Therapy with African American Men and Women

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One of the challenges in exploring the psychology of African Americans is the problem of assuming or conveying that all African Americans are alike, the tendency to overlook the tremendous within-group variability, the danger of overgeneralizing. Psychologists have increasingly been calling our attention to the importance of multiple identities (Reid, 2002). Gender, in particular, is a core aspect of most people's sense of self. In the United States, race-ethnicity and gender together tend to be the most salient characteristics contributing to one's sense of identity (Reid & Comas-Diaz, 1990) and thus to one's worldview.

Even though both African American men and women must contend with racism, the lens of gender means that how Black women experience racial bias and bigotry may be different from the way that Black men experience it (V. G. Thomas, 2004). Understanding the "intersectionality" of identities is critical (Reid & Comas-Diaz, 1990).

The focus of this chapter is on gender issues in psychotherapy with African Americans, with particular attention to both the psychological themes and issues with which Black women and men wrestle and approaches and considerations for effective therapy. Because of the breadth of this topic, this review is limited to counseling and psychotherapy with adult African Americans.

One danger in focusing on gender differences is in implying that there are few similarities between African American men and women. Meta-analyses of research on the general U.S. population reveal that there are tremendous similarities between men and women (Hyde, 2005). Hyde (2005) cautioned against overinflating gender differences when in fact there are so many commonalities. Thus, the task here is to illuminate gender differences, in order to develop a more differentiated understanding of Black men and women, without conveying that Black men and Black women hail from different planets.

I begin with a brief look at what gender is, and then I explore gender differences in African Americans' psychological challenges and problems. This is followed by a discussion of gender differences in treatment considerations and approaches. I conclude the chapter with a critique of the literature and recommendations for future scholarship. Throughout, I use the terms African American and Black interchangeably to refer to people of African descent who grew up in and are living in the United States, and I use the terms ethnicity and race interchangeably.

What is gender, and what is race? Sex differences are biologically determined and present at birth, whereas gender, although typically (but not always) associated with biological sex,
learned; it is *enculturated* (Hansen, Gama, & Harkins, 2002). Gender has to do with the “culturally determined attitudes, cognitions, and belief systems about females and males” (Robinson, 2005, p. 150). It is socially constructed. Yee, Fairchild, Weizmann, and Wyatt (1993) posited a similar analysis of race. Although social scientists sometimes use the terms *gender* and *race* as if they are permanent, biologically given ways of being, it is important not to essentialize gender or race and to recognize that they are social constructs that are dynamic and responsive to historical and contemporary social, cultural, and political contexts (Williams, 2005).

This understanding of gender and race as social constructs leads to another important point: An exploration of the impact of gender in African Americans requires a contextual, ecological approach whereby attention is paid to how the person is impacted by his or her environment—by the family and community as well as by broader societal forces, including “isms” and discrepancies in power, privilege, and status (Reid, 2002). Thus, a contextual, social constructionist framework is utilized in this literature review.

**CORE PSYCHOLOGICAL ISSUES OF AFRICAN AMERICAN MEN AND WOMEN**

There are a number of core psychological issues with which both African American men and women must contend by virtue of living in a racist society with a history of enslavement and the subsequent cultural, political, and economic disempowerment of people of African descent. Both African American men (P. D. Johnson, 2006) and women (Greene, 1997) have to contend with negative, demeaning stereotypes, although the specific stereotypical attributes can vary on the basis of gender. Furthermore, both Black men and women are disproportionately exposed to violence-related traumas (Harris, 2005). Some consequences are that many Black women and men struggle with developing a healthy racial identity (Franklin, 2004; S. Y. Jenkins, 1996), risk internalizing racism (Franklin, 2004; Williams, 1999), wrestle with establishing and maintaining positive self-esteem (Lee, 1999; M. J. Taylor, 1999), and are at high risk for posttraumatic stress disorder (Harris, 2005).

However, although the aforementioned represent significant challenges that are common to both African American men and women, there are gender differences in the specific manifestations of these themes, in the ensuing coping responses, and in the symptoms and diagnostic disorders that sometimes result.

**Men**

Although both African American men and women are faced with racial oppression, Black men appear to experience more severe bigotry in a number of areas, for example, in education, in the criminal justice system, and as retail customers (Sidanius & Pratto, 1999). Black men are often stereotyped as animalistic, violent, hypersexual, and sexually predatory (P. D. Johnson, 2006); as a result, they are frequently feared and avoided (Franklin, 2004) or treated as if they are criminals (Gayles, Alston, & Staten, 2005). A review of the extant literature revealed four core psychological issues in the lives of many Black men: (1) gender role strain, (2) invisibility syndrome, (3) challenges in handling anger, and (4) reliance on a “cool pose.”

