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Multicultural counseling: What counselors need to be aware of when counseling African-American clients

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Multicultural counseling: What counselors need to be aware of when counseling African-American clients

Abstract

African-Americans are the largest ethnic minority group in the United States (Ruiz, 1990). The United States Bureau of Census reported 30.8 million African-Americans lived in this country in 1992 (Paniagua, 1994). The United States Bureau of Census projected that 37 million African-Americans will be residing in this country by the year 2000 (Atkinson, Morton, & Sue, 1993). With this growing population of African-Americans comes the likelihood of counselors and therapists becoming more involved in counseling this population. 1 Mental health professionals can become better prepared to counsel African-Americans by becoming aware of such factors as the historical and cultural influence of African values on African-American families, gender role socialization of African-Americans and family role flexibility, and the social and economic conditions of African-Americans. These factors have had and continue to have an impact upon the lives of many African-Americans. This paper will give mental health professionals some insight into the unique issues and problems faced by African-Americans and offer some guidelines as to how to become more effective in counseling this population.

MULTICULTURAL COUNSELING: WHAT COUNSELORS
NEED TO BE AWARE OF WHEN COUNSELING
AFRICAN-AMERICAN CLIENTS

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Master of Arts

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Introduction

African-Americans are the largest ethnic minority group in the United States (Ruiz, 1990). The United States Bureau of Census reported 30.8 million African-Americans lived in this country in 1992 (Paniagua, 1994). The United States Bureau of Census projected that 37 million African-Americans will be residing in this country by the year 2000 (Atkinson, Morton, & Sue, 1993). With this growing population of African-Americans comes the likelihood of counselors and therapists becoming more involved in counseling this population.

Mental health professionals can become better prepared to counsel African-Americans by becoming aware of such factors as the historical and cultural influence of African values on African-American families, gender role socialization of African-Americans and family role flexibility, and the social and economic conditions of African-Americans. These factors have had and continue to have an impact upon the lives of many African-Americans. This paper will give mental health professionals some insight into the unique issues and problems faced by African-Americans and offer some guidelines as to how to become more effective in counseling this population.

The African-American Family

The Culture and Values of African-American Families

Lopez defined culture as the values, beliefs, and practice that a group of people have in common (cited in Corey, Corey, & Callanan, 1993). These values, beliefs, and practices are passed from generation to generation, and they determine how people organize their lives on earth (Levine, 1982; Lum, 1992).

Different racial and ethnic groups have values, beliefs and practices that are unique to them. For example, European culture "emphasizes choice, the uniqueness of the individual, self-assertion and the strengthening of the ego" (Corey & Corey, 1992, p. 249). In contrast, African culture emphasizes interdependence, connectiveness, cooperation and close bonds to people and the environment (Houston, 1990).

African-American culture also emphasizes strong kinship bonds, extended families rearing children to be responsible for themselves and younger siblings at an early age, and strong community support (Boyd-Franklin, 1989; Locke, 1992). These values are important to many African-American families today because they have helped and continue to help sustain the family emotionally and financially. Also because of the history of racism, oppression and the adverse socioeconomic condition of African-Americans, these values have been reinforced in the African-American family. Counselors and therapists should make efforts to incorporate these values into the therapeutic process.

The Culture and Values of African-American Families: Implications for Counseling

In the counseling profession, therapeutic goals are oftentimes centered around Eurocentric culture (Houston, 1990). This point of reference is very different from the Afrocentric culture. Counselors and therapists need to keep in mind that Afrocentric culture is very much a part of many African-American families and in many instances, it will be important to incorporate these values into the therapeutic process when counseling African-American families. To demonstrate how this is done, Burlew, Banks, McAdoo, and Azibo (1992) developed a model that incorporated cultural values into treatment. Basically, this model focuses on incorporating support networks such as family, community, church, political and social systems into the therapeutic process.

Wilson and Stith (1991) recommended counseling approaches to therapy with African-Americans "be consistent with their world view, must be respectful of their history and must be nonracist" (p. 32). These authors suggested that first therapists need to have a historical view of the experience of African-American families.

Although slavery and other past injustices have strengthened the strong extended bond in African-American families, they have also negatively affected the psychological health of many African-Americans. Slaves were prohibited from speaking their own native language, practicing the traditional customs of their

native country or participating in American society. They were considered property of the slave owners and less than human. The legacy of slavery and other injustices has resulted in many African-Americans having a negative self-image, questions about their identity, low self-esteem, and little or no confidence in themselves. The distancing of the slaves from their African heritage has also made historical patterns of behavior difficult to explore with African-American families. Counselors may have to keep the focus on more recent patterns of behavior within the family.

