PART I
Case Studies With U.S. Racial/Ethnic Minority Populations
AND STILL I RISE: THE STORY OF NIA

Case Description

Nia, a 16-year-old African American girl self-referred for therapy, was accompanied to the first session by her mother, Joyce, a 52-year-old woman who worked as a professor of nursing at the local state university. Nia was nearing the end of her sophomore year at a public high school in a large urban city. Nia described bad grades, outbursts of crying and anger, problems with peers at her school, and conflict with her father, Eric, as her reasons for wanting to come to therapy. Nia had tried speaking with a counselor at her school but told her mother that “the lady talked to me like I was stupid.” Joyce disclosed in the first session that Nia had said in one of her tantrums that she wanted to kill herself but that she did not believe Nia really meant it.

Nia lived alone with her mother. Her parents had never married, and she was 2 years old when they split up. She had a 23-year-old half-brother
(father’s son) who was married and living in another state. They had begun to form a relationship as she got older, and she spoke with him regularly. Their father was currently married to another woman, and Nia had two younger half-sisters, ages 5 and 8. Nia’s relationship with her father was characterized by starts and stops, hopes and disappointments. She described her father as always “depressed and complaining” and that he had lots of health problems. She shared that her father blamed her for the problems in their relationship, telling her that she should call and check on his well-being more often. She was very distraught regarding her father’s inability to tolerate hearing about her concerns and his inappropriate disclosure to her that he wanted to kill himself. Joyce was a quiet woman who was very thoughtful in her speech. She took great care in providing a strong extended family kinship network for Nia that included numerous uncles, aunts, and cousins not related by blood. She engaged intentionally in racial socialization by exposing Nia to books and events related to African and African American history as well as cultural organizations. Joyce practiced Buddhism but shared multiple religious traditions with Nia, including African American Christianity and Black Liberation theology, traditional African religious beliefs, and contemporary metaphysical spirituality. Nia liked all of them and felt like she should not have to choose one. Nia’s father was very critical of Joyce’s spirituality and commitment to African cultural and racial socialization. He stated, “That’s why Nia is all messed up . . . all that African crap you constantly shove down her throat.”

Nia reported feeling isolated at school. She was very critical of the Black girls, stating that they were superficial and that she “hates them.” She felt that teachers at school saw her as intimidating and stereotyped her as probably being in a gang based on her large stature, clothing choices, and “dark” complexion. She talked about the “light girls with good hair or weaves” who just wanted to talk about fashion, shoes, sex, and how they were going to get a man with “long bank” and have his baby. She tried befriending the “smart, good girls” but shared that they all seemed to be really religious and told her she was going to hell when she disclosed that she liked to do Buddhist chants with her mother. One day she said, “I’m not anybody’s homegirl, I’m not a gold digger, I have no plans to have babies and be on welfare, and I’m not trying to be a holier-than-thou church lady, so where do I fit in?” She perceived that the Black boys were attracted to the “gold diggers.” She had a couple of good friends but felt that “the religious thing” was a barrier. Nia
had played competitive soccer where she was top scorer, and although she made the varsity team at school, she reported being marginalized and treated more harshly than her mostly Latina teammates. She loved to read and tried to participate in class discussions but reported that teachers completely ignored her when she raised her hand, responded to her questions as if she were challenging them, or shot down her ideas completely. She described a paper she wrote for a history class and being upset about her “liberal” White male teacher’s comment that slavery and racism had destroyed culture for Black people and that there was no such thing as positive African American culture. This teacher also frequently made reference to his African American wife. Nia was focused on attending a historically Black college and university school with her dream college being one of the most highly competitive. She expressed significant fear and worry that her grades were going to ruin her dream and disclosed that she became particularly anxious when preparing for and taking a test. In addition, Nia reported that it was really hard to study, that she would get distracted by thoughts about her father and things that had happened at school during the day, and that she replayed past negative events in her mind repeatedly.

Nia shared that she did not want to burden her mother with her problems because she knew how hard her mother worked and how much she was trying to be a good mom. She experienced significant guilt that she was causing her mother stress. However, Nia also reported that she felt her mother did not really understand how much pain she was in and would just tell her that she was “beautiful.” Nia felt that she should be able to handle her life better like her mother, whom she perceived as “above my petty concerns.” She also felt she would be disappointing her mother if she didn’t have high self-esteem and conduct herself with dignity and pride as a woman of African descent.

