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Afrocentric Curriculum: A Paradigm for Healing and Education

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Afrocentric Curriculum: A Paradigm for Healing and Education

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ABSTRACT

As a result of the plight of some African-American men, changes are needed to improve the US mental health system's curriculum and practices in order to produce sustainable positive outcomes culturally-relevant therapy is key to addressing the needs of this underserved population. Afrocentric psychotherapy provides one promising culturally relevant framework to address the needs of African-American men clinically. The purpose of this study was to explore and observe a culturally-relevant curriculum in action and, more specifically, to document perceived affects derived from using an Afrocentric curriculum with African-American men in therapy through a series of in-depth interviews and observations. The participants included eight African-American men who were active or had successfully completed Afrocentric therapy at a center in a large metropolitan area in the Midwestern United States as well as two therapists. Four concepts emerged from this study: African Consciousness or Black Consciousness, *WE* or Group Self-Awareness, Spirituality as a Therapeutic Process, and Ontology of Self-hatred and Internalized Racism. Therefore, the use of Afrocentric curriculum in the therapeutic setting is critical in helping African-American men to be keenly aware of self, culture, self-hatred, and the history of their oppression, which is essential for success.

Keywords: Afrocentric, culturally-relevant curriculum, psychotherapy

DEDICATION

This dissertation is dedicated to the memory of my parents, Earnest and Annie Cunningham, who only had the opportunity to go to the eighth grade as sharecroppers. They provided my seven siblings and me with African values and characteristics that have enabled me to realize my potential as an African, born in a diaspora away from home. Their love, which included “lap time and slap time” molded and shaped the person I have become. This work is the "fruit" of their labor. I love my parents and it is on their shoulders, along with the ancestors, that I stand.

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In the name of Allah, the most Gracious, the Most Merciful and in the spirit of my mother, who has transitioned to the Orun (the spiritual realm), if I had a 1,000 tongues, I could not thank Allah enough for personally intervening in our problems as African people by raising up in our midst a teacher and a guide in the Most Honorable Elijah Muhammad and the Nation of Islam. All praise is due to Allah.

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Your humble brother and servant,

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Chapter 1: Introduction

Oppression is the ability of one group to use systematic power and/or privilege to disfranchise, exclude or disempower other groups by marginalizing them, and even killing members of another group (Pierce, 2012). In American society, groups such as Latinos, Native Americans, African-Americans, Asians, Arabs, gay men, and lesbians live under such oppression. In most parts of the world, including the United States of America, Jews, Puerto Ricans, Chicanos, and other Spanish-speaking Americans face oppression as well as African-Americans (Young, 2009). For example, the Navajo, Cherokee, and Creek Native Americans were marched westward at gunpoint on the infamous Trails of Tears (Ushistory.org, 2016). This forced march killed thousands of Native Americans: “[N]early a quarter perished on the way, with the remainder left to seek survival in a completely foreign land. The Native Americans were pushed onto reservations, and they were forced to make treaties that the U.S. government violated again and again” (Ushistory.org, 2016, para. 4). In addition, the Native Americans were provided diseased blankets intentionally contaminated with smallpox in an attempt to exterminate them (Brown, 2006). These events occurred in the 1700s and show what Native Americans endured and how some Europeans killed them without mercy (Brown, 2006; Pratt, 1964).

Puerto Ricans also have a history of being dominated and discriminated against by Europeans from the onset of their first contact. Just like the Native Americans, thousands of native Puerto Ricans were killed in the system of slavery and by other genocidal methods. Men, women and children were sent to work, digging for the yellow

metal, the precious gold which caused them to lose their lives (Pratt, 1964). These are only a few examples of the historical realities of oppression in the US.

Oppression is a bi-product of fear, which correlates with xenophobia. This makes it very difficult for the oppressor to provide a platform for new people, ideas, and different worldviews (Wilson, 1993). Although you can find many books that tell the story of African-Americans, in general, stories of the oppressed are not told in the media, and, if they are, they are not told by the oppressed group but rather from the oppressor's viewpoint. For example, Native Americans were not allowed to tell their stories or even preserve their own languages. The legacy of the philosophy "Kill the Indian and save the man" put forward by Colonel Richard Henry Pratt in his creation of residential schools in 1879 was meant to put an end to Native American stories, ceremonies, language, spiritual practices and even family units (Pratt, 1964). This policy was used as a tool to allegedly integrate Native Americans into European culture. This historic legacy of oppression still haunts many first nation tribes today who struggle to rekindle the spirit and strength of their lost legacy. Such policies were also used with Africans brought to America and in colonized countries across the world as slave labor. The process is similar to assimilation which maintains oppression by destroying indigenous identities (Anni, 1994).

When someone from the dominant group tells stories of the oppressed people, the goal of the narrative is to persuade, socialize, and control the mind of the subordinate group unconsciously (Nobles, 1996). This is why philosopher Harold Cruse (2005) suggested that it was critical for the African community in the United States to articulate a political, social, cultural, and economic idea consistent with its own history. This echoes Fredrick Douglass' (1969) notion that social process should convey black pride, black identity, and black culture. There is a need for African-Americans to operate from

their own sense of agency. This sense of agency begins with the capacity to be psychologically stable, yet resilient and flexible, while taking a real look at what has happened to African people born in America, now known as African-Americans. If the clinical providers and educators are to be successful in helping oppressed people, especially African-Americans, they must take into consideration one of the worst forms of oppression, the institution of slavery (Akbar, 1996; Asante, 2007; Azibo, 2010; Wilson, 1993).

The historical event of slavery has psychologically impacted African-Americans in general, but especially African-American men (Blasingame, 2012). Psychologically, slavery has too often produced internalized negative constructs of self-hatred in African-American men (Blasingame, 2012; Du Bois, 1903). The man was the first to be broken because he was considered the protector of the family. He was humiliated intentionally to show his wife and children that he was powerless and to curtail any thought of rebellion from other men. This did not only strip him of his pride but denied him dignity and self-respect. To add insult to injury, the slave master took away his wife and children and raped them at will which further diminished his control, agency, and self-worth as a man (Blasingame, 2012; Du Bois, 1903). The experience of chattel slavery, as experienced by people of African descent, was culturally traumatic (Asante, 2007; Grills, 2004). Akbar (1996) stated, "slavery captures the mind and imprisons motivation, perception, aspiration and identity in a web of anti-self-images, generating a personal and collective, self-destruction" (p.v). Some of this psychological impact may be manifested in high rates of alcoholism, drug addiction, cognitive disorders, and one of the most prevalent problems, self-hatred, which is often called internalized racism (Green & Darity, 2010; Wilson, 1993).

Afrocentric Therapy

To combat issues of self-hatred some therapists employ Afrocentric therapy. Afrocentrism is a paradigmatic way of placing African cultural images, history, and philosophies at the heart of therapeutic discourse to authenticate and advance the agency of African people (Asante, 2007). The quality of location is essential to the enquiry of African people regardless of their location in the world. African people must be placed at the center of discourse whether it's literary, economic, psychological or cultural. Afrocentric programs offer individual, family, and group therapies that focus on increasing the adaptive functioning of the entire family. This therapy is African centered and draws on the *We* premise in African culture which is positive and intended to uplift the spirit. However, the current body of research on Afrocentric therapy as a social science paradigm or a therapeutic model appears to have major deficiencies (Adeleke, 2009; Lefkowitz, 1996). There is a lack of primary research and accumulation of empirical data showing the benefits and limits of Afrocentrism's therapeutic benefits (King, Holmes, Henderson, & Latessa, 2007). Part of the problem with Afrocentric therapy is the lack of research regarding the effectiveness of an Afrocentric curriculum or practice in psychotherapy settings (Akbar, 1996; Asante, 2007; Azibo, 2010; & Wilson, 1993).

The stories of men experiencing Afrocentric therapy have rarely been heard, researched, and reported. In cases where research has been done, the research findings have received little attention, been perceived to be of little value, and regarded as largely irrelevant to the therapeutic process which today has become more focused on psychotropic therapy (Adeleke, 2009; Lefkowitz, 1996).

Background Context

At the beginning of the 21st century, Du Bois (1903) argued the number one problem Africans born in America face is a lack of awareness of their true identity which manifests as double consciousness. This occurs because African-Americans are bicultural, meaning they have roots in both Africa and in the U.S. In *The Souls of Black Folks*, which is arguably Du Bois' most famous work, he introduced and addressed two theories that defined the duplicity of the African sojourn in the diaspora: the concepts of the veil and double-consciousness (Du Bois, 1903). He described Africans born in America in the following way:

A sort of seventh son, born with a veil, and gifted with second-sight in this American world, a world which yields him no true self-consciousness, but only lets him see himself through the revelation of the other world. It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness— an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. (p. 9)

Although written over a century ago, this passage is amazingly accurate for many modern-day African-Americans. It reveals, how very little has changed in America's conceptualization of what is African because many African-Americans, especially men, would rather refer to themselves as "Niggers" or some variation of the word than to say they are African. This is an identification issue for Africans born in America. Du Bois (1903) discussed identity issues and how it causes destructive behavior in the African-

American community. Bobo, Hudley, and Michel (2004) further elaborated on those self-destructive behaviors by saying,

African-Americans have absorbed many of the beliefs and values of the dominant White culture, including the notion that White is right and Black is wrong. Though this internalization of negative Black stereotypes may be outside of his or her conscious awareness, the individual seeks to assimilate and be accepted by Whites and actively, or passively, distances him/herself from other Blacks. This behavior is one of the results of oppression. (p. 397)

This is the root of the problem because it justifies oppression creating cognitive dissonance based on White and Black. The concept that Blacks are damned as evil or bad by virtue of their identity in the American lexicon continues to perpetuate fear and encourages and justifies hatred. This is a hurdle society has yet to overcome and a concept initiated during chattel slavery in America.

A review of the circumstances of slavery of African-Americans lays the foundation for clarifying the problems in the African community worldwide, especially for African-American men. In the *Diary of Bennet H. Barrow, Louisiana Slave Owner* (1975), the author recorded the day to day life of the enslaved explaining that whippings and brutalization was a normal day. Years of this behavior and deprivation of generations of normal family life still affects the present (Wilkins, 2013). The institutionalization of this reality is more than just a blemish, it is a deeply rooted psychological cancer that has never been removed nor properly treated (Nobles, 1996). Since this illness has never been treated, it has caused destruction of individuals, families, and communities as they grapple with the crisis of negative self-identity (DeGruy 2005; Nobles, 1996; Wilkins,

2013). These human conditions which continue to affect the collective minds of African-Americans during and after slavery are known as the MAAFA.

