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Racism, Racial Identity, and Skin Color Issues

The legacy of slavery continues to have an impact on African American families today as parents try to help their children cope with racism. When racism is external to the family, it is experienced as discrimination; when racism is internalized, it manifests as a sense of shame about oneself. A philosophy of hope and an ability to believe in a better future for their children is one of the strengths and most powerful survival skills of African Americans. Sometimes a very deeply ingrained spiritual belief system (see Chapter 7) has sustained these families through generations.

These themes were encapsulated in a memorable speech that Reverend Jesse Jackson made at the Democratic National Convention on July 19, 1988—the year in which he had been a candidate for president. He spoke eloquently of the task of all African American parents who, in the last 400 years, have had to “keep hope alive” for their children and families despite slavery, racism, and discrimination.

One of the most difficult challenges for African American families, irrespective of their socioeconomic level, is striking the precarious balance between alerting their children to the existence of racism—and helping their children learn to reality-test what is in fact related to racism in their world—and encouraging them to strive to “be all that they can be.” This chapter explores the external experiences of racism and discrimination, and the complicated task African American parents have in helping children cope with these issues in both their external and internal manifestations.

Another important issue in which the legacy of slavery is still evident is skin color and its relationship to family dynamics and toxic family secrets. These have a distinct and unique significance for African American families, although they may be experienced to some degree by “people of color”

throughout the world. Case examples are given throughout this chapter to illustrate the clinical implications. This second edition also includes a new, extensive discussion of racial identity theory and its implications for the treatment of African American clients and their families.

EDUCATING AFRICAN AMERICAN CHILDREN ABOUT THE REALITIES OF RACISM

A parent must help a child to develop a sense of self and a feeling of pride in being African American. At the same time, children must be given enough information about the realities of racism so that they are prepared to confront them without becoming immobilized or so bitter that they are unable to function. Many African American parents make a great effort to instill in their children an awareness of their heritage and the struggles of the civil rights movement (Boyd-Franklin et al., 2001).

Some of the poor families who come to our clinics feel powerless and hopeless in the face of the double burden of racism and poverty. Empowering parents to change their interaction with a school system and to be effective with their children begins to reverse these feelings of powerlessness and hopelessness. The challenge for poor, urban, African American families is to motivate their children to believe in themselves and achieve despite the blatant racism and discrimination they may face every day. One difficulty for parents struggling to raise motivated children is older siblings who engage in negative behaviors and activities, such as drug use and truancy. It is common to hear the admonition “You have to set an example for your younger brothers and sisters” in African American homes.

The inequities of job discrimination and unemployment can have a tremendous impact on family life, particularly on the issue of motivating children. For example, while neighbors often have jobs that take them outside the community, unemployed older teenagers and adults are on the streets and highly visible. This may lead young children to wonder why they should bother to go to school and study if they will end up the same way. The situation is made more difficult when unemployment is closer to home. An African American child who grows up seeing his father and other older relatives struggling to find work but having difficulty maintaining employment gets a message more powerful than words. The disproportionate numbers of African American men and women who are unemployed often experience blows to their self-esteem that also affect their functioning as parents. The following case example illustrates this problem.

The Davises, an African American inner-city family, came for treatment after Johnny (age 12) “threw a desk at a teacher in school.” When asked about this act, Johnny reported that his teacher was “prejudiced.”

His mother initially came for family sessions with Johnny and his two younger siblings (ages 10 and 8). When the therapist asked when the school problems began, Mrs. Davis reported that her husband had not worked since he lost his job as a construction worker in November. There was no “winter work” and he felt he had been “cheated out” of his unemployment benefits. Mrs. Davis worked in a luncheonette but her earnings could not support the family.

The therapist asked Mr. Davis to attend a family session. The therapist had a difficult time getting him to attend. He finally agreed to come in alone to see the therapist while his children were at school and his wife was at work. Mr. Davis was a proud tall man who told the therapist that he had never been unemployed in his life and was embarrassed about his out-of-work status. He reported that the construction business was always slower at this time of year but he felt that he had been discriminated against because he and other Black men had been laid off while White workers had been kept on.

The therapist understood his pain and joined with him on how furious he must be feeling. She asked him if he knew that his son was dealing with a very similar situation in school. He had not recognized the similarities. The therapist asked the father if he would attend a family session and talk to his son about how to handle racism and still hold onto his belief in himself. Mr. Davis came to the following family session with his wife and three children. With the therapist’s encouragement he talked to Johnny about his experience at school and drew parallels with his own situation. He got very involved and told his son that there were other ways to “fight back” besides throwing a desk, such as being the best he could be in his work. The son pointed out that his father “still got burnt.” The father was able to tell his son that he was furious but that he was fighting back through his determination to get another job and going out every day to look for work.

In subsequent months, Mr. Davis attended a number of family sessions. He was given the task of teaching his son about life as an African American man. Paradoxically, both father and son benefited from this task. Mr. Davis became more determined to show his son that he was not giving up, and he eventually found a job. His son learned how to continue to “fight back” by doing his best at school.

Although racism and discrimination are present in U.S. society at all levels, they may be experienced differently depending on the family’s socioeconomic circumstances. Black professional families living in predominantly White suburbs are often faced with subtle forms of racism, although they may also confront blatant racism—as horrific as that faced by poor families—as the following case example illustrates.

Mr. and Mrs. Simpson moved into a small suburban town that had very few African American families. They had three children, all girls, ages 5, 7, and 10. Two days after they moved in they found a burning cross on their front lawn. They sought the help of a family therapist when their two younger children began to experience a number of phobic symptoms including nightmares and fears of leaving the house. Their 7-year-old child became school-phobic.

The first session occurred 3 months after the incident. The whole family ap-

peared and each was very depressed. The mother stated that they all were still traumatized by the event.

The therapist first legitimized the fears and the anger that the family was experiencing as a normal reaction to a very traumatic situation. The 7-year-old had become the focus of the family's concern. The therapist was able to relabel this as a family problem and focus on their need to support each other through this crisis.

In a later session, it became clear that one of the factors that had prevented the family from "pulling together" to support each other was that the decision to move had been rushed and problematic. Mr. Simpson had been relocated by his company, so the parents had not had time to research the area. Mrs. Simpson was very angry at her husband for accepting the transfer. The therapist told the parents that they would have to talk this problem out and resolve it before they could help their family through its crisis. A number of sessions were held alone with the parents to discuss the stress this transfer had created in their marriage.