**Reflection and Discussion Questions**

1. What internal and external strengths can you identify for Nia?
2. Do you think that therapy with Nia should include attention to racism and social justice themes? Why or why not?
3. What ways do the various stereotypes about African American girls and women potentially play a role in this case (consider Nia, Joyce, teachers and coaches, peers)?
4. What role might Nia’s parents’ experiences and cultural identity play in their expectations of and responses to Nia’s distress?

5. How might the concepts of internalized racism, colorism, racial identity, racial socialization, and stereotype threat be helpful in conceptualizing this case? For understanding Nia? For understanding Nia’s peers and family members?

6. How are issues of intersectionality and negotiation of multiple (and sometimes conflicting) dimensions of diversity relevant in this case?

7. In what ways were cultural considerations integrated into treatment strategies used with Nia?

8. What treatment and conceptual ideas may have been dominant if culture were not considered? How might a therapist have conceptualized and worked with Nia if culture were not a central consideration? What would be the risks of a non–culture-centered approach in working with Nia? With Joyce?

**Brief Analysis of the Case**

- Diagnostically, Nia fit criteria for generalized anxiety disorder accompanied by sadness, loneliness, and difficulty with emotion regulation. Primary themes of treatment included identity, racism, and relationships (family, peers, interracial). Nia requested that she be seen individually, and I honored this despite cultural “cookbook” recommendations that one should always see African Americans as a family. I saw Joyce separately approximately once every three weeks with sessions focused on parenting and how she could support Nia. Toward the end of treatment I saw them together for a few sessions.

- I worked with Nia from an integrated multicultural-humanistic orientation with a postmodern sensibility that values transparency, collaboration, technical flexibility, self-determination, and experiential awareness, and supports therapist self-disclosure where clinically indicated. I am a 50-plus-year-old, married African American woman with two adolescent sons. Over the course of therapy with Nia, I made these disclosures, as well as others related to my religious/spiritual journey and experiences coping with racism. We read Maya Angelou’s poetry and autobiographies, sharing a particular love for the poem “Still I Rise.” Nia was already
familiar with meditation and chanting. We identified the phrase “I rise” as her personal mantra and integrated it into breathing, meditation, visualization, and chanting processes to address her excessive worry and rumination. Her name, which means “purpose” in Swahili, served as an organizing frame for working on issues related to identity and achievement of her goals.

- Nia’s case raises many multicultural considerations that are important when working with African American clients:

  - In addition to differential diagnostic procedures, early assessment should be culture and context centered. The genesis and maintenance of symptom expression can be understood, in part, as a function of the cultural and racial dynamics of the contexts of daily life. For example, assessing the racial-ethnic composition of Nia’s environments (e.g., neighborhood, school, etc.) and the cultural norms and behaviors of the contexts within which she functioned (e.g., “soccer” culture) were very important to getting a comprehensive understanding of this client.

  - Specific treatment strategies should be a culturally syntonic fit with the client’s sociocultural experience, identities, and sensibilities. Treatment should be informed by examining how the intersections of person, culture, and context, and the congruence (or incongruence) between them, contribute to the African American client’s internally experienced and externally expressed distress. Central to case conceptualization and treatment planning with Nia was constantly keeping in mind the interrelationships between her multiple cultural identities, her personal and psychological characteristics, and relevant contextual considerations. The use of bibliotherapy focusing on Maya Angelou’s work was an example of selecting and implementing an intervention strategy that was a cultural fit for Nia.

  - Conceptually, psychotherapeutic work with African American clients should be understood as treating the whole person-culture-context transaction, as a person cannot be understood or understand themselves outside of the relationships and contexts that make up their entire field of experiences. In an African-centered context, it is limiting to restrict oneself to a therapy that artificially separates the interconnected person-culture-context experience into
segmented “types” of therapy. Even in meeting primarily with Nia in one-on-one sessions I conceptualized my client not as Nia the individual but rather as “Nia in context,” which included Joyce, her father, Eric (whom I never met), her brother in another state, other friends and family members, her school, as well as the African American community as a whole.

