

***COUNSELING CHEMICALLY DEPENDENT AFRICAN
AMERICAN WOMEN***

By

MARK SANDERS



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“Next to God, we are indebted to women, first for life itself, and then for making it worth living.”

Mary Cloud McLeod Bethune

SPECIAL THANKS

To the Most Important Women in My Life

- **My wife, Tanya, “an incredible woman and supportive wife, you inspire me!”**
- **My mother, Naomi, “I thank God that I have your spirit and some of your courage. You make me want more. I love you and thank you.”**
- **My sister, Vanessa, for providing so much love and support throughout my life.**
- **My grandmother, Lois, for letting me know that it doesn’t have to be my birthday in order for me to have ice cream.**
- **My sisters, Lisa and Donna, “The laughs we have shared throughout the years have been so good for my spirit! Our laughter is love.”**

DEDICATIONS

This workbook is dedicated to:

- ◆ **Rosa Parks – For standing up for us by “sitting down.” Your courage helped to bring us to another level as a people!**
- ◆ **Sister Harriet Tubman – I wish we all could emulate the love you had for African American people. You seemed to want all of us free.**
- ◆ **To the African women who suffered so much during slavery, who remind us all of our resilience as a people.**
- ◆ **To the African elders who I met on my trip to Ghana in December 2000. I will never forget that you told us that you loved us. Most of us spent our entire lives waiting to hear that.**
- ◆ **To the four little girls in Birmingham, Alabama, who died in a hate-related church bombing. You were never allowed to reach full womanhood. I write this book to help other African American women who have been blessed to reach full womanhood, to lead happy, drug-free lives.**

Chapter One

WHY ARE THERE SO MANY AFRICAN AMERICAN WOMEN IN TREATMENT?

“That man over there says that women need to be helped into carriages and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, over mud puddles, or gives me any best place! Ain’t I a woman?”

Sojourner Truth, 1851

When I first started working in the chemical dependence field in 1982, nine out of every ten African Americans I worked with as clients were men.

African American women were rarely seen in treatment. The research clearly stated that African American women were more likely to abstain from alcohol use than African American men, white men, and White women. Today, there are as many African American women in chemical dependence treatment as African American men. What changed?

There’s an African proverb, “It takes a village to raise a child.” It is my belief that the strength of African culture allowed this cultural norm to be present even during slavery. Following Reconstruction, it was still present, as African Americans in the South had a sense of community, Southern hospitality, and aspects of African culture still intact. I believe the “village” began breaking down when Blacks made the migration from the South to the

North. The first result was that lots of talent left African American families in the South.

There was still evidence that the village was intact in the 1960s, when I was a child in Chicago. People of my generation often talk about growing up in places such as Chicago, New York, Detroit, and Milwaukee, having to be accountable to all adults on your block. It felt like a community, a village. If you were doing wrong, all adults could correct you; you called them by their last names; they seemed to care. There were block parties, community meetings, and family reunions in which relatives would come from places such as Arkansas, Alabama, Mississippi, and Tennessee. The Church was the center of the community. Adults would make pies for each other and support each other when there were deaths in the family. It is my belief that the village began to erode when Black males began to lose jobs to the technology and racism of the 1970s. Cities such as Gary, Indiana, once an industrial mecca, now look like ghost towns. This contributed to many African American fathers leaving families, as manhood is often defined in this country as WORK. Some turned to drugs for profit and to medicate the pain of their circumstances, leaving African American women to raise families alone. Today, it is estimated that 69% of African American households are

headed by single women. Couple this with the fact that, since the inception of America, African American women have always worked. When you combine work with raising a family alone, one can see how she might feel as though she is carrying the whole world on her shoulders.

Many Black men continue to fall. The war on drugs does not help, as some people feel the biggest outcome of the war on drugs is that more and more Black men wind up in jail. The increased absence of Black men has intensified the pressure on African American women, and many have turned to alcohol and other drugs to help them cope.

She also receives less overall support from the extended family. Historically, grandparents, aunts, and uncles were more available to help mothers. In some of our urban areas, there is more physical geographical distance between relatives than thirty years ago. Combine that with the fact that some African American girls are having babies at thirteen and fourteen, when they are still maturing. In those cases, an aunt or uncle might be twenty, seventeen, sixteen, even fifteen years old. Some grandmothers are twenty-nine to thirty-five. It is hard to be as available to children today as adults were when I was growing up.