The MAAFA is a Kiswahili word that meaning destruction of black civilization (Ani, 1994). As a result of being victimized for over 500 years during the MAAFA, African-Americans have developed Post Traumatic Slave Syndrome (PTSS) (DeGruy, 2005). DeGruy (2016) argued, PTSS is a theory that explains the etiology of the many maladaptive survival behaviors in African-American communities throughout the United States and the Diaspora (para, 2). The resulting condition of PTSS is a consequence Africans and their descendants developed after experiencing multi-generational oppression during and after chattel slavery (DeGruy, 2005, 2016). Coupled with social, political, and religious institutionalized oppression, racism continues to inflict injuries years after chattel slavery has ended. The result of those injuries include, but are not limited to, a range of problems such as a lack of positive self-esteem, lack of belonging, and an unclear national identity (DeGruy, 2005; Wilkins, 2013). DeGruy (2005) posited that the psychological damage incurred has resulted in perceived negative motivations of others, extreme feelings of suspicion, and a propensity for anger and violence. The violence DeGruy (2005; 2016) referred to is perpetuated primarily against oneself which is supported by statistical data reports of Black on Black crime in the African-American community. These behaviors include crimes against property, other people, and members of one's own group such as friends, relatives, or acquaintances. In addition, DeGruy explains how racist socialization and internalized racism produces feelings of powerlessness, inaccurate self-image and conceptualization, and self-hatred for one's ethnos (Azibo, 2003; DeGruy, 2005. 2016 & Wilson, 1996).

In light of the of myriad of psychological problems manifesting in African-Americans, particularly African-American males, education remains a key factor in the solution process. A primary vehicle for the required education must be comprehensive when addressed by mental health services. Most mental health curricula focus on psychotherapy, including individual counseling and education, group counseling, substance abuse counseling, family counseling, and couples counseling, but the curricula lack the historical context culturally that shapes the possibilities of meaning for individual growth and transformation (Wilkins, 2013). The curricula used in comprehensive mental health agencies are not culturally neutral, nor are the methods used in educational programs for clients and family members in treatment (Villar, 2012). Harris (1992) argued, “education is not an objective or neutral process” (p. 313). Education has a broader agenda of protecting and maintaining a system of European American privilege of which their values remain the standard of educational success (Harris, 1992). The current educational paradigm reflects the cultural, social, political and economic philosophy of European Americans (Janinska, Wright & Rocco, 2013).

The core curricula are consistent with other dominant western philosophies and theories. The view or belief that curricula can be universal for all cultures is consistent with a Western worldview. Although this is a paradoxical world view of alienation, racial discrimination, and psychological manipulation, it is regarded and implemented as the standard. This view further perpetuates Eurocentric cultural hegemony of racism in America by making it the standard for other ethnic groups. This limited curriculum inhibits the opportunity to gain the fullest cultural understanding of African Americans (Guy, 1996; Janinska, Wright & Rocco, 2013).

Even in some instances when culture is included in the area of educational curriculum development, the history, culture, and social realities of African American men are not considered or endorsed (Villar, 2012). The curriculum stays consistent with a Eurocentric worldview that is based on preset facts and hierarchical power relationships that remain largely unacknowledged. According to Ianinska, Wright, and Rocco (2013), curriculum development is consistent with European Americans' hierarchy of power relationships.

In the discourse on curriculum development, boards that write curriculum have recognized race as a variable that plays a major role in the learning process; however, practitioners that develop curriculum refuse to acknowledge the major role race plays in the development, application, and use of curriculum (Bryan, Wilson, Lewis, & Wills, 2012). This is critical because the curriculum has to be congruent with the population it serves.

Research on curriculum development recognized the imperceptible relationship between curriculum development and the race, the history, and the culture of those utilizing the curriculum (Wright & Rocco, 2013). Johnson-Bailey (2002) pointed to that fact that curriculum developers frequently lack the understanding that curriculum must connect to the culture and social reality of the people for interconnectivity. When developing curriculum, practitioners do not consider the specific learning needs of African-American men or other minority groups. They do not "give voice" to their specific cultural needs as learners facing systematic and systemic institutionalized racism. By not doing so they fail to acknowledge the possibility of multiple cultural realities that have diverse traditions of construing reality. By reflecting on knowing one's traditions, practitioners developing curriculum should have an understanding of the MAAFA and

how it directly influences the lives of African-American men. Understanding of the MAAFA and its connection allows the development of a curriculum that could aid African-American men (Bryan, Wilson, Lewis & Wills, 2012; Ianinska, Wright & Rocco, 2013). There are a plethora of problems in the African-American community as a result of oppression, trauma, and internalized racism. One way to combat these problems is the use of culturally competent and culturally relevant education in general (Guy, 2007).

The Problem

The lack of culturally relevant curriculum in education, counseling, and therapy is problematic as it relates to working with African-American people. The same is true when it comes to mental health services. Unfortunately, there is also a lack of culturally-specific comprehensive mental services for African-American males (Ali, 2004; Metzler, 2010). Research has shown clinician bias, based on skewed preconceptions, has pervasively led to non-diagnosis of depression in African-American men who display similar behaviors and characteristics as those of white men who receive a diagnosis of depression (Ali, 2004). When culturally specific diagnostic tools and assessment curricula are not used with African-American men in the counseling profession, misdiagnosis is too often the result (Fletcher, 1997; Jones, 2004).

Many mental health providers, therapists or private practitioners in the behavioral sciences are no different from police officers, teachers or common people, and are not exempt by virtue of their education or profession. Many are impacted by the disease of racism. This is a problem in the counseling profession and suggests confusion around culturally- appropriate diagnosis and treatment for African-American men in America (Fletcher, 1997; Jones, 2004). One of the problems is practitioners do not take the history of slavery into consideration and the importance of spirituality and religion when treating

African-Americans (Constantine & Derald, 2005). A study by the Surgeon General emphasized the need to use therapeutic models that are specifically tailored for African people (Pederson, Ahluwalia, Harris, & McGrady, 2000).

Many services fail to adhere to such research recommendations to develop treatment plans or service plans around the cultural needs of the client, subsequently resulting in negative consequences (Baker & Bell, 1999; Finn, 1994; McAdoo, 2006). Although some therapists believe it is vital to be color blind and discount the dynamics of race, culture, and social history, such attitudes and beliefs can hurt the client. Discounting race, culture, and social history hurts the therapeutic process because it denies essential characteristic of one's identity (Finn, 1994; Prasko et al., 2010). Additionally, the dynamics surrounding race, culture and social history must be acknowledged as strengths. Without modifications and accommodations to address the tenets and behaviors of a cultural group, therapy can become an impediment to healing by further alienating people and reifying internalized ideas of failure. Furthermore, it must be mentioned that African-Americans have a major mistrust of medical doctors and institutions based on a history of exploitation as a result of clandestine operations such as the Tuskegee Airmen Syphilis trials. (Finn, 1994; Prasko et al., 2010).

The African-American therapist and non-African therapist have conveyed to one another that they are muddled with bewilderment about an effective method to produce a successful first day of therapy (Thompson, Bazile & Akbar, 2004). This is crucial, since it increases the chance that the client will return. Many therapists do not seem to have the cultural competency required to understand common heritage, beliefs, values, and rituals that have been important aspects of African-American beliefs and coping systems used to address issues (Thompson, Bazile & Akbar, 2004; Villar, 2012). Although the colleges

and universities that train therapists have moved towards understanding the importance of cultural competencies, they are not sure how to obtain these competencies.

According to Ponterotto and Casas (1991), there is increasing attention to cultural competency issues in counselor preparation programs, including a lack of competencies in multicultural training which is required to effectively prepare practitioners and researchers for work in this area. Based on this, it is not surprising that some therapists do not have these skills. One might get a few special courses in Black psychology to help, but no clinical courses in Africanology (Harvey & Coleman, 1997; Villar, 2012).

The process of modifying behavioral change in any person in psychotherapy is consistent with adult learning assumptions. Psychotherapists are adult educators, who, in essence, engage in the teaching and learning process. Conversely, no matter the field of education, practitioners must develop and utilize relevant curriculum to address the needs of the African-American population they serve. Practitioners need to have a basic knowledge of the historical reality of African-Americans, especially men. Practitioners have not viewed African-Americans' problems holistically. African-Americans, more specifically African-Americans males require a competent, culturally responsive, and relevant curriculum that is personally significant to their needs; yet mental health providers settle for curriculum with limited definitions of African-American problems. The mental health field, particularly practitioners, needs a theoretical system along with cultural techniques to work effectively with African-American men in various settings (Asante, 2007; Azibo, 2010; Guy, 1999).

As adult education continued to expand, the area of Afrocentric philosophy reiterated that race, class, and gender are extremely essential to the learning process of African-Americans (Bryan, Lewis, Wills & Wilson, 2012; Colin, 1994). In contrast, adult

education practitioners using the assumptions of Malcolm Knowles historically have not fully taken race, class, and gender into consideration (Colin, 1994; Guy, 1999; Isaac, Meriwether & Rogers, 2010; Johnson-Bailey, 2002). Most curricula do not take into consideration the intersection of multiple realities for African-American men.

This indicates a strong need for specialized counseling skills and services to address cultural barriers that are rooted in mistrust of psychotherapists, service-orientated institutions, and a personal history of oppression (Green & Darity, 2010; Isaac, Meriwether, & Rogers, 2010). These barriers have led to ineffective counseling services, thus producing high rates of African-American dropouts in counseling and treatment programs that may have otherwise helped them (Jackson, 2010; Thompson, Bazile & Akbar, 2004). As a way to address this, many therapists are turning to Afrocentric therapy, which aims at helping African-American families thrive (Borum, 2012; Phillips, 1990).

Purpose of the Study and Research Questions

The purpose of this research is to investigate the experiences of African-American men using a culturally-relevant curriculum during therapeutic sessions based on the Nguzo Saba, also known as the Seven Principles of Kwanzaa. More specifically, this study will examine the use of an Afrocentric model for African-American men.

Current debates about the role an Afrocentric curriculum plays in successful outcomes in psychotherapy are not clearly evident (Harvey & Coleman, 1997; Maat, 2010). The question remains what therapies best account for a high rate of successful recovery in African-American men. (Yin, 1989)? African-Americans have a different history, a different experience, different goals and different ways. It stands to reason there

may be different ways to correct the ills in the African-American community (Azbio, 2010; Jones, 2004).

Research Questions

Drawing on my background as a licensed therapist and social worker with a deep understanding of African traditions and African-American literature, I wanted to document the experiences, both positive and negative, of African-American men who were exposed to a therapeutic model centered on culturally relevant materials. Eventually I refined my focus to the following questions:

1. What are the experiences of African-American men who participate in therapy using an Afrocentric curriculum?
2. What impact does an Afrocentric curriculum have on the therapeutic process of African-American men in group and psycho-educational therapy?
3. What are the experiences of therapists using an Afrocentric curriculum?

