively assess with the client whether issues of discrimination, trauma, and stereotyping may be present or whether they do not appear to be significantly related to presenting problems. I'll help you sort this out in the next chapter, which focuses on presenting problems.

With a strong grounding in understanding an African American client as both an individual and also as part of a family and an ethnic minority group, we have taken significant steps to setting the right tone for therapy. In the next chapter, we'll review issues related to the presenting problems of African Americans and how these issues can be mediated by racial factors.