**Gender Role Strain.** African American men are at risk for gender role strain, a consequence of the contradiction between the roles men are expected to play in U.S. society, as provider and protector, and the reality of limited opportunities to fulfill these roles (Franklin, 1998). In other words, many Black men are caught in a bind. To “be a man” in American society typically means to have a job and to provide financially for one’s family, yet institutional racism and inequities make it difficult for many Black men to achieve this. (These analyses draw on Pleck’s [1985, cited in Franklin, 1998] notion of a *gender role strain paradigm.*) Staples (1998) highlighted the double bind faced by Black men, who, often unemployed, underemployed, or underpaid, are denigrated for failing to fulfill the ideal of “manhood” and yet who are simultaneously castigated for being too *macha*—for effecting a persona that is too traditionally male. A consequence of gender role strain is that Black men may experience chronic stress, negative self-image, low self-esteem, difficulties in developing a healthy male identity, and substance abuse problems (Gayles et al., 2005; Lee, 1999; Wade, 2006).
Invisibility Syndrome. A. J. Franklin (2004) posited that because of the history of racism, and because of the experience of daily microaggressions—subtle slights and devaluing interactions—African American men are at risk for the invisibility syndrome, defined as a cluster of potentially debilitating symptoms that compromise one’s emotional well-being. Franklin (1992) wrote that African American men are at risk for internalizing the societal message that they are unacceptable and unworthy—a message that creates a sense of invisibility. The relative lack of access to educational and job opportunities reinforces the sense of invisibility, creating a feeling of being invalidated and rejected—of being “dissed.” What is ironic is that African American men are both invisible and highly visible. They are often unseen and unacknowledged by the mainstream society, yet simultaneously, they are targeted and scapegoated. Men who fall prey to the invisibility syndrome are at risk for low self-esteem; internalized rage; oppositional behaviors; disillusionment; depression; substance abuse; and stress-related disorders, such as headaches and hypertension (Franklin, 2004). These symptoms often reflect coping strategies gone awry.

Challenges in Handling Anger. A frequent and understandable by-product of being denigrated and feeling invisible is anger/rage (Franklin, 1992). In Grier and Cobb’s (1968) seminal book on African American personality, Black Rage, they highlighted the importance of oppression-related anger in the psychological functioning of African Americans and noted that although both African American men and women must find ways to deal with oftentimes intense and chronic feelings of anger related to their devalued status, for Black men this is a particularly salient issue. Lee (1999) proposed that some Black men may have “problems of aggression and control” (p. 40), which can manifest in one of three ways: (1) too much control over frustration and anger, leading to emotional constriction and being cut off from meaningful and genuine connections with others; (2) “inappropriate channeling processes” (p. 40), whereby emotions are directed inward, contributing to internalizing disorders, such as hypertension and substance abuse; and (3) too little control over strong feelings, leading to immature and potentially destructive acting-out behaviors.
the support and professional help that they need (see also Chap. 29, this volume, for a more detailed description).

Reliance on a “Cool Pose.” Richard Majors and his colleagues coined the term cool pose to refer to “an exaggerated or ritualistic form of masculinity” that Black men use as a coping strategy to deal with the discrimination and the inequities that they experience (Majors, Tyler, Pedren, & Hall, 1994, p. 250). Head (2004) stated that African American men are taught that manhood requires that they silence their feelings, withhold emotion, and not appear weak. Acting cool is a form of impression management aimed at conveying that one has power, is in control, is competent, and is proud. Through mannerisms, speech, gestures, style of walking and moving, clothing, and hairstyles, African American men can symbolically express their masculinity. Despite the fact that they are devalued by the larger society and may be unable to fulfill societal expectations of a career and financial success, cool pose provides a way for Black men to create their own identity and to shore up their self-esteem and confidence—to develop within the Black subculture what the dominant society has denied them. Majors et al. (1994) made direct connections between the evolution of cool pose and Black men’s “frustration and pain from restricted opportunities” (p. 247; which is associated with gender role strain) and their experience of invisibility.

However, although cool pose can serve a positive healthy, self-esteem-boosting function, helping to compensate for feelings of shame and guilt, the “cool pose” stance has liabilities (Majors et al., 1994). Cool pose requires that one hide one’s real feelings and emotions; the aim is to be smooth, seemingly unruffled, no matter how dangerous the situation. The cool pose is designed to garner respect, and overt displays of toughness and bravado can help to achieve this. Thus, men who affect a cool pose often get involved in risk taking, sometimes leading to violent and self-destructive behaviors. As a result, Black boys and men who affect a cool pose are at risk for engaging in gang behavior, for being physically and emotionally abusive with female partners, and for being marginalized and stigmatized by teachers and other authorities (Majors et al., 1994).

