Counseling Persons of African Descent
Raising the Bar of Practitioner Competence

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Counseling Models for African Americans

The What and How of Counseling

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Given the substantial increase in the literature devoted to counseling culturally different people in general (Lee & Richardson, 1991; Locke, 1992; Paniagua, 1994; Ponterotto, Casas, Suzuki, & Alexander, 1995; Sue & Sue, 1999) and African Americans in particular, it is surprising to know how many clinicians and academicians feel stuck in articulating specific, and effective, strategies for interventions with this population. Although a number of reasons could be sited for this dilemma, I am prone to believe that the culprit lies in the focus.

When I refer to the “focus,” I want to suggest that our training from traditional programs has led us to believe that the clinical and counseling skills learned can and should be applicable to all populations. Our new-found sensitivity to more culturally sensitive counseling methods, which ideally has been gained after reading the previous chapters, should remind us that this assumption can no longer be embraced. In fact, scholars representing other cultural groups have issued similar cautions. Yang (1997), for example, in delineating a series of “yes” and “no” assertions in support of an indigenous psychology, suggests that clinicians and researchers alike should not habitually and uncritically adapt Western psychological concepts, nor should they adopt any cross-cultural research strategy with a Western-dominant imposed etic or pseudo-etic approach. As such, I suspect that many clinicians are now, or maybe in the future will be, caught in a quandary about how to best serve their clients and how to employ the most effective intervention strategies.
Further complicating the question of how to serve African American clients is the realization that some clinicians may have participated in a course on multicultural counseling. There they might have been exposed to a didactically oriented “shotgun approach” to instruction in which the course was comprised of various theories and issues concerning multiple ethnic and cultural groups. Without even the slightest hint of culturally specific clinical training to supplement the course, most participants are still left wondering how to intervene therapeutically.

As a therapist and healer, my own experience suggests that two of the most important questions in counseling are “what” and “how.” Consequently, strategies for intervention must include discussions of both what needs to happen and how it needs to happen in order to achieve desired therapeutic outcomes. Too often our focus is centered on what we need to do (i.e., be culturally sensitive) but stops short of describing “how” we need to do something. Having now been exposed to the wealth of information on African culture, personality, and consciousness in the previous chapters, it is now appropriate to turn our attention from theory to application. First, let’s look at what needs to happen in counseling situations by examining the role and function of the therapist.

The Role and Task of Helpers and Healers

It is not unusual for young counseling students and even some professionals to approach the task of helping with great anticipation. After all, they are anxious to lend whatever expertise they have acquired to the resolution of the clients’ presenting concerns. However, the desire to initiate a therapeutic relationship needs to be tempered until the clinician has taken the opportunity to examine more closely her or his role vis-à-vis the client. Earlier in the text, it was mentioned that in many counseling situations the role of the clinician is guided by theoretical orientation as well as the beliefs about how and why clients will experience some relief and resolution. Remember that for some, relief will occur through an exploration of residual baggage or an unresolved developmental task from childhood. For others, relief will come by fostering a supportive therapeutic environment that allows the client to reexperience an atmosphere of empathy, genuineness, and unconditional positive regard. Still others will seek to challenge irrational beliefs that are believed to instigate excessive feelings of anger, anxiety, guilt, or depression, which in turn diminish a client’s capacity to effectively deal with life’s situations. Irrespective of the theoretical orientation chosen, each has a specific set of culturally based assumptions around which the clinician organizes his or her intervention strategies.

In a similar fashion, you now ideally understand that those who work with clients of African descent need to anchor their intervention strategy in
a set of culturally specific assumptions that inform both the direction of
the therapeutic intervention and the role of the healer in facilitating that
outcome. In fact, those assumptions articulated in earlier chapters of this
book provide the lens through which we come to better understand our role
as therapists.

Traditional definitions describe therapists as individuals who are
trained to assist their clients with understanding and resolving life’s
circumstances that have led them to experience some measure of emotional
distress (Ohlsen, 1983). Therapists, counselors, and psychologists—because
they differ from lay people or friends—are expected to use an array of skills
and techniques that are intended to facilitate some desired therapeutic out-
come. Included among these skills and techniques are listening, attending,
interpreting, questioning, paraphrasing, summarizing, giving feedback,
mild confrontation, goal setting, teaching, diagnosing, and conceptualizing
(Ohlsen, 1983).

