



African American Behavioral Health

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Culturally Appropriate Ways of Engaging African American Women in Mental Health and Substance Use Treatment

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Many behavioral health practitioners are proud of their inclusive approaches and their ability to provide compassionate services to people whose cultures and experiences are different from theirs. This includes many practitioners who work in programs designed around the needs and characteristics of White clients. In many areas, there are too few behavioral health professionals to provide cultural matching to all clients who would benefit from it, so the ideal is that practitioners of all colors and cultures work toward the capacity to reach across color lines in culturally appropriate ways.

While it is true that human beings have more commonalities than differences, the ways in which even meaningless differences have often been perceived and characterized has created significant social and psychological hazards for people of color:

- Racial trauma is real, its historical components can be significant, and the fact that implicit bias is so often unknown to the holder of that bias makes it all the more dangerous. Implicit bias adds insult and injury to interactions in which safety is critically important, including cross-racial therapeutic encounters.
- Beyond that, there have been far too many breaches of Black trust in every branch of health care, from the dawn of American history through the present.
- Whiteness itself—and even ordinarily harmless characteristics of White culture and White approaches to treatment—can make it harder for some Black people to trust, to form safe therapeutic connections, and to engage in treatment and support services.

The Search for Solutions

The behavioral health field has largely accepted the idea that “one size does not fit all.” However, if we ask one another, “what size is it that we have been using?” or “what are the dimensions and characteristics of that size?” it may be hard to find consensus among our answers. So, what do we do? How do practitioners serve individuals of color in ways that will, not only protect their vulnerabilities, but also increase their levels of safety, engagement, and successful recovery?

In its stunning 2021 apology statement, the American Psychological Association (APA) acknowledged “the roles of psychology and APA in promoting, perpetuating, and failing to challenge racism, and the harms that have been inflicted on communities of color as a result” (APA, 2021). This statement was accompanied by two documents:

- a “Warrior’s Path” report that “reflects upon how APA and psychology can shed racist and colonial roots to embody the principles of equity, diversity, and inclusion to become an actively antiracist discipline”; and
- “...a second proposed resolution, ‘Psychology’s Role in Dismantling Systemic Racism,’ which delves more deeply into methods by which psychological science can be used to remedy harms in practice, education, criminal justice, training, and other domains” (APA, 2021).

In the spirit of the APA’s commitment, this article takes a closer look at one group—African American women—starting with a brief discussion of identity issues for Black women, followed by two tools for culturally appropriate behavioral health services recommended in the literature.

Stereotypes and Identity Issues for Black Women

Identity is central to recovery from the effects of racism, because racism is very much an assault on the identity of the racialized group. Of course, in the real world, there is no such thing as race. The thing we think of as “race” is a social and political construct invented in the Middle Ages to justify things like colonization and the enslavement of people conveniently considered “other” and therefore less than human (Kendi, 2016).

Once people are considered fundamentally “less-than,” it becomes easy to dismiss them with stereotypes, particularly when their needs and choices are difficult to understand by the standards of one’s own circumstances and conventions. So, for centuries, Black women have been reduced and classified according to negative racist and sexist tropes such as “the Jezebel,” “the Mammy,” and “the Angry Black Woman.” Even among stereotypes, these are particularly insulting and diminishing, interpreting common and positive human attributes (e.g., sexuality, maternal instinct, and anger) as ludicrous, even pathological. They discourage welcome and understanding, and they render the real human being virtually invisible.

Confronted with these stereotypes—and never knowing when or where the stereotypes will appear again—Black women may have few sources of safety and relief. Many retreat into yet another stereotype, that of “the Strong Black Woman.” Striving to embody this phenomenon, African American women prove to themselves and others that they embody strength, competence, and self-reliance as they take on multiple roles in caring for their families (Avent Harris, 2021) and their financial obligations. Although it is more flattering than many other common stereotypes, the Strong Black Woman syndrome leaves practically no room for self-care and dismisses the often-distressing needs that force women into this position.