In the cool pose subculture, which typically is an adolescent and young adult subculture, Black men who do not define their masculinity and their identity using this same set of narrow über-male behaviors are at risk for being seen as “punks” (Majors et al., 1994) or for being disparaged as “gay” (A. G. Johnson, 1997). Black gay, bisexual, and transgender men, as well as heterosexual men who do not subscribe to the “compulsive masculine alternative,” may be scorned, harassed, and even physically assaulted by men who subscribe to a cool pose, creating an additional psychological challenge for them.

Summary. The literature on African American men reveals four core psychological challenges that many Black men face: (1) gender role strain, (2) invisibility syndrome, (3) challenges in handling anger, and (4) reliance on a cool pose. These are not four fully distinct issues; they are interrelated. An angry persona and a cool pose often emerge as coping mechanisms that men sometimes invoke, consciously and/or unconsciously, to reduce gender role strain and to thwart the sense of invisibility. In putting forth these themes, there is the danger of relying on stereotypes, for example, the stereotype of the angry Black man. It also is possible that the literature is skewed toward a focus on anger and other negative characteristics because of the prevalent unflattering stereotypes. There clearly are substantial differences among African American men. What is in fact remarkable is that, in spite of the psychological challenges that they face, the majority of Black men demonstrate positive mental health (Anderson, Eaddy, & Williams, 1990). A growing body of research on resilience in African Americans reveals that protective factors, such as positive racial identity, spirituality, and family and social support networks, often serve as buffers or mitigating factors, diminishing the negative impact of experiences of oppression (see Anderson et al., 1990; Utsey, Bolden, Lanier, & Williams, 2007). For Black men in particular, informal community networks, such as barbershops, churches, and social clubs, may be especially important resources in managing the stress of bias and discrimination (Elligan & Utsey, 1999). As an example, affiliation with a Black church can ameliorate gender role strain by providing a context in which a Black man, regardless of educational or professional accomplishments, can...
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assume a leadership role, for example, as a deacon or layleader, and feel competent and valued in his male identity (W. E. Gooden, personal communication, December 27, 2007).

Women

Although African American men may experience particularly severe and brutal racism, African American women must contend with racism, sexism, and the intersection of these two (V. G. Thomas, 2004). In spite of the 1960s women’s liberation movement and significant strides in the past 4 decades, the United States continues to be a patriarchal society in which men, relative to women, are privileged and empowered (A. G. Johnson, 1997), and where Black women continue to be victims of both racism and sexism. An analysis of the existing literature reveals three core psychological issues with which African American women contend: (1) sexual devaluation and victimization, (2) struggles with beauty and self-image, and (3) adoption of the “strong Black woman” persona. In addition to these themes, in a separate section, I focus on clinical symptoms and mental health disorders in Black women.

Sexual Devaluation and Victimization. African American women live in a society where demeaning and denigrating messages about their sexuality are commonplace and potentially affect how they see themselves as well as how others view and interact with them. West (1995) described an image, which originated during slavery but is still being perpetuated, of the Black woman as a morally unconstrained, hypersexual, and proniscuous Jezabel. This stereotype has been revitalized in many contemporary gangsta rap music videos, where Black women are often scantily clad, available only to provide sexual pleasure to men, and are referred to as “bitches” and “hos.” A. J. Thomas, Witherspoon, and Speight (2004) demonstrated empirically that the Jezabel stereotype exists in the perceptions of contemporary African American women. Betha-Whitfield (2005) argued that there is a strong connection between the media’s promotion of degrading images of Black women and other forms of violence against Black women.

West (2002a, 2004) has reported that African American girls and women do, in fact, experience high rates of child sexual abuse, dating violence, intimate partner violence, sexual harassment, and sexual assault, and that very often women experience multiple forms of violence during their lifetimes. Similarly, research by Wyatt and colleagues provides empirical evidence for high rates of sexual harassment and sexual abuse in African American females (see, e.g., Wyatt, 1997). It is important to note that racial differences in rates of partner abuse are confounded by differences in socioeconomic status (SES); women of lower SES are more likely to be victimized than are women of higher SES (West, 2004). However, there is some evidence that racism and sexism sometimes intersect to create particularly severe and egregious forms of sexual victimization (see, e.g., Adams, 1997).