- It is important to identify not only a client’s individual strengths but also strengths of African culture and the African American community and how these are manifested in the client’s life. Therapeutic practice with African American clients benefits from infusing a strengths-centered perspective into the work. Nurturing confidence, self-efficacy, and empowerment are important treatment goals to consider. Joyce’s parenting practices had integrated and capitalized on many cultural strengths, and it was important to highlight and affirm these strengths regularly with both Nia and Joyce.

- Identifying and challenging internalized racism is critical in work with African American clients. The insidious and pervasive presence of racism and anti-Black sentiments results in inevitable exposure to negative images, dominant narratives, and socialization messages that pathologize and devalue people of African descent. Historical hostility and internalized racism were conceptualized within a larger understanding of Nia’s developing identity and relationships with her parents, teachers, coaches, and peers. With Nia, this issue was approached using an acceptance-based orientation. Interventions were designed to help Nia move from “fusing” with her negative thoughts as reflecting a reality about herself or others to experiencing her thoughts and feelings as completely understandable, given her familial and sociopolitical contexts. We worked with self-compassion as a path to freeing herself from the emotional hold of her negative self-judgments that kept her paralyzed with overwhelming emotions and prevented her from making choices and changes.

- Incorporating attention to a client’s multiple and intersecting dimensions of diversity that can contribute to the development of a healthy identity characterized by a sense of wholeness and pride is important. With Nia, it was critical to implement exposure
to socialization messages and experiences that took into account issues of intersectionality, multiple identity dimensions, and ecological niche. Generating opportunities for Nia to feel a sense of belonging, of being accepted, required creative and collaborative brainstorming. After assessment, a particular race-gender-religion ecological niche was identified as a potential microcommunity of belonging and acceptance for Nia. We researched opportunities where she might interact with other African American adolescent girls who were spiritually centered but did not hold a fundamentalist Christian belief system.

- Assessing racial socialization and increasing positive socialization opportunities is often very helpful in work with African American clients. Racial socialization includes not only the increasing familiarity with and affirming culture but also preparation for dealing with racism (Hughes et al., 2006). Joyce’s racial socialization efforts were both a significant strength and a source of grounding for Nia. They also provided content for intrapersonal, familial, and peer conflict. While Joyce had engaged in proactive racial socialization efforts with Nia that had contributed to Nia developing a strong and positive core racial identity, it appeared that she had unintentionally but simultaneously communicated to Nia that it was unacceptable to feel negatively toward other African Americans or have negative thoughts about herself. The manner in which Nia’s racial socialization occurred was related to Joyce’s personal coping style of keeping “negativity and negative energy out of her space.” This understanding of Joyce’s coping points to the importance of working with racial socialization as more than simply a present or absent parenting activity. The context within which socialization messages are delivered and received is critical to explore. In addition, Nia had a limited repertoire of racism-related coping methods and needed to build these up in order to manage the manifestations of racism that she experienced with both staff and students at her school. Therefore, treatment included identifying, applying, and debriefing diverse strategies for coping with the racism-related stress that she experienced (Harrell, 2000).

- Suicide is an understudied phenomenon among African Americans and should be understood in both its active and passive dimensions.
Processing Nia’s suicidal ideation revealed that her underlying need was to get her mother to take the severity of her distress more seriously. She assured me repeatedly throughout treatment that she had no intention of harming herself. She disclosed that she often hesitated to share her thoughts and feelings with her mother. She felt that Joyce minimized her problems and did not seem to understand how distressed she really was. Nia experienced significant guilt, feeling that she was letting Joyce down by having negative self-esteem and conflicts with her African American peers at school. While I continued to check in with Nia regarding suicidal ideation and intent throughout treatment, our discussions pointed to the importance of increasing Joyce’s awareness of these dynamics and a need for conjoint sessions with Joyce and Nia at an appropriate point in therapy.

**Therapeutic work with African Americans may benefit from incorporating some attention to the development of critical consciousness.** This work involves processing the client’s own race-related life experiences and observations, relating them to the sociohistorical and sociopolitical dynamics of racism, and exploring the implications of these understandings for one’s choices and actions. Roderick Watts’s theory, intervention program, and research on sociopolitical development emerge from liberation psychology and are very helpful in learning how to utilize critical consciousness interventions (Watts, Williams, & Jagers, 2003). With Nia, we drew on her increasing consciousness of the dynamics of race and culture to manage her feelings of “hate” toward her African American peers at school. Nia’s negative judgments of and emotional reactivity to her peers decreased as she developed alternative ways to understand their behavior in sociopolitical and historical contexts.