To answer these questions from multiple perspectives, I engaged in dialogue with both therapists using an Afrocentric approach and male clients who had received therapy using an Afrocentric therapeutic model.

Significance of the Study

African scholars assert Afrocentric curriculum is culturally relevant, yet it appears to be avoided by mainstream scholars, who establish policies for comprehensive mental health curricula and standards (Congress & Gonzales, 2012; Wilson, 1993). Afrocentric curricula are structured from the center of African history. Akoto (1992) endorsed Asante's concept by stating,

Afrocentricity as a quality of thought and practice is rooted in the cultural image and human interests of African people. To be rooted in the cultural image of African people is to be anchored in the views and values of African people...To be rooted in the human interests of African people is to be informed and attentive to the just claims on life and society Africans share with other peoples, i.e., respect and concern for truth, justice, freedom, the dignity of the human person, etc. In education, centricity refers to a perspective that involves locating students within the context of their own cultural references so that they can relate socially and psychologically to other cultural perspectives...The centrist paradigm is supported by research showing that the most productive method of teaching any student is to place his or her group within the center of the context of knowledge. (pp.5-6)

It is important that African scholars produce data from research. One of the goals of this research is to bridge the gap between the use of an Afrocentric curriculum and comprehensive mental health curricula and standards. This study has the potential to contribute to our understanding of Afrocentric therapy and curriculum and how it operates in the lives of actual participants. By moving Afrocentrism further from a theoretical concept to a concrete method, the study findings may demonstrate it is more than just a philosophical and conjectural foundation that embodies and echoes the cultural history and the socialization process that is rooted strictly as the center of analyses. The study's findings may also serve to illustrate the sustainability of an intellectual praxis of Afrocentrism, which has yet to reach its full potential.

The findings may also bring forth new theoretical ideas for the literature about the problems African- American men face and help to identify, define, and exemplify Afrocentric curriculum in terms of the current literature as a practical solution. Secondly, the results may lend themselves to building a theoretical base for an Afrocentric curriculum within the framework of psychotherapy and move the field toward a more conducive environment to help African-American men. In addition, this will contribute to adult education by developing curricula that can assist in helping educators and institutions who train psychologists, social workers, and teachers. The research may drive the development of curricula that forth-rightly address the specific cultural needs of African-American men that evolve around the historical oppressive systems that adversely affect the lives of a vast majority of African-Americans.

Autoethnography of transformation

My personal identity journey deeply informs this work. Journeys of self-discovery inevitably shape our sociocultural lens of inquiry and so become an important piece to share with readers. As a research method, Autoethnography identifies and deconstructs key personal moments of insight reflectively and then relates these moments to the larger narrative. My own transformation process has taken place over the last 28 years, including parenting a daughter born in the United States but now schooling in West Africa, as well as 11 visits to six different West African countries. These personal experiences shaped my cultural beliefs, therapeutic practices, and eventually led to my Afrocentric worldview and a validation of my roots. “Autoethnography is a style of autobiographical writing and qualitative research that explores an individual’s unique life experiences in relationship to social and cultural institutions” (Custer, 2014, p. 1). An

immersed relationship exists between a researcher's lived experience and the study or phenomenon under investigation.

In my more than 10 years of providing clinical services as a therapist and a supervisor, I have repeatedly observed issues of self-hatred, black inferiority, and negative dispositions of self- conceptualization in African-American men. These negative dispositions lead to antagonism of one's own cultural identity and are never truly addressed within the context of traditional therapy methods. I have seen drug users, hardened criminals, prostitutes, irresponsible fathers, husbands, and sons all change their behavior when exposed to the methodology of Afrocentrism. I have met students from Marcus Garvey's School of Intellect in Los Angeles, California, and the Fredrick Douglass Institute in St. Louis, Missouri, who were academically some of the brightest African-American students in the country. Secondly, institutions that educate adults, such as the Nation of Islam, Hebrew Israelites, and the Black Alcohol/Drug Services Information Center (B.A.S.I.C.) have experienced equal success using Afrocentric methods. Spiritual or socially these organizations use the Afrocentric model to address the myriad of problems faced by African-American men. These institutions have a track record of restoring the self-worth, self-esteem, and dignity of African-American men. The proof of this track record is based on African-American men returning to their communities making positive connections. By becoming productive citizens and better fathers, they also improve the outcomes of their children, families, and communities and provide validity to Afrocentric therapy in many African Scholars view point (Akbar, 2004; Asante, 2009, & Azibo, 2003). As a result of Afrocentric therapy, African-American men tap the skills, strengths, leadership, and resilience that exist internally. However, with a dearth of published studies on these outcomes, mainstream psychology

remains largely ignorant of the Afrocentric curriculum or its impact on African-American men.

Definition of Terms

For the purposes of this study, the following definitions will be used:

Africanology: Cross-discipline research that focuses on the study of African geographical, historical, economical, and spiritual systems/belief systems (Conyers, 2004).

Afrocentric Curriculum: Curriculums structured to use Africans' philosophical worldview as the paradigm to view culture, behaviors, and African heritage to prepare conscious and willing Africans to transform the social, political and economic environment that African people are situated (Akoto, 1992).

Afrocentrism/Afrocentric: "is a paradigmatic intellectual perspective that privilege African agency within the context of African history and culture trans-continently and trans-generationally" (Asante, 2007, p.2).

Internalized Racism: "The personal conscious or subconscious acceptance of the dominant society's racist views, stereotypes and biases of one's ethnic group" (World Trust, 2016, Para 7).

MAAFA: is a Kiswahili word meaning disaster referring to the destruction of Africans civilization and the genocide (holocaust) of Africans worldwide (Anni, 1994).

Kujichagulia (Self-Determination): "To define ourselves, name ourselves, create for ourselves, and speak for ourselves; stand up" (Kinfano, 1996, p. 214).

Kawaida: is a culturally holistic methodology to address the problems of the African community politically, socially, economically and spiritually within an African worldview (Karenga, 1993).

Oppression: is the power of the dominant group to exploit, marginalize, make one powerless, subject the minority group to cultural imperialism, and to be violent at the expense of another group (Young, 2009).

Post Traumatic Slave Syndrome: is a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today. Added to this conditions is a belief (real or imagined) that the benefits of the society in which they live are not accessible to them (DeGruy, 2005, p.121).

Post-Traumatic Stress: A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world (Merriam-Webster, nd).

Psychotherapy: treatment of mental or emotional illness by talking about problems rather than by using medicine or drugs (Merriam-Webster, nd).

White Privilege: A special advantage or unearned benefit of White persons with reference to divine dispensations, natural advantages, gifts of fortune, genetic endowments, and social relations (Kendall, n.d.).

Blacks or African-Americans: an American who has African and especially black African ancestors (African-American, n.d.).

Chapter Summary

The African-American mind continues to suffer a severe psychological and social shock as result of 300 years of chattel slavery (Akbar, 1996). It has been over 100 years since African-Americans have been removed from chattel slavery physically. Yet many

African-Americans convey that there are psychological, social, and behavior problems still effecting the African-American community because of what was experienced in chattel slavery. No institutions, including the greatest institution in the African-American community known as the Black church, has yet to address these issues institutionally (Asante, 2007; Hilliard, 1978; Karenga, 1986; Nobles, 1986).

The need to change comprehensive mental health services institutionally for African- American men has been proposed before. The struggle for change has been led by Africans, namely African- American clinicians, because of a lack of therapeutic theories and practice based on African culture and history. Still, for numerous non-African therapists (and some African therapists), the utmost disconcerting aspect of the discourse of Afrocentrism as a therapeutic practice institutionally is because it is based on African-American scholars and practitioners research rooted in African epistemology. Afrocentrism is the product of scholars such as Hilliard (1978), Karenga (1986), and Nobles (1986).

This chapter provided the background for the proposed study. The next chapter provides the theoretical framework for the study. I will include the literature on African-Americans' traumatic history from slavery, inadequate mental health curricula, culturally-relevant curriculum, and Afrocentric curriculum. In chapter three, the methodology will be discussed. In the fourth and fifth chapters, the research findings will be presented. Chapter six explores the numerous concepts derived from the study through the lens of Afrocentrism and Transformative Learning theories. The final chapter includes a summary of the study recommendations for the future research.

Chapter 2: Review of the Literature

In this chapter, the theoretical framework for the study will be outlined. It begins with a literature discussion about the psychological damages of the MAAFA, a term which means the destruction of Black civilization in Kiswahili (Marimba, 1994), and how it has affected African-Americans, especially African-American men. This discussion will be lengthy because of its multidimensional (oppression, intergenerational trauma and Post Traumatic Stress Disorder [PTSD]) nature and its varied historical contexts of African-American suffering. Additionally, I will discuss culturally-relevant curriculum and the lack for African-American men in the therapeutic process. Lastly, I will discuss the literature on Afrocentrism and its historical benefits for African-Americans.

Oppression

Oppression occurs when an individual or a group of people are disempowered, marginalized, silenced or killed. Oppression correlates with a privileged group's ability to use power at the expense of others (Pierce, 2009). Although there are a variety of ways in which oppression is used research does not profess to capture all of the ways. According to Young (2009), there are five distinct structures of oppression which include exploitation, marginality, powerlessness, cultural imperialism, and violence. In each of these categories the dominant group serves as the oppressor and possesses all the power. In addition, oppression manifests in different forms and ways based on the ethnic group's history, culture, and ability to challenge the oppression (Young, 2009). The problems that result from being oppressed are addressed in numerous ways based on the oppressed group. Chronic racism, discrimination, sexism, classism, heterosexism, and self-hatred are some of the maladies (Brown & Strega, 2005).

Native Americans and Oppression

The absence of voice fits in the distinct structures of powerlessness based on Young's (2009) work. Inquiry and analyzes by the dominant group of the oppressed is a way to maintain the system of oppression. Their overall reflection works directly and indirectly to maintain their highly positive self-perception further justifying their detrimental, decant and immoral behavior. Silencing the voice of the powerless does more harm by exacerbating the system of oppression (Brown & Strega, 2005; Young, 2009). Furthermore, Brown and Strega (2005), indicated a critical analysis of existing research on oppression revealed methodologies that function to satisfy the needs of the oppressor's ethos are typically used. Satisfying the oppressor ethos, often perpetuates the system of oppression because the oppressor cannot critically examine their oppressive nature.

Generally displaced Native American narratives are controlled and presented from the dominant group's point of view. Historically Native Americans have been rationalized, analyzed, and objectified because oppressors have the power to mediate, interpret, and give voice to their worldview (U.S History, 2016).