Some of the consequences of sexual victimization are depression; substance abuse; suicidality; and somatic complaints, such as headaches (West, 2002a). Moreover, Black women who have been victimized often come to feel less in control of their sexuality and thus are at heightened risk for subsequent abuse, for unprotected consensual sexual involvement, and as a result for sexually transmitted diseases, including HIV (West, 2002a). What makes the experience of abuse even more problematic is the tendency of Black women to remain silent about it. Although this is also an issue for other women, as well as for men who are sexually abused, for Black women, there are particular factors that can induce silence. If the perpetrator is a Black male, Black women are sometimes reluctant to report him to an employer or to a criminal justice system that they know is discriminatory (Jones & Shotter-Gooden, 2003; West, 2002a). Furthermore, Black women who see themselves as having fulfilled the Jezabel stereotype may blame themselves and experience great shame. Daniel (1995) discussed the “double victimization” that many Black women endure when they are sexually abused and then feel silenced about their experience of victimization.

Struggles With Beauty and Self-Image. Black women live in a society where there is a strong demand for women to be physically beautiful (Wolf, 1991) and where, in spite of some diversification in the past 4 decades, the standard of beauty is still primarily Eurocentric (Greene, 1997). Women who have lighter skin; longer, straighter hair; and more European facial features are privileged over those who look more
traditionally African (Greene, 1997). Furthermore, femininity is associated with the White female ideal of attractiveness, and not meeting the ideal means being seen as unfeminine (M. J. Taylor, 1999). As a result, many Black women wrestle with their self-image, with feeling good about their physical appearance, and with whether they meet the dominant culture female ideal (Jones & Shorter-Goode, 2003).

Although darker-skinned Black women receive the brunt of the impact of colorism, lighter skinned Black women are sometimes the victims of reverse color bias—not trusted, resented, and viewed as not “Black” enough (S. Y. Jenkins, 1996; West, 1995). Even within one family, differences in skin color and hair length and texture can be a source of significant pain and alienation (Greene, White, & Whitten, 2000). As a result, it is not uncommon for Black women, wherever they fall along the color spectrum, to internalize some of the racist/sexist messages about beauty, to harbor feelings of shame, and to struggle with maintaining feelings of self-worth (Greene, 1997; M. J. Taylor, 1999).

Adoption of the “Strong Black Woman” Persona. During slavery, Black women had to be strong in order to survive and protect their children in a violent, brutal environment of forced servitude where Black families were routinely torn apart (McNair, 1992). Since emancipation, the racism, sexism, and lack of economic opportunities have likely further contributed to Black women’s toughness, fortitude, independence, and resilience. African American women commonly deem themselves, and are seen by others, as strong—able to take care of and handle whatever comes their way (Romero, 2000). However, although in many ways a virtue, the Black woman’s strength becomes a problem when she is unable to acknowledge pain or vulnerable feelings, when she is unwilling to ask for help, or when she feels undeserving of support (Romero, 2000; Thompson, 2000). To compound the problem, adopting a persona of invulnerability and imperviousness can be an attractive and welcomed antidote to the sense of powerlessness and helplessness that are typical by-products of oppression.

One variant of the “strong Black woman” persona is perhaps connected to the historical image of Mammy—the nurturing, self-sacrificing, family-centered caregiver (West, 1995). Mammy is all things to all people all the time, while denying her needs—a Black superwoman. Thompson (2000) wrote that many Black women engage in moral masochism which she defined as a “level of excessive personal sacrifice that assumes pathological proportions” (p. 241). Abdullah (1998) coined the term Mammy-ism to denote a mental disorder when Black women internalize racism, spurn their culture and roots, and are self-sacrificing and accommodating to Whites—for example, in the workplace. Abdullah posited that a negative self-image and low self-esteem are consequences of this pattern, and an empirical study by A. J. Thomas et al. (2004) supports this notion.

Other scholars focus on the role strain that is endemic to being the consummate caregiver (see, e.g., West, 1995). Role strain occurs when people have multiple role obligations that they are unable to fulfill (West, 1995). African American women are more likely to be in the labor force than are White or Latina women, are more likely to work full time, and are more likely to be raising children as single parents (Jones & Shorter-Goode, 2003). In addition to the cultural or psychological predisposition they have toward being a “strong Black woman,” the realities of their lives often push for selflessness and unflinching attentiveness to others’ needs—a recipe for role strain.