**Authenticity, transparency, and an emphasis on expression of experiential processes can be effective in work with African American clients.** This approach is consistent with the common African American sensibility of “keeping it real.” The two-faced nature of racism (e.g., smiling to our faces and calling us “nigger” behind our backs) has contributed to an African American ethos that places high value on knowing where someone is coming from. In addition,
the attention to the experiential is also quite consistent with African cultural sensibilities around expressiveness and the African American music-based experience of “soul” (i.e., being deeply moved). The importance of needing to get a “feel” for a person and needing to be “felt” are critical aspects in the development of interpersonal relationships in an African American context. A contemporary question in conversations between African American youth is “You feel me?” This has a meaning similar to “Do you understand me?” but places more emphasis on relational interconnectedness and affective attunement. These cultural understandings provided support for a relatively high level of transparency and disclosure regarding the person of the therapist and the therapeutic process in working with Nia and Joyce. Selective disclosure was an intentional decision in order to promote trust, model self-acceptance, and normalize the experience of race-related stress. Therapist disclosure may facilitate trust and credibility in the therapeutic relationship with African American clients as well as provide affirmation of the client’s racial and cultural experiences.

**Recommended Resources**

**Books and/or Articles**


**Videos**


**Fiction and Biography**


**Websites/Blogs**

[www.afrobella.com](http://www.afrobella.com)

Afrobella celebrates women all shades and textures of beautiful.

[www.positivepropoganda.com](http://www.positivepropoganda.com)

This site inspires, educates, and empowers Black women and girls to create healthy perceptions of self while campaigning for global perception change.

**REFERENCES**


REDEFINED: THE STORY OF ANDRE


Case Description

When Andre first came to therapy, he was 22 years old, single, and described himself as a third-generation, African American Pentecostal minister. At intake, he lived with his mother and did not disclose his sexual orientation. Both his father and grandfather were preachers, as were two of his uncles. Andre arrived with his hair in braids—he shared that he was “starting to loc”—wearing jeans and an oversize T-shirt and jewelry. His left earlobe was pierced; he had rings and bracelets on both hands and a huge silver necklace around his neck.

Andre presented to therapy upon referral from his uncle, the senior pastor at his church, who was concerned that Andre was suffering from “delayed grief.” Andre was very skeptical of therapy, feeling that if God abandoned him, how could anyone else help him? He reluctantly agreed to therapy because his uncle told him that he would keep him on the church payroll only if he sought help. The church was paying for treatment and wanted monthly updates that Andre was coming to therapy—they did not require updates on therapy content or progress.

Andre grew up in the Pentecostal church. His activities were strictly monitored, and he had very restricted habits. As a child he went to religious school and spent most of his “free” time singing in church, practicing his music, and in Bible study and prayer groups. Andre is very bright, articulate, and a passionate public speaker; he was being groomed to become senior pastor at his grandfather’s church. His peers led similar lives. Currently he is on leave from the church, where he served as the minister of music and led several youth groups. Both his father and grandfather were deceased; however, both had been very active in advocating civil and human rights for African Americans. Thus Andre had been reared with a very strong racial-ethnic identity and envisions himself as an activist minister. Andre’s father’s died when he was 15 from a long-term illness.

Andre was born a twin; his sister, Andrea, died mysteriously approximately two years ago. She was found in an empty storehouse at the bottom of some stairs, with massive head trauma. She was pronounced dead upon
arrival to the hospital. Although the circumstances of her death remain cloudy, the police ruled the death accidental. Andre was devastated and began to question his commitment to the church and God. He reported that “God abandoned him” and he was unwilling to continue his involvement in the church.

After about 12 sessions, discussing the story of his sister’s death and his conviction that it was “not an accident,” he began to address his “real problem.” Andre reported that he is “same-gender loving,” that he has had several same-sex experiences, and that he thinks he is “in love” with another man. He expressed some confusion about how to integrate his sexual identity with his strong ethnic identity and deeply held religious faith.