In a family session during this time, Mr. Simpson was asked to discuss with his 7-year-old daughter her fears of going to school. Both parents agreed to support their daughter by taking her to school until she felt more comfortable. With the therapist's encouragement, the parents arranged a meeting with the girls and the school principal to discuss their fears. In another session, the therapist asked Mr. and Mrs. Simpson to teach their daughters about racism so that they could understand it and ask them questions. Mr. Davis commented sadly that he had never previously felt it was necessary to explain prejudice to his daughters.

In the final months of treatment, the therapist proposed that Mr. and Mrs. Simpson had felt rushed into moving and into making decisions over which they felt no control. She encouraged them to "do their homework" about other communities in their area and pointed out that they had a choice about whether or not to remain where they were. As the school semester drew to a close, both of the older girls strongly stated their desire to move. The parents agreed to move to a more integrated nearby community.

What this family experienced was blatant racism and discrimination, not in the deep South, but in the Northeast. The following case example illustrates a more subtle form of discrimination.

Ms. Jones was a hard-working African American single parent with high aspirations for her two children, Melanie, age 9, and Brian, age 7. She was a paraprofessional in the public school system and had a great deal of knowledge about the schools in her area. The family lived in a predominantly African American area in New York City. Both of her children attended their neighborhood schools for kindergarten and first grade. Her oldest child had been there for second grade. Ms. Jones became increasingly dissatisfied with the quality of their education. She heard about a program that arranged scholarships for minority children at predominantly White prep schools. Both of her children were accepted at a very prestigious school. Melanie began to experience difficulty by December of her first year. She seemed to have given up and stopped working. Ms. Jones was furious. She had worked so hard to give her children this opportunity, and now

Melanie was “blowing it.” In a family session, the therapist asked Ms. Jones to talk with Melanie about what it had been like for her going to this new school.

Melanie burst into tears. She told her mother that she had never felt so alone. She was used to having lots of friends at her other school. Here she was the only African American child in her class. None of the other children invited her to do things with them. They all wore designer clothes that she didn’t have. One child had told her she was “too Black to be her friend.” Ms. Jones was shocked. She asked Melanie why she had not told her about this before. Melanie stated that she had tried but her mother was so angry at her for not doing well that she was afraid to speak out.

The therapist normalized Melanie’s struggle as very common for African American children who enter private schools on scholarships. She relabeled Ms. Jones’s anger as her intense desire for her children to have a good education. She then helped Ms. Jones and Melanie and Brian to “brainstorm” on ways to deal with this sense of isolation. Ms. Jones shared with her children what she often felt like being one of the few African American paraprofessionals in her school. These discussions continued over many weeks. With the therapist’s encouragement, Ms. Jones offered to go with Melanie to her school and talk with her teacher. She obtained the phone numbers of some of the parents of children Melanie wanted to establish friendships with and made phone calls to arrange playtime outside of school. The therapist then stated that Ms. Jones shared something in common with her daughter in having to deal with being “different.” The therapist asked the mother how she had dealt with this problem. Ms. Jones stated that she had always had her own friends who had known her “all her life.” She then asked Melanie if she missed her neighborhood friends. Melanie tearfully responded yes. Her mother made a commitment to both children to help them maintain their own social networks outside of school.

African American parents often find themselves faced with helping to build bicultural networks for their children so that they have the support of other African American children and families when they encounter racism in other parts of their lives. The family therapist who can recognize this struggle can be a great help to African American children as well as their parents (see Chapters 8 and 15).

BUILDING SELF-ESTEEM AND POSITIVE RACIAL IDENTITY

One of the greatest concerns of African American parents raising children in the United States today is the process of encouraging the development of self-esteem and positive racial identity. This is not an easy task since children are often exposed to negative images or caricatures of African Americans on television and in other types of mass media. Since the 1960s many African American parents have been sensitized to the need to help their children to learn about their history and to focus on positive role models.

Many African American inner-city parents, particularly single mothers, struggle with the problem of identifying positive African American role models for their children. In the course of family therapy, these mothers often express the need for supports in this area. In these situations, it is crucial that the therapist discuss both the “traditional supports” (i.e., extended family and church) and the community resources (e.g., Big Brothers, Boys’ Club, Rites-of-Passage Programs [see Chapter 8], community groups, etc.) that can provide these supports. The case that follows illustrates this difficulty.

Darryl Brown (age 10) was an African American child who was referred for treatment by his school. He was described by his teacher as bright but unmotivated. He had recently been picked up by the police for vandalizing school property with a group of other boys. His mother was a very overwhelmed single parent. She was 25 years old and had three younger children (ages 7, 2, and 1). Her boyfriend had left her, and she was trying to manage alone. Her mother, who had been her main support, had died 2 years earlier. Things had begun to “fall apart” at home after that. Her mother had helped her “control” Darryl and she didn’t feel that she could do it alone. The therapist joined with her around the issue of how difficult it was to provide a child with all he or she needed. She talked with her about “getting some help.”

The therapist encouraged the mother to call a local male African American social worker who had started an after-school program for boys in their area. He helped them with homework and organized basketball games for them. Ms. Brown went to meet with him and agreed to send Darryl every day.

In a family session Ms. Brown discussed this with Darryl, and told him that she would go with him to help plan out his activities after school. Ms. Brown was greatly relieved at having an option. She began to take charge. The therapist encouraged her to monitor his progress and “stay in touch” with the social worker and with Darryl’s school. The social worker became a very important role model for Darryl.

Ms. Brown expressed concerns about the weekend, when Darryl was “out on the streets.” In a family discussion about this issue, the therapist asked if they had ever belonged to a church. Ms. Brown explained that she had belonged to one many years ago but had not attended any church in recent years. The therapist explored whether church had ever been a support for her. Ms. Brown replied that it had. The therapist suggested that it might be a help for her in raising her children and in finding activities and positive African American role models for them. Ms. Brown and Darryl agreed to “try it.” In the next few months, Ms. Brown became increasingly more active in a local church and less depressed. Darryl became more engaged in youth activities. His acting-out behavior gradually stopped.

In May, Ms. Brown was in a panic. School was ending soon and the after-school program would stop for the summer. The therapist carefully explored options with her in a family session with the children. Although Ms. Brown had repeatedly stated that she had “no family left,” the therapist decided to reopen this issue. She asked her where her family came from originally and learned that she still had an aunt and uncle in South Carolina. With the therapist’s encouragement, she called them to ask if they would “take Darryl for a little time.” To her surprise, they invited the entire family for the summer.

This family's situation illustrates the process whereby therapists can help support families in identifying positive African American role models for their children and in providing them with constructive alternatives to "the streets." This often requires that therapists be aware of both traditional networks and community resources. Adults in many African American communities who have recognized the need for wholesome activities for children have taken the initiative to organize programs in their neighborhoods and churches. Therapists working with poor and isolated African American families in particular are advised to discover these resource people. One should also keep in mind the tradition of "sending children South," an important part of the socialization of African American children for generations. It reconnects them with their family roots and often reinforces positive identification by providing alternative familial role models.