A second variant of the “strong Black woman” persona is perhaps associated with another historical image—Sapphire, who is depicted as caustic, hostile, aggressive, domineering, and emasculating (McNair, 1992; West, 1995). Whereas Mammy’s strength-through-selflessness is sometimes seen as a positive representation of womanhood; Sapphire’s strength-through-aggression is reviled. Sapphire is presumably the “much-too-strong Black woman.” One of the messages here is that African American women have relatively limited degrees of freedom or “acceptable” behavior. Black lesbian women, who are often seen as “masculinized females,” also have to contend with these narrow definitions and with the message that they are “defective females” (Greene, 1997, p. 313). A. J. Thomas et al. (2004) found that Black women whose attitudes reflected the Sapphire stereotype were more likely to have low self-esteem than those whose attitudes were less confirming of the stereotype.
However, the challenge with regard to the "strong Black woman" persona is not simply in how others pigeonhole and judge African American women: it also has to do with how Black women perceive themselves, how they treat themselves, and what they demand of themselves. Can she find a way to feel strong and capable, yet also be attached to and interdependent with partners and friends? Can she acknowledge her own needs and vulnerability? Shorter-Goeden and Jackson (2000) pointed out that Black women who assume the "strong Black woman" persona are often frightened of attachment and dependency, which they experience as a dangerous loss of strength. The result can be chronic loneliness and emotional isolation.

Clinical Symptoms and Mental Disorders. Particular attention has been paid in the literature to exploring emotional disorders in Black women and to theorizing about clinical disorders or patterns of expression that may be unique to Black women. Abdullah's proposed disorder—Mammy-ism—was discussed earlier. I now very briefly summarize other available literature in this area.

African American women have higher rates of depressive symptoms, though not higher rates of clinically diagnosable depression, than other women (Brown, 1990), and the rate of clinical depression is twice as high in U.S. women as in men. Jones and Shorter-Goeden (2002) posited a "Sister complexes" whereby African American women manifest depression due to the internalization of society's negative stereotypes and/or the accommodation to limiting racist/sexist notions of their roles. They assert that depression, because it is culturally incongruent with being strong, is often masked in Black women and as a result may present in indirect ways, such as through emotional overeating and somatization.

It fact, for African American women, the desire to be greater than for other women, being overweight is associated with depressive feelings (Siegel, Yancey, & McCarthy, 2000), and binge eating appears to be a particular problem for depressed Black women (Striegel-Moore, Wilfey, Pike, Dolan, & Fairburn, 2000). In addition, in a major epidemiological study, Black women were found to have higher rates of somatic symptoms and somatization disorder than all other groups (Swartz, Landerman, George, Blazer, & Escobar, 1991). For Black women who feel they must be emotionally strong and who, as a result, disdain the notion of being depressed, physical symptoms may be a more acceptable way to express their emotional distress. Another cover-up for feelings of depression are feelings of anger. M. J. Taylor (1999) stated that it is common for African American women to mask their feelings of depression with anger, which may be more ego syncritic but which may also be difficult or risky to express. Of note is that, in a qualitative study, Waite and Killian (2007) found that clinically depressed African American women described their depression with terms like upset, anger, exhaustion, stressed, and sick (p. 165), instead of with more typical expressions of "hopelessness, sadness, and depressed mood" (p. 167).

Although exact rates of anxiety disorders in African American women are not available, it is known that Black women's rates of anxiety disorder and phobia are higher than that of Black men (U.S. Department of Health and Human Services, 2001). Neal-Barker (2003) proposed that Black women are at significant risk for anxiety disorders, including generalized anxiety disorder, panic attacks, social phobia, specific phobias, and obsessive-compulsive disorder. She attributed this to chronic stress, which itself is often attributable to prejudice and discrimination; to the need to be hyperalert and on guard to manage bias and bigotry; and to the pressure to be emotionally strong and "keep it in" (p. 20).

Summary. The literature suggests three core psychological themes for African American women: (1) sexual devaluation and victimization, (2) struggles with physical image, and (3) the "strong Black woman" persona. The "strong Black woman" stance is a cultural coping strategy on which many Black women draw as a way of responding to the sexual devaluation and to the message that they are not physically attractive. Depression, anxiety, binge eating, and somatization, with the latter two sometimes serving as stand-ins for depression, are at times the unfortunate outcomes of Black women's emotional challenges.