It is naïve to believe by heightening the contradiction and providing the vehicle to express pain that the researcher is free from the problematic nature of interpretation. The inquiry into what has happened to the Native American revealed the information gathered should produce substantial changes, but since the power and privilege relationship dictates the information-gathering modality in research change has been insignificant (Young, 2009).

Women and Oppression

The racist and sexist social position of women is deeply interwoven into the fibers of America as a whole. There are cultural distinctions between women of color and European women but one must acknowledge class and gender are issues that affect women of all ethnicities; however racism and sexism complement each other but the extent of the impact varies according to ethnicity. Haslanger (2000) posited,

In the case of women, the idea is that societies are guided by representations that link being female with other facts that have implications for how one should be viewed and treated; insofar as we structure our social life to accommodate the cultural meanings of the female (and male) body. Females occupy an oppressed social position (p. 40).

Nevertheless, African-American women have a unique perspective which includes the risk of double jeopardy simply because of their gender and ethnicity. Even though African American women are faced with multiple realities it induces a sense of self-understanding and self-worth which is needed to navigate and survive in a racist and sexist environment (Guy, 1999).

An example provided by Sokoloff and Dupont (2005) is as follows:

A Vietnamese woman, who has been taught that saving face and family unity preempt individual safety, will be reluctant to seek outside help for domestic violence. As a member of a devalued racial identity, some women of color, particularly African- American women, may fear that calling the police will subject their partners to racist treatment by the

criminal justice system as well as confirm racist stereotypes of Blacks as violent (p. 43).

Furthermore, lesbians that have not revealed their sexual orientation seem to be more vulnerable to abusive relationship because they may remain silent about their preference and about the abuse in their relationships (Sokoloff & Dupont, 2005). Although there is substantial data to support the vulnerability of lesbian abuse, Sokoloff and Dupont (2005) provided a platform for abused lesbians to discuss their issues. This gave voice to a wide range of disenfranchised communities that power still eludes. It is this voice that is needed to bring more clarity to the solution facing oppressed women. Giving oppressed individuals voice is a key element in building clarity and understanding and is essential to understanding the plight of African-American.

African-American

African history in America began with chattel slavery. African-Americans have been divested from their language, culture, customs, and bought and sold like livestock along with being bred and raped. Their survival has been nothing less than a miracle and they still identify as African. This appalling cruelty of being stripped from Africa, torn from your families and forced to endure the tortuous journey of the middle passage has caused psychological problems. Although African-Americans have been a strong people with enormous strength enduring and persevering through the MAAFA, it is unrealistic or nearly impossible to endure more than 300 years of enslavement and not have injuries physically or psychologically. Like disease that is sometime hereditary, these physical and psychological affects are transmitted generations after generation even though chattel slave has ended (Akbar, 1996; Azibo, 2010; Wilson, 1993). Psychologists and sociologists are not in agreement as to the degree or significance of the effects of slavery

on contemporary African-Americans, but in recent decades behavioral problems which are strong indications of mental illness continue to increase dramatically in the African-American community. (Akbar, 1996; Azibo, 2010; Wilson, 1993).

Westernized institutions never offer or afford African-Americans the ability to integrate into institutions of the majority culture like other immigrants (Azibo, 2003). African-Americans lack the specificity of African cultural indemnity, such as a common homeland, a common historical language, and common worldview which many immigrants have (Waters, 1996). African Americans have a unique history in comparison to other minority groups in America. According to Young (2009), African-Americans meet all five of the criteria for oppression: exploitation, marginality, powerlessness, cultural imperialism, and violence. In many cases, they have not been afforded the opportunity to give voice to their hurt and pain.

Young (2009), argued, “oppressed people throughout history have gained a greater understanding and consciousness of themselves and others through education, literacy, and self-reflection” (p.1.). The proper way to address the culture of silence and lack of power in the African Americans is to heighten their consciousness through self-awareness (Brown & Strega, 2005). Even though the solution to overcoming the negative impact of chattel slavery is known the ability to define and articulate the traumatic history for clinical use has been null and void. Correspondingly, the lack of training clinicians receives in westernized institutions regarding the impact of chattel slavery leads to cultural isolation in their African American patients. These issues seem more prevalent in African-American men than in African American women (Azibo, 2010).

African-American Men

African-American men are rooted in a unique social history and represent a type of proaction and reaction relative to that history. When compared to men in other ethnic groups it is not unreasonable to see why African-American men often cite higher levels of chronic frustration of fatherlessness and engage in misinformed, misdirected, and mis-educated entertainment culture (Akbar, 1996; Azibo, 2010; Wilson, 1993). Their chronic frustration is also linked with a history of unprovoked, irrational egregious hostility and physical abuse of African-American men (e.g., police brutality). All of these issues have led to multi-generational economic isolation thereby perpetuating poverty in African-American families (Akbar, 1996; Azibo, 2010; Wilson, 1993). The U.S Department of Justice Bureau of Justice Statistics (2011), Urban (2007), and Whitaker (2013) reported the unemployment rates for African-American men as compared to White men were doubled, with African-American men earning only 75% of what of White men earned.

There is a crisis that African-American men in particular face that is broader than either African-American women or other minorities face statistically. The graduation rate, level of college preparedness, and literacy rate tended to be inadequate, impaired, and generally negative when compared to the rates for males in other racial groups (Holzman, 2012; Jackson, 2010; U.S. Department of Justice Bureau of Justice Statistics, 2011; Urban, 2007). All of these factors combined with a system of racism hinders the ability of African-American men to gain and maintain employment. Once African-American men are disenfranchised and alienated it tends to manifest in the form of maladaptive, illegal, criminal or violent behavior (Urban, 2007). These are some of the contributing factors that lead to a disproportionate number of African-American men being incarcerated. The U.S Department of Justice Bureau of Justice Statistics (2011)

asserted African-American men are disproportionately affected by the criminal justice system.

Harris and Miller (2003) stated:

- 49% of prison inmates nationally are African American, compared to their 13% share of the overall population.
- Nearly one in three (32%) black males in the age group 20-29 is under some form of criminal justice supervision on any given day either in prison or jail, or on probation or parole.
- As of 1995, one in fourteen (7%) adult black males was incarcerated in prison or jail on any given day, representing a doubling of this rate from 1985. The 1995 figure for white males was 1%.
- A black male born in 1991 has a 29% chance of spending time in prison at some point in his life. The figure for white males is 4%, and for Hispanics, 16%. (p. 200)

It is anticipated that one out of every three African-American men will be incarcerated at least once in their lifetime. This is why the population of African-American men constitutes 846,000 inmates in the state and federal penitentiary. In spite of crime rates abating nationally African-American men in the penitentiary continue to trend upwards (Urban, 2007). The criminal justice system, racial profiling/disparities, and anti-black men sentiments continues to erode away at the cornerstone of the African-American family (U.S. Department of Justice Statistics, 2011; Urban, 2007).

Historically African-American men are the ones out of school and out of work; therefore, they are more susceptible to participating in illegal activities that frequently result in their incarceration (Holzman, 2012; Jackson, 2010). Research has shown there is a strong link between failure in school and a life of crime and imprisonment (Jackson, 2010). Holzman (2012) contended a poor education and inability to read and write contributes to the terrible moral, economic, social, political, and educational impasses African-American face. As a result, African-American men are disconnected from the broader society economically. When African-American men in the areas of economics and education are compared to Latinos, Asians and Whites they are significantly worst.

Thompson (2011) stated,

On average, African-American male twelfth-grade students read at the same level as White eighth-grade students which means that only 14% of African-American males score at or above the proficient level in reading. These results reveal that millions of young African-American males cannot understand or evaluate text, provide relevant details, or support inferences about the written documents they read. This problem is exacerbated with statistics that indicate nationally, African-American male students in grades K-12 were nearly 2½ times as likely to be suspended from school in 2000 as White students. (p.1)

Drop Out

African-American males are ultimately placed in a position to be destroyed. “In 2007, nearly 6.2 million young people were high school dropouts. Every student who does not complete high school costs our society an estimated \$260,000 in lost earnings, taxes, and productivity” (Thompson, 2011, p.1). The graduation rate of 54% for African-

Americans males from high school, compared to more than 75% for White and Asian students is detrimental. Once again education or the lack thereof is the crux of the problem financially for African-American men. There is a correlation between high school dropout rate and incarceration. The correlation is six out 10 African-American men that drop out of high school will end up in prison. Criminal Justice Fact (2016) reported:

African-American males high school dropout rate contributes to racial disparities in incarceration. African-Americans now constitute nearly 1 million of the total 2.3 million incarcerated, is nearly six times that of Whites. Nationwide, African-Americans represent 26% of juvenile arrests, 44% of youth who are detained, 46% of the youth who are judicially waived to criminal court, and 58% of the youth admitted to state prisons. African-Americans and Hispanic compromise 58% of all prisoners in 2008 even though African-Americans and Hispanics make up approximately one quarter of the US population. (para. 2)

The elevated dropout rate for minority students causes financial isolation; which contributes to more disenfranchisement. The increased disenfranchisement drives the negative behaviors such as drug abuse, violence and crime. You can see how the prison population quickly becomes overrepresented by people of color, especially African Americans men who are frequently targeted by unfair/biased drug laws (Criminal Justice Fact, 2016). Furthermore, statistics have shown Whites and Hispanics use crack cocaine more often than African Americans, they comprise 80% of the individuals convicted as result of the crack cocaine laws (Criminal Justice Fact, 2016). The fact that African Americans are subjected more often to the three strikes or habitual offender policies that

come with a minimal 10 years or more sentence is another example of how African Americans are targeted by unfair/biased laws.

According to the Criminal Justice Fact (2016), “roughly 14 million Whites and 2.6 million African-Americans report using an illicit drug. Five times as many Whites are using drugs as African-Americans, yet African-Americans are sent to prison for drug offenses at ten times the rate of Whites. African-Americans represent 12% of the total population of drug users, but 38% of those arrested for drug offenses, and 59% of those in state prison for a drug offense (para. 3).

The policies attempting to correct and rehabilitate have caused 2.3 million people to be on parole, probation or incarcerated in America. The policies have only failed to remediate or ameliorate the problems of African-American men and other minorities with a minimal level of education, without jobs or underemployed with mental health issues and drug addiction (U.S. Department of Justice Bureau of Justice Statistics, 2011).

The problems African-American men face are the by-products of underlying psychological issues related to the history of chattel slavery (Azibo, 2010, Wilson, 1993; Welsing, 1991). We should be mindful of how the history has induced oppressive behaviors in many African-American men causing them to fight and kill one another. Their circumstances and expectations are self-defeating and self-oppressing. Based on the self-defeating and self-oppressive worldviews, African-American men find it extremely difficult to develop a healthy self and worldview because of the psychological challenges.