Second, it is important for therapists to be aware of the current and historical social support system of African-American families (Wilson & Stith, 1991). A strong support system within and outside of the community has always been and continues to be a key element in helping African-American families cope with emotional, environmental, and economic stressors. Churches, government, and social services agencies are very important in helping to provide economic and emotional support to African-American families. Counselors and therapists may need to call upon these agencies for assistance when counseling African-American families.

Third, therapists need to be aware of the unique characteristics of the culture of African-American families. Allen (cited in Wilson & Stith, 1991) stated that there are three theories used to examine the African-American family culture. These theories are: (a) The Cultural Equivalent -- this suggests

that African-American families' and White-American families' cultures are similar; (b) Cultural Deviant -- this suggests that African-American families' norms are deviant from White, middle-class American families' norms, but are not a result of African-American families trying to adjust to environmental stressors; and (c) Cultural Variant -- this suggests that African-American families' norms are a result of them trying to adjust to environmental stressors. According to Wilson and Stith (1991), counselors and therapists should refer to the cultural variant model when working with African-American families because it takes into account the effects of racism and prejudice on the African-American family.

Finally, therapists need to be aware of communication barriers that may hinder the development of trust between the African-American clients and non-Black therapists (Wilson & Stith, 1991).

Therapists need to be accepting of the way in which some African-American clients express themselves. African-Americans using "Black English" should not be looked down upon or considered unintelligent. Also nonverbal communication is something therapists need to be aware of when counseling African-American clients. One form of nonverbal communication is called "vibes." According to Boyd-Franklin (cited in Wilson & Stith, 1991), the term "vibes" is used to describe how African-American people have been socialized to recognize subtle forms of racism. As a result of this, oftentimes African-American people will pay very close

"attention to all the nuances of behavior and not just to the verbal message" (p. 38). African-American clients will observe therapists to see if they are conveying warmth, genuineness, sincerity and respect toward them. The therapist should also be willing to listen to what the client has to say and avoid patronizing or condescending attitudes. It is also important for therapists to make that human connection with all family members. According to Boyd-Franklin (cited in Wilson & Stith, 1991), African-American families will terminate therapy immediately if this connection is not made with all family members.

Another model used in therapy with African-American families is the Haley's problem-solving model (Wilson & Stith, 1991). The Haley's model includes four stages in the first session: (a) social and joining stage, (b) problem stage, (c) interaction stage, and (d) goal-setting stage. Establishing trust and rapport in the social or joining stage of the model is very important to avoid premature termination. The problem stage involves gathering information about the presenting problem. In the interaction stage, the therapist facilitates verbal exchange among family members while observing this interaction. Wilson and Stith (1991) believe that this stage usually is not successful with African-American families because therapy sessions generally are conducted in environments with which African-American clients are unfamiliar. "Black families are affected by other systems such as schools, welfare agencies, courts, public housing, extended families and the church" (p. 40). In order to make this

stage more conducive to African-American families, Wilson and Stith (1991) recommended conducting therapy sessions in surroundings such as churches, community centers, or homes with which African-American clients are more familiar. Including other social systems in therapeutic processes during the interaction stage will help therapists understand how these systems are affecting the families' interactions. In the goal-setting stage, the values the family has will determine the goals that are set. However, this can be influenced by what the therapist's values are.

Lewis and Ford (1991) support Wilson and Stith's belief that African-American clients are much more productive in therapy when therapy is conducted in environments with which they are familiar. Lewis and Ford (1991) applied this concept to African-American mothers in group therapy. The results indicated that these women's "sense of connection with their natural environment increased the probability of their cohesion within a group" (p. 12) and achievement of individual and group objectives.

In addition to being aware of factors that can enhance the therapeutic process for African-American families, counselors and therapists also need to be aware of issues such as adverse economic conditions with which many African-American families are struggling.

The Economic Status of the African-American Family

The adverse economic conditions of many African-Americans are believed to be contributing to their poor mental health (Comer

& Hill, 1985; McLoyd, 1990; Ruiz, 1990). Depression, excessive anxiety and substance abuse are some of the mental disorders that many African-Americans are suffering from as a result of their adverse economic status (Comer & Hill, 1985; McLoyd, 1990; Ruiz, 1990). About 31% of African-American families are facing economic hardship (Wilson & Stith, 1991). According to Cheatham & Stewart (1990), many of these families are also having to face economic trends and policies that discriminate against them. For example, African-American wage earners are more likely to be terminated from their employment because usually they are the last hired. Also, government trade policies have negatively affected African-American wage earners (Cheatham & Stewart, 1990). Large corporations like the U. S. automobile, steel and rubber industries employed large numbers of African-Americans. However, because of the government's open policies on trade and imports, the competition of imported products resulted in many African-Americans losing their jobs (Cheatham & Stewart, 1990). The National Urban League (1994) has taken the position that the government statistics reporting the unemployment status of African-Americans in the third quarter of 1993 at 12.6% is grossly underestimated. The National Urban League (1994) reported that the unemployment index for African-Americans during that time was actually 23.2%.