Just as for Black men, it is important to acknowledge the cultural strengths and resilience of African American women which allow most women to survive emotionally and
Therapeutic Considerations and Approaches

In this section, I address the literature on therapeutic considerations, strategies, and theoretical approaches to working with African American men and women. Black men and women have both been consistently documented as underutilizers of mental health services (Morris, 2001). A significant portion of the underutilization is due to inaccessible and/or culturally insensitive services (Morris, 2001; Whaley, 2001) and to an understandable cultural mistrust or "healthy cultural paranoia" based on the long history of oppression (Whaley, 2001). However, this pattern of underutilization may also be explained by the tendency to see vulnerability as weakness, the consequent difficulty in disclosing one's vulnerabilities to a therapist, and the fear of feeling out of control (Franklin, 1992; Lee, 1999). Black men and Black women often adopt strategies—for example, "the cool pose" and the "strong Black woman"—as a way of coping with oppression; yet, these same strategies can get in the way of getting help with the problems that racism and sexism have helped to create.

There is considerable convergence around a number of general therapeutic considerations in working with both Black women and men. Scholars agree that it is important for therapists to place the African American client's experience in a sociohistorical context (see, e.g., Bethea-Whitfield, 2005; Caldwell & White, 2005) in order to better understand the client and to educate the client to distinguish between internal conflicts and external oppressive forces (see, e.g., Franklin, 1998; Williams, 2005). Therapists working with Black women and men need to be knowledgeable about African American history and culture (see, e.g., Thorn & Sarsta, 1998; West, 1995) and integrate Afrocentric values and worldview in the treatment (see, e.g., Morris, 2001), for example, through the use of literature, art, music, and proverbs (see, e.g., Caldwell & White, 2005; Williams, 1999).

A number of clinicians recommend consideration of more flexible roles on the part of the therapist (see, e.g., Morris, 2001), including a more interpersonal, collaborative, psychoeducational orientation and the judicious use of self-disclosure (see, e.g., Lee, 1999). Some suggest a more problem-oriented focus given the potential for ambivalence about therapy as well as the pressing external issues with which many African Americans contend (see, e.g., Morris, 2001).

A number of therapists highly recommend building on the personal and cultural assets of the Black client—in other words, not solely focusing on deficits or pathology but instead working to enhance the client's strengths, resilience, and sense of competence (see, e.g., Caldwell & White, 2005; Williams, 1999). To this end, the therapist should integrate and draw on the client's spiritual beliefs (see, e.g., Lee, 1999; Utsey et al., 2007), work to enhance the client's familial and community support systems (see, e.g., Utsey et al., 2007), consider the use of group interventions (given the importance of the extended family and community in African American culture; see, e.g., Elligan & Usey, 1999; Williams, 1999), and encourage the client's social activism (see, e.g., West, 2002b; Williams, 2005). The aim is to facilitate the client's empowerment.

Also, numerous scholars have discussed the critical importance of clinicians' ongoing examination of their own assumptions, stereotypes, and biases about African Americans and of their own identity, power, and privilege (see, e.g., J. M. Adams, 2006; Lee, 1999), as well as a
willingness to directly acknowledge and non-defensively discuss racial issues with the client, including a racial difference between the therapist and client (see, e.g., Morris, 2001).

Although there are many commonalities in the recommended therapeutic approaches with Black men and women, the literature reveals some gender differences as well.

Men

A central consideration in working with African American male clients is the importance of attention to the development of rapport, given the potential cultural mistrust of therapy and the struggles that many Black men have with feeling in control (Gayles et al., 2005; Lee, 1999). It is important for the therapist to facilitate a slow, careful process of engagement and to not make interpretations prematurely, before trust has developed (Franklin, 1992). The careful building of rapport may be especially important if the therapist is not Black (Gayles et al., 2005). Given the negative stereotypes of African American men and the tendency of non-Blacks to be fearful, intimidated, and thus avoidant of Black men, the issues of problematic countertransference may be particularly present when working with Black male clients and are likely to impede the development of a healthy therapeutic alliance if not carefully attended to.

The literature on therapeutic approaches and orientations specific to Black men is rather limited. Given the difficulties with rapport building, Lee (1999) detailed an interpersonally oriented five-stage process for facilitating a Black male client's movement from "initial contact" to "commitment" and "engagement." White and Cones (1999) described an array of "Black masculinity approaches" that can be utilized either as therapy or community interventions and that are aimed at educating African American men about the oppressiveness of cultural and media images and helping them redefine their identity in a positive, healthy way. There has been some exploration of African-centered approaches to therapy with Black men, and Caldwell and White (2005) advocated the application of NTU therapy for work with Black men. Developed by Phillips (1990), NTU therapy is based on an African-centered worldview and uses the seven principles of Kwanzaa, the

Women

A lot more attention has been paid in the literature to proposed considerations and theoretical orientations when working with African American women in contrast to men. The considerations for psychotherapy with Black women focus on the importance of three things: (1) the therapeutic alliance, (2) attention to the intersection of race and gender, and (3) integrating religiosity and spirituality. I now sketch these out briefly.

