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ABSTRACT

This comprehensive literature review examines the issues involved in practicing psychotherapy with African-American women, and explores the adaptive coping styles utilized by black women in a antagonistic environment. Attention is given to the exploration of traditional resources utilized by the black woman in coping with her environment, such as kin and family support, as well as the exploration of new coping styles to be utilized by African-American women in an effort to deal with their daily environmental stresses. The key to effective coping for the African-American woman may be flexibility. Spirituality is an important construct and coping strategy within the African-American culture. Religious consciousness and spirituality may serve as important coping mechanisms for African-American women. Because current research on the African-American woman and mental health services suggests that the nature of the African-American woman's life lends itself to implementation of psychotherapeutic strategies, this paper focuses on ways in which traditional therapeutic processes can be adaptive in relation to the culture and ethnicity of the African-American woman. In conclusion, this paper identifies possible therapeutic interventions that will enhance the clinician's work with African-American women. (NB)

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African-American Women:

The Psychotherapeutic Process as a Coping Style

Presentation to

The American Psychological Association

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Running Head: AFRICAN-AMERICAN WOMEN AND COPING

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Abstract

African-American Women:

Psychotherapeutic Process as a Coping Style

This comprehensive literature review will examine the issues involved in practicing psychotherapy with African-American women. In addition, an examination of adaptive coping styles utilized by black women in an antagonistic environment will be explored. Attention will be given to the exploration of traditional resources utilized by the black woman in coping with her environment, such as kin and family support, as well as the exploration of new coping styles to be utilized by African-American women in an effort to deal with their daily environmental stressors. This paper will focus on ways in which traditional therapeutic processes can be adaptive in relation to the culture and ethnicity of the African-American woman. In conclusion, this presentation will identify possible therapeutic interventions that will enhance the clinician's work with African-American women.

Statement of the Problem

The purpose of this paper is to examine the psychotherapeutic process as a possible coping strategy for African-American women in coping with an antagonistic environment.

The Impact of Historical Issues on the African-American Woman

History of the African American Woman

"The quest for knowledge concerning the experiences and contributions of African-American women has been characterized by a long and difficult struggle to capture the essence of what it means to be African-American and female" (p. 1). Collins and Sussewell (1986) suggest that "the complexity of such a search lies in understanding the historical past of African-American women, the impact of their culture on sex role development as well as their socialization as females" (p. 1).

According to sociologist Cheryl Gilkes (1983), there are several factors that have formulated the African-American female's experience in the United States. First, we must be aware of her historical evaluation as a woman. Second, Gilkes (1983) suggests that acknowledgement must be given to the important role of African-American women as educators. Third, it

is important to examine the African-American woman's role as worker and provider in the African-American family, community, and society at large, which has contributed to her independence and self-reliance. According to Collins and Sussewell (1986), equally important is the fact that African-American women in history "saw themselves as a part of the collective whole of the African-American community; they could not and do not separate themselves from their children nor their men (p. 3).

Today, more recent research by Nobles (1973; 1980) suggests that the African-American woman perceives her notion of self in relationship to her people, and that the African-American woman's African self includes a strong notion of self in relationship to people. According to Collins and Sussewell (1986), this theory emphasizes the strong sense of connectedness that African-American women feel towards their people. Greene (1990) suggests that this theory contradicts the disparaging social science literature which traditionally has blamed the African-American woman for the family ills and stresses which are in fact caused by institutional racism. It is important to note that as a result of the African-American woman's strong sense of correctness toward her family and her

people, it is the author's opinion that the African-American woman often places her children, spouse, family, and community before herself, often to the detriment of personal freedom to exercise options both in her career and academically, thus denying her opportunities that would lead to her reaching her full potential in life.

It is not uncommon to hear the African-American woman talk about her goals and aspirations as secondary to her responsibilities of raising her children and seeing them through completion of their educational or career goals. It is also common to find the African-American woman providing for her spouse, family, and community in a selfless manner, placing her own needs as secondary to others. This selflessness and correctness that the African-American woman feels toward her family, her people, and the community may manifest itself in many ways. The African-American woman may not be consciously aware of her own feelings of being overwhelmed and frustrated as a result of her responsibilities. In addition, the African-American woman may also experience feelings of inadequacy which in turn affect her self-esteem, because her work within the family and the community is often thwarted by systematic racial oppression which, as a result,

regardless of her selfless efforts to educate, maintain harmony, and provide for her family, her work is often fruitless. These are important issues which may surface throughout the psychotherapeutic process with the African-American woman.

According to Greene (1990), social science researchers have measured African-American family structures against an idealized white mythology with the view that as a result of the African-American woman's alleged domineering and matriarchal nature, the African-American family can be viewed as a tangled web of pathology. Greene (1990) further suggests that "this need to pathologize African-American persons, in this case African-American women, has resulted in a line of distorted research inquiry which focuses on deficits" (p. 213).