I cried tears of nostalgia as I watched the movie, *Down in the Delta*, a story of an African American woman, who, strung out on cocaine, took her children to the South and turned her life around. The movie reminded me that much has been lost. Today, overall, African American women are getting less support from their relatives in the South. In the past, if their children were having difficulty, they could send them to the South to learn “Southern values.” Today, many cities in the South are plagued by drugs and have Midwestern and Los Angeles street gangs present.

Where do I find help?

Many African American women feel as though they’re holding the whole culture together—such pressure! Drugs have become a solution to some. Ironically, when African American women fall (become addicted), they often feel as though they have let down their entire family, block, neighborhood, city, the state, all of the South, and Africa. We need strategies to help them recover.

Chapter Two

A FOCUS ON STRENGTH

“All poor people ain’t Black, and all Black people ain’t poor.”

African American Folk Saying

In the field of mental health, we have so many deficit models. I think it is important to focus on strength prior to talking about core issues. In my seminars on Counseling Chemically Dependent African American Women, I ask participants to list the strengths of African American women. Not all African American women possess all of these strengths, but note that the list is inconsistent with stereotypes of African American women. Participants will say African American women are:

**Spiritual
Loving
Patient
Strong
Intelligent
Resourceful
Powerful
Resilient
Filled with cultural pride**

**Filled with love for their
Children
Enduring
Supportive
Challenging
Crafty
Witty
Compassionate
Warm**

Believing that they have value should help the counselor build rapport with African American women.

Chapter Three

CORE ISSUES FOR CHEMICALLY DEPENDENT AFRICAN AMERICAN WOMEN

“But what of Black women? I most sincerely doubt if any other race of women could have brought its fineness up through so devilish a fire.”

W.E.B. DuBois

It is important for counselors to be aware of the fact that there are a number of core issues that chemically dependent African American women bring to treatment. These issues should be an important focus in treatment. In comparison to chemically dependent white women, chemically dependent African American women are more likely to:

- 1. Be single. This often means that they are less likely to get support from a spouse. This is important, because family support is an important part of recovery. Also, the lack of help with child care is a major barrier to African American women entering treatment.**

2. Chemically dependent African American women generally have suffered more losses when they enter treatment. Below are some of those losses.

- ◆ They are more likely to have a son shot or killed.**
- ◆ They are more likely to lose a parent to death at a young age.**
- ◆ They are statistically more likely to have their children taken away by child welfare agencies. One study indicated that African American women are ten times more likely than White women to have their children drug tested at birth, in spite of national research data, which reveals that White women are using more drugs.**
- ◆ She has more miscarriages and stillborn births.**

Chemical abuse could be a way to cope with many losses by African American women. Counselors working with African American women need to also be effective grief counselors.

3. African American women are less likely to have insurance than White women. This means that they are likely to receive inferior

services and to enter treatment in the later stages of illness. A nurse working in a woman's detox center on the West Side of Chicago informed me that most African American women entering detox at her facility have so many medical complications that it takes them two weeks of medical recovery to be able to focus on issues around their addictions. This says to me that the twenty-eight day inpatient program that has been around for over forty years needs to be altered to meet the needs of this population.

4. African American women earn less money. In the book, *Two Nations, Black and White, Separate, Hostile, Unequal*, statistics by Hacker reveal that Black women with Master's degrees earn less money than White males with high school diplomas. A lack of money can be a stressor before and after treatment.
5. Black women are more likely to have spent time in jail than White women. We often talk about the disproportionate percentage of African American males in prison. Few people know that 43% of women in jail are African American, the great majority of whom

have substance abuse problems. In prison, they suffer the same symptoms of post traumatic stress disorder that men suffer as a result of trauma in prison.

- 6. African American women are more likely to drink alone than White women. (There are more problems associated with drinking alone than with drinking in public.) When you drink alone, drinking is the primary activity, and the goal is often to to medicate emotional pain. Drinking in public is often balanced with food and socialization.**
- 7. African American women experience more stigma. This is often called “the triple stigma.” They are stigmatized for being African American, for being female, and for being chemically dependent. The more stigma, the more shame. People often medicate feelings of shame with the use of alcohol and other drugs.**

OTHER CORE ISSUES

Father-daughter Pain

Many people talk about the impact of the absence of fathers on African American sons. Concerned men are even developing rites-of-passage programs to help boys deal with father-son pain and to grow to be productive men. For every son who does not have a father, there is also a daughter who doesn't have regular contact with a father.