Not only have these economic trends and policies negatively impacted the African-American family, but other government policies have as well. According to several authors, the

Republican Administration in the 1980s established many policies that restricted government involvement in human services programs (Cheatham & Stewart, 1990; Jones, 1991; Majors & Gordon, 1994; Staples & Johnson, 1993; Vaz, 1995). Basically, these policies have resulted in many African-American families not having much economic power. By reducing funding for employment and training, education, housing and other vital areas of human services, a disproportionate number of African-American families have been affected (Jones, 1991). For example, in 1986, the spending power of an African-American family was \$432 less than a White-American family (Atkinson et al., 1993). Although this was almost ten years ago, there continues to be a disparity between the economic power of Black families compared to White families. This trend in disparity is reflected in the table in the Appendix. More recently, the United States Bureau of Census (1994) showed that in 1990 the median income for a White family was \$40,740.00; however, for an African-American family during that year it was \$22,866.00. In 1993, the median income for White families was \$38,909.00 and for African-American families during the same year it was \$21,161.00 (U. S. Bureau of Census, 1994).

To make up for disparity between the earning power of Black and White families, dual wage earners (families in which both fathers and mothers are working to support the family) have increased in African-American families (Marger, 1991). For these dual wage earners, flexibility of family roles and extended family have enabled many African-Americans to economically sustain their

families. Because of the socioeconomics of many African-Americans living in this country, values like extended family and flexibility in family roles have been and continue to be a necessity in order to ensure the survival of the African-American family. Although these values have helped to buffer the impact of adverse socioeconomic conditions on the African-American family, many African-American families, because of their socioeconomic status, are still at high risk for mental and physical problems (Comer & Hill, 1985; Ruiz, 1990).

The Economic Status of the African-American Family: Implications for Counseling Involvement

African-American families who are struggling with economic issues in therapy can best be served by mental health professionals if they are willing to address these issues at "the policy level" (Comer & Hill, 1985, p. 180). According to Comer and Hill, because mental health professionals are able to observe first hand how certain social and economic policies are adversely affecting African-American families, they can "provide expert testimony to Congress or state legislation considering human development policies and programs" (p. 180). Also, these authors recommended mental health professionals participate in community programs that are concerned with helping people obtain quality education, adequate housing, and employment. The information obtained from these programs can help mental health professionals provide government and state programs with the knowledge they need

to form social policies and practices that will address the needs of African-American people.

In addition to being aware of how important it is for mental health professionals to become actively involved at state, government, and community levels to change social policies that are adversely affecting social and economic conditions of many African-American families, mental health professionals also need to be aware of how these policies have contributed to the gender role socialization and family role flexibility of many African-American families. This will help mental health professionals understand how and why many African-American family structures evolved.

Gender Role Socialization of African-Americans and Family Role Flexibility

It is important for counselors to have some understanding of the factors that have contributed to the way in which African-American men and African-American women are socialized into gender roles because this affects the African-American family structure, relationships within the family, and family dynamics.

The historical background, racism, socioeconomics, and cultural conditions of African-American people have predisposed African-American men and women to be socialized differently from Eurocentric gender roles. Most African-Americans are believed to have descended from areas in West Africa (Staples & Johnson, 1993). In this region of Africa, both men and women were reared to be independent and self-sufficient (Lewis, 1975). Prior to

colonization, women in this area were entrepreneurs who exported products they manufactured. These women built large businesses by pooling their profits together. West African women were greatly admired and respected because of their independence and economic success (Staples & Johnson, 1993).

Also, in some parts of West Africa, men, as tribal chiefs, were responsible for caring for and nurturing their young, while the women participated in hunting for food rather than domestic work. Although these African women were economically independent and were able to do what would be considered in some cultures "a man's job," African men were still considered to be the providers and protectors of the family (Staples & Johnson, 1993).

When African people were brought to this country as slaves, the African-American man's role and position in the family became very unstable and unpredictable. The African-American man had little authority or responsibility in the family. His main function was to work in the field and provide other manual services to the slave master. Some historians believe that slave mothers discouraged any type of masculine or aggressive behavior in their sons, because African-American men who displayed such behaviors oftentimes were killed (Staples & Johnson, 1993).

From slavery to emancipation, African-American women became the center of the African-American family. During slavery, African-American women were permitted to have some authority over the family. They were allowed to care for and discipline their children. After slavery, because of the adverse social and

economic status of the African-American man, churches encouraged families to teach their daughters to work and help support the family. As a result of this, African-American men became responsible for other duties within the home that were considered in many cultures to be "women's responsibilities" (Staples & Johnson, 1993).