According to Greene (1990) the deficit-oriented literature generated about African-American women in particular has been designed to reaffirm and perpetuate popularly held beliefs and stereotypes about African-American women, and in the process has overlooked the African-American woman's adaptive strengths, resources and resiliency.

African-American Women and Coping

The history of the African-American woman is one of a struggle to survive against great odds and injustices. Cope and Hall (1985) suggest that African-American women are often faced with multiple stressors in their lives, to include the stress of dual minority membership and the African-American woman's historically low socioeconomic status. According to Staples (1973), the dual constraints of racism and sexism often exacerbate the processes of growth and development of the adult African-American woman.

Ladner (1971) suggests that African-American women share with all women the restricting effects of sex role stereotyping on their lives. However, institutional racism, which is expressed through prejudicial attitudes and discriminatory practices, exerts the more pervasive and debilitating impact on all facets of the African-American woman's life. One might then ask the question: How do African-American women cope? What are the strategies they have employed that allow them to remain resilient and adaptive over 300 years, through slavery, racism and sexual oppression? It is important to acknowledge that despite these sometimes debilitating stressors, African-American women are able to overcome these negative consequences with a strong sense of

adaptive strengths, resources, and resiliency. This then brings us back to the question of "How do African-American women cope and what are those adaptive strengths that African-American women have employed in coping with an antagonistic environment?"

Therapeutic Goals and Coping

Myers (1980), in her research with African-American women who were the heads of households, found that African-American women cope with the emotional degradation of racism, oppression as well as sexism by maintaining an image of themselves that is based on how well they do whatever they do and on how others whose opinion are important to them view their successes in what they are doing. According to Myers (1980), there is a causal relationship between what the African-American woman thinks of herself and coping. Myers (1990) contends that feelings of self-worth lead to a greater ability to cope.

Lykes (1983) suggests that it is difficult to compare the various coping strategies of African-American women. According to Lykes (1983), the African-American woman is "constrained by the reality of the giveness of her social existence." "The experience of double jeopardy is one such example of the giveness of the African-American woman's social reality" (p. 84).

Lykes (1983) contends that as a result of these situational constraints the key to effective coping and the African-American woman is flexibility. Lykes (1983) further suggests that the wider range of strategies that the African-American woman has at her command, the greater her potential will be for coping effectively in diverse contexts with diverse goals.

Much of the current research emphasizes the importance of kin and social support networks as an integral part of the African-American woman's coping strategies (Lykes, 1983; Myers, 1980). Myers (1980) suggests that African-American women realize that there are alternatives for coping with life stressors and for developing and maintaining a positive sense of self. Myers (1980) further suggests that African-American women utilize social support networks such as family friends, church, and clergymen to deal with basic social, emotional, and financial problems.

In addition, both historically and to date, Jackson (1983) suggests that the concept of spirituality is viewed as an important construct and coping strategy within the African-American culture. Martin and Martin (1985) suggest that religious consciousness and spirituality serve as an important coping mechanism for African-American women. The literature suggests that

these variables may lead to more adaptive coping. Thus, when developing therapeutic goals with the African-American woman, it may be important to explore these variables further with the client.

Dilemma in Coping Research

In reviewing the history of research on what could be considered mainstream literature, "coping is a widely used but poorly defined construct, frequently invoked to explain individual differences in response to stressful situations" (Stone & Neale, 1984, p. 892). Despite the frequency with which coping is used in the literature, there is not an agreed-upon typology of coping, strategies or adequate measures to assess coping (Stone & Neale, 1984). The basic distinction that has been made in coping research is between problem-focused coping and emotion-focused coping (Folkman & Lazarus, 1980, 1984). Research studies on coping have often relied on self-report measures which are not without their own methodological problems, such as lack of empirical support for the validity of the subscales, and weak internal consistencies (Endler & Parker, 1990). Slavin, Ranier, McCreary & Gowda (1991), in their research, have given explicit attention to expanding a standard model of the stress process offered by Folkman and Lazarus (1984) to include

culturally relevant dimensions. Slavin et al. (1991) suggest cultural factors that impact each component of the stress model such as "a) the types and frequency of events experienced, b) appraisals of the stressfulness of events, c) appraisals of available coping resources, d) selection of coping strategies, and e) manifestations of adaptational difficulties" (p. 156).

One of the major limitations of the mainstream research on coping is that the studies are based on behavior and responses of white, middle-class subjects. There is a void of cultural diversity in the inclusion of subjects for research in the arena of coping. This is particularly evident in the lack of research available on coping strategies of African-Americans, in particular, African-American women.