For Black women, it is the "strong Black woman" posture that can complicate the building of a trusting relationship (McNair, 1992; Romero, 2000). Romero (2000) wrote that oftentimes, in keeping with the cultural ideal of invulnerability, Black women feel impelled to present as competent and successful in therapy. This pressure can make it more difficult to open up about one's sadness; moreover, the client may feel that she needs to take care of the therapist or to protect the therapist from the client's real feelings. For therapists, an auxiliary strategy is to help Black female clients find spaces where they can share openly is to encourage and assist them in developing social support networks or "sister circles" (Bethea-Whitfield, 2005; West, 2002b).

A number of scholars have emphasized the necessity of focusing on the intersection of race and gender and of racism and sexism in psychotherapy with Black women (Greene, 1997; Williams, 1999). Too often, there is a tendency to see and respond to the client as only Black or, conversely, as only female, instead of attending to the client's dual status. These scholars admonish therapists to use dual lenses to make sense of African American women's experiences, and in particular to focus on the intersection of these identities. Also, of course, race and gender are not the only identities that Black women (or Black men) have. The intersecting identities of
sexual orientation, SES, religion, spirituality, age, and ability need to be carefully acknowledged and considered.

Empirical studies indicate that most African American women are highly religious and spiritual (see, e.g., R. I. Taylor, Mattis, & Chatters, 1999), and although attention to spirituality is important for both Black men and women, it is especially important for therapists to be aware of the importance of religious (usually, though not always, Christian) and/or spiritual beliefs held for many Black women, to provide room for the client to share her beliefs, and to assist the client in utilizing her religious/spiritual resources as a source of support in the therapeutic process (J. M. Adams, 2000; Williams, 2005). Religious and spiritual beliefs and practices can provide a tremendous source of primary or adjunctive healing (Jones & Shorter-Goode, 2003), but it is also important to note that it is not uncommon for Black women to wrestle with doubt, uncertainty, and conflicts related to their beliefs (J. M. Adams, 2000). Black women who enter therapy may be angry at or feel betrayed by God, and they need to be able to explore these painful thoughts and feelings (J. M. Adams, 2000), which may be particularly difficult to disclose.

A number of therapeutic orientations have been recommended for Black female clients. Afrocentric–feminist/womanist approaches (in other words, woman-centered and woman-affirming approaches that include attention to race and racism; V. G. Thomas, 2004; Williams, 1999); psychodynamic approaches that incorporate a focus on the intersection of race and gender (Greene, 1997; Shorter-Goode & Jackson, 2000); and Stone Center relational/cultural theory (Y. M. Jenkins, 2000) have been the most prominently addressed in the literature. For discussions of these approaches, readers are referred to the cited works.

Summary

The literature on therapeutic considerations and approaches is more developed with respect to African American women than men. For both men and women, there has been a focus on the challenge of developing a positive therapeutic alliance, on utilizing psychoeducational approaches that elucidate the impact of societal oppression, and on the importance of client empowerment. For women, attention has also been paid to the importance of the intersection of race and gender, and there has been a more focused consideration of the integration of religiosity and spirituality. For Black male clients the use of a carefully staged process of engagement, Black masculinity approaches, NTV therapy, and a contextualized humanistic approach have been recommended; whereas, for Black women, the emphasis has been on Afrocentric–feminist/womanist therapy, culturally informed psychodynamic therapy, and relational/cultural therapy.

Critique of the Literature and Recommendations for Future Scholarship

There are a number of strengths in the literature on gender issues in therapy with African Americans. There has been a fair amount of attention given to, and consensus around, common psychological issues of Black women and Black men as well as around important therapeutic considerations in working with Black women and Black men. However, a critical evaluation of the literature reveals significant unaddressed issues and gaps. I now discuss limitations in two main areas—(1) the use of a gender analysis and (2) the utilization of an array of methodological approaches for knowledge generation—and I propose areas for future scholarship.

Although I have discussed gender throughout this review, the use of the term has been quite broad and undifferentiated. In the clinical reports and empirical studies that have been discussed, gender typically refers to human beings who self-identify or are identified by others as male or female. The reviewed literature implicitly addresses gender as a binodal construct. One presumably identifies as either male or female. The focus has been on a forced-choice either/or gender identification, not on a continuum of gender identity. In empirical studies, gender has typically been measured by asking participants to check off “M” or “F” (Hansen et al., 2002). Differences among Black men or among Black women in the social construction of gender, the degree of identification with maleness and femaleness, and the salience of gender at different times and in different arenas.
ion has also seen a more diversity in the treatment of clients, from traditional to humanistic, NTU approach, whereas, for instance, therapy, culture, and relational has rarely been addressed. The danger here is of essentializing gender and of treating socially constructed, context-driven differences as fundamental, unchangeable givens (Williams, 1999). Moreover, the lack of attention to gender as a continuum puts us at risk for disregarding the experiences and needs of individuals who are not gender conforming. African American heterosexuals as well as lesbians, gays, and bisexuals who may not subscribe to traditional bimodal gender norms may be marginalized or made invisible, as can Blacks who are transgender, a population about which there is virtually no psychotherapy literature.