Male children often act out their pain, whereas girls are often taught to "act in" their pain. It is not uncommon for African American adolescent males to deal with the loss of the absence of their fathers by way of violence, gang affiliation, etc. Teachers can be overheard saying, "Why can't he be nice like his sister?" not realizing that his sister may not show evidence that she is effected by the absence of her father until she is old enough to start dating. This loss might manifest itself in promiscuity, teen pregnancy, continually getting into abusive relationships, emotionally distant relationships, and relationships in which she feels as though she is all alone. She may feel unconsciously,

that, “If my father didn’t want me, I am undeserving of a good relationship.” In cases in which she never saw her mother and father consistently interact in a healthy way, where is she to learn true intimacy?

Many of the African American women I counseled in my private practice indicated that cocaine became more attractive as they struggled to deal with issues around relationships. Cocaine became their lover, as it was difficult for them to find loving and nurturing relationships.

Issues Around Beauty

In a world in which beauty is defined as blond hair, blue eyes, and thin, how do you affirm yourself if your hair is black, your eyes are brown, and you are full figured?

The issue of beauty is not a concern for all chemically dependent African American women who enter treatment; however, it is a concern for many. Black women spend more money on cosmetics per capita than all other women in the United States and come from a legacy in

which, historically, African American men prefer to date lighter-skinned African American women. Although no scientific study, I noted over a two-year period, in *Jet* magazine, which features weekly photos of newlywed Black couples, that more than 90% of the men married women who were lighter than themselves. Issues around beauty can either add to or undermine one's self-esteem. People tend to medicate feelings of low self-esteem with use of alcohol and other drugs.

Trauma and Abuse

In the book, *The Bluest Eye*, Toni Morrison tells the story of a little Black girl who desperately wanted to have blue eyes. She was excited thinking that her eyes would finally turn blue. Instead, she was raped. Studies indicate that 60% to 80% of women who are chemically dependent were either sexually abused as girls or raped as women. There is no current data to suggest that the rate of abuse for Black women is greater than it is for White women, but it seems to be just as present.

White women are statistically more likely to be abused by White men, and Black women are statistically more likely to be abused by Black men. Whereas it may be difficult for women in general to report abuse, it may be harder for African American women, because of the history that Black men have in this country of being lynched by mobs and abused by the police. As one woman told me, “My boyfriend gave me a black eye, and I was afraid the police would kill him.”

Socialized to Always Be Strong

Attending a woman’s Black Expo in Chicago, I heard thousands of women chanting, “We are strong Black women!” The keynote speaker, Cicely Tyson, said, “We need to focus more on balance than on strength. Too much strength can kill you.” When you feel that you are holding the world up on your shoulders, one might feel that she must always be strong. Substance use may allow some African American women to not always have to feel strong—in fact, to not have to feel anything at all.

TRADITIONAL MODELS OF RECOVERY

Before many women started entering the addictions field as clients, the traditional approach to recovery said in essence, “Leave all your other problems at the door and recover first.” For many women in general and African American women specifically, the core issues are so intertwined with her addiction, that counselors must be skillful in addressing both simultaneously.

Take a moment to respond to the following questions:

- 1. How effective are you as a counselor in helping chemically dependent African American women deal with core issues?**
- 2. What do you need to improve to be more effective?**
- 3. What are your agency’s strengths in counseling chemically dependent African American women?**
- 4. What are your agency’s weaknesses in counseling this population?**

- 5. What recommendations can you make that would enable your organization to work more effectively with chemically dependent African American women as clients?**

Chapter Four

COUNSELING CHEMICALLY DEPENDENT AFRICAN AMERICAN WOMEN

“In search of my mother’s garden, I found my own.”

Alice Walker

Building Rapport with African American Women as Clients

Approximately ten years ago, I was giving a presentation to a group of thirty chemically dependent African American women in a poor community. The presentation focused on adult children of alcoholics, and none of the women had ever heard of the “Adult Children of Alcoholics Movement,” Alanon, or Co-dependents Anonymous. This, in spite of the fact that almost all of the women identified themselves as having chemically dependent parents or grandparents and the fact that John Bradshaw, Melody Beattie, Sharon Wegscheider, and others were enlightening the world with knowledge of dysfunctional families, ACOA issues, and co-dependence. Bradshaw even did a popular series on PBS, which focused on addiction in the family. Then it hit me! These women were unaware of the issues, because they were too busy trying to meet

their basic needs. I realized that dealing with unresolved ACOA issues or nurturing “the child within” can be a luxury that you may not have time for if there is no food on your table.