Racial Socialization

For many generations, African American parents have struggled to provide racial socialization for their children, a process that provides children with pride in their racial and cultural identity and self-esteem, and educates them about the racism that exists in this country so that they are not caught unprepared when they encounter discrimination in their lives. The challenge for African American parents has been to accomplish this complex task without making their children bitter (Boyd-Franklin et al., 2001). McAdoo (2002) referred to the process of racial socialization as one of the most important parenting tasks of African Americans. There is a growing body of research on this topic (Jones, 2003; McAdoo, 2002; Stevenson, 1993, 1998; Stevenson, Davis, & Abdul-Kabir, 2002; Stevenson & Davis, in press).

McAdoo (2002) cites a Hatchett, Cochran, and Jackson (1991) study that found that "61% of Black children received socialization messages of one type or other; only 39% were told nothing about being Black" (p. 51). McAdoo (2002) described a variety of approaches African American parents have taken with regard to the racial socialization of their children. Their approach is often closely related to their own level of racial identity (see next section). A number of books have been written expressly to help African American parents with these dilemmas (Boyd-Franklin et al., 2001; Comer & Poussaint, 1992; Gardere, 1999; Hopson & Hopson, 1990). Therapists assisting parents with the process of racial socialization are also advised to consult Boyd-Franklin et al. (2001), Hughes and Chen (1997, 1999), McAdoo (2002), and Stevenson and Davis (in press).

It is important that therapists, particularly those from other cultures and racial groups, understand this process and why it is necessary. At the height of the civil rights movement in the 1960s, many African Americans hoped that once the nation's laws conformed to its founding principles—that all were created equal—racism would disappear in the United States. Some African

American parents, particularly those who had achieved high levels of education and socioeconomic status, began to feel that there was no longer a need to prepare their children for the realities of racism. Unfortunately, this often left their children defenseless against the entrenched, but often subtle, forms of racism that continue to exist today (Jones, 2003; McAdoo, 2002; Stevenson & Davis, in press), and led to serious damage to their self-esteem. These children are often referred to us for treatment.

Racial Identity Theory

As stated throughout this book, there is a great deal of diversity in the African American community. One area of diversity, often invisible to clinicians, is related to the racial identity of African American clients. Many Black people differ in the degree to which they identify as African American. Even within the same family there can be considerable variability.

Theories of African American identity development have existed in the literature since the 1960s (Carter, 1995; Cross, 1978, 1991; Helms, 1990; Helms & Cook, 1999; Jones, 1998b, 2003; Marks, Settles, Cooke, Morgan, & Sellers, in press).

Franklin, Carter, and Grace (1993) have offered a summary of Cross's (1978) five-stage theory of African American identity development that he called "nigrescence":

Cross (1978) hypothesizes a five-stage process of racial identity development for Black Americans that begins at a stage called *pre-encounter*, which is characterized by dependency on White society for definition and approval. Racial identity attitudes toward one's blackness are negative, and one views White culture and society as the ideal. The next stage is called *encounter*, and it is entered when one has a personal and challenging experience with Black or White society. The encounter stage is marked by feelings of confusion about the meaning and significance of race and an increasing desire to become more aligned with one's Black identity. The *immersion-emersion* stage follows the encounter experience, and it is characterized by a period of idealization of Black culture and intense negative feelings toward Whites and White culture. One is absorbed in the Black experience and completely rejects the White world. Immersion is followed by *internalization*; during the internalization stage, one has grasped the fact that both Blacks and Whites have strengths and weaknesses. In addition, one's African American identity is experienced as positive and an important and valued aspect of self. Therefore, one's world view is Afrocentric. One's attitude toward Whites is one of tolerance and respect for differences. *Internalization-commitment* is the last stage and reflects active involvement in promoting the welfare of Black people (Goss, 1991). Empirical studies (Cross, 1991) involving racial identity have found it to be associated differentially with cultural value preferences (Carter & Helms, 1987), psychological function (Carter, 1991), self-esteem (Parham & Helms, 1985a), emotional states (Parham & Helms, 1985b), cognitive styles (Helms & Parham, 1990), psychotherapy process (Carter 1990c; Pomales, Claiborn, & LaFromboise, 1986), and prefer-

ence for race, gender, and social class of therapists (Helms & Carter, 1992; Parham & Helms, 1981). What has been missing from the psychological literature is a consideration of how racial identity for Whites might influence their perceptions of African Americans and other racial/ethnic group people. (p. 470)

Advances in the Model

One of the most important advances has been Parham's application of lifespan development theory to this model (Cross, Parham, & Helms, 1998; Jones, 1998b). Parham presented a view of the intersection of the life cycle stage of the individual and the evolution of his or her racial identity:

Within the context of normal development, racial identity is a phenomenon which is subject to continuous change during the life cycle. While the psychological nigrescence research certainly documents how a person's racial identity can change from one stage to another. . . , previous research has failed to detail how the various stages of racial identity will be accentuated at different phases of life. My model seeks to describe how the stages of racial identity are manifested at four phases of life (late adolescence, early adulthood, midlife, and late adulthood), and how each phase of life is characterized by a central underlying theme. (Parham, 1992, as cited in Jones, 1998b, p. 16)

According to Cross et al. (1999), Parham

presupposes that the manifestation of identity during childhood is "more the reflection of parental attitudes or societal stereotypes which a youngster has incorporated, than the integrated cognitively complex, identity structures found in adults. Consequently, Parham hypothesizes it is during adolescence and early adulthood that one might first experience nigrescence, and thereafter the potential is present for the remainder of one's life." (p. 16)

In 1992, Parham also introduced another important concept he called "recycling." Prior theories of identity development were linear and seemed to imply that all African Americans progress through these stages in the same order. Parham states:

Recycling is defined as the reinitiation into the racial identity struggle and resolution process after having gone through the identity process at an earlier stage in one's life. In essence, a person could theoretically achieve identity resolution by completing one cycle through the nigrescence process (internalization), and as a result of identity confusion, recycle through the stages again. (Parham, 1992, as cited in Cross et al., 1998, p. 16)

Cross et al. (1998) point out, however, that Parham's use of "identity confusion" has less to do with confusion and more to do with midlife developmental challenges. They note, for example, that individuals who may have resolved

their own racial identity struggle in young adulthood may experience recycling through this process as they have children of their own. Cross et al. (1998) argue that parents' experience of their own children's identity struggles, particularly during their adolescence, may serve as a new encounter experience for them and recycle them through the identity process.