In addition to dealing with the reality of being particularly poverty-stricken, un- or under-employed, inadequately educated, and alienation from the broader society they

have to tried to survive and provide for family under tremendous amounts of emotional stress. The challenges are not unique to the sociohistorical relationship of African-Americans and have always produced social environmental stressors that are integrated in the daily lives of African-Americans and especially the men (Bernstein, 2011). It is through this reality that African-American men must navigate and develop effective strategies to manage the stressors associated with a system of Global racism. Welsing (1991) stated the stressors manifest in nine areas. The areas of economics, education, entertainment, law, politics, labor, religion, war, and sex are the stressors that African-Americans live under. These stressors lead to issues such as internalized racism, identity issues, depression, PTSS, and drug abuse (Welsing, 1991).

Internalized Racism

According to Freire (1970), the way you indoctrinate the oppressed is to undermine and destabilize their self-image by misinforming, misdirecting, and mis-educating the oppressed via the print media. Based on this many African-American men arrive at the mistaken conclusion that their suffering is caused by their blackness, their being perceived as different by the White oppressor and not caused by the psychopathology of White racism (Azibo, 2010, Welsing, 1991; Wilson, 1993). Internalized racism is a conscious or subconscious reaction that occurs when the oppressed accepts and comes to believe the oppressor's racist stereotypes of themselves and attempts to deny their ethnicity by identifying with and/or imitating the behaviors and attitudes of their oppressor. The early socialization and orientation of internalized racism lends itself to hysteria, impulsivity, dissocial, and sociopath like behaviors, which are the primary functions of indoctrinations. Hence, the dominated group's ability to inculcate through institution these tendencies in African-American men in an effective

and efficient way to maintain their dominance. The institution, of economics, education, entertainment, law, politics, labor, religion, war, and sex are used to disseminate culture, morals, and values to groups and individuals (Welsing 1991).

Indoctrination is where internalized racism developed. W.E.B. Du Bois' (1903) perception of "the veil," fully explained in *The Souls of Black Folk*, his theory on how internalized self-hatred is configured in the African-American's personality. He described how some African-Americans do not see themselves from an African worldview which means they lack an African consciousness or identity. Without this African Consciousness or true self-consciousness, they see themselves through the eyes of their oppressor which is called the "other". The dominant group perpetuates most of the racist attitudes in the world (Welsing, 1991).

The lack of true self-consciousness accounts for some of the negative behavior and in many ways suicidal behavior demonstrated by some African-American men. Many African-American men are, in different ways, acquiescing in their oppression. Pyke (2010) reported internalized racism is one of the most common and least studied features of oppression. Internalization leads some African-American men to conscious and/or unconscious tendency to disavow membership in their ethno cultural group; a tendency to "dis-identify" with other African-Americans and accept the contempt, hostility and the indifference of their oppressor and all things African or black including personal appearance. These men are at greater risk for depression, low self-esteem, aggression against other African-Americans, and alcohol abuse. According to Jones (2004), African-American men with internalize racism devalue themselves through the use of racial slurs as nicknames and the rejection of their African heritage. Some of these men have accepted the social and popular narrative of the "other" on black male masculinity or

manhood. This narrative of being hardcore, a player on a sexual conquest, and I do not care attitude is the pervasive mentality of some African-American men.

These images are considered acceptable and normal for what it is to be an African- American man for some further perpetuating the stereotypes. This is a fundamentally unconscious process by which black men defend themselves against threat and anxiety by distorting reality or denying the existence of certain relevant aspects of it, and by engaging in some form of self-deception (Wilson, 1993). This reaction is a form of dysfunctional cultural adaptation to a long history of unproved, irrational, egregious hostility, physical abuse (e.g., police brutality) and White racism.

In addition, Elligan, (2012) pointed to rap music by African-American artists as derogatory and full of violence. The music reflects the negative definition of manhood along with the artists' lowly opinion of themselves and their race. The artists rap to tell how they live their lives, which is often a violent world where they have to struggle to make a living. They do not know, or they do not believe, that it is possible to have a better life (Gourdine & Lemmons, 2011). This idea prevails in other areas of their lives, where in most cases it has resulted in a negative perception of the African-American community.

Although Du Bois spoke of "double consciousness" in early the 20th century, the problem continues to affect many African-Americans today because of internalized racism. Granted some African-Americans are able to see beyond the veil, but others are still behind it. It appears some researchers are behind the same veil for not taking into consideration the trauma of African-Americans.

Trauma from Slavery

Gump (2010) “defined trauma as the experience of unbearable affect occurring in a context of profound relational malattunement” (p.46). She added,

African-Americans’ subjectivity is marked by trauma, the term broadly to include the life-disruptive quality denoted by post-traumatic stress as well as the developmental trauma found within the family. The trauma may be explicit and conscious or unavailable to awareness. It may come from the society at large, as in racist acts of oppression or discrimination, or from the nuclear family. (p. 48).

Researchers Asante (2007), Gump (2010), and DeGruy (2005) asserted the trauma African-Americans were subjected to is rooted in the MAAFA (chattel slavery, torture, and constant stress). Forced to live with this trauma for years, African-Americans developed survival skills that were detrimental to their physical, spiritual and mental health, directly and indirectly. These destruct survival mechanisms of behavior have transitioned from generation to generation unconsciously. By perpetuating societal traumatic acts of slavery such as beating their children like the slave master beat slaves is customary, but it has also led to levels of mental illness in the African-American communities.

Mental Illness in African-Americans

More importantly, the history of trauma influences personality, culture, and behaviors and causes various types of mental illness. By not being treated for hundreds of years, some African-Americans have committed suicide or rationalized fratricide, genocide, and self-destruction (Akbar, 1996; Azibo, 2010, Wilson, 1993). Many African-American psychologists feel African-Americans meet the clinical requirements,

for post-traumatic stress disorder (PTSD) and if left untreated it can lead to rationalized fratricide, genocide, and self-destruction. According to DeGruy (2005) “it is probable that significant numbers of African slaves experience a sufficient amount of trauma to warrant PTSD” (p.113). The Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV), describes the characteristic of the disorder and symptoms or conditions which may give rise to them and lists each disorder’s symptoms (Frances, First & Pincus, 1995). DeGruy (2005) pointed out some of the requirements to be diagnosed with PTSD: The symptoms or conditions are:

- A serious threat or harm to one’s life or physical integrity.
- A threat or harm to one’s children, spouse or close relative.
- Sudden destruction of one’s home or community.
- Seeing another person injured or killed as result of accident or physical violence.
- Learning about a serious threat to a relative or a close friend being kidnapped, tortured or killed.
- Stressors is experienced with intense fear, terror and helplessness.
- Stressor and disorder is considered to be more serious and will last longer when the stressor is of human design. (p.114).

However, when these symptoms are shown by African-Americans, they are not allowed to be diagnosed with PTSD because they were not captives in chattel slavery directly (Coup, 2010; DeGruy, 2005).

The DSM-IV helps clinicians, social workers, psychologists, psychiatrists and other health professionals to make accurate diagnosis. It is necessary for mental health service providers in the United States to have this uniform standard for diagnosing mental

disorders to address the psychodynamic, cognitive, behavioral, interpersonal, and family needs of Americans (Grohol, 2016). The DSM- IV is used in a spectrum of clinical settings from the private practitioner to inpatient and outpatient services at hospitals, private clinics and mental health facilities. It is an instrument for amassing and connecting precise public health statistics (Center for Substance Abuse Treatment, 2010) (See Appendix A). The dominant clinical community does not believe that intergenerational trauma, nor post-traumatic stress disorder's applicable when it is asserted by African psychologists, including the Association of Black Psychologists (Jones, 2004).

The authentic study of the trauma African-Americans faced during and after chattel slavery is relegated to some political agenda with hidden objectives. The hidden objectives fashion narratives that do not give voice to the trauma. Often the political agenda's aim is to dissolve or destroy the authentic study of African-Americans from an Afrocentric worldview. The contemporary implications are a deeply political discourse. In essence, the discourse has become competing agendas because Afrocentric scholars challenge the traditional views on the extent of trauma, which states African-Americans are not affected by the trauma of slavery. Afrocentric scholars established new theories on trauma in the context of an African worldview. However, a true authentic study of the MAAFA and the trauma that came from it is essential in many ways before African-American can proceed and engage in healing the African-American community. (Akbar, 1996; Azibo, 2010, Wilson, 1993).

According to DeGruy (2005) and Gump (2010), African-Americans need to tell their own story and tell it right, not just for their ancestors, but for their living descendants. "Leary seek to inform African-Americans of their traumatic history

throughout slavery by encouraging them to understand many behaviors, feelings, and thoughts about their history's legacy (e.g., Reconstruction, Black Codes, and segregation) ..."(as cited in Gump, 2010 p.48). Gump through the literature helps African-Americans understand the effect of trauma resulting from slavery using a clinical prism. A clinical understanding is critical to help solve the problem with African-Americans, especially men. Slave treatment was often brutal and humiliating. The Africans were tortured by being consistently whipped, beat, and murdered. Rapes were commonplace and part of the social fabric of the institution of slavery (Bailey, 2005). The trauma from slavery is unique to the African-American community because of its chronic time frame. In respect to other atrocities that have taken place throughout history, none have taken place as long as the Trans-Atlantic slave trade and the system of chattel slavery, but what is more important is the human trauma that prevails from it. The physical stress, emotional disturbance, and psychological distress produced a trauma rarely equaled because of the chronic period of time. The trauma from the MAAFA is next to impossible to recover from without proper treatment because Africans lost their families (e.g. children, parents, wife, husband, and all family kinship) for life, culture (language, customs, values, religion/Gods) and their traditional names. This is coupled with giving up their dignity in an antagonistic system that psychologically, emotionally, and physically tortured you to the point of death. It was not uncommon to witness your mother, father, or relative being burned alive or hanged. Yet the slave masters' goal was to dichotomize any African that may have had dignity from other subjugated Africans. This occurred by annihilation and at the same time destroying the unique quality of being African (Akbar, 1996; Azibo, 2010; Wilson, 1993).

The psychological effects of trauma are unparalleled. Quintessentially, the psychological pathology of this trauma, regardless of if it is a result of physical torture, loss of family or rape, fashioned a distinctive trauma that generations of African-Americans have yet escaped from or recovered, and have yet to be described in the DSM-IV (Fanon, 1967; Wilson, 1993). The impact of slavery is not taken into consideration in the criteria for PTSD (Akbar, 1996; Azibo, 2010; Coup, 2010; DeGruy, 2005; Wilson, 1993). The literature about PTSD does not really capture the full picture regarding African-Americans' chronic trauma over four centuries and across generations. More theories are emerging dealing with complex trauma, and which deal with intergenerational trauma (Coup, 2010).