Counselors who work with the African American woman need to stay with her where she’s at. The counselor may believe she needs long-term psychoanalytic psychotherapy or that she needs to attend ninety AA meetings in ninety days, but more often than not, the counselor will be unsuccessful if the client feels her basic needs are not attended to.

Counselor resourcefulness is a critical skill when working with African American women as clients. Early in therapy it is often helpful to find out with what other systems she is working and to ask her if she needs help in negotiating these various systems.

- ♦ The court system, i.e., she might have a son who has a case in juvenile court, while fighting a case of her own in adult court. The family may be assigned a public defender, who is struggling to be sensitive to her cause, and she may need some helpful suggestions from you.**

- ◆ **Department of Children and Family Services.** She may be attempting to get custody of her children. Counselors who work with chemically dependent African American women tell us that issues around her children are the greatest point of vulnerability. Counselors attempting to build rapport with her will increase the chance if they recognize early on that her children are important.
- ◆ **Foster care.** She may have children in foster care and may be striving to get them back while trying to recover at the same time.
- ◆ **Schools.** She may have a child suffering from fetal alcohol syndrome who was prenatally exposed to drugs, or she may have other school-related difficulties that preoccupy her thoughts, and she may be struggling to deal with the faculty of the school.
- ◆ **Utilities, i.e., the phone, gas, and light companies** may be threatening simultaneously to turn off services, and she might be able to use your help about problem solving in dealing with them.

- ♦ **Funding sources.** She may be receiving funds from Social Security or Public Aid and may be having difficulty working with a case manager and could benefit from your assistance in dealing with them.

It is also important when counseling chemically dependent African American women to move beyond stereotypes and to discover who she truly is as an individual. This often involves asking questions and learning a great deal about her. Take a moment to respond to the following questions as they pertain to your favorite African American female client with whom you have worked.

Place answers to the following questions in the boxes on Page 20.

Box #1. Who named her and how did they choose that name for her?

Box #2. With whom does she currently live and what are family relationships like there?

Box #3. What is her favorite food, holiday, song, and entertainment group?

Box #4. What were her dreams, wishes, and aspirations prior to her addiction?

Box #5. What are three things she fears?

Box #6. What does she want for her kids (if she has kids)?

Box #7. What are her two biggest life regrets?

Box #8. What are three goals that she currently holds?

Box #9. What are the significant losses she has suffered over the past ten years?

Box #10. What does she like most about herself?

Box #11. What does she like least about herself?

Box #12. What contributions, if any, is she interested in making to the African American community? About what community issues is she most passionate?

Box #1	Box #2	Box #3
Box #4	Box #5	Box #6
Box #7	Box #8	Box #9
Box #10	Box #11	Box #12

- 1. What was it like to respond to the questions about your favorite African American female client?**
- 2. How well did you respond to the questions?**
- 3. Could you answer these questions correctly with 100% of your clients, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, 1%, 0%? Circle your answer.**

Most counselors at my seminars report that they can only answer these questions correctly with fewer than 1% of their clients. Some say 0%. I then reply, “How can you build rapport with someone you don’t know?” Often Black women are so busy taking care of others, that there is little time for themselves. Your interest in who she is can go along way in facilitating rapport.

We go to school and are taught a lot about counseling, but who we are as human beings is equally as important in enabling us to build rapport with African American women as clients.

Below is a list of ten personal characteristics of helpers who work well with chemically dependent African American women.

- 1. The counselor uses a strength rather than a deficit model in his/her work, tapping into the African American female client's resilience by asking her: How have you been able to survive so much? b) What skills have you used to make it in this world? c) What lessons do you have to share with other African American women as a result of your trials and triumphs?**
- 2. The counselor works without hidden agenda. Counselors sometimes have hidden agendas in their work with African American women. In the back of their minds they may be thinking: "I'm going to get her to stop having so many babies"; "I'm going to turn her into a lady"; "I'll make her straight (if she's gay)"; "I'm going to make her Afrocentric".**
- 3. The counselor replaces stereotypes with facts. Negative stereotypes can effect the counselor's view of the client. Effective counselors will explore their stereotypes, then work to decrease them with factual information. For instance, it is believed that Black women dominate welfare, but the truth is that single White women are the greatest majority of those receiving welfare.**

Fortune 500 companies receive more welfare than African American women.