For many African American parents, their children's encounters with racism can be as powerful and even more painful than their own and can plunge them once again into the intense anger of the immersion/emersion period (Cross et al., 1998). The case that follows illustrates this.

Joan (age 32) and Horace (age 33) Woods had each gone through their own racial identity struggles in college. Now, 10 years later, at the internalization/commitment stage of racial identity, they were recycling through the process based on their role as parents to Ayana (age 9), their only daughter. They were raising Ayana with a strong Afrocentric belief system (see Chapter 7) and a solid African American racial identity.

Their daughter came home from school one day very upset. Her teacher at an integrated elementary school had asked the children in her class what they wanted to be when they grew up. Ayana, who was attending a weekend science enrichment program for gifted youngsters at the local community college, replied a "nuclear physicist." Her teacher, a White woman, told her that she should pick something that was more realistic for a Black girl. Ayana came home devastated.

Joan and Horace were furious when Ayana told them what her teacher had said. Their daughter's encounter with racism sent them recycling back to the intense anger of the immersion/emersion stage. First, they had to reassure Ayana that she was exceptionally intelligent. Then they went to the school to confront the teacher and the principal about the way in which the school encouraged racial stereotyping and racism. This form of recycling can reoccur many times throughout a lifetime.

Race, Racial Identity Issues, and Therapy

Two leading racial identity researchers and theorists, Janet Helms and Robert Carter, have made major contributions to the understanding of race and racial identity in the therapeutic process (Carter, 1995; Helms & Cook, 1999). Carter (1995) in his book, *The Influence of Race and Racial Identity in Psychotherapy: Toward a Racially Inclusive Model*, explored these issues in treatment. In *Black and White Racial Identity*, Helms (1990) expanded her research on Black racial identity with her theory of White racial identity. Parham and Helms (1981) developed the Racial Identity Attitude Scale (RIAS), one of the most widely used empirical measures of racial identity stages. Helms and Cook (1999) have expanded and developed the theory of racial identity as it relates to the treatment process. The section below will focus primarily on issues of African American racial identity in therapy.

Racial identity is an important variable in the therapeutic process. Thera-

pists must be careful not to apply these models in a stereotypical way and make assumptions about an African American client's racial identity that may prove to be inaccurate. The following case example illustrates the process of "learning from our mistakes."

Ms. Fox (age 39) brought her son, Andrew (age 14), for treatment following his arrest for riding in a stolen car. He had also had two prior juvenile delinquency misdemeanors related to writing graffiti on subway cars and walls. Andrew was involved in a Black peer group that Ms. Fox felt was leading him into increasingly dangerous activity.

Because of her concern about Andrew's pending court appearance, Ms. Fox made sure that he attended all of his family therapy sessions. He had no further incidents with the law and attended school regularly after his extended period of truancy.

Pending a court appearance, the therapist, a young White woman, invited her supervisor, an African American woman, to join a session to discuss the court appearance.

The supervisor attempted to praise the mother for her determination to get help for her son and their consistent attendance at therapy sessions. She made a serious error, however, by misjudging the mother's racial identity. The supervisor mistakenly assumed that Ms. Fox shared her own level of racial identity. In an effort to join with the mother, she said "Our folks don't seek help like you do."

The supervisor was taken aback by the mother's response: "Well, I'm not one of *our* folks." Realizing that she had made an error, the supervisor asked the mother more about her own background. It became clear that although Ms. Fox was aware that she was a Black woman, she was very White-identified because of her upbringing in a predominately White community. (She was in the preencounter stage of racial identity development.)

There are many lessons to be learned from this interaction. The first has to do with avoiding stereotypes. The supervisor realized that she had made a serious error and had misjudged this mother's sense of racial identity. The supervisor was having a strong countertransference reaction as an African American woman and was very upset by the mother's response. But she knew that her first meeting with this family would not be the best time to challenge the mother's racial identity definition. She struggled to acknowledge and reframe the mother's experience. Later in the session she used the reframe: "You are a *survivor*. Now we have to help your son survive." This was her attempt to convey her understanding of the mother's experience. For therapists of all races, it is important to remember that you do not have to agree with a client's position in order to try to understand it.

Racial Identity Differences within Families

It is important for therapists to remember that members of the same family may be at different stages of racial identity development. These differences may be related to the age and generation of the person; the community in which

the person was raised (Black, White, or mixed); the part of the country in which he or she was raised; his or her personal experiences with African Americans, Whites, and other ethnic groups; and his or her own idiosyncratic experiences and responses. In the case above, for example, Andrew was very Black-identified and had an almost exclusively African American peer group. He had been raised in an urban, inner-city area, while his mother had been raised in a predominantly White suburban community. They often clashed because his mother perceived Andrew's African American peer group as leading him into trouble.

In later sessions, the therapist was able to help the mother and her son to talk more about the differences in their racial identity and to help the mother to at least recognize the importance of helping her son to develop a positive identity as an African American man. This was very difficult for her given her own life experiences and feelings of abandonment by African American men, such as her own father and Andrew's father.

SKIN COLOR ISSUES AND THE STRUGGLE FOR POSITIVE RACIAL IDENTITY

Skin color has presented complex, multigenerational issues for many African Americans. In recent years, a number of authors and researchers have addressed this issue (Hall, 1992; Hughes & Hertel, 1990; Jackson & Greene, 2000; Neal & Wilson, 1989; Perkins, 1996; Russell, Wilson, & Hall, 1993; Tucker, 2000). In their classic studies of racial and skin color identification, Clark and Clark (1939) found that African American children of that generation often evaluated the color black and Black people less positively than the color white and White people. This finding causes considerable concern among African American parents to this day. Many Black parents have reported the upsetting experience of hearing their child say, "I wish I were White." Such statements are understandably a source of much anxiety for these parents.

Comer and Poussaint (1992) in their guide to childcare issues for African American parents offer vignettes and examples that can be useful to therapists in helping families cope with this issue by providing a number of ways of reframing and normalizing the experience. The authors report a frequent question from African American parents: "The first time my 4-year-old raised a question about race, he said 'I'm White.' Does this mean that he doesn't like being African American?" (p. 68). The child's sense of his race is not uncommon among Black children raised in a predominantly White neighborhood or school and does not mean that he has negative feelings about African Americans. The parents' response to such a statement can make all the difference. A simple, "No, you are African American like Daddy and Mommy" (Comer & Poussaint, 1992, p. 68) is clear and can help to reinforce positive racial identification.

