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WOMEN AND GIRLS OF BLACK/ AFRICAN DESCENT

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The concepts of race and gender are integral to the ways Black/African descent women and girls understand themselves and shape their psychological functioning. A review of the literature yields few works that explicitly explore the role of gender in the lives of Black/African women and girls. This chapter fills in gaps by exploring the myriad social contexts that shape the lives of Black/African descent women and girls and inform their within-group diversity. Over the years, scholars have identified problems positioning Black/African descent women and girls relative to feminist or female-focused and race-based debates of fairness, parity, and social experience (Gay & Tate, 1998). Consequently, an *intersectionality* analysis in which systems of race, gender, class, and nation are recognized for shaping the life experiences and the mental health of all persons is recommended and is used in this chapter (Collins, 2000). Additionally, *critical race feminism* has also challenged essentialist notions of race and gender group memberships, ideologies, and

consequent attitudes and behaviors (Wing, 2003). Both conceptualizations emphasize the nuances of intersections that shape Black/African descent women's identities, elucidating the actual and varied experiences of Black/African descent women and girls. It should be particularly noted that when applying these lenses, the conceptualization of Black/African descent women's and girls' experience is centered in their phenomenology, rather than in juxtaposition or opposition to Black/African descent men/boys, White women/girls, other women/girls of color, and White men/boys.

These frameworks hold promise for honing in on the experiences of Black/African descent women's and girls' experience of themselves, and consequently, their psychology. The "Guidelines for Psychological Practice With Girls and Women" (APA, 2007; hereinafter the Guidelines) were adopted to promote the understanding of the gender-specific development and concerns of women and girls. Building on these guidelines, the current volume explores themes specific to diverse women and girls, and this chapter focuses on girls and women of Black/African descent (Guidelines 1 and 2). The effects of being a Black/African descent female on mental health (Guideline 3) are considered, and implications for competent and professional practice (Guideline 4) are presented. Specific practice implications are discussed, with a focus on alternative and empowering practices (Guidelines 6 and 7) that are culturally relevant and linked to the community (Guidelines 9 and 10). Further, thorough analysis and application to a case study example, implications for ethical professional practice, and the integration of relevant community resources are explored. Finally, strategies to support social change and challenge institutional and systemic biases, which are consistent with Guideline 11, are also presented. Researchers and practitioners will have a sense of the role of gender in Black/African descent women's and girls' lives, the need to differentiate interventions for specific needs of subgroups within this population, and awareness of innovative alternative methods and community networks for providing client support.

DIVERSITY, SOCIAL CONTEXT, AND POWER

Black/African descent women's and girls' experiences are shaped by social, political, economic, and cultural forces imposed by interlocking matrices of domination such as racism and sexism (Collins, 2000), and these experiences shape their psychological development. In this first section, theories and research of particular relevance to the lives of Black/African descent women and girls are presented with a specific focus on identity development and coping, multiple role stress, traditional gender roles and role confusion, ethnocultural and gendered violence and related trauma, family of origin

concerns, and sexuality. The goal of this section is to present a comprehensive view of the ways Black/African descent women's and girls' mental health is shaped by their sociocultural and gendered standpoints.

Identity Development and Coping

Black/African women's and girls' healthy integration of intersecting social identities has come to the forefront of psychological research in the past decade. Essentialist notions that suggest the predominance of one's racial identity over gender or vice versa have been challenged to expand our understanding of the complexity and diversity inherent in Black/African girlhood/womanhood (Cohen, 1999; Gilroy, 2003, as cited in Shaw, 2005). For example, Gay and Tate (1998) aptly described Black women's political leanings as "doubly bound" because they cope with negotiating their "shared/common" fate with Black/African men due to racism and with women due to sexism. Their analysis concluded that Black/African women's political decision-making is more strongly influenced by race, though the particular framing of the political issue could also connect them with gender-based priorities.

Although the work of Gay and Tate (1998) is often cited, the psychological impact of having to choose one identity over another has only more recently been explored. Williams's (2005) presentation of therapeutic work with a 34-year-old African American lesbian graduate student demonstrates the psychological impact. The client expressed frustration with "always explaining myself" when in various social settings and described a sense of not being accepted by either the Black or women students' organizations in which she sought memberships. She explained that at the Black students' meetings she was viewed suspiciously for the threat that she would subvert the "real" (i.e., Black) agenda. Alternatively, she expressed that at the women students' meetings, White women did not understand the ways White privilege advantaged them over her in the educational setting. Williams's client's inability to find a student group that was relevant to the intersection of her identities may mirror the psychological conflict of some Black/African women and girls who are unable to integrate their racial and gender identities.

In support of the critical role of identity integration, Settles (2006) found that an intersectional identity was more important for Black/African women than being identified primarily by their race or gender alone. Further, she found instances of lower self-esteem and depression to be exhibited by women who described identity "interference," or instances in which their racial or gender identities were not integrated. Racial interference was exhibited in the form of disrupted social connections and networks in the Black community. In contrast, gender interference was related to the enactment of traditional gender role behaviors. As the women in Settles's study indicated,

connections to Black social networks and relationships were important, and exhibiting culturally incongruent gendered behaviors in the Black community had the potential to place women at risk for losing or experiencing distress in their relationships and support networks. Settles's work is consistent with other research suggesting racial group membership and identity shapes gender role attitudes and behaviors among Black/African women and girls (Binion, 1990; Brown, 2011; Buckley & Carter, 2005; Jones, 2009; Littlefield, 2004; Miller, 2008; Weekes, 2003).

Identity for Black/African women and girls is often challenging. They are charged with developing healthy racial and gender notions of themselves within a society that continues to contest the legitimacy of femaleness in the form of a Black body and often makes them subject to the "politics of respectability" (Collins, 2005). The politics of respectability can be defined as a set of standards Black/African women and communities have adopted to gain access to political, social, and economic power and to distance themselves from the savagery of slavery (Higginbotham, 1993). Characterized by guidelines for cleanliness of person and property, temperance, thrift, polite manners, and sexual purity, these politics have held promise for African Americans as a way to gain access to the middle class through Black/African women's labor in the home. Black/African women's ability to demonstrate these tenets in their homes and through their families permitted potential access to the "cult of true womanhood." According to Welter (1966), the possession of the four virtues of "piety, purity, submissiveness, and domesticity" represented the hallmarks of the cult of true womanhood. Shaw (2005) argued that these criteria continue to guide notions of femininity and womanhood.