Although it can be argued that these skills are essential to any mental
health helping professional, it may be a stretch to assume that these are the
only skills needed to facilitate the therapeutic process in which African
American clients are seen. Recognition of this reality is provided by
Atkinson and Wampold (1993), who suggest that White counselors and
therapists working with culturally different (and by extension African
American) clients need to bring a special sensitivity and competence to a
therapeutic relationship. Although the issue of who certifies the standard of
sensitivity and competence is a subject for further debate, there is little
argument that these assets are a necessary part of the therapeutic interac-
tion. Consequently, one of those competencies (assets) is the awareness of
one’s role as a healer.

Remember that healers are individuals who participate with the client
in confronting the client’s mental, physical, emotional, behavioral, and
spiritual debilitation. In rendering African traditions and constructs rele-
vant to contemporary African American needs, Hilliard (1997) reminds us
that the task of the healer is to heal thyself, remember the past, access the
spirit, and confront the maafa. In addition to these activities, remember
that the role and task of a healer is to access and incorporate wisdom into
their own lives. Fu-Kiau (1991) also helps us to understand the role and
function of a therapist. In remembering that the essence of all things is
spirit and that the spirit is energy and life force, that life force in each
person constitutes a self-healing power. Thus, therapy becomes a process
or vehicle in which individuals are helped to engage in a regeneration of
their self-healing power. The transformative process of therapy, then, is an
art of transforming a frown into a smile, a cry into laughter, self-doubt into
self-confidence, personal isolation into social connectedness, mistrust
into trust and responsible risk taking, and even silence and hesitation into
articulate words.
Therapeutic Intervention

Thinking about intervening with a client in therapy, as a whole, can be a bit overwhelming for new, or even experienced, professionals. Therefore, it is sometimes helpful to collapse the exercise into more manageable, yet meaningful, parts. Allow me to illustrate with a case example.

Case Study

Melinda (a pseudonym) is a 15-year-old African American female high school student referred to therapy by her parents. They are concerned about what they describe as a depressed mood and the possibility of some suicidal ideation. Melinda shares with you that she is moody and temperamentally and has some difficulty sustaining friendships. She also finds herself striking out at others for no apparent reason other than to hurt them. She has been in therapy twice before with Caucasian therapists, but each time her counseling was discontinued prematurely because of a failure to bond with the therapist. Despite that history, she wants to work on her emotional self so that her feelings stay more intact.

Assuming you have conducted a lethality rating with this client and it is low-negative, how might you proceed with Melinda to get her to really engage in the therapy process and develop a relationship with you? If we expect therapy to be a beneficial endeavor, how do we make the process more manageable?

In the initial stage of the treatment, a therapist usually tries to accomplish several things. What we want to do is (a) connect with our client; (b) facilitate his or her awareness; and (c) help the client in goal setting. In addition, we want to consider issues of assessment, helping clients instigate change, and allow some space for feedback and accountability. Given these priorities, we can now be clear about “what” we wish to accomplish in the therapeutic sessions. The next step then involves delineating exactly “how” we wish to accomplish these outcomes, using some specific strategies and techniques that are grounded in culturally based assumptions anchored in African-centered cultural norms and traditions.

It is important, at this point, that you have a thorough understanding of the African traditions and philosophical orientations that guide our work. You may recall from previous chapters that the ontological principle of con-substantiation has a central focus in African culture. The construct is meant to describe a belief that elements of the universe are of the same substance, that people and materials in the world are interrelated, and that all are governed by similar laws of nature and the universe. Whether your object of attention is a plant, insect, or, in this case, a human being, each is interrelated by three core conditions. All have the capacity to grow, all have the capacity to regenerate, and all have the capacity for self-preservation (Nobles, 1986).
Now, if we believe that these core conditions (capacities) have importance for the health and wellness of African descent clients, then our therapeutic work should be guided by recognizing that these conditions should be our compass for navigating our way through the therapeutic maze. First, let’s explore “what” we desire to achieve in our work with clients.

Connecting with Clients

Among the myriad therapeutic tasks that confront the service provider, perhaps nothing is more important than establishing a relationship or connecting with our clients. Irrespective of one’s clinical intuition or diagnostic conclusions, no effective work can occur without the development of a bond between the therapist and the client participants. In this context, service providers must recognize that the “bond” is a sacred thing, not to be taken lightly. It is at once the essence of trust, security, risk, vulnerability, sharing, commitment, and reciprocity. But how do we develop and nurture this bond? I believe that we must begin with an analysis of the cultural assumptions we make about relationships in general.