Egalitarian patterns in gender roles in many African-American families were not only influenced by culture but also by the social and economic conditions (Staples & Johnson, 1993). Actually, these social and economic conditions contributed to African-American families becoming even more flexible and adaptable in their gender roles. Basically, the flexibility in gender roles was required in order for the families to get the financial support they needed to survive (Boyd-Franklin, 1989; Staples & Johnson, 1993).

Counselors and therapists need to be aware that although flexibility in gender roles is viewed as one of the strengths in the African-American family and necessary for their economic survival, if not carefully balanced, it can become dysfunctional.

Gender Role Socialization of African-Americans and Family Role Flexibility: Implications for Counseling

One of the problems with the flexibility in gender and family roles is that it can lead to role confusion and some individual family members becoming stressed and overburdened. For example, oftentimes, when parents become overburdened with responsibilities, they will delegate adult responsibilities to

their children. Boyd-Franklin (1989) recommended that in families where children are assigned adult responsibilities, counselors and therapists need to be watchful that in this particular situation the family structure does not become dysfunctional. This may happen when the parent(s) relinquish their responsibilities and overburden the child with too many adult responsibilities (Boyd-Franklin, 1989).

According to Cheatham and Stewart (1990), some of the problems, such as poor school performance, suspension from school, and withdrawal from school, that African-American children are having in school are directly related to the parents assigning the children too many adult responsibilities and not providing the children with sufficient parental supervision. Also, other extended family members such as aunts, uncles, grandfathers and grandmothers can take various role responsibilities in a family that can lead to them becoming burned out and overburdened (Boyd-Franklin, 1989).

What mental health professionals are observing with many African-American families coming into mental health clinics is that "role boundaries" and "functional family structure need to be redetermined and rebuilt" (Boyd-Franklin, 1989, p. 75). In many African-American families, aunts, grandparents, uncles and cousins are part of the family structure and they can also "assume parental roles" (Boyd-Franklin, 1989, p. 64). It is important for mental health professionals to keep in mind that role flexibility has contributed and continues to contribute to helping sustain

many African-American families, and it is functional and healthy when it does not place too much burden or responsibility on one individual family member. However, when role flexibility becomes dysfunctional within the African-American family, counselors can assist adult family members in setting clear boundaries by helping them to re-establish lines of authority so that each person is in his/her proper place with respect to roles, power and control (Boyd-Franklin, 1989; June 1991). This realignment will help improve relationships within the family (June, 1991). Because many African-American families are dependent upon the support (both emotional and financial) of the African-American male, the social, economic, and cultural conditions of the African-American male determines to some degree how well the African-American family will survive in today's society.

The African-American Male

The Social and Economic Conditions of African-American Males

Mental health professionals need to be aware that the unfavorable social and economic conditions of African-American men are having an adverse effect upon their emotional health. The following are some of the issues and problems confronting the African-American male in this country (Atkinson et al., 1993; Majors & Billson, 1992; Majors & Gordon, 1994):

1. African-American men make up 46% of the prison population, and 18% of all African-American males in this country have been imprisoned at one point in their lives, compared to 3% of White males in this country (Majors & Gordon, 1994).

2. African-American men have a higher unemployment rate than any other group in this country and this rate is steadily increasing (Majors & Gordon, 1994). The Bureau of Labor Statistics showed that the jobless rate for African-American men in 1990 was 11.8%, but for White men during this same time period it was 4.8% (Majors & Billson, 1992).

3. Black men have the shortest life expectancy as compared to White men, Black women and White women (Atkinson et al., 1993; Majors & Billson, 1992).

4. Black men, compared to White men, Black women and White women, have a higher death rate from diseases such as cirrhosis of the liver, hypertension, tuberculosis, diabetes, and lung disease (Majors & Billson, 1992; Majors & Gordon, 1994).

5. According to Thomas (cited in Majors & Gordon, 1994), homicide is the leading cause of death for young African-American men in the age range of 15 to 34.

Also, our society teaches men that in order to be successful, they need to hold powerful positions in society and men who are in powerful positions are rewarded with "status," "prestige," and "esteem" (Majors & Gordon, 1994, p. 18). Unfortunately, for African-American men to obtain such positions means having to overcome many social and economic obstacles (Majors and Gordon, 1994). These factors are believed to be contributing to the poor mental health of African-American men (Braithwaite & Taylor, 1992; Ruiz, 1990). For example, substance

abuse for many African-American men is used as a mechanism to help them cope with the problems they encounter in their everyday lives. This is a means by which many African-American men escape from the harsh realities of their social and economic conditions in society (Majors & Billson, 1992; Ruiz, 1990).