Notions of femininity and definitions of womanhood are contested areas for Black/African women and girls as they strive to define their femaleness. In her revealing essay, Shaw (2005) applied an analysis of gender and race concepts to the question of which type of body can be deemed female. Noting that the controlling image or stereotype of the large and dark body of the Mammy (see Collins, 2000) is the "physical embodiment of features rejected by Western beauty criteria" (p. 146), Shaw's work reminds us of the tenuous inclusion of some Black/African women and girls in a respectable social space. Specifically, she stated that among Black/African women, body size and class distinctions serve as exclusion criteria. Shaw explicates this intersection in an analysis of the "Mammy" stereotype. The Mammy figure is typically a large (she is overweight), Black/African descent woman who serves to provide an endless supply of "strength, love, and other emotional resources that can never be depleted" (p. 146). Shaw stated that this justifies her role as a caretaker to her family and the families for whom she works and negates the need for others to be responsive to her needs. The Mammy's size, race, and socioeconomic status place her outside the definition of what

it means to be a woman. Thus she occupies a "subaltern" role in the larger society. She is considered a lesser woman compared with thin Black women of higher social status and any White woman.

The very categorization of femaleness presents a challenge to Black/African girls' and women's identity and requires exploration of their femininity, androgyny, and feminist attitudes in the context of racialized notions of what it means to be a girl or woman. For Black/African girls, this process is engaged in the social context of school and community. Black/African girls form their identity by balancing the demands and expectations of their environments (Weekes, 2003), and this process functions to facilitate their adjustment to environmental demands (Brown, 2011; Jones, 2009). For example, Jones's (2009) qualitative study explored the life of "Kiara," a 22-year-old young woman activist in her San Francisco Bay area community. Kiara described the ways she negotiated gender roles and expectations in an under-resourced, urban context. The article title is taken from a quote of Kiara's that summarizes this negotiation: "I was aggressive for the streets and pretty for the pictures." Depending on the demands of the environment, Kiara portrayed the attitudes and behaviors that were congruent with its expectations of her.

Community context also places demands on Black/African women and girls to find and explore the ways in which they will be perceived as threatening to each other and to Black/African men/boys (Collins, 2005). Weekes (2003) suggested that girls (and by extension women) seek to negotiate the boundary of inclusion and exclusion within the monolithic conceptualization of the "Black Community." These behaviors are accomplished subtly through consideration of both proximity and opposition to Whiteness and through "peer emulation, interracial relationships and appropriate blackness" (p. 48). Black/African girls are tasked to "do gender" in complicated and contextualized ways as they experience inclusion and exclusion within their racial and gender groups. For instance, in the school setting, Black/African girls' risk and resilience is at times overshadowed by a societal preoccupation with the "Black male crisis," which focuses on issues of the achievement gap and the "school to prison" pipeline (see Noguera, 2008, for further discussion about the Black male crisis). Brown (2011) suggested that urban Black/African middle school girls are in the midst of their own developmental crisis. She contended that the perspective of Black/African girls is often overlooked or considered primarily in relation to the challenges Black/African boys face. Brown (2011) and Jones (2009) acknowledged the consequences Black/African girls face when they violate or manipulate normative expectations associated with female gender roles by asserting their needs and rights. These effects are mirrored in the experiences of their adult counterparts (Parks, 2010). Parks (2010) stated, "African American women combine traits that are often perceived as separate; they are whole, nurturing

and never; caring and commanding. It is in organic continum, in organic leadership" (p. 224).

The evolution of gender roles and expectations implies "bi-genderism." This concept is similar to the biculturalism born out of W. E. B. DuBois's "double consciousness" (1903). Black/African girls adopt androgynous attitudes and behaviors that may be physically and psychologically protective. In one study, Buckley and Carter (2005) found that Black/African girls endorsing androgynous attitudes had higher total self-esteem (which included school, physical attractiveness, anxiety, popularity, and happiness subscales), and these scores correlated with an "internally derived" racial identity status (internalization). Thus, Black/African girls who are exploring the intersection of gender and racial identities face a set of challenges that is two-fold. On the one hand, due to their racial group membership, they may fall outside the parameters of femaleness (the Mammy expectation). Additionally, they also can suffer consequences (rejection by the "Black community") for employing a "functional androgyny" toward gender (i.e., engaging in both traditional male and female behaviors, depending on the needs of the social context). And while Miller (2008) implied that androgyny is associated with positive self-esteem, these multiple and conflicting environmental demands are likely to be confusing.

Similar to their younger counterparts, older Black/African women are often expected to balance androgynous, nontraditional gender roles alongside the endorsement of traditional gender roles and ideals (Binion, 1990; Littlefield, 2004). Stress is associated with multiple role expectations that require a functional identification with both masculine and feminine aspects of Black/African womanhood (Littlefield, 2004). This process is complicated by some Black/African women's desire to achieve traditional gender role developmental milestones such as marriage and motherhood. Consequently, for some Black/African women, the protective androgyny of their youth can conflict with their adult life expectations that call for more traditional gender roles as wives and mothers.

Research studies focused on Black/African women's gender role and sexual identities have borne out the contradictions between the functional necessity of playing androgynous gender roles, which conflict with cultural expectations of enacting traditional gender roles within families and communities (Binion, 1990; Cole & Zucker, 2007; Settles, Pratt-Hyatt, & Buchanan, 2008; Winkle-Wagner, 2008). Binion (1990) found that the women in Conten in her study reported androgynous sexual identities with regard to the female role in the family. These women reported strong relationships with both their mothers and fathers. Additionally, Winkle-Wagner (2008) and Settles and colleagues (2008) argue that participants kept separate their physical appearance and their presentation of their individual roles as

appropriate for women. Further, these women felt that characteristics such as strength and/or assertiveness, while empowering, could be a liability within their environments. For example, in the context of interactions with men, a woman's assertiveness may be perceived as a threat, and possibly compromise her role in her family, religious community, or heterosexual romantic relationships. Consequently, for some, identifying as "strong" was preferable to "feminist," as a feminist designation was perceived as a potential threat to their relationship with the Black community and men. Collins (2005) underscored the apprehension Black/African women participants expressed in the Winkle-Wagner (2008) study. She contended that economic realities in many Black communities necessitate that working- and middle-class Black/African women work outside the home as well as raise families. As a result, they must exhibit both traditional masculine and feminine gender roles in order to respond to the requirements of multiple relationships and environments. For Black/African women, class status intersects with race/ethnicity and gender statuses to determine the ways they experience their identity as women and demonstrate traditional gender roles. For example, a college-educated woman married to a man with equal or higher levels of education and career attainment is more likely to demonstrate traditional female gender roles and behaviors in her family than a single mother or a woman with more education and earning potential than her partner. Thus, as Collins (2005) explained, the diminished earning potential of Black men necessitates that Black women earn more outside the home and negotiate the worlds of work and related institutions, while also managing cultural expectations related to their femaleness and interrelationship with the male presence or lack thereof in the home.