One of those assumptions is that relationships are fundamentally an interchange of spiritual energy and the clinician must tap into that energy and connect with it. Unfortunately, our material orientation to reality allows us to believe that relationships are formed with a mere handshake or by visiting one’s office. This European-centered orientation to reality focuses on the physical-material realm rather than the spiritual. There is a tendency to maintain some objective distance between the provider and the client so that emotional and professional boundaries are enforced. As a consequence, relationships are often reduced to the initiation of physical contact rather than the joining of intellect, affect (emotion), and spirit in an atmosphere of harmony. Given that many of the African American clients we see are likely to appreciate more genuine connections, they may respond to a style that seeks to access their affective and spiritual core rather than simply the behavioral and physical dimensions of the personality.

Assessment

In the context of our traditional psychological and counseling training, we are taught that assessment is a systematic procedure used to ascertain qualitative and quantitative information on a specific person or attribute. It provides for both the measurement of a specific variable as well as an interpretation about what the data collected means. Assessment can involve the use of a specific screening tool, such as a test or measurement instrument, or something as simple as personal visual or auditory observations. In a culturally relevant sense, assessment allows the clinician to better understand both the diagnostic possibilities that surround a particular circumstance and the nature of the distress the client might be experiencing.
In assessing the psychological aspects of African descent people, care should be taken to avoid too much focus on identifying pathology and psychological debilitations rather than a more balanced approach that recognizes more positive aspects like strength, resilience, and resourcefulness. Consequently, beyond the traditional methods of assessment, it is important for us as clinicians to use our inherent sensitivities to better understand our clients (Paniagua, 2000). Also, we must both acknowledge and gauge the unspoken words, the unexpressed emotions in their body language, and the unconscious attitudes and beliefs expressed in their behaviors.

**Facilitating Awareness**

Awareness involves recognition of the forces that shape, color, or otherwise exert influence on the physical, psychological, and spiritual aspects of our being. Facilitating that recognition may involve helping our clients to be heard and understood. Often clients come to therapy not only frustrated by the situation they currently confront but also believing that they can't seem to find significant others in their lives who will listen to and understand that message.

Facilitating awareness also involves helping clients to understand their language. The messages clients share with us are often comprised of surface structure and deep structure meanings. Consequently, probing to the more deep structure meaning of the words they use and the tones they use to express them will undoubtedly create new and deeper understandings. Awareness is also heightened when clinicians can assist the client in exploring the dynamics of the past, current, and anticipated circumstances. Discovering how our experiences in life color and shape how we engage current situations and mentally plan for future ones is important as well.

Another element that helps to facilitate awareness is helping clients to access and manage their pain by acknowledging their fears. Fear, however natural to the human condition, alerts our beings to the potential for harm. Fear often incapacitates people from living life the way they would prefer. Clinicians must help their clients understand how that process occurs in their lives. In addition, facilitating awareness requires that we assist our clients to become more honest with their feelings. Often, people question their right to have emotional responses to life circumstances as well as the appropriateness of sharing those feelings with others, or even acknowledging them themselves. Awareness comes through verbalizing our thoughts and feelings in ways that are clear, truthful, and genuine.

**Setting Goals**

Goal setting within the context of therapy is extremely important. In fact, it is one of the most critical aspects of a therapist's work. Generally, goal setting focuses on defining a desired outcome and establishing
some standard (i.e., time frame) that facilitates movement toward its realization. It can involve the outlining of general goals (e.g., feeling less depressed about life) or the articulation of very specific goals (e.g., exploring the racial-ethnic identity component of one’s personality). Setting goals in a therapeutic sense is absolutely critical, but the process of crystallizing goals will require elements of realism, specificity (including cultural specificity), and perseverance. That said, it is also important to realize that goals, in some respects, can be statements of aspiration when couched in terms of personal attributes or behavioral objectives. In this regard, the goal(s) stated and the one(s) realized are likely the result of a blended perspective on what the client and therapist are each trying to achieve in relation to the other. Mention should also be made about the need to blend the focus of our goal setting between intrapsychic phenomena and sociocultural and environmental ones. This perspective acknowledges the fact that not all client distress is intrapsychic; some of it is caused by the oppressive, racist, discriminatory, and dehumanizing realities of the environment with which clients interact. Consequently, the target of our therapeutic intervention must likewise be sociocultural and environmental.