Although there is a small body of empirical literature on gender issues in clinical diagnoses of African American men and women and in mental health help-seeking behavior, the majority of the literature on psychological themes in the lives of Black men and women and on the experience of gender in therapy relies on clinicians’ theoretical assertions and clinical reports. This is an important and rich source of information, but the limited number of alternative voices is striking. There are relatively few empirical studies of the therapeutic experiences of African Americans in general (Constantine, 2007), and even fewer that have focused on gender-specific issues in therapy (Thorn & Sarata, 1998). Also, although there are a few studies on the effectiveness of therapy with African Americans, no research has explored the impact of a therapeutic approach specifically for Black women or Black men (Sue & Lam, 2002). There is no definitive information on evidence-based practice with African Americans. The existing literature on the psychological challenges of African American men and women loads heavily toward the clinical, anecdotal, and theoretical, with very limited empirical confirmation of assertions. Additional quantitative and qualitative empirical research is sorely needed.

The following questions need to be addressed in future scholarship on gender issues in therapy with African American clients: How does gender affect symptom presentation? How does gender affect the therapist-client relationship and interactions? Are race- and gender-matched therapeutic pairs more effective than race-and/or gender-different pairs? How does the therapist’s gender identity impact his or her response to the client’s gender identity? Do therapists convey to Black clients a narrow, rigid set of gender roles?

For example, do therapists collude with the invisibility of Black men or with the “strong Black woman” persona?

To what extent are specific theoretical orientations important in providing effective therapy to Black men and Black women? The extant literature suggests that a multiplicity of theoretical orientations may be of value in the treatment of Black men and women, as long as the impact of race and gender is a significant consideration and modifications are made to the therapy to address these key factors. However, empirical studies are needed to confirm or disconfirm this hypothesis.

Moreover, how do race and gender intersect with other areas of identity—for example, sexual orientation—to impact treatment considerations and the treatment process?

The literature on African American men in therapy is much more limited than that on African American women. The reason for this needs to be explored, and the paucity of literature needs to be rectified. Is this another manifestation of Black male invisibility?

LIMITATIONS OF THE REVIEW AND CONCLUSION

This review of the literature has focused on gender differences in African American adults in psychotherapy, with particular attention given to core psychological challenges and important considerations and approaches to therapy. The review has several limitations: One is that the focus on challenges that Black men and women face as a group may tend to obscure the fact that, as Greene (1997) put it, “rarely is race or gender bias the exclusive source of a client’s difficulty” (p. 316). African Americans enter therapy with the same garden variety of problems as other populations; however, their relationship problems, feelings of anxiety or depression, and existential crises are often, to varying degrees, triggered or exacerbated by experiences of oppression. The core psychological themes that have been addressed in this chapter are more likely to underlie the presenting problem than to be served up as it.

A second limitation is that attention to differences between Black men and women may inadvertently veil substantial similarities. In addition, space limitations made it difficult to focus on this chapter on sexual orientation,
social class, religious, and other differences among Black men and Black women. Another limitation is that, by positing core psychological themes, there is a risk of conveying that there is a prototypical Black man or Black woman. Of course, there is none. Although there are some common experiences and perceptions, heterogeneity reigns. Yet, another limitation is the concentration on the psychological challenges and problems of Black men and women, with lesser attention to the population's considerable and documented strengths and psychological resilience. It is important to note that, in general, Blacks do not have higher rates of mental disorders than Whites, and with respect to a number of mental disorders, their rates are lower than those of Whites (Zhang & Snowden, 1999). Moreover, there are countless examples of emotionally healthy Black men and women who have taken on the challenge of "isms" and won.

In spite of the limitations of this review, my hope is that this chapter increases scholars' awareness of and sensitivity to gender issues in African Americans, offers therapists a set of hypotheses and considerations in providing psychotherapy to African American women and men, and inspires empirical researchers and clinicians to actively address the gaps in our understanding in order to enhance our capacity to provide much-needed, effective treatment.

REFERENCES