Intergenerational Trauma. Intergenerational trauma is a “trauma that is transferred from the first generation of survivors that keep experienced (or witnessed) it directly to the second and further generations of offspring of the survivors via complex post-traumatic stress disorder mechanisms” (Gilad & Bell, 2013, p. 384). African-Americans' history as slaves is absent from the intergenerational trauma literature and discourse by the dominant society of scholars. Once again the narrative of the MAAFA has been a mischaracterization of what has happen to African people that occurs far too frequently. The historical oppression has never been fully researched and articulate by the African people that suffered it. Gump (2010) noted “attention is given to the Holocaust, Three Mile Island, the Buffalo Creek Disaster, floods, earthquakes, sexual abuse, rape, even the Depression, but except for a brief mention here and there, slavery is missing from the literature of intergenerational trauma” (p. 48).

The research on the legacy of trauma and how it existed in the minds of traumatized persons, children, and grandchildren has been recognized as

intergenerational trauma. The research on the transmission of trauma from generation to generation has continued to expand in the last twenty years, especially in the Jewish (Gilad & Bell, 2013; Kellermann, 2000; Volkan, 1997). Other than dissertations, the primary literature on intergenerational trauma does not address African-Americans' 400 years of slavery, because this term is primarily used in the Jewish community and Native American communities. The literature presents mixed findings with regards to distress among offspring of Holocaust survivors, because the research presents evidence of a number of probable theories of the intergenerational transmission of trauma. For example, Gilad and Bell, (2013) argued symptoms of intergenerational transmission among Holocaust survivors' children are based on their exposure, perception, and understanding of the posttraumatic history of their parents. Kellermann (2000) suggested parental communication as the cause because in many families parents did not talk about their experiences. Gilad and Bell (2013) also explored elements of both content and process and explained how trauma has an effect across generations through what is actually transmitted psychologically. The transmitting of symptoms can manifest to the second and third generations. The research over the years has presented different views on trauma effects across generations. Research was vital in order to understand what makes some children of Holocaust survivors susceptible to internalize the posttraumatic symptoms, and why others do not experience the posttraumatic symptom, considering neither of the children have a Holocaust background (Gilad & Bell, 2013).

Literature on the process of intergenerational trauma is important to understand, as it demonstrates how trauma is perpetuated across generations (Gilad and Bell, 2013; Kellermann, 2000; Volkan, (1997). Some researchers suggest feelings and certain threats that were impossible or consciously experienced by the parents who endured the

Holocaust are transmitted to their children and grandchildren. Holocaust survivors' children thus subconsciously absorb the suppressed inefficiently processed thought and lived experiences of their surviving parents. This is what is known as psychodynamic and relational models of transmission (Kellermann, 200).

Transgenerational Transmission. According to Volkan (1997),

Transgenerational transmission is when an older person unconsciously externalizes his traumatized self onto a developing child's personality. A child then becomes a reservoir for the unwanted, troublesome parts of an older generation. Because the elders have influence on a child, the child absorbs their wishes and expectations and is driven to act on them. It becomes the child's task to mourn, to reverse the humiliation and feelings of helplessness pertaining to the trauma of his forebears. (p. 43).

The children of Holocaust survivors are unconsciously so integrated psychologically with the suffering of their parents, they are not able to differentiate self which allows transmission of the trauma. (Gilad & Bell, 2013). According to Gilad and Bell (2013), Kellermann, (2000), and Volkan, (1997) children of Holocaust survivors indicate a strong psychological connection to their parents' trauma to the point that it affects their daily lives. Like many psychoanalytic authors, Kellerman (2009) emphasized,

a form of projective identification as an explanatory mechanism to the transmission of trauma that brings together diverse aspects of the observed phenomena: projection by the parent of Holocaust-related feelings and anxieties into the child; introjection by the child as if that person had experienced the concentration camps; and return of this input by the child

in the form of problems. As a result, the children would feel the need to live in their parents by shaping the internal representations of reality, becoming an unconscious, organizing principle passed on by parents and internalized by their children. Throughout this process, parents tended to displace their own repressed grief upon their children who would then be seen as memorial candles in Holocaust. (p.78-79).

Similar issues are dealt with today in the African-American community with parents that have had to fight oppression and racism all their lives. There are many African-Americans who say, those people who mug us, terrorize us on our streets because we are African-Americans are Americans like us, but many of them mug more African Americans than they mug White people. The consistent oppression and racism psychologically induces similar projection of feelings and anxieties to their children. This is the essence of the comparison to the Holocaust parents relate their feelings, but it must be noted African-American children are able to internalize these feelings more because they are coupled with their own personal experiences of oppression and racism. It doesn't help African-Americans to deny that as the truth, but the impression that African-American people are a passive people who are totally manipulated by their history and experience must be examined to access the extent. To address this African-American cannot continue to deny the reality of the situation just like the Jewish community has looked at their traumatic history. Kellerman (2009) confirmed this theory by providing the following example:

A daughter of a Holocaust survivor remembers how she was buying address with her father as a child. Looking at herself in the mirror with her new dress, she caught a glimpse of the reflection of the face of her father

behind her. He suddenly looked pale with grief and bewilderment. Asking him what was going on, he told her for the first time that he had had a daughter before the war and that he recognized the remarkable resemblance between her and his first daughter who had died at about the same age as she was now. From that point on, the woman understood why her father had always looked at her with some amount of sadness and why.

(p. 79)

Although the daughter was not present at the time of the trauma, it will have an affect on her and stay in the family's collective memory. The collective memory of a people is grounded in their history. African-Americans have a complex history of trauma that has not been acknowledged as a form of collective trauma. Acknowledgment is the first step to addressing the intergenerational transmission of trauma as a problem. In conventional therapy the methodology and Westernized theories are inadequate at addressing the transmission of the trauma that is derived from the MAAFA. This is especially true when working with African-American men because many African-American men are perpetual victims of violence, drug abuse, and systematic imprisonment due to a lack social justice and oppression. This is a form of complex trauma that is consistent and fluent and that requires specific therapeutic approaches. The literature lacks studies examining the psychological misorientation that is present in American-American men as a result of intergenerational trauma from the MAAFA and how this specific trauma destroys African identity, cultural identity, and racial self-worth.

The destruction of African identity, cultural identity, and racial self-worth is plainly demonstrated in the literature. This destruction produced different emotional disorders because of the racism and oppression endemic to the African-American

experience. In the same fashion the learned dysfunctional pattern of maladjusted behavior is transmitted intergenerational.

These dysfunctional maladjusted patterns transmitted intergenerational are consider to be pervasive, persistent and perhaps permanent and will directly impact the lives of African-American men because without treatment the patterns transmitted intergenerational may be permanent. Azibo (2003) contended “racism, in some form, is difficult to escape in American society, regardless of one’s age, level of education and occupation, or socioeconomic status” (p. 49).

Psychological transmission of dysfunctional maladjusted patterns transmitted intergenerational is composed of alien (Eurocentric-White) concepts instead of African concepts, and is perpetuated when cognitive components (attitudes, beliefs, and values) are consonant with the African-American parents (Azibo, 2003). Kellerman (2009) insisted there are traumatic experiences from the parents’ past Holocaust experiences transition to the children and have a major effect on the children. For example,

During the course of psychotherapy, a man reporting fragments of dreams:
I am hiding in the cellar from soldiers who are searching for me.
Overwhelmed by anxiety, I know that if they find me they will kill me on the spot. Then, I am standing in line for selection; the smell of burning flesh is in the air and I can hear shots fired. Faceless and undernourished people with striped uniforms march away to the crematoriums. Then, I am in a pit full of dead, skeletal bodies. I struggle desperately to bury the cadavers in the mud, but limbs keep sticking up from the wet soil and keep floating up to the surface. I feel guilty for what has happened, though I do not know why. I wake up in a sweat and immediately remember that these

were the kinds of nightmares I had ever since I was a child. During a lifelong journey of mourning, I have been traveling back to the dead; to the corpses and graveyards of the Second World. (p. 69)

By all accounts this man appears to be a Holocaust survivor by his dreams but he was not. He was like many African-Americans the descendant of a survivor of the MAAFA. Similar to many African-Americans, who did not face the horrors of chattel slavery personally and born years later, the Holocaust still had a major effect on the Jewish community (Kellermann, 2000).

A key factor to understanding the history of the Jewish community in Germany and healing it requires numerous studies on intergenerational transmission of Holocaust trauma (Gilad and Bell, 2013, Kellermann, 2000, and Volkan, 1997). What happened to the Jewish community is allowed into the literature discourse, but, once again, the trauma coming from 400 hundred years of the MAAFA is not allowed in the discourse of intergenerational trauma literature. Gump (2010) pointed out and compared the views of trauma. Gump (2010) revealed “the leading scholars on trauma—Herman’s *Trauma and Recovery* (1992) and Janoff-Bulman’s *Shattered Assumptions* (1992)—only lists slavery in the index and does not refer explicitly to American slavery nor trauma” (p.625).

Outside of a few African-American scholars, the trauma of the African-American community has been denied or rejected by mainstream literature which establishes diagnostic criteria from a Eurocentric world view. There is a cadre of literature that asserts slavery and the aftermath of Jim Crow (racial stratification) is still a prominent feature in America’s political, social, and economic systems. It is further exacerbated via education, economic and legal disparities between African-Americans and Caucasians. To a large extent institutionalized racism and White supremacy, which is the residue of

slavery, enables a form of intergenerational slave trauma (Welsing, 1991). Subjecting African-Americans to similar threats of death or serious injury keeps the trauma alive. For example, the voyeuristic violence toward Africans after slavery was detrimental for African-Americans. In the book *Without Sanctuary* Allen, Als, Lewis, and Litwack (2000) republished nearly 100 photographs of lynching that were predominantly carried out in the South against African-American men from 1880 to 1960 after slavery had ended. Many of these pictures became postcards for popular consumption.

Post Traumatic Slave Syndrome

Given a state of psychological misorientation a unique personality disorder arose in African people known as PTSS. Untreated intergenerational trauma established a psychological profile for which DeGruy (2005) coined the term Post Traumatic Slave Syndrome (PTSS) subsequently producing M.A.P. DeGruy (2005) defines MAP as:

- M: Multigenerational trauma together with continued oppression
- A: Absence of opportunity to heal or access the benefits available in the society; which leads to
- P: Post Traumatic Slave Syndrome. (p.121)

PTSS is a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today. Added to this condition is a belief (real or imagined) that the benefits of the society in which they live are not accessible to them. This then, is Post Traumatic Slave Syndrome. (p.121)

Post Traumatic Slave Syndrome provides understanding of the history of the social and behavior patterns of African-Americans that are attributed to the experience of chattel

slavery and perpetuated by contemporary racism. It explains the etiology of how mental, emotional, personality, social behavior and values of African-Americans are still culturally transmitted from generation to generation consciously, subconsciously, or unconsciously.