Taking Action and Instigating Change

If goal setting for the client and therapist involve defining a particular outcome, then taking action and instigating change are the procedural aspects for getting there. Taking action and instigating change involve both the commitment (conscious intent) to do something specific and the follow-through in that desired action or behavior. Because action and change involve psychological and behavioral dimensions, they require a personal sense of confidence and empowerment as well as a specific set of skills that the client is comfortable using. In a larger sense, however, a willingness to “do something differently” is related to both action and change. In fact, Nobles (1986) discusses three cultural dispositions that he believes are imperative for African descent people to master. These include

- **Improvisation**—the process of spontaneously creating a particular circumstance or event
- **Transcendence**—the ability to rise above or go beyond a particular circumstance
- **Transformation**—the ability to alter or modify the quality of an experience

These cultural dispositions are affected by a client’s and therapist’s belief in human possibility and potential, as well as a client’s ability to maintain movement and momentum in the face of challenge and controversy.
Feedback and Accountability

Feedback is a process of providing information to clients about how well they are achieving their goals. It helps them to understand, in specific terms, the progress they are making on specific tasks, and particular places where they might be falling short. Feedback is an essential ingredient in therapeutic progress because the process itself provides the receiver of the information with opportunities to further engage the change process through periodic review and renewal of commitment.

Feedback must also be understood within the context of reciprocity. Such information is not only directed at the client through the therapist, but must also be given to the therapist by the client. In that way, clinicians know what a client is experiencing in the moment, but more important, what a client has found facilitative or not helpful about particular aspects of therapy. Feedback also helps to reinforce the notion of “aspiring to perfectability.” Clients are reminded that successful interventions rarely occur as a single moment in time but rather in a series of successive steps, each of which brings a client closer to her or his goal.

Having now discussed what needs to happen in therapy, let us now turn our attention to the question of how we hope to achieve those outcomes. The task here is to provide you, the reader, with a set of skills and competencies that can be used to achieve some measure of success during the phases of the therapy process outlined above. Please refer to Table 7.1 for review during this section.

Connecting With Clients

Several techniques help to assist the therapist in joining with, or otherwise establishing a relationship with, the client. I would invite you to consider the following as examples.

Using Ritual

When used in the therapeutic context, ritual has potential to facilitate a process of joining or connecting for the therapist and client by helping each to develop a collective consciousness around the issue at hand. “Ritual” may be uncomfortable for some, and as such, it is important to recognize our own biases and assumptions about them and how such biases influence our willingness to employ this technique. They are not intended to evoke some sort of mystical hocus-pocus. Rather, rituals are used merely in an effort to assist the therapist in connecting with the client. Rituals can range from basic to elaborate. They can be as simple as a handshake or as elaborate as pouring libations (usually water) to
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<td>Use of ritual (handshakes, libations, music, poetry, prayer, gift giving, story telling)</td>
<td>Understanding cultural strengths</td>
<td>Rephrasing (helping clients creatively synthesize opposites)</td>
<td>Examine culturally centered theoretical assumptions</td>
<td>Empowering the client (self-knowledge)</td>
<td>Examine congruence between goals and outcomes</td>
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<td>Exhibit congruence (discuss a popular issue; self-disclosure)</td>
<td>Understand client distress from a culturally centered frame of reference</td>
<td>Understand functional behaviors</td>
<td>Become a subjective companion</td>
<td>Teaching clients to problem solve</td>
<td>Examine spiritual energy and sense of harmony/balance</td>
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<td>Be with a client (nonverbal affective responses)</td>
<td>Use of appropriate clinical instruments</td>
<td>Reflecting</td>
<td>Respect client's need for distance</td>
<td>Become a social advocate and engineer on behalf of the client</td>
<td>Remember the notion of &quot;being and becoming&quot; (perfectibility)</td>
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<td>Create ambiance</td>
<td>Help client and therapist anticipate setbacks</td>
<td>Assess spiritual energy</td>
<td>Reframe (environment) (teaching improvisation, transcendence, transformation [Nobles, 1986])</td>
<td>Help clients with culturally corrective experience (letting go)</td>
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<td>Shift context and setting (walks, be in the community)</td>
<td>Help clients understand their language and values</td>
<td>Summarizing</td>
<td>Restoration of balance</td>
<td>Align consciousness with one's destiny (ori-ire)</td>
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<td>Help clients understand their pain</td>
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<td>Explore impact of social forces on client's life</td>
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invite the spiritual presence of the creator and ancestors, or elders of the family, into therapeutic space. In considering which ritual to use in a given situation, care should be taken to ensure that the technique is comfortable for both the client and the service provider. Once considered, clinicians may be guided by their own comfort zones.