- 4. The counselor is more empathetic than sympathetic.**
- 5. The counselor is nonjudgmental. In interviews with chemically dependent African American women, they state that they are most concerned that they will be judged by counselors. They are particularly concerned that their relationship patterns will be judged.**
- 6. The counselor makes sure that support precedes challenge. For forty years counseling in the chemical dependence field has been dominated by heavy confrontations, strategies that are geared toward tearing addicts down, then building them back up. Many chemically dependent African American women feel torn down already. A colleague told me yesterday that she had to advocate for one of her clients, an African American woman who had violated a rule in the residential program. The staff gave her an assignment to pick up little pieces of dust and wipe paper scraps**

off the floor. My colleague told me that she walked into the room and saw the client on the floor crying, while picking up the debris. And she (my colleague) had images of slaves working in the cotton fields and modern day women in crack-cocaine houses on the ground looking for little pieces of the drug. Black woman have a reputation of having attitudes,” but this is often a smoke screen. She often needs gentle caring treatment, as opposed to heavy confrontation.

- 8. The counselor is optimistic. Psychologist Scott Miller states that “counselor hopefulness is 20% of the change process.” B.B. King was quoted as having said, “Being Black means you don’t have to be in the mood to sing the blues.” Many African American women who enter treatment feel limited optimism. Counselor hopefulness is most important.**

- 9. The counselor is empowering. Even if your client appears helpless and hopeless to you, it is important to remember that she comes from the same tradition/blood line as people such as**

Harriet Tubman, Sojourner Truth, Rosa Parks, Ida B. Wells, Dr. Mae Jemison, and Jacqueline Joyner Kercy.

- 10. The ability to have an open discussion of race, gender, and other issues that may be barriers to mistrust. It is important for the counselor to be aware of current and historic relationships between African American women and his or her cultural group and how these relationships can effect the counseling relationship with African American women. In the following section, I will talk about these various relationships.**

African American Males as Counselors

As the African American village (community) continues to break down, it is not uncommon for African American men and women to blame each other. A few years ago I gave a speech at Juvenile Court in Chicago, the oldest juvenile court facility in the United States. Each time I go there I feel sick, as I see so many young African American males in the criminal justice system. I left the speech and headed to O'Hare Airport, where I was to catch a plane and deliver a speech in

another city. At the airport I attempted to make a phone call, and there was a Black woman making a call on the phone I planned to use. I waited for her. A few minutes later, I attempted to buy some popcorn, and she was in line ahead of me. I said to her, in a joking manner, “You’re ahead of me everywhere I go.” She shouted back in an angry tone, “That’s right. We Black women are gonna stay ahead of you, Man, because of how terrible you have treated us.” I quickly thought, “So long as Black men feel as though they have to be ahead of Black women and Black women feel that they must be ahead of Black men, we will cease to work together, and more and more of our children will wind up in the criminal justice system. The competition cannot have a positive outcome.

The great majority of chemically dependent African American women I have counseled have had horrible relationships with African American men. The tension and mistrust that can exist between the two can be present in the counseling relationship. If the African American male counselor senses the tension, he has to be willing to have an open discussion about what it is like for her to be working with an African American male as a counselor.

When it works well, there are several benefits to this counseling relationship. The African American male counselor is able to model many important things.

- 1. She is important. He can model this by coming to sessions on time and by really listening to her. As so many African American women have been abandoned by men, I would never underestimate the importance of coming to sessions when they are supposed to start.**
- 2. Respect. This can be accomplished by treating her as an intelligent being who has solutions to lots of her own problems, acting just the opposite of some of the negative men she encounters on the street while practicing her addiction. Pimps tell women what to do; counselors listen. Abusive men dictate; counselors attempt to understand.**
- 3. Boundaries. The counselor makes sure that he maintains professional boundaries at all times. I once worked with a 19-year-old African American female as a client. A child of an**

alcoholic, she was sexually abused most of her life by males in her family. We worked together in therapy for a whole summer, and toward the end of our sessions, she told me that my respect, consistency, and appropriateness with her gave her hope that all African American men were not bad.

White Males as Counselors

If one examines the historical relationship between White men and Black women in America, it would be harder to find a relationship that has gotten off to a rockier start. The relationship is characterized by enslavement, rape, and torture. Even over the course of the past forty years, when their paths have crossed, their roles have rarely been equal. Often, several decades ago, she was the housekeeper; he was the house owner. Today, he is likely to be the boss, and she the worker, and even when their educational backgrounds are the same, he is likely to make more money than she. He pays the least amount of money for large items, including cars, and she pays the most amount of money for items such as cars, especially when single, than anyone in the United States. When they come together in the counseling relationship, issues

of oppression and uneven distribution of power may be present. It is important for White male counselors to be aware of the possible impact these historical realities can have on the counseling relationship and to be willing to ask the African American female client what it is like working with a White male. He can begin to shift any power differentials, which can exist in the counseling relationship by assuring that she has a voice in her treatment plan and all aspects of treatment.