Another mechanism developed by African-American men to help them cope with environmental stressors in their lives is called "the cool pose" (Majors & Billson, 1992). This type of coping mechanism is believed to have evolved because of the oppression and social isolation experienced by African-American men (Majors & Billson, 1992). Basically, cool pose means that an African-American man is able to remain calm, detached, and unimpressed by the problems that he has to face in his everyday life (Majors & Billson, 1992). This masking effect displayed by many African-American men helps them to feel in control of their lives, confident and strong (Majors & Billson, 1992). This is the positive aspect of cool pose. In many instances, cool pose helps young African-American men from becoming overwhelmed and losing control of their emotions. However, there is also a negative aspect. Cool pose may also be contributing to their suppressed anger (Majors & Billson, 1992). Counselors and therapists need to be aware of these coping mechanisms many young African-American men have developed in response to their environment and how they are affecting their mental health.

Counseling African-American Men: Issues and Strategies

There are many issues that clinicians are going to encounter when counseling African-American males. For example, two of the main issues include how African-American men can learn to handle anger and begin to develop a trust with the therapist. Clinicians are reporting that many African-American males are angry, and this anger, because it is not being expressed openly, is manifesting itself in other ways such as depression and psychosomatic complaints (Majors & Gordon, 1994). Mental health professionals are also expressing concerns about the difficulties they are having in counseling African-American males (Larrabee, 1986). One of the reasons mental health professionals may be having difficulties counseling African-American males is because oftentimes these men are referred by the court system, social agencies, schools, or medical personnel, and they are unwilling to talk about their personal issues and concerns (Majors & Billson, 1992). Another reason is that African-American men have been socialized and conditioned not to talk about their problems or share their personal vulnerabilities with people, particularly with people who are not a part of their culture (Franklin, 1992; Majors & Billson, 1992).

Another issue that clinicians may encounter in therapy with their African-American male clients is trust. In general, African-American people, especially African-American men, have difficulties trusting White therapists (Franklin, 1992; Majors & Billson, 1992). They feel that sharing their true feelings with

these therapists may mean that they could end up getting hurt more (Majors & Billson, 1992). Developing a trusting relationship is essential if mental health professionals are going to be successful in engaging African-American men in therapeutic processes. One of the strategies that Franklin (1992) suggested clinicians use to help facilitate developing a trusting relationship between their African-American male clients and themselves is to provide these clients with "gentle, well-paced insights" (p. 354). This approach will convey "knowledge, understanding and empathy" to their clients and will help strengthen these clients' trust in their therapist (Franklin, 1992). When counseling African-American males, another strategy used by therapists is to establish a therapeutic relationship based on empathy, patience, supportiveness, tolerance. Also, "the ability to listen and indicate direction without leading proves to be the most important factors in successfully treating Black males" (Comas-Diaz & Griffith, 1988, p. 156).

As an adjunct to individual therapy, young African-American men can benefit by getting involved in a racially and sexually homogeneous support group or program that helps build self-esteem and confidence (Lee, 1992). Recently, there have been many manhood training programs established around the country to help young African-American men develop a positive masculine identity, healthy and emotionally, socially and academically (Lee, 1992; Majors & Billson, 1992; Majors & Gordon, 1994). These programs empower young African-American men by pairing them with successful

African-American male role models. These men are asked to volunteer one hour twice a week to serve as mentors to a young African-American males. The volunteers assist the young men in doing their homework and motivate them to get involved in social enrichment programs. They also encourage the young men to develop good grooming, good nutritional habits, and to get involved in physical activities at school or in a community recreational program that will help them strengthen their bodies (Lee, 1992).

Currently, in Black Hawk County, there is a manhood training program called Black Alliance. This program has goals similar to other manhood training programs being established around the country. This program provides mentors and role models for young African-American males and also assists them and motivates them to get involved in social enrichment programs. This will help these young males to build self-esteem and confidence. Counselors or therapists who are interested in the manhood training program in Black Hawk County and would like more information about this program may write to: Robert Smith, P. O. Box 2803, Waterloo, Iowa 50704-2803 (Personal Communication. Smith, 1995). Also, counselors who would like to take the initiative to establish a manhood training program in their community can get started by asking their African-American male clients if they would be interested in participating in such a program, and if there is an interest in getting such a program started, the next step is to contact African-American churches, African-American businesses, and African-American fraternities to inquire of successful

African-American men who are interested in becoming role models and mentors for young African-American males (Lee, 1992).

Mental health professionals could enhance their therapeutic relationships with their African-American male clients by encouraging them to get involved in manhood training programs that build confidence and self-esteem. Just as the adverse social and economic conditions of African-American men are having negative impacts upon them, these conditions are also having negative effects upon the African-American women as well.