**Using Music**

Maurice White (1998) of the musical R&B group “Earth, Wind and Fire” wrote that music has the language of the soul. It seeks to communicate its message to everyone who is open to receiving it. Music is comprised of vocal and instrumental sounds with rhythms, melody, and harmony. In the therapy session, music stimulates the senses so that the person’s auditory organs process the music impulses. The sounds that result from the music stimulate feelings as each person seeks to align his or her awareness with the rhythm of the beat. Rhythms and beats, in turn, provoke a spiritual awakening that helps to establish the proper mood for the therapy session. Music also becomes central in the context of therapy because its rhythms help to illustrate the need for sustaining movement and momentum in the face of personal struggle. Much like there is a natural rhythm and order to life, music helps the listener stylize space and time in a rhythmic way; it helps a person to stay on the move spiritually, in the face of intellectual, emotional, behavioral, or spiritual pain. This is the essence of the installation of hope.

**Poetry and Prose**

Poetry is a language that stylizes words in a rhythmic pattern to reflect the emotional experiences of the writer and reader. Through the use of poetic verses and a sense of imagination, the writer and reader often engage the content of the message through symbolic representations of the subject. In a similar vein, poetry can serve as a stimulus to the client and therapist by providing each with a language to express their affective and intellectual sentiments, which relate to a particular issue.

**Exhibiting Congruent Realness**

The notion of “being real” seems almost common sense to most people, yet I suspect that the prospect is more difficult that one might imagine. Being real involves achieving a level of congruence between what we intend to do in a particular situation and how we actually respond or act in a particular moment. Being real invites the therapist to assume a posture of vulnerability, as the shelter of degrees, title, and experiences give way to
his or her more human side. In this way, service providers are able to humbly engage clients on levels that are more genuine and egalitarian. Sometimes this is expressed through self-disclosure on the part of the therapist or something more basic like facilitating a conversation about other life events.

**Being in the Present With a Client**

The idea of being present-centered helps one to focus the shared energy between the client and healer in the present rather than the past or future. The immediacy of the moment provides the best gauge of how the client is experiencing the circumstance for which treatment was sought. Being present also provides the healer with valuable feedback to pass on to the client. However, rather than listen to and focus on the content of the message the client is giving, attention should be directed at detailing and analyzing the process dynamic, which is occurring in the therapy session itself.

**Creating Ambiance**

Ambiance is about creating a mood or atmosphere in the therapy session that assists the client in locating a personal comfort zone. Attention to this dimension of the process recognizes that individuals are, indeed, part of a larger social context from which they cannot be separated. Ambiance is created through cultural artifacts: music, artwork on the walls, smells, or anything that helps to engage the senses in that search for comfort. For example, a therapist might have a particular mask on display that might symbolize different emotions. Similarly, he or she may have a particular color scheme in the room or music playing that might invite the client to access a particular level of affect based on the color scheme or song represented.

**Shifting Context and Setting**

Traditional therapy in a Western-Eurocentric sense is usually conducted or located in a clinician’s office or group room. Beyond the realm of personal comfort, this practice helps to ensure the privacy and confidentiality of the session, particularly when the “art of therapy” is restricted to individual conversation. In the African context, therapy can take the form of conversation but also might take the form of walking, drumming, laughing or crying, dancing, bathing, or even running. Therefore, because all of the activities that contribute to healing rest within a larger social context, therapists and healers might become comfortable with relocating therapy to other settings that allow the therapist to access those healing venues and activities.
Assessment

Several techniques contribute to a therapist’s ability to accurately assess what is going on with a client in the moment. The following skills are offered as a way of assisting clinicians in making accurate and reliable assessments.