Upon the suggestion of the therapist, Andre had begun working at a community agency doing outreach with HIV-positive African American men. He reported that this work gave him a chance to engage in important social activism work while getting to experiment with his same-sex identity. Although he reported that he was comfortable with his sexual identity, he experienced conflict between his identity and the strong conviction that he had been “called” to the ministry and wanted to remain a minister at his church. He reported that he had conversations with both his uncle and mother about his sexual identity, although neither of them “took me seriously.” He is balancing moving in with his “lover” versus staying with his mother, who continues to grieve about the loss of his sister.

Andre presented as a strong, African-centered social activist, steeped in a deeply held Pentecostal faith tradition, emerging ownership of his SGL sexuality, devoted son and surviving twin, bright, educated, middle-class, African American male.

Reflection and Discussion Questions

1. What role do you think Andre’s religious heritage and affinity has on his identity?

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\[1\] Same-gender loving (SGL), a term coined for use by activist Cleo Manago, is a description for same-sex oriented men and women, particularly in the African American community. It emerged in the early 1990s as a culturally affirming same-sex identity. SGL is an alternative to Eurocentric same-sex identities—gay and lesbian—that do not culturally affirm or engage the history and cultures of people of African descent.
2. What do you know about the social values of the Pentecostal denomination?
3. What is the significance of Andre defining himself as a same-gender-loving man?
4. How does this definition conform with or differ from being an African American gay man?
5. What primary diagnostic impressions are best to consider for Andre? At intake? After 12 sessions?
6. Given Andre's skepticism about the value of counseling and psychotherapy, what role, if any, might therapist self-disclosure have on establishing a strong therapeutic alliance with him?
7. What are the primary dimensions of Andre's identity, and how might a culturally competent therapist begin to prioritize targets of treatment with Andre?
8. How difficult might it be to address each of the major dimensions of Andre's identity? What role, if any, do the therapist's multidimensional identities play in Andre's treatment planning?

**Brief Analysis of the Case**

- The critical challenge with this client was to develop a perspective for therapy that could privilege his multiple, varied contextual identities, each of which had strong meaning and definition for Andre. Although there might be a variety of ways of conceptualizing therapy with Andre, given his status across multiple dimensions of his identity, it was important to approach work with him from a nontraditional conceptual framework. Current traditional models of mental health practice may not be particularly helpful with any of his primary identities, let alone with all of them combined.

- An African-centered approach to treatment allowed Andre to find himself in a culturally affirming fashion that focused on his strengths, interdependence, and spirituality. Key points in the analysis of this case are presented within an African-centered conceptual framework that articulates and centers “five healing aims” for the treatment of African-descended clients. African proverbs were incorporated throughout sessions to help Andre situate his challenges within an African worldview and served as a catalyst for him to envision a better tomorrow (Rowe & Rowe, 2009).
First Healing Aim: Remembering or Re-Memorizing

- Healing involves the process of “re-memorying”—reconstructing our stories (spirits, bodies, families, and psyches) from fragments of memory, gossip, and news. Memory and storytelling are reconnnecive processes that can help us live more harmoniously with our self, family, community, and the past (Akinyela, 2005).

Andre entered therapy with the second author, a middle-age African American male, and established rapport through initial emphasis on shared strong ethnic identification and social activism. This provided an opportunity to focus on grief issues in a more culturally syntonic fashion.

Andre explored the loss of his sister, his twinship, and the resulting emptiness by examining the role of twins and loss in traditional African spirituality (Ephirim-Donkor, 1997) and comparisons to his Pentecostal faith. This exploration enhanced therapist credibility, since it supported Andre’s ethnic identity, supported the deep loss he was experiencing, and created a sense that therapy would be non-traditional, thus challenging and expanding his perspective about its perceived helpfulness. Andre settled on an understanding that his sister would always live within him, and he could maintain his regular communing with her during his daily prayer time.

Second Healing Aim: Realignment

- Reconnecting a sense of personhood—spiritual, communal, cultural (physical/environmental), and personal potentials (Grills & Rowe, 1998) is a second healing aim of treatment with clients of African descent.