The African-American Female

The Social and Economic Status of African-American Women

Counselors and therapists need to be aware that the social and economic conditions of African-American women are placing them under a tremendous amount of stress, and this stress is adversely affecting their mental and physical health (Comas-Diaz & Greene, 1994; Jones & Rice, 1987; Ruiz, 1990). Some of these conditions include job discrimination, the large number of African-American women employed in low skills and low wage paying jobs, and the economic and social status of African-American men. For example, historically and currently because of the high unemployment and incarceration rates of African-American men and shorter life span of African-American men compared to other groups in this country, many African-American women have to work outside of the home to help financially support the family (Jennings, 1992; Jones, 1985; Scott, 1991; Staples & Johnson, 1993). Staples and Johnson (1993) stated that, as reported by the 1992 Bureau of Census, there is a

sex ratio imbalance of 90 African-American males to 100 African-American females. African-American women as a group are "proportionately more likely to be unmarried, divorced, separated, or widowed" (p. 94).

Even in African-American families where there are couples, many times the income of one individual is not sufficient. In 1990, married, employed Black women contributed 40.6% of their income toward the financial support of the family as opposed to 32.8% contributed by married, employed White women who helped to financially support their families (Staples & Johnson, 1993). According to Zalokar (1990), about one third of African-American women's earned income goes toward the financial support of their families and about one fourth of White American women's earned income goes toward the financial support of their families. Therefore, in order for African-American families to maintain their middle-class status, African-American women work outside to help financially support the family (Staples & Johnson, 1993). In a survey questionnaire conducted by Landry (cited in Staples & Johnson, 1993), a hypothetical question about how the loss of the wife's job could affect the family was asked specifically of middle class African-American families where both wife and husband worked. This research found that about two thirds of the families questioned felt it could "make things difficult or create a crisis" (p. 62). (This question was not addressed to White middle-class couples.) To prevent such crises from happening, many married African-American women will have to continue working

to support their families. However, for single African-American women working to support their families and keeping them from falling below the poverty level, this is a challenge that sometimes proves impossible. Single African-American females, who are heads of their households with children, are more likely to be at or below the poverty level than single males who are heads of their households (McAdoo & McAdoo, 1985). Also, since 1970, the percentage of African-American women who are heads of their households has doubled (Bair & Cayleff, 1993; Marger, 1991). These women have a higher poverty rate than Black males, White females and White males who are heads of their households (Jennings, 1992; Vaz, 1995).

According to Jennings (1992), about one third of all African-American women are living in poverty. The effects of poverty on African-American women have led to inaccessibility to good health care, inadequate housing, and physical illnesses such as hypertension, heart disease, and mental illness (Bair & Cayleff, 1993; Jones & Rice, 1987; Ruiz, 1990). Mental health professionals need to identify these problems in therapy, address them and explore strategies that can help these women cope with stress in their lives.

Counseling African-American Women: Issues and Strategies

Counselors and therapists need to be aware that the social and economic conditions of African-American women put many of them at risk for depression, substance abuse and child abuse (Ruiz, 1990). Also, many African-American women's social and cultural

positions in their communities and society puts them under very stressful living conditions. Historically and traditionally, partly because of the social and economic conditions of African-American men, many African-American women are reared to be independent and not to rely upon their husbands or men in general for financial support (Staples & Johnson, 1993). Many African-American women are also the center of the extended family (Boyd-Franklin, 1991). They are viewed by their communities and their families to be strong individuals who are capable of handling a tremendous amount of stress as well as taking care of themselves physically and emotionally and caring for the needs of their families and communities (Comas-Diaz & Greene, 1994; McNair, 1992).

Many African-American women personally feel a strong obligation to live up to the expectations of their families and communities. If these women feel they have failed to live up to these expectations, they may feel inadequate or deficient. According to Greene (1994), African-American women in therapy felt they were not using their time wisely and they needed to be doing other things. When these women were questioned about their reluctance to enter therapy, they expressed that somehow being in therapy indicated they are weak and unable to successfully handle stressful situations (Comas-Diaz & Greene, 1994). Counselors and therapists may want to express to these women the mere fact that they decided to come to therapy took a lot of courage and this is an indication of their strengths, not weaknesses. Counselors and

therapists should be aware of the effects of these factors on African-American women and help them to develop coping mechanisms so they are able to successfully confront the challenges in their environment (Ruiz, 1990).

One of the strategies that appears to be successful in helping African-American women to reduce stress in their lives and confront issues and problems is group therapy. Mays (1986) described a focus support group headed by professional staff people who were successful in helping African-American women reduce their level of stress. The goals of the focused support group were as follows:

1. Encourage group bonding and group cohesion within a short period of time.
2. Demonstrate to members a model of facilitation which they can easily put into practice themselves.
3. Assist members in changing negative patterns of coping by helping them to become aware of maladaptive behaviors and responses.
4. Reduce stress.

This group was structured in such a way that eventually the members in this group were able to continue without instructions from professional staff people. This group eventually became a self-help group composed of all African-American females. This gave these women an opportunity to participate in a group in which they felt they could identify with other members. In essence,

this enhanced a "sense of community" and helped these women to not feel isolated and alone in their struggles.