Understanding Cultural Strengths

Strengths are those skills or attributes that allow an individual or group to meet its needs. Strengths allow individuals to successfully confront and meet the challenges and demands placed on them by the larger social context. Assessing strengths is important for therapists because, too often, our theoretical orientations and our clinical intuitions are trained to only recognize, identify, and label pathology. However, being consistent with an African-centered reality requires that one look at those variables that allow a person to persevere through adversity as well as maintain some movement and momentum in the face of insurmountable obstacles.

Understanding Client Distress from a Culturally Centered Frame of Reference

In the African tradition, healers understand that there is a harmony, balance, and rhythm to life. Distress occurs when clients find that their energies related to the cognitive, affective, behavioral, or spiritual dimensions of their personality are out of alignment with each other. One must also remember that, unlike traditional therapeutic approaches that assume that the etiology of a client’s distress to be an intrapsychic phenomenon, the African-centered tradition recognizes the social, cultural, and environmental factors that affect the psyche of African descent people. Consequently, a more holistic approach is required to truly understand client distress and psychological debilitations.

Using Appropriate Clinical Instruments

It is very difficult to accurately gauge or measure a particular construct if the instruments or devices a therapist is using are ones that are not normed and standardized on African descent people. Therefore, it is imperative for the therapist to use clinical instruments that, at the very least, have been modified by using more African-centered norms and standards, and, at best, have been developed with an African-centered framework in mind.

Helping Clients and Therapists Anticipate Setbacks

Setbacks in life occur when present circumstances run contrary to expectations. For African descent people who focus more on a present-centered
frame of reference, care should be taken to help them project into the future in an attempt to explore both the possible negative and positive outcomes of a situation. In life, pain, struggle, and even tragedy are simply parts of “paying one’s dues.” Consequently, anticipating setbacks may help a client feel less frustrated when situations do not go as planned.

Facilitating Awareness

Specific techniques or skills that allow a therapist to increase a client’s awareness of the issues going on are numerous. The following are offered as a way to assist therapists to achieve that goal.

Rephrasing (Helping Clients Creatively Synthesize Opposites)

In the African tradition, there is an expression that simply says “life at its best is a creative synthesis of opposites in fruitful harmony.” In essence, this pearl of wisdom speaks to the necessity of helping clients balance their conversations about emotional distress with an awareness of the more positive aspects of that experience that is part and parcel of helping an individual arrive at the particular space he or she is currently at.

Understanding Functional Behaviors

In the African tradition, it is believed that all behavior is functional, that specific thoughts, feelings, and actions are intended to meet particular needs which emerge for the client at a particular moment in time. This skill requires a therapist to focus less on why a client might engage in a specific behavior and more on what a client might derive from behaving or responding in a particular way. Consequently, we as healers must concern ourselves less with why a person does something and more with what he or she gets out of certain behaviors.

Reflecting

Reflecting is related to the capacity for feedback, which allows the therapist or healer to give back to the client the essence of what he or she has shared in that moment. In addition, the feedback is characterized by a level of emotional or spiritual content that provides meaning and insight for the client of which he or she might have been previously unaware.

Assessing Spiritual Energy

Because African-centered therapists and healers understand that “whatever is, is in the first place spirit,” they will know how important spiritual
energy is in the life of a particular client. Facilitating awareness requires
that a therapist be in touch with a client’s spiritual energy and be able to
assess that energy across domains (positive, negative) and intensity (high,
medium, low). Because spirit is fundamentally energy and life force,
therapists are required to understand where a client’s energy level is and
how he or she can access their self-healing power (Fu-Kiau, 1991). As
Fu-Kiau reminds us, patients are like cars with batteries and are sometimes
in varying needs of intervention in order to make them run properly. For
some, the battery requires a simple jump start in order to reengage the
vehicle. In other cases, the vehicle requires an extensive mechanical over-
haul to put it back into running order. Similarly, human beings are known
to have a reservoir of energy that requires tapping into and reviewing in
order to ascertain where they are in their spiritual space.

Helping Clients Understand Their Language and Values

Helping clients understand their language and values is an important
skill as well. Because African-centered therapists believe that ideas are the
substance of behavior, helping clients to focus on the language they use in
a particular circumstance provides important insight and cues into what a
person is thinking and feeling.