White Females as Counselors

Simply because they are both women does not mean that the relationship between African American and White women is harmonious. Rarely do they get a chance to talk about the barriers that separate them. When I have spoken to Black women and White women separately, they talk of unspoken competition that can exist between them. They speak of competition around beauty, attention from men, and the “competition of tears” (trying to prove who has suffered more—Black women because of racism, White women because of sexism). This unspoken anger, competition, and mistrust can be barriers to trust in the cross-cultural counseling relationship. Clients will be clients, and if

the White female counselor feels any competition, it is important to be aware of it, to assure that it does not effect the therapeutic relationship. It may be helpful to have an open discussion about issues that may separate them.

African American Women as Counselors

Clients are often threatened by counselors whom they sense can see through them the easiest. This is often another African American women who may have had similar experiences. I have heard numerous African American women state that it is difficult for them to counsel other African American women as clients. I've even heard some say, "I would rather work with men." The counselors point to their belief that the addicted African American women envy them, because they have achieved a measure of success and strive to bring them down through argument, ridicule, verbal complaints, even going so far as to say how terrible their hair looks. The counselors inform me that what helps them is to discharge the feelings that get stirred up in them as they are attacked by female clients, so that they will be present during the counseling relationship. When this type of counseling works well, it is a

beautiful opportunity for the African American female to grow. The counselor can serve as a model of hope and possibilities and be a guide toward a brighter future, as she has often walked in a similar path. Patience is a useful tool, as they strive to develop their relationship.

A note to female counselors: Most women treatment programs use all female counseling staff. Some female counselors have faced the same challenges as their female clients. This can contribute to their empathy and compassion. It is important for female counselors to be aware of any of their own unresolved issues, which, if unaddressed, can negatively effect their working relationships with female clients (i.e., unresolved ACOA issues, sexual trauma, domestic violence, etc.). Ideally the female counselor would address her own unresolved issues where they exist.

What else is important for counselors to know about African American women in order to be successful in counseling?

- ◆ The history of African American women in the United States, their contributions and challenges

- ◆ **Relationship issues.** Relationship issues are a number one relapse trigger for African American women. They have relationship patterns that are worth knowing about. Some have common law marriages, traditional marriages, jump-the-broom-during-wedding ceremonies (a practice started during slavery as Blacks were not allowed to marry to solidify their relationships). A small percent man share. Some are interracial relationships. Some are lesbian and experience triple stigma (stigma for being African American, women, and lesbian). Some date men who are normally bi-sexual. Some have sugar daddies (often older men selected for the purpose of financial support). Not only are these relationships important for the counselor to understand, according to the African American woman in treatment, they should not be judged.
- ◆ **Information about African American parenting styles.** An excellent resource is a program entitled, “Effective Black Parenting.”
- ◆ **Knowledge of how to deal with trauma.** African American women have a two-hundred-year history of being raped during slavery. What is the impact of such trauma on African American girls today? Couple that with the current trauma of living in communities with street violence, domestic violence, rape, and doing jail time.

- ◆ **Knowledge of African American mother-daughter and father-daughter relationship issues. Knowledge of the diversity of African American culture; knowledge of how to do grief work, as many chemically dependent African American women have experienced many losses.**

Many African American women who seek treatment for chemical dependence present in pain while simultaneously wearing a protective shield of armor or a mask. When I have asked Black women in treatment to describe their shield of armor, I frequently received the following answers.

- ◆ **Anger. “When I am feeling vulnerable, sometimes I act angry, like I don’t want to be bothered. That makes people back up.”**
- ◆ **“Attitude.”**
- ◆ **Cosmetics. “The worse I feel, the better I make myself up. I spend hours putting on my make-up, I get my hair done, wear my best clothes. This is my mask. No one can see how much pain I’m in.”**
- ◆ **Appearing to be strong and in control.**

To build an authentic relationship, it is important for the African American female client to trust you enough to let down her guard.