If the parent is clearly proud of her or his own African American identity,

this will be conveyed to the child (Hopson & Hopson, 1990; McAdoo, 2002). Many African American parents take the task of developing a sense of positive racial identification very seriously. This has been the case since the 1960s, a sentiment embodied in the popular song of that era, "I'm Black and I'm Proud," by James Brown. It has led growing numbers of African Americans to embrace Afrocentric principles in their family life (see Chapter 8). The process is a continual struggle for African American parents particularly because skin color can be such a loaded, toxic issue in families. In some cases, it can determine the nature of family interaction, as discussed below.

Skin Color and Family Dynamics

The Historical Perspective: The Role of Slavery and Racism

Historically, skin color differences began to influence the lives of African Americans in this country early in the slavery era (Hughes & Hertel, 1990; Neal & Wilson, 1989; Russell et al., 1993; Tucker, 2000). Grier and Cobbs (1968) argue that the mark of slavery has never fully disappeared for African Americans because the feelings and assumptions that formed the psychological underpinnings of the slaveholding structure have yet to be purged from the national psyche. Black and White people have been profoundly affected by this legacy:

The culture of slavery was never undone for either master or slave. The civilization that tolerated slavery dropped its slaveholding cloak but the inner feelings remained. The "peculiar institution" continues to exert its evil influence over the nation. The practice of slavery stopped over a hundred years ago but the minds of our citizens have never been freed. (Greer & Cobbs, 1968, p. 20)

Sexual exploitation on the part of White slave masters resulted in many "mulatto" or light-skinned children, who were often raised in the master's house and became house servants. They were also given many privileges that other Blacks lacked within the plantation system. Unlike the African sense of beauty where a deep black skin color and African hair and skin features are prized, the White standard of beauty was imposed on African Americans throughout the period of slavery and Reconstruction. This tradition of favoritism toward light-skinned African Americans resulted in a system in which it was often easier for light-skinned Blacks to get an education, a job, and so on. Thus, a class system was created in many African American communities based on skin color.

The "Jim Crow" laws, mandating segregation, were pervasive throughout the South before the days of integration. African Americans were blatantly discriminated against and given separate facilities ranging from parts of restaurants and lunch counters to separate restrooms. School systems were completely segregated until the Supreme Court decided in *Brown vs. the Board of Education* in 1954 to end segregation. The civil rights movement brought moral persua-

sion to bear and the desegregation of public facilities and schools began to be implemented. There was powerful resistance throughout this country, particularly in the South, to complying with the Supreme Court's ruling.

Some Whites referred to Blacks with derogatory terms such as "nigger," "darkie," "coon," and so on, which reflected the caste system of skin color. The following case example illustrates this issue.

Marcus King, a 68-year-old, dark-skinned, African American man who was raised in Alabama, described the following incident, which occurred when he was 7 years old. Although it had happened over 60 years previously, it was engrained forever in his memory. He and his father, a local handyman, were walking home when a crowd of four obviously drunk White men approached them. One of the men held him while the others began taunting his father, calling him "nigga" and asking what he had in his bag. They forced him down on the ground, held a knife to Marcus's neck, and threatened to cut Marcus's throat if his father did not eat dirt from the road. After some resistance his father began to eat dirt. Marcus still recalls the rage he felt and then the immense sadness he experienced when the White men finally left and his own father was too embarrassed to look him in the eye.

This kind of behavior was not unusual in the South in the early 20th century, and is a painful reminder of the rage that many African Americans still feel and experience. This type of degradation of the honor and manhood of a African American man in front of his family has left scars that are not easily repaired.

Color has many different levels of symbolism for African Americans. Many African Americans view their color proudly, as a badge of pride and honor. African American consciousness raising in the 1960s—epitomized by the slogan "Black is beautiful" and manifested by the appearance of Afro hairstyles, African styles of dress (such as the dashiki), and Blacks' reconnection with their African heritage—was designed to change the stereotypes of the past and promote positive African American identity. (See Chapter 8 for a discussion of the Afrocentric movement in African American communities.) Unfortunately, some attitudes remain negative or at best ambivalent and some African Americans still view their blackness as a "mark of oppression" (Kardiner & Ovesey, 1951).

One of the consequences of the system of slavery and the historical legacy discussed above has been that some Black families have identified with the dominant society and incorporated some of the prejudices of the majority White culture. This internalized racism can manifest itself in a preference for light skin, straight or curly hair, and White facial features (Neal & Wilson, 1989; Russell et al., 1993; Tucker, 2000). At the most extreme end of this spectrum are the few light-skinned African Americans who, in every generation, have denied their blackness and have "passed" for White. As this chapter will demonstrate, color prejudice can sometimes even divide families.

All African Americans, irrespective of their color, shade, darkness, or lightness are aware from a very early age that their blackness makes them different from mainstream White America and also from immigrant groups who

were not brought here as slaves and who have thus had a different experience in becoming assimilated into mainstream U.S. culture. The struggle for a strong positive racial identity for African American children is clearly made more difficult by the realities of racism in U.S. society and internalized racism such as color prejudice. African American writers such as Alice Walker (1982) express concerns about the divisions that skin color issues have created in African American families and communities:

The matter of color, quiet as it is kept, is still an issue among us. Color still affects our thoughts, attitudes and perceptions about beauty and intelligence, about worth and self-esteem. Yet if we are to stand together and survive as a people, we cannot allow color to become the wedge that . . . destroys us. (p. 66)

Skin Color and the Projection Process in African American Families

Bowen (1976, 1978) described a family projection process whereby a family ascribes or projects roles, expectations, and acceptance onto an individual, as well as the multigenerational transmission process whereby these roles and expectations are passed to the next generation. All families project characteristics onto their children based on their appearance. However, since skin color, hair texture, and facial features are such toxic issues in Black culture, a child's skin color can help to explain why that child has been singled out for the family projection process. The darkest or lightest child in the family may be seen as "different," and therefore targeted as the family scapegoat at an early age.

Because of the class system that evolved from the slave system, one can find a number of responses to skin color in African American families. In some families light skin color is prized and regarded as something special, while in others dark-skinned members are preferred and light skin color is seen as a constant reminder of the abuse of Black women by White men. In these situations, there can be considerable shame and guilt attached to this issue.

Because of the laws of genetics, variations in skin color within an African American family are quite common. Allen (1982) describes such variance:

The only real law of nature is that when African American folks' genes get together, all things and all colors are possible. . . .