It appears that coping among African-American women is a very complex and dynamic process that involves a number of variables including a positive self-concept, flexibility, and kin and family support, as well as religion and spirituality. There is very little research available on the coping strategies utilized by African-American women, and what little research is available consists primarily of generalizations on how well African-American cope without delineating specific strategies utilized. The

current research available on African-American women and coping is often fragmented and does an inadequate job of integrating cultural specific coping strategies with the more mainstream research on coping.

Psychotherapy as an Alternative Coping Strategy

When looking at the dilemma in research on coping styles exercised by African-American women, it is clear that as mental health professionals, clinicians and researchers working with African-American women in clinical settings, there is a need to investigate and assist African-American women in exercising alternative coping strategies in dealing with an often antagonistic environment. One such alternative might be the psychotherapeutic process. Current research on the African-American woman and mental health services suggests that the complex and diverse nature of the African-American woman's life lends itself to implementation of a variety of psychotherapeutic strategies (Copeland, 1977; Jackson, 1973).

McCombs (1986) suggests that the African-American woman who has a high degree of contact with others outside of her historically traditional segregated environment is the woman who would be more likely to seek psychological services, as opposed to the African-

American woman who experiences a low level of contact with those outside the traditional segregated community. McCombs (1986) suggests that it is less likely that the African-American woman who has less contact with the mainstream culture will seek help from the mental health profession.

According to McCombs (1986), as a result of the increased diversity of lifestyle possibilities for the African-American woman, this increased diversity has been accompanied by increased responsibilities. McCombs (1986) contends that many of the adjustment difficulties that lead African-American women to psychotherapy and present difficulties in their work in therapy are critically linked with traditional societal and familial structures, and that these difficulties are often associated with the increasing range of lifestyle possibilities for the African-American woman in today's society. McCombs (1986) suggests that "these opportunities and responsibilities are sources of individual and collective psychological tension in the lives of African-American women" (p.71). One such etiology of this collective psychological tension suggests that there are subtle yet pervasive effects of child sexual abuse upon African-American women (Wyatt, 1990). Wyatt suggests that although the initial effects

of the traumatic experience of childhood sexual abuse of African-American women are similar to their Caucasian counterparts, the cumulative effects of these early stressors in childhood may be manifested in relationship problems, however, the root of distrustful feelings toward men may also be associated with other psychological stressors.

It has also been suggested that "as African-American girls grow up in a race-conscious society and progress toward the developing stages of womanhood, they have been described as consciously aware of stereotypes and perceptions of the black female character that our society has created about them. Their heightened self-consciousness may also be affected by developmental and race-related issues along with having been victimized" (Wyatt, 1990, p. 77). In addition, African-American women face issues that all women must contend with, such as gender issues of rape, sexual discrimination, and oppression, both within their culture and in society at large. Additional psychological tension in the lives of African-American women include such issues as the impact of skin and hair color in their own communities.

Iram and Redd (1985) suggest that, traditionally, one of the primary sources of support for African-

American women has always been the family, yet Iram and Redd suggest that as urbanization increases among African-Americans, families are no longer within close proximity geographically. According to Iram and Redd (1986), many African-American women are sole caretakers of their children, doing so without the economic and social support that they need. Iram and Redd (1986) suggest that many African-American cannot afford basic support services such as child care that might alleviate some of the pressure that they experience on a daily basis. Iram and Redd (1986) contend that, instead, many African-American women are left to struggle in isolation without adequate support services. Iram and Redd (1986) further suggest that "in African-American communities, generally, there is still some stigma attached to needing therapy, so it is not common for the African-American woman to seek out preventive therapy before a crisis occurs.

Iram and Redd (1986) suggest that when the African-American woman does try to seek mental health services, she encounters the inequalities of the existing health care system in this country. It has been suggested that in African-American communities, health care centers are underfunded and overworked, and as a result of lack of funding there is a shortage of mental health

professionals on staff to accommodate those individuals who utilize the facilities. According to Iram and Redd (1986), this then results in long waiting lists, inadequate time to appropriately attend to the client's needs, and very little follow-up.

Therapeutic Issues

When examining the most salient issues in conducting psychotherapy with African-American women, there are several traditional therapeutic issues to consider such as transference and countertransference, the therapeutic alliance between the client and therapist, as well as the existence of racial bias and discriminatory attitudes in mental health delivery systems (Iram & Redd, 1985), along with the use of culturally sensitive and appropriate techniques (Akbar, 1979; Sue & Zane, 1987; Jackson, 1983). However, there are several other issues to consider when working with African-American women in the psychotherapeutic process, and those include racial and sexual oppression (Myers, 1986), gender socialization (Davenport & Yurich, 1991), the experiences of both sexual and racial discrimination on a regular basis (Slavin, Ranier, McCreary & Gowda (1991), ethnic identity development (Cross, 1978), the impact of social class on daily survival (De La Cancela, 1985), as well as the

role of skin color, hair and features in the African-American community and its impact on the self-esteem of African-American women (Neal & Wilson, 1989), as well as the debilitating effects of childhood sexual abuse (Wyatt, 1985, 1990).