Practicing some of the principles outlined in this chapter should help you build rapport. Again, an accepting, nonjudgmental attitude is most important. To get to her authentic self, start by asking her:

- 1. Are there ever times when you don't want to be so strong?**
- 2. Do you ever feel one way on the inside and act totally different on the outside? (Said another way, are there ever times when your inside does not match what others see on the outside?)**
- 3. Are there times when you seem angry, whereby you really feel hurt or sad?**
- 4. Do you ever laugh when you feel like crying?**

Chapter Five

EXPERIENTIAL AND NONTRADITIONAL METHODS OF TREATMENT FOR CHEMICALLY DEPENDENT AFRICAN AMERICAN WOMEN

“When I see a Black woman who is truly aware of who she is, I know I am looking at Heaven walking on Earth.”

Wesley Snipes

Sigmund Freud created psychoanalysis working primarily with one hundred women from Vienna. His talk therapy is so influential that it has made its way to the United States and greatly influences how we do therapy today. This chapter will focus on strategies besides talk therapy to help chemically dependent African American women heal.

Reading

African American women may find reading, particularly biographies, helpful in their recovery efforts. I recommend assigning biographies that depict pain and triumphs of African American women. They will see their own struggles and triumphs on the pages of these books. Some specifically recommended books include, *Angel on My Shoulder*, the autobiography of Natalie Cole, which tells the story of her

success, loss of her success, because of her addiction, and ultimate victory in recovery; *Between Each Line of Pain and Glory*, the autobiography of Gladys Knight, which tells the story of her life, loss of marriage, and near loss of her career during an active gambling addiction, and her resurrection; *I Understand Why the Caged Bird Sings*, which tells the story of Maya Angelou, sexually abused during childhood and becoming mute because of the abuse, then finding her voice and becoming one of the world's most renowned poets; *Don't Block the Blessings*, the autobiography of Patti LaBelle—inspiring as it tells the story of a lengthy career, which can give African American women hope, knowing how Patti remained focused, and how it took her many years to have massive success, even with her great talent; *On Her Own Ground: The Life and Times of C.J. Walker*. Madame Walker rose from the cotton fields of the South to become America's first self-made female millionaire nearly a century ago. Readers will be inspired by the fact that she succeeded in spite of sexism and racism. Before Mary Kay (of Mary Kay Cosmetics) was born, Madame Walker made her fortune inventing hair care and beauty products for Black women, then training women to be major distributors of the products. She was telling Black women they were beautiful when no one else was.

Activities That Enhance Self-esteem

Glide Memorial Church in San Francisco has one of the most successful church-based recovery programs in the world. One component of the program is a women's group called The African American Queen Revisited Group, led by the niece of Maya Angelou, who was also Stevie Wonder's hairdresser. She sits in group with the women while they read stories aloud about great African queens who have lived throughout history. Being a cosmetologist, the group facilitator also uses the time to help the women become more physically beautiful. The reading seems to feed their inner souls, while the cosmetology helps them feel more externally beautiful. This combined approach seems to have a positive impact on their self-esteem. Efforts can also be made in treatment to help African American women to find beauty for themselves. Repeating affirmations out loud, such as, "I am beautiful," "I like myself inside and out," and, "I love my beautiful brown skin," may sound silly to some, but such recitation has been proven to elevate self-esteem. Counselors may also recommend that African American women, who do so much for others, take time to perform at least one positive act of self-care each day.

Showing Movies in Treatment

Replace some of the \$500 films out of Minnesota that we frequently show clients with Blockbuster Video. Some good movies to show and discuss with Black women include “*Losing Isaiah*,” starring Halle Barry, the story of a cocaine-addicted woman who recovered and regained custody of her son; “*What’s Love Got to Do with It?*” the story of Tina Turner, an ultimately uplifting story of an African American woman in an abusive relationship, who, through spirituality, has the power to leave the relationship and achieve massive success; “*Down in the Delta*,” the story of a woman in the Robert Taylor housing projects of Chicago who is addicted to cocaine, who goes down South, rediscovers her roots and recovers; “*San Kofa*,” a word that means finding that which has been lost. The movie tells the story of an African woman who became a successful model, lost herself in the process, and rediscovered her greatness; “*Waiting to Exhale*” can lead to great discussions in your groups with African American women, as relationships are a major relapse trigger for them. This movie can depict a great deal of their pain; “*The Josephine Baker Story*,” a movie

that can remind women that the struggles of African American women have existed for a long time and that victory is possible.