Comparing Black/African and White women's ideals of womanhood/femininity and feminist ideas has been one approach to exploring the influence of race on women's gender ideas. Little difference has been found between Black/African and White women's views of womanhood/femininity (Cole & Zucker, 2007; Settles et al., 2008). Settles et al.'s (2008) qualitative study with a noncollege sample found that both Black/African and White women described experiences of gender-based maltreatment, perceived advantages compared with men, significant support and dependency on friendships with other women and within their community, caretaking responsibilities, and work/family obligations as aspects of womanhood. In contrast to White women, Black/African women identified more negative aspects of their caretaking and work/family responsibilities and endorsed an additional theme, "inner strength," as a coping mechanism. Further, Cole and Zucker (2007) found that although Black/African and White women conceptualized femininity in similar ways (consisting of feminine appearance, feminine traits, and traditional gender role ideology), Black women rated themselves higher

[text illegible] suggesting that Black women distance themselves from their sexuality [illegible].

Sexuality and Sexual Identity

Black African women's sexuality and sexual identities are distinctive in the ways gender and race intersect to influence how they experience their bodies and sexual development. Historical and archetypal formulations of Black women's and girls' bodies and the labor and sex associated with them contribute to complex perceptions through which their attitudes and behaviors are filtered (Collins, 2005; Parks, 2010; Shaw, 2005). Collins (2005) indicated that the contemporary "Jezebel" stereotype serves to justify media and social interactions that sexually exploit Black African women and girls. Against the backdrop of respectability politics, and the cult of true womanhood, Black/African women and girls formulate a sexual sense of self accompanied by a constant awareness of the "public gaze," the idea that one's behavior is watched and judged. Scholars have identified this judging gaze as reflecting a heteronormative standard informed by White culture and cultural norms espoused by the Black community (Collins, 2005; Moore, 2006). Careful not to evoke judgment or categorization as oversexed or irresponsible, some Black/African women engage in "silencing" with regard to their sexuality, which has negative implications for optimal sexual development and health (Fovum, 2010; Weekes, 2002; Wyatt, 1997; Wyatt & Lyons-Rowe, 1990).

Sexual intervention research with a focus on decreasing sexually transmitted infections (STIs) and disease has focused on Black/African women's and girls' risk and vulnerability (Williams, Karlin, & Wallace, in press). Although a focus on epidemiology of STIs among Black/African descent women and girls is important, the primary emphasis on disease and risky sexual behaviors pairs the sexuality of Black/African women and girls with ideas of sexual deviance and moral decay. Collins (2005) suggested that this approach may serve to move the discourse away from a whole-centered [illegible] of the [illegible] situations and everyday power [illegible] the Black African women and girls experience [illegible] sexuality itself and their [illegible].

Desiree: Check out this, right. He likes the White girls not the Black girls, you get me. He's that type of person. You know what Ian said one time, 'oh I like White girls better than Black girls' 'cause if they put their arm round us or anything, you [sic] take it off. A White girl wouldn't do that so that's why they like the White girls.

Naomi: They're so dirty though. One of them bit her [Mariah's] tits. That's when Mariah kept messing about, 'cause we saw her from up the top. This is when we had detention and Mariah's like this [makes whining noise]. (p. 257)

Though defining identity in relation to others is in part normative, one must question the consequences of identifying oneself in opposition to others rather than in affirmation of oneself. Froyum (2010) suggested that this approach has the potential to disenfranchise Black/African girls, and ultimately women, from being active, empowered agents of their sexuality. This approach may also have the potential to compromise healthy sexual decision-making as girls are not engaged in actively deciding the boundaries of their sexuality. Rather, they make declarations and decisions that may not have a basis in the reality of actual sexual experiences. The silencing about sex that Weekes (2002) discussed is unfortunate as it has negative implications for sexual health and development. A lack of fluency about sex-related topics and discussion places women and girls at risk for not actively engaging in sexual decisions relative to (a) whether the act is right for them; (b) whether to use contraception and what type of contraception fits their needs; (c) how to communicate desires and dislikes; and (d) when to discontinue the sexual aspect of a relationship (Wyatt, 1997).

Respectability politics also plays a role in the lack of support and rejection exhibited toward Black/African lesbian, gay, bisexual, and transgendered (LGBT) women and men (Collins, 2005). These politics were disseminated through the conservative values and social control of the Black church that have traditionally promoted a heteronormative ideal (Greene, 2000). Consequently, LGBT Black/African women and girls exhibit, by their very nature, total rejection of the hegemonic masculinity and femininity espoused by conservative Black social institutions, and pose a specific threat to the already tenuous masculinity of Black/African men (Collins, 2005; Moore, 2006). As one woman expressed as part of a study of the multiple identities and oppressions of Black/African lesbians, "Being a lesbian is like an affront to your blackness" (Bowleg, Huang, Brooks, Black, & Burkholder, 2003). This statement underscores the Black community's rejection of its LGBT members (Greene, 2000). Bowleg et al. (2003) explored the "triple jeopardy" of being Black, female, and a lesbian, and the consequent and continuous stress of being unsure whether work, family, and/or community challenges

were related to their race, gender, or sexuality. The persistent stress associated with having social statuses that are undervalued by the dominant White, heteronormative majority has been described as "insidious trauma" (Root, 1992, as cited in Bowleg et al., 2003), which may result in identity fragmentation. As a means of coping and protection, Black/African lesbians engage in self-monitoring and/or in "code switching." For example, Bowleg et al. (2003) discussed the experience of Cynthia, a 26-year-old physical education teacher.[a] Cynthia was described as having listened in as a group of all-Black persons endorsed a Black religious leader with known anti-lesbian/gay ideals. In this context it was not safe for Cynthia to discuss her counter-narrative as a Black/African lesbian woman and member of that religious community. Stating her views may have placed Cynthia's membership in the group in jeopardy and possibly become a source of distress, as has been found in previous studies of Black/African women's identity integration. Unfortunately, this type of maneuvering is psychologically draining. Consistent with Guideline 6, which recommends the use of interventions that have been found to be effective, clinicians are encouraged to advocate for client identity integration work to support the well-being of clients like Cynthia (Williams, 2005).