Summarizing

Summarizing as a skill helps the therapist consolidate facts, observa-
tions, and intuitions discussed previously into a concise statement for the
client. Beyond reflecting for the client the essence of their message they
have shared, summarizing helps the therapist remind the client of the holis-
tic nature of our reactions to life circumstances, and how interventions must
be similarly structured.

Helping Clients Understand Their Pain

Clients oftentimes believe that emotional pain and distress are caused
by the situational phenomena that they are confronted with. It is likely,
however, that the particular situations have meaning and import for clients
beyond the circumstances themselves and those dimensions of a problem
must be thoroughly explored in order for clients to understand their pain. In
essence, clients must be assisted with the process of not simply acknowl-
edging their emotional feelings but rather digging deep into the cognitive
processes that give meaning to life events.

Using Metaphor

Metaphors are merely figures of speech in which those phrases are
used to suggest a similarity or likeness between the person or incident in
question and the language being used. This figurative language is an important part of therapy because metaphor helps to identify deeper meanings in situations because the analogies used stimulate understanding at different levels.

Exploring the Impact of Social Forces on Clients’ Lives

Because individuals do not exist in a vacuum, therapists must also take into account the sociocultural context in which clients are nurtured or developed. The social forces I speak of here are those societal energies that either perpetuate energy in a negative or positive way. For example, social forces of racism, sexism, oppression, and discrimination would clearly affect clients’ lives in ways that would be meaningful for the therapeutic interaction. Conversely, those whose lives have been affected by social forces that engage struggle, instill hope, inspire optimism, and so on bring with them a new level of awareness that is important for clients as well.

Analyzing Defenses

Defenses are those qualities or attributes that help to protect the integrity of the individual psyche from harm or disorder. Because human beings have several needs (the need to grow, the need for self-preservation, the need for regeneration), anything that threatens the stability of that personality component will likely be defended by the individual. It is important for therapists and clinicians alike to examine ways in which individuals impede their growth possibilities by using specific defenses to ward off apparent threats to their psyche.

Assigning Readings

Reading is another technique the therapist can use to facilitate a client’s awareness. The assignment of books and other periodicals allows clients to engage in the discourse on a particular topic in meaningful ways.

Helping Clients “Know Thyself”

One of the best things a therapist can do is help a client acquire more insight into self-knowledge. Too often, the sense of self is anchored in a distorted sense of reality that hinders and impedes the ability to become a fully actualized individual. Knowing oneself invites clients to discover aspects of themselves they may have been unaware of. These dimensions might include the personality (cognitive, affective, behavioral, spiritual, and biogenetic makeup), identity (answers to the questions “Who am I?” “Am I
who I say I am?" "Am I all I ought to be?"), values (African-centered), or even the dimensions of their character and potential (maut).

**Setting Goals**

Goals chart the course for healing. They help the client review those strategies that help to bring some relief of distress. Specific skills and techniques that are associated with helping a client to set goals include the following.

**Examining Culturally Centered Theoretical Assumptions**

Theories are sets of abstract concepts that we use to make sense out of data that we see. In a culturally centered frame of reference, theoretical orientations serve as a road map that guide the clinician in setting specific goals for the client. It is important here that clinicians understand what specific cultural assumptions they are using to conceptualize client dynamics so that those assumptions can be used to assist the client in setting goals.

**Becoming a Subjective Companion**

Traditional therapy teaches that counselors and clinicians must learn to be objective outsiders. In an African-centered worldview, clinicians must become subjective companions who articulate very clear, understandable, and deliberate messages to their clients that reflect some level of adherence to culturally based assumptions. It is not uncommon for a therapist or healer to provide specific advice and counsel to the client rather than simply listening.

**Respecting a Client’s Need for Distance**

On particular occasions, clients will come into the therapy process with a presentation of information that creates distance between themselves and the actual event. Rather than focus on confronting clients about their need for distance, African-centered therapists understand that healing can occur in the third person, much like it can in the first person.