None of my parents' children came out with even remotely similar skin colors or hair textures, so conceivably we could have created our own intraracial discrimination fight in the privacy of our own home. In many African American families that's where it really does all start: parents favoring the lighter ones, telling them they're pretty, giving them a stronger sense of self worth. When the experience of the darker person in this family encompasses trauma and personal rejection, it's easy to see why the position of light-skinned folks in the universal African American family is considered a favorable one. (p. 128)

Children of different fathers may be identified as looking like their fathers, and the personality characteristics attributed to those individuals may be projected onto their children. For example, it is not unusual to hear, “He looks just like his daddy, and he’s no good just like him too.” A child can sometimes be significantly lighter or darker than both parents, perhaps resembling an ancestor. It is quite common in African American families, because of the laws of genetics, for children of the same mother and father to vary considerably in their appearance and skin color. Skin color differences can intensify sibling rivalry. In the case of a troubled relationship between the parents, such differences can lead to questions about the paternity of a child. Since these questions are often “secrets” and are rarely addressed directly, they are even more toxic in the family.

Examples of Skin Color Issues

This section attempts to capture through vignettes the deeply painful issue that skin color can represent for some African American individuals and families. Dark-skinned African Americans may remember painful experiences as children or even as adults when they felt rejected by family members, peers, and members of their communities. Alexis de Veaux (1982) makes a number of references to this hurt and pain in describing her interactions with her aunt when she was growing up:

Red, you instructed me, was a color I should never wear. I was absolutely “too dark” you said. “Whose little Black child are you?” you’d tease. “Who knows who you belong to.” Did you know then that your teasing mirrored my own apprehension? Who did I belong to? Who does a dark-skinned child belong to in a family where lighter skin is predominant? (p. 67)

The following case example of an African American woman seen in therapy also illustrates this point.

Carla, a 40-year-old African American woman, painfully revealed her experience of having grown up in a family in which she was openly “put down” because she was darker skinned than her mother. Her mother told her that she was too dark and that she had been “born bad,” implying a connection between the two. Carla had spent much of her life in a rage at her mother. Her brother, who had a lighter complexion and “curly hair,” was doted on by her mother and could do no wrong. Carla described a painful memory in which her mother openly criticized her hair but refused to cut her brother’s hair until he was almost 3 years old. At the time of that haircut, her mother cried openly, carefully collected his hair, and put it away in a special box, which she would frequently take out to admire in later years.

Children can sometimes be very cruel to each other and hurtful about skin color differences. Sometimes these insults come from White youngsters:

William, a dark-skinned African American man, aged 20, reported an experience in his childhood years in which he was chased home from school in a suburban, all-White neighborhood by a group of White children, calling him a “Black nigger” and daring him to fight back. Ever since those early days William had attempted to “blend in and not make waves.” He wore glasses (even though they were not needed), dressed in the most nondescript fashion, and tried hard to avoid recognition at all costs.

The following example articulates another little girl’s inner struggle with a situation in which the name calling came from her African American peers.

Blackie ain’t my name, I want to say. It hurts. It’s painful. It’s embarrassing, Momma. Livia is dark as me. Why everything Black got to be evil, everything dark got to be ugly? I say nothing. I learn the bravado of strike back. Incorporate the language of segregation: “inkspot,” “your Momma come from blackest Africa,” “tar baby, tar baby,” “black nigga.” I say it in [great] anger to others on the block. This is a skill. It is a way to hurt another deeply. We all practice it. . . . (de Veaux, 1982, p. 68)

This form of fighting back but sometimes of disguised self-hatred can often be seen in the process of “ranking out,” “playing the dozens,” and “dissing” in which many African American inner-city children express their feelings toward each other within the protection of a “game.”

Being light-skinned in certain African American families can lead to privileges, but it can also result in unique problems and feelings of rejection. The need for identification and a sense of belonging is an important emotional issue for everyone. For many light-skinned African Americans, the dilemma of not being identified as African American can cause pain and discomfort, as in the next case.

Jean, a 20-year-old fair-skinned African American woman, reported a number of experiences in the course of her life in which people did not know she was African American. She told of periods in her early growing-up years in Bedford-Stuyvesant, a predominantly African American section of Brooklyn, in which she was frequently called “Whitey” or “Oreo” by other children on the block. She reported an experience in therapy with a White therapist in which after 2 years of treatment, she brought in pictures of her family to show her therapist. Her therapist was stunned when she realized for the first time that Jean was African American. Jean was angry and was able for the first time to talk about her feelings of not belonging and feeling different. Her own ambivalence had kept her from openly clarifying her racial identity earlier.

Mary, another light-skinned African American woman in her 40s, had been a member of an interracial work group for many years. She was furious and hurt when a White coworker, upon learning that she was Black, said, feeling that she was giving a compliment, “Oh, I never would have known you were Black.” Mary described this experience as “feeling as if a knife had been driven in her heart.”

In family situations, the child who is different may receive special privileges or he or she may be scapegoated or ostracized. Ironically, both of these situations can sometimes occur simultaneously.

Sam, age 14, was a light-skinned African American adolescent who was the third child in a family of six. Although there was a range of skin colors in his family, he was the lightest. From the adults in his family and extended family, he often received many special privileges and comments about how handsome he was. This special attention created an intense sibling rivalry between Sam and his brothers and sisters, who frequently scapegoated him and excluded him from their games. Sam grew up very unsure of himself and threatened when anyone acknowledged his appearance.

In the 1960s, with the emergence of the Black power movement, and the call for “Black pride,” many light-skinned African Americans found themselves the object of years of collective anger by their darker peers.

This process of denigration can be especially painful when it occurs within a family. Since African American families often have a range of skin pigmentation represented within the immediate and/or extended family, it is quite possible for a number of children of the same parents to range in skin color from very fair to very dark. African American people are acutely aware of these ranges of color, many of which are not seen or experienced by those from other ethnic groups. All of these issues and the ways in which they are handled are specific to the given family and that family’s attitude toward color. The paradox remains such that a light-brown-skinned woman may be considered “dark” if she is born into a very light-skinned family or “light” if her family members have darker complexions.

Secrets about Skin Color Issues and Its Treatment Implications

Any area as toxic as this one is fertile ground for the development of family myths and secrets. This is compounded by the fact that these issues are rarely discussed openly in many African American families. Given the many family “secrets” about birth, paternity, and informal adoption (see Chapter 3), a child who looks very different from the rest of his or her family or household members may have a very difficult time while growing up. Children may be favored or rejected because of lighter skin color. A child may be scapegoated as the darkest member of the family or favored because he or she resembles a dark-skinned ancestor. This is such a toxic issue for many African American families that it is often denied; such families will often resist discussion of it in the initial stages of treatment. Alternatively, many times children experience teasing not within their families but in their peer group and in the community. The following case example illustrates this point.