TRAUMA AND VIOLENCE: ETHNOCULTURAL, FAMILIAL, AND COMMUNITY

Black/African women's and girls' experiences of trauma and violence are wide and varied. Though the literature aptly documents the experiences of lower income women and girls in urban and under-resourced communities, the trauma and violence experiences of middle and upper-middle class and educated Black/African women and girls are less frequently discussed (West, 2002). In a review of the literature, West (2002) indicated that childhood sexual abuse, dating violence, intimate partner violence, sexual assault, and sexual harassment impact the lives of Black/African women and girls and often are predictive of multiple experiences of varying types of violence across their lifetime. Violence in the lives of Black/African descent women and girls is gendered and culturally distinguished by the reality that violence against Blacks and women has often been socially sanctioned (Helms, 2011). Ponterotto (2006) defined *ethnoviolence* as "an act or attempted act motivated by group prejudice which is intended to cause physical or psychological injury" (p. 4). Further, Harrell (2000) suggested that the stress in reaction to race-related violence intersects with various social identities or statuses and that racism can be gender-specific. One example is the failure of mainstream media outlets to prioritize missing Black/African women and girls in their coverage (Osunsami, 2012). When a woman or girl is missing, the violence she incurs

tends to be sexual in nature. The lack of media coverage compromises the awareness of her status and impairs the public's ability to provide additional surveillance to facilitate the work of authorities. The virtual lack of media coverage is disproportionately low for Black/African women and girls compared with the coverage about missing White women and girls and thus perpetuates the impact of the ethnoviolence of the initial act (Ehrlich, 2009; Helms, Nicolas & Green, 2012). In light of this wider societal undervaluing of women and girls like them, Black/African women and girls may feel that their vulnerability is enhanced by implicit media messages about who is a "worthy victim" (Ehrlich, 2009).

The "Black Family" and the "Black Community" are often highlighted as sources of support for Black/African women and girls. Yet, it is also in these contexts that the manifestations of collective trauma are demonstrated through the dynamics of internalized oppression, inadequate resources, and a history of enslavement that have fractured family and community processes (Degruy-Leary, 2005). Consequently, dysfunctional family and community dynamics may shape the lives of Black/African girls and women, resulting in transgenerational transmission of internalized racial oppression (Boyd-Franklin, 1991; Degruy-Leary, 2005) and childhood abuse (sexual, battering, and neglect; Boyd-Franklin, 1991). This transmission can set the stage for later experiences of gendered and racialized violence and trauma that uniquely impact Black/African women and girls (Ford, 2002; Helms, 2011). Specifically, repetition of traumatic relational dynamics has the potential to replicate these experiences in future relationships.

Community violence consists of aggression that occurs outside one's home among persons who are not related, but it also often involves known others and possibly family members (Jenkins, 2002). A vicarious experience of community violence creates a sense of being unsafe, which has the effect of essentially preoccupying the psyche of women and girls with fear (Jenkins, 2002; Miller, 2008). Victimization of close others and loss of family and friends carries the threat that one can also be hurt and/or that their environment is inherently dangerous. Furthermore, loss of loved ones has been found to have psychologically distressing effects on those who survive. Their symptoms may be more severe than those of survivors of direct victimization, and their symptoms may not abate over time (Thompson, Norris, & Runback, 1998). In addition, the trauma experienced in these instances is sometimes exacerbated by legal and social systems that are dismissive of the complaints of communities seeking justice for their loved ones (Jenkins, 2002). Consequently, Black/African women attempting to protect themselves and their families have been found to execute "overpunishing" and overprotecting parenting methods to minimize the exposure and vulnerability of their children to violence in their communities (Jenkins, 2002).

Jenkins's (2002) review of the literature highlights the reality that Black/African girls tend to experience exposure to violence at rates comparable to those of boys. However, their attempts to appear tough or able to defend themselves through violent means in their environments do not preclude their vulnerability to threats of physical violence. Their vulnerability also includes sexual harassment and assault (Miller, 2008). Sexual violence in the home and violence at the hands of known perpetrators (e.g., male family members, boyfriends of their mothers, other family friends) place Black/African girls at increased risk in many arenas: sexually transmitted diseases (Josephs & Abel, 2009; Wyatt et al., 2002); psychological sequelae consisting of substance abuse (Dailey, Humphreys, Rankin, & Lee, 2011; Hardy & Qureshi, 2012; West, 2002); depression and anxiety (Dailey et al., 2011; Nicolaidis et al., 2010); posttraumatic and acute stress (Ford, 2002; Jenkins, 2002; Wright, Perez, & Johnson, 2010); and suicide attempts (Kaslow, Jacobs, Young, & Cook, 2006).

Additionally, Black/African women's physical health is often compromised by a lack of self-care as well as violence-avoidant strategies that minimize engagement in a healthy lifestyle (Jenkins, 2002). Larance (2012) underscored the negative impact of violence on physical health, as she has found clients to report high blood pressure and stress-induced asthma at intake. Moreover, Nicolaidis et al.'s (2010) examination of Black/African women's experience with depression and depression care found that distrust of the medical establishment plays a large role in whether participants accessed care. It is likely that similar concerns related to trust are issues for women monitoring their physical health as well.

Women's and girls' experiences with violence are essentially disempowering, and a relationship between experiences of in-home and community violence and compromised sexual health and decision-making has been found (Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008; Wilson, Woods, Emerson, & Donenberg, 2012). Teitelman et al. (2008) found that intimate partner violence among a sample of adolescent girls was associated with inconsistent condom use. Further, Stevens-Watkins, Brown-Wright, and Tyler (2011) found that race-related stress was predictive of the number of sexual partners of African American adolescent girls. These effects of race-related stress are life-long and have the potential to shape Black/African women's coping. In one instance, Kaslow and colleagues (2006) found that Black/African women with a history of childhood trauma were more likely to be "repeat attempters" of suicide as well as to show higher levels of suicidal intent, planning, and lethality. They were also likely to endorse more psychological distress, hopelessness, substance abuse, and childhood trauma. These findings are mirrored by Nicolaidis et al.'s (2010) observation that Black/African women in her study cycled through processes of violence, depression, and drug use that were associated with violence in their lives.