Another intervention strategy presented by Boyd-Franklin (1987) for group therapy with African-American women involves a therapeutic support group led by a trained therapist. The goal of the group is to create an empathetic and caring atmosphere in which group members can explore psychodynamic issues and become aware of patterns of unhealthy behavior. Group support is very important, and it is encouraged. This group is composed of only African-American women. One of the reasons these African-American women select this type of group is because it helps them not to feel alienated and alone in confronting their issues and problems.

Boyd-Franklin (1991) stated that Black and White therapists working with African-American women in individual, couples, and family therapy, felt that a racially homogenous group is most conducive in helping women address racial and cultural concerns. Some of the recurring themes in treatment of African-American women include "issues of racism and sexism, racial identification and skin color, role of family and extended family" (Boyd-Franklin, 1991, p. 25). According to Pedersen (1985), one of the main reasons mental health counselors have problems in counseling African-American women is because they lack knowledge and sensitivity about these women's culture and issues that are of concern to them (Pedersen, 1985).

This brief review will help mental health professionals to become aware of the problems and concerns of African-American

women and the types of strategies used to help these women cope with their problems and address their concerns. Also, counselors and therapists should be aware of how the social and economic conditions of African-American men and women are affecting their relationship with their children.

The African-American Child

The Social and Economical Status of African-American Children

Children are born in social and economic conditions over which they have no control. Unfortunately, because the social and economic conditions for many African-American adults look bleak, these conditions also look the same for many African-American children.

Vaz (1995) stated, citing the U. S. Bureau of the Census' 1988 report, showed the percentage of African-American children living below the poverty level increased from 29.4% in 1960 to 79% in 1987. More recently, in 1990, the National Center for Children reported that in 1987, 48% of African-American children living in this country under the age of six lives in poverty compared to 13% of White children in the same category (Dula & Goering, 1994). The actual number of African-American children living in poverty has increased by 717,000 between 1979 to 1990 (Black Community Crusade for Children & Children's Defense Fund, 1993).

Also, according to Staples and Johnson (1993), one in two African-American children lived in poverty and 70% of these children resided in families whose income is substantially below the poverty level.

There is also a high correlation between poverty and poor health for African-American children (Jaynes & Williams, 1989; Livingston, 1994). The infant mortality rate of African-American children is much higher than the infant mortality rate of infants born in Cuba, Bulgaria, and Kuwait (Black Community Crusade, 1993). These children are also twice as likely to die as White children before reaching the age of one (Livingston, 1994; McAdoo, 1988; Staples & Johnson, 1993). African-American children are two times as likely as children living above the poverty level to have a physical, mental or chronic disability which will prevent them from living a normal life (Dula & Goering, 1994).

African-American children are also less likely than White-American children to have a physician who they see for routine health care. Typically, when they are seen by a physician, it is through the hospital's emergency room and at that point they are seriously ill (McAdoo, 1988).

Also, there has been an increase in the number of African-American children living in families headed by females (Jennings, 1992; Vaz, 1995). According to Jennings, 51% of all African-American children are living in households headed by women. These families are more likely to live in poverty than families headed by males (Jennings, 1992; McAdoo & McAdoo, 1985). The increasing number of African-American female heads of households has been attributed to the social and economic conditions of the African-American male (Gunnings & Lipscomb, 1986; Jennings, 1992; McLoyd, 1990).

Even with the father in the home, an African-American child is 70% more likely than a White child to have a father who is jobless. Also, when African-American fathers are employed, on an average their weekly take-home pay is \$70.00 less than White fathers. With both African-American parents working, their income is half of what a White father earns (McAdoo, 1988).

The effects of the unfavorable social and economic conditions of the African-American family are having a negative impact upon the mental health of African-American children (Comer & Hill, 1985). McLoyd (1990) believed that the reason these conditions are having a negative effect upon the mental health of African-American children is because they are having a negative effect upon mental health of African-American parents, and this is having an adverse effect upon how these parents interact with their children. Many African-American parents who are experiencing economic hardship tend to be less patient with their children, are more likely to use "coercive discipline," be punitive, nonsupportive, and not consistent in their behavior toward their children (McLoyd, 1990, p. 323). Mental health professionals can improve the relationship between African-American parents and their children by identifying these issues in therapy and exploring strategies that will help resolve conflict between the parent and child.

Counseling the African-American Child: Issues and Strategies

Counselors and therapists need to be aware that African-American children who are facing economic hardship and adverse social conditions are at risk for a variety of socio-emotional problems such as antisocial behavior, juvenile delinquency, substance abuse, depression, and loneliness (McLoyd, 1990; Ruiz, 1990). Improving the parenting skills of parents or guardians who are responsible for these children will reduce the risk of these children developing social or emotional problems (McLoyd, 1990).