The Kent family was an African American single-parent unit composed of Martha Kent (age 30) and her three children: Glenn (age 13), Martha Lee (age 10), and Ronald (age 8). Ms. Kent came to our clinic seeking help for her youngest child, Ronald. He had become withdrawn, isolated, and depressed, and he had begun to act oppositional toward her. When the entire family was seen, Glenn and Martha Lee reported that Ronald was often teased by other children in the neighborhood because he was very light-skinned. (His mother, brother, and sister all had dark complexions.) Glenn stated that he had had to defend his younger brother for years from kids who called him “White boy” and “oreo,” but now Glenn had entered junior high school and Ronald felt he had lost his protector.

It became clear that Glenn had served as a parent figure as well as the protector in the family. Ms. Kent presented as a very depressed woman who was “trying to go back to school” and who was supporting her children on welfare. When the therapist asked her if she was aware that this had been occurring, she shrugged her shoulders, looked very sad, and stated that she had so many burdens she really had “tuned out” Ronald’s problems. The therapist helped her to speak directly with her son about his concerns and about the teasing by other kids.

Ronald, who had never known his father, was able to ask some questions about him, which his mother answered honestly. She told him that his father had not been White but had been a light-skinned Black man like him. The therapist encouraged her to ask him what she could do to help. He was clear that she should get the principal to talk to the children who were bothering him.

In subsequent sessions Ms. Kent reported that she had gone to the school with Ronald and “stood up for him.” She was also able to mobilize his older sister and brother to help him learn how to defend himself. Glenn agreed to “stop by the school” periodically to make his presence felt, and Martha had offered to walk him to and from school as long as he needed that support.

In other families, the issues are within the family and are far more subtle, unconscious, and entrenched. The following case provides an example.

Karen was a 25-year-old African American woman who was being treated at an inpatient unit in the Bronx following an acute psychotic breakdown. She had become extremely paranoid and felt that family members were out to get her. In the course of her inpatient treatment, she had reported to her therapist that she had always been treated as a second-class citizen in her family because she was its darkest member. As time for discharge approached, she became increasingly agitated. Family sessions were arranged.

Karen’s family consisted of her father, Mr. Morris (age 45), her mother, Mrs. Morris (age 44), and her older sisters, Beatrice (age 27) and Gladys (age 26). In the family session, Mr. Morris was peripheral to the other members. Mrs. Morris, Beatrice, and Gladys sat close together and Karen sat on the other side of the room. Karen resembled her father most in complexion and features, while Beatrice and Gladys had inherited their mother’s light-brown complexion. Mrs. Morris, who acted as the family spokesperson, reported that Karen had always “given her trouble” and been a “bad seed.” Her sisters reinforced this view. Mr. Morris was visibly uncomfortable and turned away and became more sullen. The therapist

asked Mr. Morris if he shared their view. He said “things have always been hard on Karen.” The therapist asked him to switch seats with Gladys and discuss this issue with his wife.

Mr. and Mrs. Morris were very rigid. They sat turned away from each other, and there was a charged air of hostility between them. Karen became very uncomfortable when they were asked to speak to each other, and blurted out “You have always hated me because I look like him.” The therapist intervened and asked the parents what Karen meant by that. Mrs. Morris stated that her husband had never “done right by the family” and she never should have married him. When this statement was explored, it emerged that Mr. and Mrs. Morris had first met in their hometown in North Carolina. Mrs. Morris’s father had owned a store. Mr. Morris had been from a poor family and had been unemployed. Her parents had objected to their relationship and to the fact that he was dark-skinned.

Mrs. Morris had become pregnant with Beatrice and had been “forced” to marry Mr. Morris. They moved north, where Mr. Morris had had many difficult years supporting the family. When Karen was born, Mrs. Morris had transferred her anger, frustration, and disappointment onto this child. Mr. Morris had withdrawn and become more and more peripheral to his family.

The therapist asked Mr. and Mrs. Morris if they thought there was any way to get past this history, and make a home for Karen. The parents talked openly for the first time about their disappointment in and anger at each other.

Mrs. Morris was helped to discuss these issues openly with Karen. She acknowledged her feelings of resentment but shared with her daughter how frustrated and overwhelmed she had felt having had three babies in 3 years. Karen was able to share with her mother how she bitterly resented the preferential treatment her sisters had received.

The channels for communication were opened. Mr. and Mrs. Morris were asked to discuss with Karen what would have to change in order for her to return home. They set rules about her return to her job and continuing in outpatient treatment. A contract was made in which the family would be seen also for outpatient family therapy after her release.

Thompson (1987) reports the following experience from her psychoanalytic treatment of an African American female patient.

Ms. B., the oldest of three children, lived most of her childhood with her divorced mother, her grandmother, her aunt, and two siblings. She came from an essentially middle-class family where skin color was part of the attribution of middle-class status. Ms. B. described herself as a favored child by her aunt and her grandmother. However, she described herself as falling from grace once she began to make friends with the neighborhood children. The following two vignettes helped us begin to understand and disentangle the morass of rejection and isolation. At about age 7, Ms. B. was playing with a neighborhood child when her aunt came outside and sent the child away, yelling at the patient that she was not to play with that child because she was too dark skinned.

Ms. B. needed to deny the perception that the child rejected by her caretakers was more like her mother in appearance than anyone else in the family. To

protect herself and to preserve the idealizations of her mother, she accepted the rejection to be of herself, rather than her mother. Self-rejection further served to shield her from her mother's pain. When the patient became angry with her mother and devalued her, she raged with her for not protecting her from the aunt and grandmother. She was unable to see that her mother could not protect her because she too was a victim of the same rejection.

At about age 20, Ms. B. spent the summer in a theater company where she became friends with a young White man. She invited him to her home to meet her family. After the family visit, Ms. B. stopped being friendly with him because she felt the young man did not accept her more obviously African American mother. These vignettes allowed the patient to understand the reversal and ambivalence that characterized her relationship with her mother. She began to allow the deeply denied pain of her mother's existence to come to consciousness. During this process Ms. B. became able to understand her mother's idealization of her. Also, she was able to acknowledge the mother's wish that Ms. B. would become a vehicle for her acceptance within her own family. With the development of some empathy, the patient was able to talk with her mother and allow the mother to share information that, up until then Ms. B. had not known. Her mother had been adopted and had never felt accepted by the aunt or grandmother. It was never a legal adoption, but one in which she was delivered to this woman in early childhood. Ms. B.'s mother could not explain why she was "adopted." It was a family secret, but she hypothesized that she was the product of some extended family member's indiscretion. (pp. 400–401)

AFRICAN AMERICAN WOMEN AND THE ISSUE OF HAIR

Closely linked to the issue of skin color for many African American women is that of the texture of their hair. The history of slavery and U.S. racism led to what Greene, White, and Whitten (2000) have called "a conspicuous devaluation of African physical features and the establishment of beauty standards based on idealized depiction of White women's physical features" (p. 166). The impact of this was also felt in the idealization by White society of long straight hair. This led to a devaluation of African hair textures among some Black women (Greene et al., 2000; Jackson & Greene, 2000). Russell et al. (1993) have described terms such as "good hair" (naturally straight, wavy, or long), and "bad hair" (coarse or "kinky") (Tucker, 2000, p. 22), which were used by some members of the African American community to characterize different hair textures.