It was during those discussions that Andre reported that the loss of his twin and sense of abandonment by God had given him permission to explore his sexual identity, which he had suppressed for most of his life. His same-sex orientation had been a secret he and his sister shared; her loss propelled him to act on it.

A referral was made for Andre to volunteer within a culturally specific HIV service agency to give him a chance to try on aspects of his sexual identity without having to become public, thereby letting him challenge some of his negative stereotypes about nonheterosexuals (Herek & Garnets, 2007). Through his volunteer experiences, he found a number of African American men who had crafted a
different perspective regarding their same sexual orientations: same-gender-loving. He was also surprised to find a number of these men who retained their deeply held religious beliefs.

Third Healing Aim: Rebuilding

- “Rebuilding” refers to developing sociocommunal systems that replicate and reflect African notions of human beingness, features of human functioning and optimal human development. Rebuilding fractured spirits requires collective, communal, and cultural practices; one cannot address symptoms of disorder by imposing or reinforcing isolation to reinstitute order within the person.

Rebuilding was the most important aspect of Andre’s work; the aim was to give him an opportunity to experiment with the fullness of his emerging identity. Andre began to explore the role of his Pentecostal faith, its impact on his current functioning, and the possibility of merging his faith tradition with his social activism and sexual identity. He began to study the history of the Pentecostal movement and discovered that African Americans were integrally involved in its formation and development at a time when integrated church services did not exist in the United States.

Fourth Healing Aim: Revitalization

- Grounded in the importance of spiritual experience for mental health, the healing aim of revitalization focuses on helping persons see themselves as spirit manifest. Ongoing healing becomes the process and state of guiding and/or developing the person’s ability to experience the extraordinary, special, and divine spirit within (Nobles, King, & James, 1995).

This aspect of treatment resonated strongly with Andre, as it fit with his faith traditions and inspired him to consider a future that merged his multidimensional contextual identities: He began to claim the possibility of being a sociocultural activist and same-sex-oriented minister for underserved men of African ancestry.

Fifth Healing Aim: Restoration

- Restoration—the fifth healing aim—promotes renewal through strengthening interdependence; fostering a sense that life unfolds
in intimate reciprocity; and regaining the capacity to experience life with a fullness of being.

As therapy progressed, Andre reported sleeping well, regaining the 20 pounds he had lost following his sister’s death, having an increase in energy and concentration, and recognizing his integrated goals and aims: “I know who I am and what I’m supposed to do,” he stated.

- The emphasis and continuity across the healing aims on “re” processing is intentional. A central component of an African-centered approach is orienting to psychotherapy as a healing and revealing process. Therapists are grounded in the understanding that our primary task is to help clients reconnect with their core spiritual identity and culturally experienced humanity that already exist within them and link them across time and place to ancestors, family, and all persons. This cultural grounding helps to minimize the overpathologizing of symptom expression and contributes to a therapeutic process that is ultimately liberating, affirming, and empowering.

**Recommended Resources**

**Books and/or Articles**


**Popular Books**


A proclamation of reclamation for all African American SGL men who have lived conflicted lives, tormented by indoctrinated fears of eternal damnation, terrified of being rejected by God and family. In this book, Marcell presents personal stories that illustrate his struggle to reconcile his spiritual and sexual identities; he also challenges other African American SGL men (whether openly gay, closeted, down-low, or transgendered) to confront their own identity.


A poignant compendium of wise sayings, proverbs, legends, riddles, and tales, this work can serve as an adjunct to therapy to provide clients with reflective space to contemplate how their particular challenges fit within an African-centered worldview.

**Videos**


Opposites attract when an elderly homeless man named Richard, once a literary legend of the Harlem Renaissance of the 1920s, befriends gay art student Perry in this sensitive, introspective drama.

An interview with Dr. Joe White, founder of the Association of Black Psychologists and retired professor at the University of California, Irvine. Dr. White is at the 40th Annual Convention of the Association of Black Psychologists in Oakland, August 2008. Copyright by the Association of Black Psychologists.


In this fascinating documentary, director Howard Johnson delves into the storied history of the Black church and examines the ways the diverse religious institution has influenced the lives of African Americans throughout time.

Websites/Blogs

Christian meta-groups: Pentecostal group of denominations:
http://www.religioustolerance.org/chr_pent.htm

REFERENCES