In examining the therapeutic issues that are most salient when working with African-American women, it is important for the clinician to implement psychotherapeutic techniques that are culturally appropriate (Jackson, 1983). In addition, it is important that the clinician be aware that across the spectrum, African-American women are a diverse population, each with their own individual uniqueness, thus careful attention should be given to within-group differences.

Strategies for Mental Health Providers of African-American Women

The question then that needs to be asked is, "What can we do as mental health professionals to develop strategies to assist the African-American woman in utilizing the psychotherapeutic process as an alternative coping method?" The most important area to address, as mental health providers, is that those therapists who intend to work with diverse populations such as African-American women, <u>become culturally</u>

competent in working with that population. It has been suggested that one of the most serious problems in mental health service delivery is that there is a lack of mental health professionals who are culturally competent to work with diverse populations such as African-American women (Jackson, 1973, 1983; Nobles, 1972, 1980); Sue & Zane, 1987). In addition, as a result of this cultural incompetence among mental health professionals, too often the social causes of psychological distress in the African-American woman are not taken into consideration (Iram & Redd, 1986). "Consequently, an African-American woman's problems are often seen solely as a product of her own psyche. If an African-American woman makes statements such as 'I feel ugly' or 'I am depressed because I don't have a place to put my furniture,' instead of addressing her feelings within the context of the social oppression of racism and poverty, they are often taken as a sign of her psychological disorder" (p. 66). As a result, the individual is viewed as the problem rather than the system, and typically the treatment is psychiatric medication (Iram & Redd, 1986).

Thus, before we can begin to look at the psychotherapeutic process as an alternative coping strategy for African-American women through our

professional organizations and affiliations, we must not just give lip service to the need for cultural competence in working with diverse populations, but we must mandate that training institutions and develop programs that are committed to training culturally-competent clinicians to work with diverse populations. In addition, practicing clinicians should be mandated through licensing procedures to become culturally competent when working with populations such as African-American women.

It is also important that attention be focused on the appropriateness of using psychotherapeutic techniques developed for intervention with Caucasian individuals treating African-American populations (Jackson, 1983). Alternative modes of treatment must be developed when working with diverse populations such as African-American women that incorporate a quality of empathy, concern, and sensitivity to both cultural teachings and the uniqueness of the African-American psyche (Akbar, 1979; Jackson, 1979, 1976). Jackson (1979, 1976) suggests that there are distinctive attributes of African-Americans' behavior such as socialization, parenting, perception, cognition and motivation that contribute to this uniqueness of the African-American psyche.

Another possible alternative mode for treatment of African-American women within the psychotherapeutic process includes outreach and preventive programs delivered by mental health professionals at African-American churches, with the support of interdenominational African-American minister alliances (Thomas & Darsby, 1985). Other possible alternatives may include working with African-American women and their children through school settings, by developing parenting groups which may also serve as an opportunity to treat entire families (Thomas & Darsby, 1985). It has been suggested that African-American families will often participate in family therapy out of concern for the child, if school administrators suggest that it will be of benefit to the child's well-being (Bagarozzi, 1980). A further possible alternative, in particular with lower socioeconomic African-American women, are home visiting programs designed to support and provide psychotherapy to African-American women with young children and adolescents (Thomas & Darsby, 1985). These are just a few of the countless creative, and culturally-sensitive alternatives that we, as mental health professionals, can provide to meet the needs of the diversity and varied lifestyles of the African-American woman within the psychotherapeutic process.

Ideas for Future Research

It is clear that there are several issues to consider in pursuing future research in the area of defining coping strategies among African-American women, as well as the possible utilization by African-American women of the psychotherapeutic process as an alternative coping style. Based on the current research available, there are five major issues to consider:

1) Researchers must begin to include culturally-diverse populations in studies designed to investigate specific coping styles and strategies. In addition, researchers need to begin to collect baseline data on coping strategies of African-American women which clearly delineate culturally-specific coping strategies as well as more traditional coping strategies.

2) There is also a need for development and funding for psychotherapy models and interventions in community health centers such as the T.H.E. Clinic for Women in Los Angeles, California, so that women can receive comprehensive medical services as well as psychological services in an environment that treats them with human dignity and cultural sensitivity.

3) Funding should be provided for both brief and long-term psychotherapy for all women of color,

regardless of their ability to pay.

4) It is important for mental health professionals to embrace the political process by talking and writing to politicians who represent their communities, to inform them of the urgency of more funding for comprehensive medical and psychological services for African-American women in these turbulent times.

5) Finally, that African-American mental health professionals, clinicians, and researchers make a personal commitment to go out into our communities to offer psychological services and research skills to support community-based agencies, African-American women, and their children, regardless of their ability to pay.

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