Practice, Application, Resources, and Change

Given the challenges Black/African women and girls experience in the face of integrating a positive, internally-derived personal identity against the backdrop of institutional and systemic restrictions, it is important to develop and implement culturally relevant empowerment-focused interventions to address these concerns (Nicolaidis et al., 2010; Wright et al., 2010). Relevant to the value of empowerment, Wright et al. (2010) found that compared with White residents of a women's shelter, Black/African American residents showed lower rates of posttraumatic stress disorder and depression, which suggests that personal empowerment and resilience may offer a protective factor. They suggested that social cohesion, when enhanced through intervention, plays a large part in developing a sense of personal empowerment among Black/African women as "components that make up a strong sense of community, such as a shared emotional connection, reciprocity, and reinforcement of needs among members, and feelings of trust and belonging" (p. 270). Work with Black/African women and girls should also support the development of healthy notions of their gender and racial/cultural identities (Utsey, Giesbrecht, Hook, & Stanard, 2008; White, 1999). Utsey et al. (2008) indicated that race and cultural aspects of self may make persons more aware of the racism in their environment, thus requiring that they rely on psychological and socio/familial resources to minimize psychological distress and to manage stress associated with race-related stressors. Consistent with Guidelines 10 and 11, Utsey and colleagues recommended collaborating with community and church leaders and engaging in environmental/social change to address concerns.

White also advocated social change strategies and described the integration of race/cultural and gender-centered approaches as aspects of an anti-rape social action campaign in response to the Mike Tyson rape trial (1999). She focused on the need to frame issues appropriately in order to garner community support and understanding. Other scholars have also advocated for the engagement of social action to cultivate a sense of empowerment and control, which are often lacking for Black/African women and girls responding to the injustices they face (Harrell, 2000; Jenkins, 2002; West, 2002). These approaches are consistent with Guideline 11, which advocates for social action in response to oppressive dynamics that shape clients' lives.

Still other researchers have considered the role of traditional therapeutic practices. For example, Hardy and Qureshi (2012) presented the Validation, Challenging and Requesting (VCR) and "Dis" Discourse approaches to working with African American adolescents in an urban context. The VCR model consists of the clinician validating and challenging the concerns of the client and requesting that they engage in a compromise that

incorporates their concern(s) while considering the other person's needs and factors about which the client may not be as cognizant (e.g., impact on family members). Hardy's work has focused on feelings of "devaluation" experienced by urban youth (e.g., being dissed), who often complain of not feeling respected, which then becomes an impetus for violence and distress. Thus, the "Dis" Discourse method provides adolescents with an opportunity to process experiences about which they feel disrespected by articulating their discontent rather than stifling their feelings. Although these approaches were originally intended for adolescents, Black/African women may also find them effective in processing their experiences, especially when they face questions about whether they are reading a situation accurately or are making too much of a situation that feels like an ethnoviolent assault. This process is consistent with a Black feminist ethic of using dialogue to assess, test, and validate knowledge claims with a trusted other (Collins, 2000), as well as Guidelines 6 and 7, which endorse employing effective culturally-relevant and empowering interventions.

Other approaches informed by traditional therapeutic processes include general therapy and educational programs (West, 2002), thorough assessment that adequately considers relevant stressors and client strengths/resilience (Harrell, 2000; Helms et al., 2012; Jenkins, 2002; explicated in Guideline 8), the use of role models and development of "oppression-survival" coping strategies (Harrell, 2000; Guidelines 7 and 9), and group work with clients with shared experiences for the purpose of providing therapy and possible consciousness-raising (Harrell, 2000; Jenkins, 2002; Nicolaidis et al., 2010; Short & Williams, 2013; Utsey et al., 2008; Williams, Frame, & Green, 1999), as is also indicated in Guideline 9. For example, groups can be used to process the wide array of concerns Black/African women bring to therapy, with a focus on the spiritual meaning that can be garnered from these experiences (Frame, Williams, & Green, 1999; Williams et al., 1999).

Although various interventions may serve to support the health of clients, not all interventions are appropriate for all clients of racial, ethnic, cultural, or gender groups, even if they are identified as culturally relevant. Larance (2012) advised clinicians to consider "common sense" concerns relative to whether an intervention is appropriate. In her work with women experiencing domestic and/or intimate partner violence, she explained that although using "I" statements is advocated for bolstering abused women's sense of self and empowerment, this language may also place the woman at risk if she is still in contact with her abuser. In this case, her empowerment and "I" statements may be perceived as insubordination. Larance also warned that personal journals, which are sometimes incorporated in traditional therapeutic interventions, may be found by abusers and thus also have the potential to place the client in jeopardy.

Relative to culturally relevant and gender-appropriate practices for Black/African women, Nicolaidis et al. (2010) suggested that clinicians be mindful of the strong Black woman enactment by Black/African women, which may involve playing up their health and strength attributes, when in fact they are scared, tired, and need support. Jones's (2009) work with Black/African adolescents further highlights the need to be vigilant about the vulnerability of youth as well. Larance (2012) suggested the use of multilayered systems of advocacy that are dynamic and responsive to the ever-changing needs of clients as they move through processes of change. For example, for clients managing the complexity of one or more systems (e.g., justice, education, social welfare), it is important to educate them about what they should expect to experience. In addition, providing information about systems and providers of services offers contextual education that enhances the likelihood that treatment will be relevant and effective. Weisz (2005) also suggested advocacy for clients and underscored the importance of providing useful information, emotional support, and consistent advocate services for clients.

Finally, religious and spiritual coping has been identified as important to processing race-related stress, trauma, and psychological distress among Black/African women (Frame et al., 1999; Watlington & Murphy, 2006; Williams et al., 1999). Scholars have recommended outreach to the Black church for support and possible mobilization (Utsey et al., 2008) as well as the integration of spirituality in health interventions because of the relationship of spirituality to positive health outcomes (Musgrave, Allen, & Allen, 2002). Larance's (2012) warnings regarding the appropriateness of interventions are also relevant as the Black community, and Black churches specifically, have been complicit in the rejection of some of their members, namely, LGBT persons (Greene, 2000). Thus, it is possible that work with particular client groups will require a nuanced approach to engaging the religious or spiritual communities that are able to be supportive, while remaining mindful whether spiritual values are salient for the client.

This review of the literature reveals that contextualizing the experiences of Black/African descent women and girls is essential to understanding the ways race, gender, social class, sexual orientation and identity, and other systems shape their psychological functioning and can inform best practices. In the following case study, the experiences of a Black/African adolescent, Geraldine, are explored with a particular focus on using appropriate assessment tools (Guideline 8) and implementing effective interventions that are culturally relevant and empowering (Guidelines 6, 7, and 9). In addition, the case study incorporates the use of alternative and community-based resources (Guidelines 10 and 11) and explores social change and activism practices that can be used to advocate for institutional change and address systemic bias.