Chattel slavery was predicated on Whites being superior to African people. This concept of White supremacy was an oppressive physical and psychological form of torture and perpetuated by racism in order to indoctrinate the African with values of the slave master and to give up their African identity and spiritual beliefs. These acts of physical and psychological torture that are now more scientific remain as institutionalized racism. The effects of generations of physical and psychological injuries manifest as vacant esteem. DeGruy (2005) maintained,

vacant esteem is the state of believing oneself to have little or no worth, exacerbated by the group and societal pronouncement of inferiority.

Vacant esteem is the net result of three spheres of influence-society, our community and our family. Society influence us through its institution, laws, policies and media. (p.125)

The areas mentioned have been problematic in developing excellent self-esteem in African-Americans because they perpetuate derogatory narrative. For example, the doll test conducted by Kenneth Clark in the 1940s was replicated 60 years later and produced the same results (Edney, 2006). In the original "doll test" four plastic diaper-clad dolls were used. The dolls were undistinguishable from one another with the exception that one was white and the other black. The dolls were presented to African-American children and White children from varying ages ranging from three to seven. They were asked structured questions conveying important information on racial perception and preference

(Clark, 1965; Edney, 2006). These questions were coupled with outline drawings of a boys and girls. The children were encouraged to color the outline drawing of the boys and girls the way they would like to see themselves. Mostly all the African-American children were able to identify the ethnicity of the dolls. Conversely, the White dolls where consider more beautiful, ascribed positive attributes, and preferred by the majority of African-American children, and they said the negative attributes were ascribed to the African-American dolls. The children's response was attributed to prejudice, discrimination, and segregation (Clark, 1965). Their responses are an example of as vacant esteem (DeGruy (2005).

African-Americans' traumatic past, vacant esteem, Black on Black violence, and mis- orientation/ disorientation of self what is known as internalized racism is the foundations of black inferiority. Gump (2010) reminded therapist,

low self-esteem, ever present anger and racist socialization are results of trauma. She attributes no small part of African-American anger to what she terms sensitivity to disrespect, a state we might call shame-proneness. Her discussion of this sensitivity is a powerful and persuasive treatment of African-American rage understood as a response to centuries of unbearable shaming. (p.49)

DeGruy (2005) articulated how some African-Americans manage interpersonal conflict and have a predisposition for violence and extreme verbal and physical aggression derived from mistrust or suspicion. The 300 years of being taught to mistrust members of your own ethnic group produced anger for self and kind. This anger to perpetuate primarily against oneself and normally manifests in the form of Black on Black crime and violence. It also includes behaviors against property and sometimes

others ethnic groups. In addition to this, she shows a racist misorientation, subjugation, and still having to deal with oppression produces beliefs that African-American are innately inferior in intellect, character, and are morally deviant. These pejorative images of self, culture, history and ethnic group deny the inherent rights of African-Americans to be free, self-defining, and self-determined (DeGruy, 2005).

Based on this reality, African-Americans, especially African-American men, need help psychologically. PTSS is often not created in a vacuum. Certain conduct and behaviors that African-Americans demonstrate is rooted in an etiology often tied to the collective experience in the Diaspora. Practitioners of psychotherapy have never had a serious and honest conversation in the United States regarding race and how race affects the development of social identity, attitudes, and beliefs. This seems to be the reason why the broader therapeutic community has rejected PTSS as a viable solution to issue in the African-American community although African scholars and practitioners believe PTSS is one of the solutions.

Many African scholars and practitioners believe these psychological problems are a direct result of the trauma from slavery, while others from the dominant culture, such as practitioners, feel the trauma that happened to Africans during slavery and afterwards has nothing to do with the current population of African-Americans since they did not directly experience this. Bevel (2012) in her book *Inspirational & wisdom sayings of African-American men* quoted, John Henrik Clarke,

the events which transpired five thousand years ago, five years ago or five minutes ago, have determined what will happen five minutes from now; five years from now or five thousand years from now. All history is a current event. (p.19)

Curriculum

Curriculum is an aggregate of courses of study given in a school, college, university (Carruthers, 1999). This means that the individuals or teams that develop curriculum must consider that all history is current when developing curriculum because America is very diverse. This is why curriculum must provide opportunities to many ethnic groups, but curriculum lacks equality for all racial groups since it is not truly unbiased and does not allow equal access to all its citizens. America's curriculum in schools, colleges, universities remains monocultural mimicking the lack of equality. The curriculum primarily centers on western civilization. Culture and curriculum are twin towers of contemporary literacy theory that perpetuate concepts of universal curriculum. However, culture and curriculum are the modus operandi of western civilization as a means to control (Akoto, 1992). This is a scientific way for some institutions to systematically impede the philosophy and scholarships of other ethnic groups from entering and contributing to the discourse. These schools through the curriculum train the practitioners that provide psychotherapy and the teams that develop mental health curriculum (Carruthers, 1999).

Mental Health

Comprehensive mental health curricula are designed around core principles of education. Mental health educational curriculum addresses concepts of community health, consumer health, environmental health, family life, mental, and emotional health through psychotherapy (individual, family or group). Mental health programs encompass many therapeutic settings and intervention modalities by providing services to persons whose primary diagnoses are intellectual or developmental disabilities and who may be exhibiting behavioral disorders (Villar, 2012). The curriculum serves as the structure for

implementing ideas, philosophies, and particular ways of implementing therapeutic procedures. According to Williams and Williams-Morris (2000), curriculum in comprehensive mental health centers dictate the core ideas, philosophies, and therapeutic procedures to address clients' problems. Constructing the proper curriculum is one of the critical and most essential elements of the therapeutic process in treatment, because the curriculum orientates the practitioners' approach towards their clients.

Many mental health curriculums are a microcosm of the broader society. It should not be surprising that practitioners use the curriculum that commonly perpetuates dominant racial biases, prejudices, and stereotyping of African-Americans because most mental health providers function within the racist hierarchies of America (Ali, 2004). Ali (2004) pointed out African-Americans are generally depressed and should be diagnosed with depression, but due to the fact that most psychiatrists are White many African-American men are diagnosed with schizophrenia. Akbar, (1996), Ali, (2004), Azibo, (2010) and Wilson, (1993) proclaimed, diagnostic labels assigned to individuals or a group are effected by race although race is not the only variable, it is the most consistent variable that drives over-diagnosing African-American men with paranoid schizophrenia. This is primarily a problem across the board when you have White practitioners treating African-American men patients. This should not be surprising considering modalities of service from residential, outpatient, or general care are effected by race because society is socially stratified by institutional racism politically, socially, and economically.

Although race is a social construct that people are placed in, it has an impact on the delivery of services. The key characteristics of racial prejudice and stereotyping have been to maintain social distance from the stigmatized group or race. In their study,

Williams and Williams-Morris (2000) revealed that many Whites still feel African-Americans are lazy, unintelligent, still live on welfare, and are prone to violence. Studies illuminate the reality that conscious and unconscious barriers based on stereotypes manifests itself in the conveyance of comprehensive mental health services (Sue, 2010). According to Sue (2010), “it is becoming increasingly clear that many inequities in education are due to lower expectations, stereotypes, and a hostile invalidating climate for people of color” (p.235). This basically means that broader society continues to perpetuate and accept concepts of black inferiority privately and in many cases openly (Williams & Williams-Morris, 2000).

African-Americans pick up on those communications of inferiority that transfer feelings of disrespect, inconsideration and attitudes that humiliate African identity, culture and history (Chinweizu, 1987). These subtle forms of racism and stereotyping routinely manifest in mental health providers, and they are unaware that they send derogatory and cynical messages. This has an effect on the treatment outcomes of African-Americans. Prejudice and stereotyping by mental health providers have been detrimental to both the mental and physical health of African-Americans by exposing African-Americans to frequent and ubiquitous discrimination. This does not imply that racial discrimination and stereotyping is the “ultimate” predictor of mental health outcomes for African Americans, but it indicates that these problems need to be addressed in the curriculum (Chinweizu, 1987; Durey, 2010; Williams & Williams-Morris, 2000; Wilson, 1993).

Mental health boards that establish curriculum are often insensitive to the particular cultural needs of African-Americans. Although the United States remains a culturally-diverse society and continues to become more diverse daily African-Americans

remain subjugated by macro cultural Anglo-Western European influenced curriculum (Guy, 1999). Withal the argument for a more equitable system with an open curriculum that creates space for other cultural worldviews is significant. Creating space for others worldviews have helped organizations, social service agencies, and other major institutions in America develop cultural competences. The aspiration of discourse is “color-blindness or melting pot” romanticism which is part of the implied acceptance of multicultural curriculum in mental health services (Congress & Gonzales 2012). Mental health agencies and organizations, private and public providers have had a racial paradigm shift over time in their attempts to be more competent in the delivery of services for needy minority populations. These organizations and providers seem to value and better understand how to provide culturally competent services to minorities; nevertheless, the literature on healthcare disparities suggests African-Americans continue to be adversely affected by inferior service and lack of access to care due to their socioeconomic status (Calvert, Isaac, & Johnson, (2012); U.S. Department of Health and Human Services, 2012). Whereas cultural competence should provide better access for African-Americans, research indicates they still disproportionately receive inferior service, are subjected to racial disparities, and have poor access to quality health services (U.S. Department of Health and Human Services, 2012). In theory, becoming sensitive to societal changes and attempting to make a sincere effort still has not addressed the core problems of African-American men.

In short, African-Americans remain disproportionately bombarded with obstacles preventing access to quality care; as a result, they experience inferior care if they received it at all. Confronting racial and ethnic inequalities revealed the impact race has on the quality of service. Race has a direct and negative influence on the outcomes for

African-American men. This reinforces the beliefs held by African-centered therapists and scholars that disparities in the quality of healthcare are not due to access-related factors only but are due to inappropriate curriculum as it relates to African-Americans as well (Calvert, Isaac, & Johnson, 2012). The inequalities embedded in comprehensive mental health centers support the claim that comprehensive mental health centers must take a critical approach to utilizing culturally-relevant curriculum in the treatment of African-American men in order to be more inclusive of their critical worldviews. The lack of culturally-relevant curriculum and the lack of cultural competencies appear to be the crux of problem.