The following are some of the strategies and interventions researchers recommend for mental health professionals to use to improve parenting skills and the relationship between parents and their children (McLoyd, 1990):

1. Encouraging parents to maintain a social network system. This social network involves the extended family such as relatives, friends, and the church. The extended family provides parents or parent with emotional support during difficult times. "Social support reduces symptomatology among adults experiencing economic decline and poverty" (p. 331).
2. Providing parents with useful information that can suggest ways of successfully managing their homes and children. Also, getting parents to seek out positive role models who can help them with caring for their children.
3. Connecting parents with social service agencies that can assist them in caring for their children. For example, Black Hawk

County Parent Connection and Child Care Resource and Referral agencies are two programs that can assist parents with child care. Counselors can also encourage parents to have one day a week in which they can spend quality time with their children (Black Community Crusade, 1993).

In addition, school counselors can use the following techniques to build self-esteem in these children (Herring & Runion, 1994):

1. Encouragement -- This stresses focusing on the things that the child is able to accomplish successfully as well as positive behaviors; using verbal encouragement to acknowledge approval. An example of verbal encouragement can be words expressed to students like: "Good for you!" "Hang in there!" or "You worked very hard in that project" (p. 221).

2. Gestural Encouragement -- This involves hugs, pats on the back, smiles, winks, nods, and even eye contact when appropriate with certain ethnic children.

3. Structural Encouragement -- Allowing the child to be responsible for caring for others. Being in a position of importance and getting involved in activities where goals and tasks are successfully obtained and completed will help the child feel important.

Also, Lee (1995) recommended to school counselors that the following techniques be used to become more effective in counseling with African-American children:

1. Explore the students' belief system by getting them to talk about themselves and their families and what they have experienced in their lives. This will help counselors determine students' strengths and how these strengths can be used to assist students in making decisions and solving problems. Counselors should also talk about their own belief systems and their families.

2. Request students to explain how they perceive their social status in society. The purpose for asking such a question is to help the counselors understand how the students feel about themselves in relationships with others in society. If a students view their social status as being low in comparison to others, then the counselors may have issues such as lack of confidence and low self-esteem that the student needs to work on in counseling.

3. Encourage students to talk about how their families celebrate special occasions such as holidays. Also, have the students talk about how their religious and spiritual orientation affects their lives and how they show pride in their culture and being African-American. Lee (1995) suggested that this information can be useful if the students ever become involved in group therapy. This information can help to draw the students out and assist the counselors in deciding what techniques may be used in groups with these students (Corey & Corey, 1992).

4. Have the students observe the behavior of people in their extended families who are considered important. Then ask

the students to compare their perceptions of their own behavior with people who are important in their extended families.

5. Be specific in their responses to African-American students by giving examples and directives. This is an indication to students that the counselors are genuinely concerned.

6. Get feedback from the students about their perception of the counselors' abilities to help them. The students may not be sure because of differences in ethnicity or culture that the counselors can help.

7. Allow students to describe their problems in their own words, encouraging them to use their typical style of expression and communication.

8. Encourage the students to express in writing in the form of "rap," music, or dance, "a situation," "incident," or "feeling" (p. 26).

9. Make efforts to visit the students at home. It is very important that the students feel that the counselors are comfortable in visiting their homes.

Finally, it is important for all mental health professionals to emphasize to African-American parents, regardless of social-economic status, the need and their responsibility to build confidence and self-esteem in their children so they will be equipped to confront challenges and problems in their lives.

Conclusion

Research studies demonstrate that culture, social, and economic conditions are factors that have contributed to the mental health of many African-American people. Some aspects of African-American culture have had and continue to have a positive effect, however, adverse social and economic conditions have had and continue to have a negative effect. Although it is important for mental health professionals to take these factors into consideration when counseling African-American people, it is equally important that mental health professionals be very careful not to categorize or stereotype the problems or challenges faced by many African-Americans. All people, regardless of race, cultural background, social and economic conditions should be assessed and evaluated by mental health professionals as unique individuals who may be confronting a unique set of problems or challenges.

The information provided in this research paper should not be considered the only factors taken into account when counseling African-American people. Demonstrating care and concern, showing respect, and building a trusting relationship with clients transcends race, culture, social and economic status. There are some of the most essential factors needed to establish a healthy, productive counseling relationship.

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Appendix

Table

Median Family Incomes of Blacks and Whites
in the U. S., 1950-1987

<u>Year</u>	<u>Black</u>	<u>White</u>	<u>Ratio B-W</u>
1950	1,869a	3,445	.54
1960	3,230a	5,835	.55
1970	6,279	10,236	.64
1981	13,266	23,517	.56
1987	18,098	32,274	.56

a = Includes other non whites.

(Marger, 1991, as cited from the United States Census)