For example, in the United States, 60% of Black single mothers are the heads of household or the primary financial providers for their families (Anderson, 2016). This differs from 20% of White single mothers (Anderson, 2016). Black women also earn less than White women, Black men, and White men (Hegewish & Hartmann, 2019). This places most Black women in positions where they have more responsibilities—not only for taking care of their families, but also for doing so with fewer financial resources and without the support of a partner. This is not a lifestyle choice so much as a realistic shouldering of excessive burdens.

An understanding of these stereotypes and their implications for identity is an essential tool for behavioral health practitioners who serve Black women. Whatever a woman’s behavioral health condition(s) might be:

- the ways in which her identity has been misinterpreted and diminished might have added to her vulnerability, and
- the true elements of identity that a skilled and culturally attuned therapist can help her find may very well help her find recovery.

Two Tools for Culturally Appropriate Engagement of Black Women

With the APA statement inspiring the field to make our services more culturally responsive, how can the practicing behavioral health specialist best support Black woman and meet their needs? Two approaches highlighted in the literature are: “Culturally Responsive Teaching” and “Culturally Responsive Mindfulness-Based Interventions.”

Culturally Responsive Teaching

Because both therapy and recovery support include educational elements, our field might do well to study Culturally Responsive Teaching, a method widely used in the education field. In her 2000 book, *Culturally Responsive Teaching: Theory, Research, and Practice*, Prof. Geneva Gay defines Culturally Responsive Teaching as “the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively. It is based on the assumption that when academic knowledge and skills are situated within lived experiences and additional frames of reference of students, they are more personally

meaningful, have higher interest appeal, and are leaned more easily and thoroughly” (Gay, 2000).

This approach might be beneficial in the behavioral health field as well, giving all specialists and practitioners opportunities to gain a better understanding of their diverse clients, including Black Women. This might include:

- understanding how Black women prioritize communal living and cooperative problem solving and how those skills affect motivation, aspiration, and performance;
- understanding how Black women view appropriate ways for children to interact with adults in different settings; and
- understanding the implications of gender role socialization among Black women when they discuss their equity stance and the real-world situations in which equity is challenged (Gay, 2002).

Culturally Responsive Mindfulness-Based Interventions

Another way for practitioners in the behavioral health field to support Black women might be the culturally appropriate implementation of mindfulness-based interventions. Rooted in Buddhist traditions, mindfulness-based interventions (MBIs) promote stress-regulation through meditative practices that foster nonjudgmental attention to thoughts, emotions, and physical sensations that arise in the present moment (Kabat-Zinn, 2003). The results of MBIs with Black women has been promising, with more MBI treatment leading to decreased depressive symptoms and suicidal ideation, reduced addiction severity, and lowered anxiety (Watson-Singleton, et al., 2018; Witkiewitz, et al., 2013; Abercrombie, et al., 2007; Palta, et al., 2012). However, these methods have tended to focus on treatment concerns rather than on cultural values and the unique diverse realities of Black women (DeLuca, et al., 2018).

Watson-Singleton and colleagues (2019) have developed a list of recommendations for a culturally responsive approach to MBI treatment with African American women. A few of these recommendations are provided here. These investigators assert that, although the scarcity of culturally diverse clinicians will always be a factor, until there is greater diversity among clinicians, Behavioral Health practitioners need to:

- place more effort on reducing racial disparities; and
- train community health workers to serve as liaisons between health education and health services, using their own cultural backgrounds to create more welcoming spaces where Black women will be less likely to feel invisible.

They further note that Black women tend to find solace in familiar places and spaces, such as churches. Creating a link to spaces where Black women feel most comfortable can help practitioners meet them where they are and create a bond of familiarity and trust (Watson-Singleton, et al., 2019). Many advocates echo these ideas, understanding that Black women

need relief from the sense of unwelcome they experience in “one-size-fits-all” approaches. They need safe spaces where they can be present—and be who they are—as they receive the welcome and the support that they deserve.

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