**Reframing**

Another goal that is important for a therapist to use with clients is the technique of reframing (teaching the skills of improvisation, transcendence, and transformation). In this case, the therapist assists the client with changing the structure or quality of a known experience into something that is unknown and likely more beneficial for the client.
Helping a Client With a Culturally Corrective Experience

Therapists need to be culturally corrective, which requires the recognition of the interrelationship between the human organism and the law of digestion. Because digestion is an innate process of discrimination and analysis, the digestive system prefers to ingest food and then separates out that which is good and stores it from that which is bad and needs to be expelled. In a similar way, therapists must help clients understand those cognitive, affective, behavioral, and spiritual dimensions of their lives that they have absorbed or ingested into their minds, bodies, and spirits that are unhealthy and lead to disorder. The goal of therapy then becomes helping a client purge the thoughts, feelings, behaviors, and energies that do not support and affirm the humanity of that individual client.

Restoring Balance

Another important goal is to restore balance and harmony to an individual. Life circumstances, and an individual’s adaptation to it, can cause an individual to become unbalanced in his or her energy flow. As such, the restoration of balance is an important technique in helping an individual to not simply synthesize opposites but to focus more creatively on balancing the energies within his or her life.

Aligning Consciousness With One’s Destiny

Using the concept of ori-ire in goal setting is an important outcome because African-centered therapists understand that one’s thought processes must be in tune and harmony with one’s passions in life. This is an important goal in therapy as well. Thus, exploring one’s passion, as well as those things that provoke a sense of urgency, are important.

Performing Sankofa

Sankofa is a ritual that involves periodic rebirth and renewal. In the context of a therapeutic setting, the goal of sankofa is to help an individual return intellectually, emotionally, behaviorally, and spiritually to the source of truth, harmony, and spiritual peace in their life.

Taking Action and Instigating Change

The following skills can assist clients in doing something to confront their circumstances.
Empowering the Client

The self-healing power in individuals is only partially realized if clients restrict their power to self-revelation. African-centered therapists provide encouragement and support for clients by helping them to believe and engage in some type of movement and momentum that can help them achieve some kind of change or mastery over a particular life circumstance.

Teaching Clients to Problem Solve

Problem solving is an absolute skill that can be taught to clients in need. Clients are taught to identify an issue and then to analyze those components of their problem situation they have control over and those they do not. Once identified, clients are encouraged to focus on those aspects of the situation that appear to be under their direct control or influence.

Becoming a Social Advocate and Engineer on Behalf of the Client

Often, the etiology of a client’s distress is not intrapsychic but rather social, cultural, and environmental. If therapists are successful in helping clients to facilitate some healing, they want to be careful about sending them out into the environment still vulnerable to the same social pathology that instigated their desire to come to therapy in the first place. As such, becoming an advocate and social engineer on behalf of the client requires that a therapist makes deliberate attempts to access social services, institutions, and agencies on behalf of the client to help to transform those social entities into institutions that have a greater benefit and utility to the clients we serve.

Feedback and Accountability

These next skills are used to facilitate providing feedback and accountability for clients.

Examining Congruence Between Goals and Outcomes

Examining congruence allows a therapist to reflect on a time line for implementation that considers the level of progress made between stated goals and achieved outcomes. Once determined, they can then continue to encourage movement toward the desired outcome.

Examining Spiritual Energy and Sense of Harmony and Balance

Because there is a rhythm and an order to life, therapists will need to check back in with the client in order to examine how their spirit is doing
and whether the individual has been able to achieve a sense of balance and harmony in his or her life.

**Remembering the Notion of “Being and Becoming”**

African-centered therapists understand that clients will sometimes get frustrated at the lack of progress, believing that whatever debilitation they came in to therapy with will be gone in an instant or after a short time. It is important to help clients understand that because each personality is endowed with the character of perfectibility, they must recognize the nature of being and becoming. Thus, clients need to be assisted in understanding that although they are in the moment, they are always in a state of becoming more self-actualized.

**Summary**

In this chapter, I have sought to analyze a therapeutic process from its most common denominators. Clearly, practitioners and students alike struggle with how to be more culturally competent when working with diverse populations. Competence is not simply an activity that you either do or don’t have but rather is a series of microskills that, when strung together, allow a therapist or healer to be effective in the moment with clients who are culturally different. I argue that the role and task of healers is fundamentally different in an African-centered reality. In addition, I have raised the notion that the two most important questions in therapy are “what” and “how.” Consequently, those questions are used to create a model of skill development that are functional strategies and skills that both clinicians and students can use to be more effective with African American populations. Last, in order to assist you, the reader, with this skill development process, an African-Centered Assessment Form has been provided in Appendix A. You are invited to use the scales to gauge your current and continued level of skill development.