The case study that follows describes a fictional person based on the author's experiences as a researcher who examines the effects of family acceptance and rejection on gender nonconforming youth. Geraldine represents a composite of various youth. An analysis and commentary of the case as well as potential directions for psychotherapy directly follow the case study.

The Case of Geraldine

Geraldine, who prefers to be called "Gerry," is a 13-year-old African American girl. She lives with her mother and maternal grandmother in the historically African American community of "Eastside Oakland." Gerry presents with a disaffected demeanor, often averting her glance, leaning back in her chair or against a wall/table. Her posture is often closed in unfamiliar settings, with her arms folded close to her. When sitting, however, she tends to spread her legs a bit wider than needed, in an overtly masculine stance, and prefers to wear long silky polyester basketball shorts typical of boys her age. Gerry loves to play basketball with the neighborhood boys who are the children of her mother's contemporaries. Gerry's mother is concerned that she is spending too much time with the boys, and when she questions Gerry about whether she has had any sexual encounters with them, Gerry angrily and with a hint of disgust states, "No, Mama. I don't like those boys like that."

Gerry's mother returned to her childhood home to live with her mother when her relationship with Gerry's father ended during her pregnancy. Beyond infrequent visits during her toddler years, Gerry has not developed a relationship with her father. In a protective effort, her mother has not discussed him. Aside from pictures she has found in her mother's belongings and talk among people in her neighborhood that knew of him, Gerry does not have much information about her father. Though it has never been explicitly stated, she senses she should not ask about him.

Gerry's grandmother has been helping to raise her and is very invested in her development. She prides herself on being able to provide Gerry a solid home guided by "good Christian values." Gerry is in conflict with her mother and grandmother regarding her dress and her preference to be called Gerry over Geraldine. Her mother and grandmother complain that she is too "mannish" and that they prefer she dress more "like a girl." They feel they are losing the battle to get her to want to wear what they deem gender-consistent attire. One area in which they are able to enforce this code of dress is for church services. Sunday mornings are contentious times as Gerry is pressured by her grandmother to wear dresses and the "hard bottom girly shoes" she purchases for Gerry. Gerry's mother and grandmother do not agree about how

strict to be with Gerry as her grandmother thinks Gerry's mother is "too soft" and does not enforce "old school" ways of raising children.

Gerry is emotionally distraught by her home experiences and has drifted into a deep depression. The only thing that seems to bring her joy is playing basketball on the school courts after school with her male friends in the neighborhood. Recently, Gerry's mother found her wrapping her breasts down with an Ace bandage to obscure the fact that she has breasts. When her grandmother learned of this, she ordered Gerry to stop going to the courts after school and to come straight home instead. This caused Gerry to sink further into sadness. She has begun to skip school and has begun to smoke marijuana with older boys and men in the neighborhood.

Given Gerry's chronic absence from school, a school-based intervention was initiated by the school counselor and truancy officer. The truancy officer paid a home visit alerting Gerry's mother and grandmother to her absences, and the school counselor followed up with a request for Gerry, her mother, and grandmother to meet with him. As Gerry was reticent to speak openly during the first meeting, the school counselor asked her mother and grandmother to permit him to speak alone with Gerry. Through rapport building, expressing that he understood there may be a lot happening for Gerry that she feels the adults in her life do not understand, the counselor was able to convince Gerry that their attention to her was evidence that they cared for her and were willing to work together on solutions. Gerry, still quiet and guarded, began to tear up. The counselor asked if they could speak more regularly at school. Gerry nodded agreement.

Working slowly with Gerry, the school counselor began the process of initiating a therapeutic relationship that would prepare her to work with her mother and grandmother and a family therapist. Building Gerry's efficacy so that she would begin to feel comfortable talking about her inner world, she and the counselor developed a process for determining what content from their sessions could be shared with her grandmother and mother. The school counselor would meet monthly with Gerry's mother and grandmother to provide updates, follow up on Gerry's behavior at home, and facilitate the transition for their work with a family therapist. Given that the school counselor was male, he and Gerry (along with Gerry's mother and grandmother) decided they would continue their work together at school to support Gerry's development of a healthy relationship with a positive male role model.

Gerry, her mother, and grandmother began family therapy with some apprehension as the counseling process and being transparent with one another was new for them. The family therapist began by asking each to state, without comment from the others, what they saw as the issues in their family. After a pause, with Gerry looking down and her mother looking at her and shifting her gaze between the grandmother and therapist, Gerry's

grandmother stated, "Gerry wants to be a boy and she's not a boy, she's a girl." Gerry rolled her eyes and her mother stated that she could see Gerry is not happy, but she does not know how to get her to talk. She began to cry, stating, "She does not trust me. She has shut me out." Gerry, visibly upset and on the verge of tears exclaimed, "They don't care about me; they just want me to do whatever will keep their little imperfect world from cracking apart."

Acknowledging the tension between the family members, the family therapist reflected "There's a lot that is said, but there seems to be even more that is unsaid." Aware of the depth of feeling and content that needed to be shared, the therapist continued by asking all three members of the family to share three things they hoped for their family. Gerry's grandmother began by stating that she'd like Gerry (1) to appreciate the fact that she is a girl growing into a woman and not be ashamed of her body, (2) to learn how to help Gerry be more proud of being a girl and help her to love herself, and (3) to see their family develop more closeness again. Gerry's mother followed by stating that she would like Gerry and her grandmother to be close again and talk as they had in the past. She would also like her relationship with Gerry to grow and to know her as she wants to be known rather than pressure Gerry to be someone she is not. Gerry shared one goal: to be accepted as she is.

Analysis and Commentary

Working with Gerry presents many challenges and opportunities to explore ways she can find support outside the home while her mother and grandmother develop their abilities to be supportive. It would be important for the clinician to consider Gerry's impressions of her sexuality and gender identity separate from the impositions of her mother and grandmother, while recognizing they will ultimately need to resolve the tension in their relationships. Gerry presents as a young woman who is frustrated because she is not being heard. Thus, therapy could foster empowerment and expanded alternatives (Guideline 7) through the use of the VCR model described earlier in this chapter (Hardy & Qureshi, 2012). Consistent with the VCR model, the clinician could validate Gerry by inviting her to use her self-definitions, if any, to guide their interactions. This could occur by inquiring how Gerry would like to be addressed, such as whether she has a preferred name and/or gender pronoun. The therapist might also work to understand Gerry's feelings about her mother and grandmother's attitudes and behaviors related to her gender (e.g., purchasing of clothes, forcing her not to play basketball with her friends, and insinuating sexual interaction with friends). Exploring Gerry's gender and sexual identities, providing her with language to describe what she might be feeling is a best fit, and relaxing the need for definition may prove to be particularly validating and respectful of her process. While

the therapist may want to be sure to provide an LGBT-affirming therapeutic environment, it will be critical that he or she distinguish between the development of gender and sexual identity. Further, it should not be assumed that Gerry will ultimately identify as lesbian, bisexual, or transgender. Rather, work with her should center on exploration and processing questions without the necessity to commit to any identity.