Many therapists have been surprised to discover the impact that this issue can have on the self-esteem and psychological adjustment of some of their African American female clients (Greene et al., 2000; Jackson & Greene, 2000; Tucker, 2000). Tucker (2000) stated that "Black women often experience a range of emotions regarding their hair, and a Black woman's feelings about her

hair are frequently symbolic of her conscious and unconscious internalized feelings of herself, her identity, and her significant others” (p. 23).

One of the key components of the Black Pride movement in the 1960s and the Afrocentric movement today (see Chapter 8) was and is an appreciation for the beauty of African features and hair texture. Unfortunately, many of the old labels of “good” and “bad” hair have resurfaced in recent years. Greene et al. (2000) have shown that some “Black women struggle with . . . feelings about their hair, and spend a great deal of time, money and energy attempting to change it” (p. 171). In 1993, Russell et al. estimated that 75% of African American women chemically straighten or “perm” their hair (Tucker, 2000, p. 27). This percentage may be slightly lower today. Tucker (2000) and Greene et al. (2000) describe the much broader range of hairstyles in the African American community today, including permed or straightened hair, weaves or extensions woven into the hair, and, for women with more Afrocentric beliefs, a range of “natural” hairstyles that do not utilize chemicals, such as the short “Afro,” braids, cornrows, twists, and dreadlocks or “locks.” Ironically, one of the most popular styles today involves the braiding of natural or synthetic hair extensions into one’s own hair to create often elaborate hairdos based on African styles (Greene et al., 2000). Many projections are made by both Black and White society onto Black women based on the type of hairstyle they choose, including assumptions about their level of “Black pride” or racial identity, Afrocentricity, White identification, socioeconomic level, and the like. Assumptions of this type can often be stereotypical and inaccurate.

Some African American women experience such shame about their hair texture that they do not allow others, even intimate partners, to touch their hair (hooks, 1993). This shame may be extremely difficult for some women to discuss in therapy and must be handled with sensitivity, especially in cross-racial treatment. Therapists working with African American women should understand that a great deal of an African American woman’s feelings about her hair, appearance, self-esteem, and racial identity may be related to the messages given to her about her skin color, her appearance, and the way in which her mother, or other significant caregivers such as her grandmother, aunts, and older siblings, responded to her in the ritual of grooming her hair (Greene et al., 2000; hooks, 1993; Lewis, 1999; Russell et al., 1993).

The ritual of a mother (or mother figure) grooming or combing her daughter’s hair is often a very symbolic one in the African American community. Greene et al. (2000) have indicated that some African American mothers are overly concerned about how their daughters’ hair may be viewed by others. Tucker (2000) states that “the processes which Black women and young girls undergo in their efforts to style or ‘fix’ their hair can often be painful and tedious. Black female caregivers often place much time, energy and sometimes money, into the care and grooming of a young Black girl’s hair” (p. 27). Greene et al. (2000) and Tucker (2000) have indicated that the amount of time and at-

tention spent by African American mothers “working in their daughter’s hair, and hair grooming is seen as an indication that a child, especially a female child, is either loved and valued or ignored and neglected by her caretakers” (Tucker, 2000, p. 27).

Therapists should be aware that African American women vary greatly in how they feel about these grooming rituals. Greene et al. (2000) state that “how an African American mother feels about herself may be reflected in her attitudes and care not only of her own hair but also in her attitudes toward and care of her daughter’s hair” (p. 174). Grier and Cobbs (1968) gave some of the earliest accounts of African American women who experienced negative feelings related to the physical pain of having their hair “fixed” or the psychological pain related to negative comments about their hair texture made by mother figures. On the other hand, bell hooks (1993) has emphasized that for some African American women the hair-grooming ritual evokes fond memories of bonding with their mothers or mother figures. According to Tucker (2000), the “hair combing process that takes place between Black mother and daughter, grandmother and grandchild, aunt and niece, is internalized as an act of kindness, tenderness, and bonding that helps to form the strong ties that exist among Black females within the same family” (p. 28). Lewis (1999) describes a therapeutic ritual in which hair grooming is utilized in treatment with African American mothers and their daughters to facilitate bonding and physical demonstrations of love.

Therapists, particularly those from other racial and ethnic groups, have often noted that some young African American girls will “play” with the therapist’s hair. It is important that therapists understand that this is often not a benign activity and may have a greater significance. Care should be taken in understanding and interpreting this behavior, particularly in cross-racial treatment. For some, it may be an expression of internalized racism and the wish for the long straight hair of the White therapist. In other children, it may be an expression of a desire for nurturance and attention. It is therefore very important that therapists inquire carefully about this issue and be sensitive to the implications for the child’s racial identity development. This discussion can also be used to validate a young African American girl in terms of her own unique beauty and appearance.

Sensitive topics such as racism, skin color, and hair present problems for African American parents in terms of fostering a sense of pride, self-esteem, and positive racial identification in their children. These issues may arise in individual, family, or group psychotherapy with adult women as well. While it is very important that clinicians know about these issues and pursue them in treatment, Greene et al. (2000) caution therapists to handle the discussion of hair and skin color issues with sensitivity:

Feelings about hair [and skin color] represent issues that frequently go unexplored in the treatment setting. Nevertheless, they are the repository for many intense

feelings for Black women. Therefore, while it requires exploration, the inquiry must be sensitive, skillfully conducted, and always embedded in a strong therapeutic alliance. The conflicts and issues we discuss in this chapter should not be raised casually, or out of mere curiosity or voyeurism. Clients may experience much shame in discussing experiences about hair or acknowledging the use of hair weaves, wigs, straighteners and the like. Therapists need to appreciate this reality and proceed with caution, explore their clients' feelings about sharing the material, and consider the strength of the working alliance. Timing is important. The therapist must always consider the client's fragility and determine her emotional readiness to explore this issue. (p. 188)

The next chapter will explore other aspects of family organization, particularly the extended family and kinship system.