Drama and Dance

Movement and expressive arts have always been important elements of African American culture. If you are actively addicted, you often lose that part of yourself. A halfway house on the South Side of the city of Chicago started a dance troupe for African American women in treatment. They did a combination of modern dance, as well as African dance, and they wore African garb during part of their performance. Several of the women told me that being a part of the dance troupe elevated their self-esteem.

Attending Plays

In your community, be on the lookout for plays that tell the story of African American family life. Attending plays can be a diversion from sitting in the treatment program all day. This can also be

therapeutic, as the women can come back to group later and talk about how they saw their own struggles in the action of the play.

Taking Meaningful Trips

Last summer, I was invited to speak at a castle two miles outside of Chicago. I made the presentation to a group of women in recovery who were spending the weekend bonding at the castle with children of whom they'd lost custody due to their addictions. Away from the noise of the city of Chicago, what a way to reunite with your children! Held in a rural setting, the women reported that the fresh air was very healing and therapeutic.

Having come back from a trip to Ghana in December 2000, I believe that any African American woman in treatment would feel more whole if she made such a journey. While there, we visited slave dungeons, and I watched as five women of African origin—two African American, one from Jamaica, one from Canada, and another from Europe, made the journey together into the female slave dungeon. Never in my life have I ever seen a stronger expression of sisterhood.

They reported feeling a greater sense of connection to those who came before them and to each other. They were not alone. Addiction is about feeling alone.

You may be thinking that such a trip would be costly, but one could go to Africa for two weeks for approximately \$2,000.00. That is less expensive than most thirty-day rehabs and definitely less costly than jail.

African American Women's Group

It is often helpful to allow the women to decide if they would like the group to be more experiential, talk therapy, or a combination. Some important themes to cover in the group are: self concept; relationships (since many relapses are caused by relationships, my workbook entitled *Relationship Detox: How To Find Healthy Relationships in Recovery*, may be a useful tool to help African American women develop the tools to find healthy relationships); work; children; stress management; and not taking the whole world on your shoulders.

Rites of Passage Programs

Facilitated by African American women who have already completed the rites-of-passage program. The goal is to: teach responsibility; introduce women to aspects of African culture; increase self-love; increase cultural pride; develop a greater sense of sisterhood by helping women in the group bond with each other and to help them feel a greater sense of connection and love of their culture.

Public Speaking

During the Great Depression, Dale Carnegie came up with the brilliant idea that men could increase their confidence through public speaking. Known as one of the greatest of all human fears, people who have improved their ability to speak report a dramatic increase in self-confidence and self-esteem. With African American women in treatment, I recommend two phases of the public speaking program. Phase one would focus on teaching them how to deliver speeches. During Phase two the women would actually go out into the community (with staff present) and deliver speeches, preferably to teenage African

American females. This would allow them to “give back” and to experience the therapeutic benefits of altruism. Mastering public speaking also prepares them to be better advocates for their families and helps them improve job interviewing skills as well.

Another approach would be to require each woman to research and conduct a brief presentation on a famous African American woman who has lived during the past 200 years, from Sojourner Truth to Oprah Winfrey. She can describe the qualities that made the woman great, similar qualities that she (the client) possesses and how she plans to employ some of the qualities in her own life.

We have learned that reading, particularly history, is a practice that truly helps rehabilitate African American men who are incarcerated and/or chemically dependent. I believe the same approach can be helpful with women.

BIOGRAPHICAL SKETCH OF MARK SANDERS

Mark Sanders is a lecturer at University of Chicago, School of Social Services Administration. He is an international speaker whose workshops have reached thousands throughout the United States, Europe, and Canada. A partial list of satisfied clients includes: Illinois Department of Children and Family Services; Youth Outreach; Wisconsin Department of Corrections; Nashville, Tennessee, Public School System; Northwestern Hospital, Institute of Psychiatry; Hazelden Foundation; and United States Army, Navy, Airforce, and Marines.

A partial list of topics includes: Mental Health; Best Practices in Adolescent Treatment; Substance Abuse Treatment; Diversity; Stress Management; and the Therapeutic Benefits of Humor.

Having taught at the Illinois School of Professional Psychology, Loyola University Chicago School of Social Work, Harold Washington College, Addictions Counseling Training Program, and the Adler Institute, and Governors State University, Mark brings academic credibility to his workshops.

Author of two books, numerous articles and manuals, Mark is frequently interviewed on radio, and he has appeared on both Fox and ABC Television. Programs presented in his workshops are being implemented throughout the world.

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