It will be important for Gerry to know that she does not have to decide anything about her gender and sexual orientation at this time, that what she does decide may change, and that this possibility of change is fine. The therapist's demonstration of patient openness through this process will build Gerry's trust and communicate that she is respected. It is also possible that Gerry could feel validated by the therapist's recognition of how strong she has been to continue to affirm her more androgynous identity in spite of familial objections. Gerry could also be challenged about her behavior with regard to school and the fact that she has become disengaged and is spending time with a group that could reinforce risky behaviors (e.g., drug use, truancy).

Although Gerry displays gender nonconforming behaviors, her gender identity is likely to be unclear to her and is likely to evolve over time. She may eventually adopt a self-chosen label such as transgendered, lesbian, or bisexual, but for the present, some validation of the complexity of sexuality and sexual orientation issues is likely to be helpful. The use of social identity exploration tools, such as those discussed in Chapter 2, may assist Gerry to explore the meaning of her emerging sexuality, gender identity, and sexual orientation within the social context and in response to the various cultural expectations of others.

As part of this exploration, Gerry can be encouraged to consider how she wants to describe her gender identity to her family. For example, she might consider enlisting the help of an adult outside the home, perhaps a trusted family member or close family friend, school administrator, or someone from an LGBT youth advocacy organization. Coaching Gerry through the process of effectively communicating with her mother and grandmother could be of significant assistance as the family begins to understand and come to terms with Gerry's current gender identity expression. Finally, Gerry could be encouraged to consider ways she can reach out to get the support she needs. Consistent with Guideline 10, school-based programming like GLSEN (Gay, Lesbian, and Straight Education Network) or a GSA (Gay–Straight Alliance) might offer an age-appropriate prosocial way for Gerry to participate in an accepting community and at school, rather than spending time in the neighborhood with older males and using drugs.

As an aspect of the need for community and affinity, it might be useful for Gerry to be part of a sexual or gender identity questioning support group. Such a group would include a therapeutic focus that facilitates the processing

of potential and/or experienced rejection by family and community due to one's perceived sexual orientation and/or gender identity. It is critical that as Gerry and her contemporaries process the negative and/or ambivalent reactions by family and friends, they have a safe space to develop healthy notions of identity that integrate their intersecting identities.

It would also be important that Gerry develop a sense of community outside of traditional therapy settings (Guideline 10). Referrals to resources like the Trevor Project (http://thetrevorproject.org) hotline would be appropriate to provide support in between sessions. It would also be critical for Gerry to have accurate information about sex and her health. Referral to an organization like the Advocates for Youth (http://www.advocatesforyouth.org) could be useful because it provides reliable information about making good decisions relative to one's health and body. Additionally, as Gerry learns to actively engage her right to self-determination and identification, work with youth-led activist organizations like Bay Area Youth Summit (BAYS; http://bayareayouthsummit.org) may serve to direct her rebellion toward supportive social change, rather than internalizing and manifesting depressive symptoms and using drugs as has been her approach to coping. Prosocial affiliation with youth-based groups has the potential to help Gerry more clearly define the contours of her identity alongside her peers. This type of involvement may be appropriate and could represent an indicator of healthy growth and identity integration.

It is important to understand that although initially committing to social action may be a bit overwhelming to Gerry, her decision to spend time with men and older boys in her community may be an attempt at social support outreach. Her decision to seek support outside of school or her family may be a reflection of the outsider status projected onto her for not confirming to traditional female gender role expectations. It is critical to consider the "why" of her choice. She has reported using drugs and skipping school to spend unsupervised time with this group, a choice that has been outside the knowledge of her mother and grandmother. Given the absence of her father, Gerry may be seeking connection and identification with the men/boys in her community. Further, some of what she has learned about her father has come through members of her community that knew him. While these may be reasons for her association, it is possible that Gerry is not mindful of the potential risks of unsupervised contact with men and older boys, especially if under the influence of controlled substances. Work with Gerry and her family will need to highlight the threats to her safety and provide other forms of affiliation, namely youth groups and other social organizations with which she can form supportive relational bonds.

Therapeutic work with Gerry's family system is also indicated, and a combination of both individual and family therapy would be appropriate.

Work with both the mother and grandmother would center on questioning and exploring the foundations of their gender roles and expectations. Although they may not think about it in the terms described in the literature, it will be important to examine the ways they were/are able to or were precluded from achieving the cult of true womanhood and how this model shapes their goals for Gerry. Additionally, the therapist might explore the absence of Gerry's father from her life and inquire about what she has been taught about him from her family and through his absence and their silence. Her mother and grandmother will need to examine Gerry's impressions of masculinity and femininity through ways gender has been "done" in their family. For example, the fact that she is socialized to conform to traditional gender roles, alongside the reality that both her mother and grandmother have obviously demonstrated a "functional androgyny" to carry out the operations of their home and lives, will need to be explored. This exploration may offer Gerry's mother and grandmother a pathway toward building empathy for Gerry who is also attempting to carve out her own sense of self in the face of external expectations.

As therapy unfolds and Gerry comes to terms with the intersectionality of her racial, sexual, and gender identities, it may be critical for her family to process their sense of loss about having a child who does not conform to their expectations. It is also important to discuss the positive goal of raising Gerry to be a happy, healthy adult. The clinician can also be very helpful in assisting this family with confronting the issue of acceptability in the eyes of their community. Gerry stated that she would like to be accepted for who she is in the face of her perception of her mother's and grandmother's wish to prevent their "little imperfect world from cracking apart." It may be helpful for them to speak with other families, perhaps of Black/African descent and/or with strong religious values, to find models for how they might grapple with this process in their family. Further, acquainting themselves with a family-based organization such as PFLAG (Parents, Family, & Friends of Gays and Lesbians) can be useful as they seek information about how to support a gender nonconforming youth. Should Gerry's identity development process reveal a lesbian orientation, support from an organization like PFLAG could further assist Gerry and her family as they work to offer effective guidance to her (Guideline 10).

Finally, work with Gerry's mother and grandmother should also focus on supporting their ability to integrate Gerry's sexuality and racial/gender identity into their faith discourse. Depending on the tenor and attitudes of their religious community, an attempt to facilitate a discussion with their spiritual/religious community could be an effective intervention. Sharing resources such as information about the Religious Institute, which offers gay affirmative materials, may serve to help reconcile some of their faith and
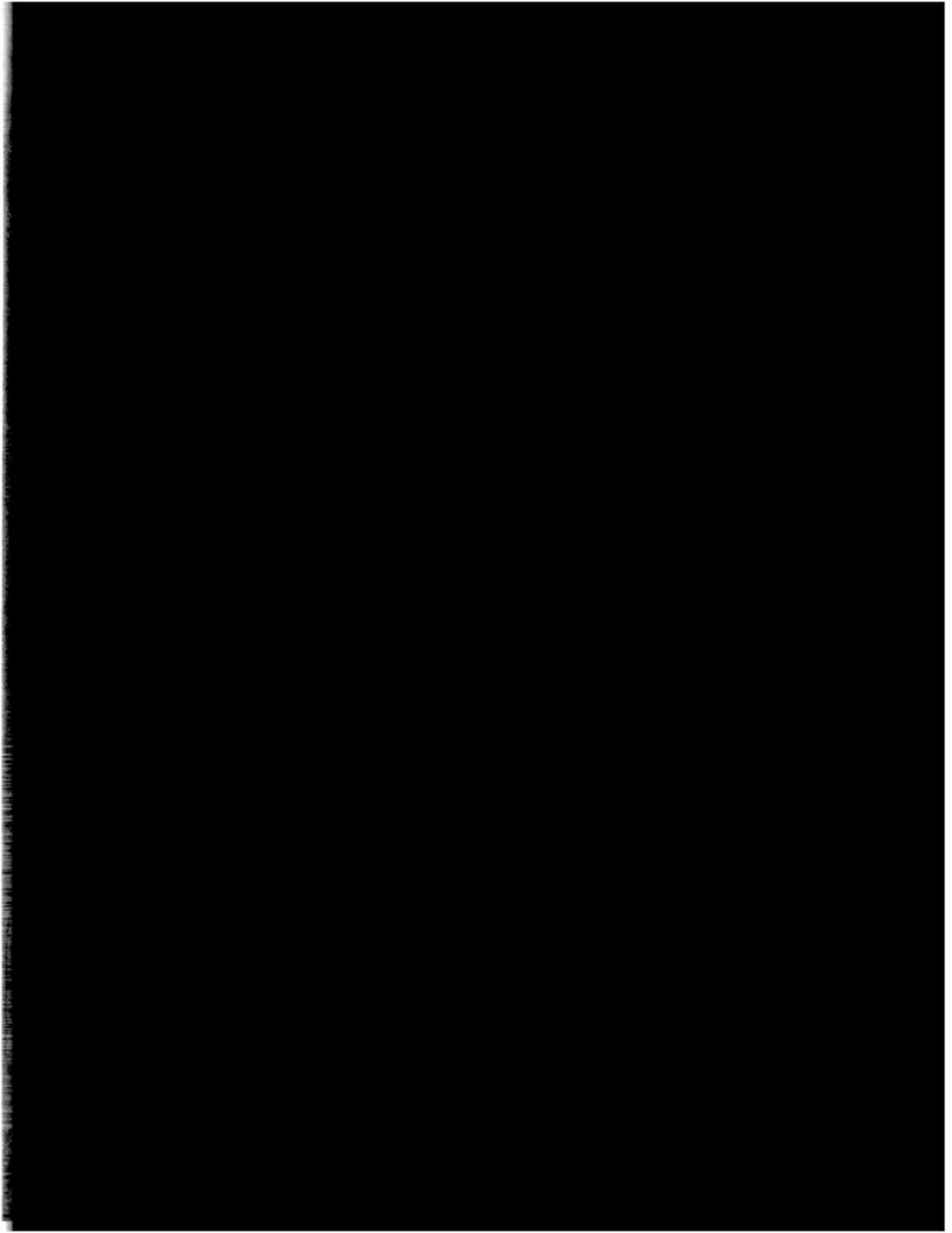
Along these lines, work related to Black/African women and girls seems to either focus on their unnatural strength, thus further perpetuating the strong Black woman ideology, or primarily on risk factors in the areas of sex, drug use/abuse, and violence. The literature review for this chapter also revealed that there is a virtual absence of health affirmative work about the lives of Black/African women and girls. The psychological community is left to wonder what a healthy Black/African woman or girl looks like. How would one know that a Black/African woman or girl is thriving? Similar to the development of the field of positive psychology, psychological theory, practice, and research need to turn toward exploring optimal health and well-being in order to identify pathways and outcomes for health that are culturally relevant and gender specific.

Finally, the role of gender in the lives of Black/African women and girls continues to be less frequently examined than that of race. The fields of legal studies and sociology have introduced intersectional analyses to psychology (Collins, 2000; Crenshaw, 1989), but continued inquiry about the ways systems of domination and intersecting identities shape experiences of women and girls of Black/African descent is needed. For example, Helms (2011) emphasized that although we know Black/African women cope with racial and gender-related discrimination and violence, limited attention is given by society and researchers to the mental and physical impacts of racism and ethnoviolence on Black women. It is imperative to extend the focus on these impacts to Black/African girls who are also traumatized by these experiences, likely for longer durations, and perhaps possess even fewer effective coping strategies than their adult counterparts.

The following recommendations are provided to guide continued work with Black/African women and girls and to establish more meaningful understandings and effective practices. Research and practice should focus on integrating the role of gender and other relevant identities in the lives of Black/African women and girls. Although an intersectionality analysis is being used more frequently, the complexity of identity and social experience that account for within group diversity among Black/African women and girls is not fully appreciated. Secondly, for the reasons stated above, a nuanced approach to intervention needs to be provided to ensure effective treatment of Black/African women and girls. As an appreciation for the varied identity and experiences within this subgroup is realized, it will be important to identify interventions that are most relevant and appropriate for subgroups within this population. Finally, as the literature indicates, it is important to be attentive to social and community networks of Black/African persons and to incorporate alternative approaches and community-based supports and advocacy to meet the needs of Black/African descent persons.