Culturally-Relevant Curriculum

Guy (1999) defined culture as “shared values, attitudes, beliefs, behaviors, and language use within a social group” (p. 7). Asante’s concept of culture is based on the belief, morals, spirituality, and the relationship to nature and cosmos. Asante (2003) believed “culture is the most revolutionary stage of awareness that is culture in the sense. It is a micro-level of education, and included science, music, engineering architecture, dance, art, philosophy, and economic” (p.50). Culture is a key concept when developing culturally relevant curriculum. Relevant refers to curricula having significant and demonstrable bearing on the matter at hand, but what makes it relevant is how congruent the curriculum is to people’s culture. Sampson and Garrison’s (2011) research showed African-Americans bring to the education setting cultural traditions, language, and an African worldview. These factors must be fully considered if you are to be successful in encouraging African-Americans to take part in their own re-education and recovery, which makes the curriculum relevant.

Culturally-relevant curriculum (CRC) allows individuals' culture, beliefs, values, and lived experiences to emerge during reflective discourse. Such material permits African-Americans to see themselves and encourages discourse, and enhances the process of healing (Akoto, 1992; Congress & Gonzales, 2012; Villar, 2012). A culturally-relevant curriculum speaks to the ability of the curriculum to relate to the personal experiences of particular ethnic groups. By being a bridge to connect to the particular ethnic groups' language, the ethical, moral, and spiritual principals of his/her tradition promotes a healthy self-concept, interdependence and avoids cultural genocide. This also stimulates self and group-affirmation that conveys self-validation. Some African-centered practitioners believe and make claims that the curriculum enables people to overcome injustice, poverty, and fear (Akoto, 1992). This is consistent with Paulo Freire's (1970) perception of education, which suggested education should be a constant process for the liberation of human beings.

This concept of CRC has remained a challenge since John Dewey indicated how important it was for the learner. Dewey believed curriculum needed to revolve around the culture, the history and lived experience of the students, to help students maximize their full potential (Dewey, 1956; 1998). Philosophically Dewey articulated culture is an inclusive medium in which learning takes place because it is the total way of life lived and practiced. CRC is based on the lived and practiced experiences of the student's or client's culture offering organic content that is centered on addressing realistic needs. The lived experiences and culture remain the most fundamental element of culturally-relevant curriculum because people in general comprehend more from lived experiences through cultural norms that are concrete and pertinent to their daily existence (Akoto, 1992; Congress & Gonzales, 2012; Villar, 2012). In other words, cultural experiences that

include factors such as race, gender, and class are central components to relevant curricula that encourage, support, and inspire learning in cultural groups of people. According to Akoto, culturally-relevant curriculum entails allowing African-American men to connect beyond individual desires by providing an opportunity to promote leadership that is rooted in self-determination. That self-determination shapes Nia (purpose), reinforcing the positive facets of being African while at the same time acknowledging their creator as they know it (Akoto, 1992). The curriculum affirms self-validation which is normally denied or limited in curriculum.

If mental health agencies have a desire to promote the cultural lived reality of the clients to augment their education, it is necessary to initiate new concepts based on the client's culture. The re-conceptualized concepts developed and implemented will help transform the psychological or psycho-cultural dimensions that are prevalent in traditionally marginalize people (Garrison-Wade & Lehmann, 2009). One of the main objectives of culturally-relevant curriculum is to serve in part to reconnect, affirm, and validate the client's or student's cultural identity. This is key to legitimizing health care providers in the view of the client, and this is one of the strong indicators of their willingness to pursue mental health service (Akoto, 1992). Practitioners who used CRC appear to be cognized of the psychological or psycho-cultural dimensions that marginalized minorities traditionally face. CRC can address the misdiagnosis of African-American men in many cases but not all.

Constantine and Derald (2005) suggested race, ethnicity, and cultural identity are critical salient pillars of CRC. If African-Americans are to be successful in the curriculum it must be wrapped around these three salient pillars. CRC should develop authentic knowledge of self that is vital and essential to offering clarity on

misconceptions of what it means to be an African-American man, and it should also help develop a better self-concept. Furthermore, CRC allows African-American men the opportunity to examine their reality, sociohistorical, political, and economic antecedents through discourse that is normally relegated or negated as a typically oppositional worldview. The examining of their lived experiences provides a framework that creates and affirms the symbolic relationship of a teacher providing voice for the learner.

Sealey-Ruiz (2007) asserted “African-Americans must be given the opportunity to discuss aspects of their culture and be encouraged to bring in cultural artifacts and work by writers from their backgrounds” (p.62). The curriculum used at mental health agencies should encourage clients to explore their culture, history, language, and unique status of being an African in America. Yet this history has been ignored or marginalized in schools and churches for most African-Americans. CRC promotes a paradigm shift. CRC, as stated by Sealey-Ruiz (2007) “has the ability to validate African-Americans' language, foster a positive self and group identity, and help them work through a vision for their lives by empowerment that will ultimately increase the potential for them to do well” (p.63).

Thus, when therapists use different treatment modalities, it should be based on best practice, clinical theory, and the culture of the clients, but most comprehensive mental health agencies continue to base their curriculum on the dominant White European culture. Guy (2008) reported, “dominant culture refers to the culture of a social group that historically holds greater advantages, access, and power in society than other groups” (P. 1). This remains problematic because well-known multicultural literature asserts learning is shaped not only by subject matter, but also by the complex array of subjectivities and positionalities of learners and teachers or the therapist and patient in an

educational setting (Colin & Guy, 1998). Mental health curricula or classroom curricula are positioned within existing power complexities based on race. Race is an undeniable component of the curricula and has a direct effect on racial disparities because it influences the learner's experience in education or the patients' clinical experience (Guy, 2009). This same dynamic plays out in curriculum development and poses a challenge when attempting to develop culturally-relevant curriculum to redress concerns about positionality of the dominate culture.

Positionality

Positionality speaks to one's relationship or privilege to the other. It is a derivative of 1980s Cultural anthropology that focused on positionality from an ethical way of doing no harm to the groups or individuals that research was being conducted on. The "reflexive" process is a sincere attempt to acknowledge the power dynamic between the two (individuals or groups) based on the positionality. Positionality addresses the power relationships teachers, therapists and police have with the people they work with, and the way their positionality can influence how they construe, perceive and experience the world. Positionality also influences curriculum development that is normally created by the dominate group. The dominate group's positionality differs socially and politically from African-Americans in general, but the curriculum they develop and implement is an embodiment of a western world view or reality with values and attitudes embedded in current curriculum (Guy, 2009).

Positionality has a major impact on CRC and is interrelated. In many ways it explains why most curriculums are not relevant when addressing the needs of African-American men. It is critical that the positionality of the researcher be taking into consideration because this will have a major impact on the data collected.

Positionality has a strong impact on curriculum, especially when the developers ignore their own positionality. This has an impact on culturally-relevant curriculum, so the development of curriculum interpretation, values and judgments are tied in dominant culture ideological systems that in turn, are tied to the enactment of power relations among race, class, and gender. The way the curriculum is framed may or may not serve the learner given the way the curriculum is structured around the cultural identity of the learner (Foote and Bartell, 2011).

According to Guy (2009), the educational process, which includes the development of curriculum, is linked to broader structural inequities between different cultural groups in society. Consequently, before you can develop culturally-relevant curriculum, you have to identify your positionality and cultural differences to the group you are serving. This is essential in helping in the development of culturally-specific curriculum by mediating culturally-constituted power relations in the setting of the curriculum. Choosing the right curriculum provides a voice and multiple ways of knowing that can help clients or students to find and value their own voices, histories, and cultures (Colin & Guy, 1998). Due to the positionality of the dominant culture's resistance to establishing CRC curriculum, the voices, histories, and cultures of African-American men are denied resulting in less effective therapy.

Afrocentrism provides another lens to exam African centered beliefs. Afrocentrism does not 'fit' the norm, therefore it is often misunderstood. Curriculum and education go hand in hand. You cannot have one without the other. Education continues to be the principle method to transmit and indoctrinate mainstream culture to the masses. It reinforces and expands the cultural principles that society lives by, and sometimes provides a road map to success in a situated society. Generally, mental health

professionals believe cultural and racial similarities are desirable for a positive therapeutic relationship (Congress & Gonzales, 2012). There is a difference of opinion as to how important those factors are; therefore, mental health curriculum remains unchallenged by the boards that dictate the curriculum. Instead, comprehensive mental health providers have misinterpreted, diluted, and turned culturally-relevant curriculum into a tool for assimilation rather than addressing African-American needs therapeutically (Congress & Gonzales, 2012; Constantine & Dread, 2005).

Curriculum plays a major role in shaping and forming identity (Asante, 1989), and this is why *The Mis-Education of the Negro* (1933), the famous book published by Carter G. Woodson, has become a critical part of the discourse in solving African American's identity confusion. Dr. Woodson (1990) declared:

The modern education, with all its defects, does others so much more good than it does the Negro, because it has been worked out in conformity to the needs of those who have enslaved and oppressed weaker peoples. Taught the same economics, history, philosophy, literature and religion which have established the present code of morals, the Negro's mind has been brought under the control of his oppressor. The problem of holding the Negro down, therefore, is easily solved. When you control a man's thinking you do not have to worry about his actions. You do not have to tell him not to stand here or go yonder. He will find his "proper place" and will stay in it. You do not need to send him to the back door. He will go without being told. In fact, if there is no back door, he will cut one for his special benefit. His education makes it necessary. (p. xiii)

Mis-education of African-Americans is derived from the curriculum that is used in educational settings. The need and use of a culturally-relevant curriculum is an age-old debate that has yet to be settled due to cultural imperialism and globalization. In order to settle this debate, the provider must reach a level of cultural competence.

Cultural Competency

According to the National Institute of Health (2016), to have successful outcomes for minorities, providers must have cultural competence if they are to provide positive, appropriate and effected treatment or services. This is also a key part of properly diagnosing and treating minorities. Cultural competence refers to the ability to recognize, acknowledge, and respect the culture, economics, ethnicity, gender, and social role of the minority seeking help in order to provide a successful outcome (Saha, & Cooper, 2008).

Betancourt, Carrillo, and Green, (2002) stated,

Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Experts interviewed for this study describe cultural competence both as a vehicle to increase access to quality care for all patient populations and as a business strategy to attract new patients and market share. (p.V)

This is truly critical in reducing health disparities and improving access to high-quality health care for African Americans. By having an understanding of the barriers to access quality health care, this enables providers to respond to the cultural needs of African-American men with dignity and respect. The framework used to develop cultural competence evolves around raising or heightening the consciousness of racial inequality

in the delivery of comprehensive mental health services based on race and cultural factors (Betancourt, Carrillo, & Green, 2002).

Cultural competency is necessary to help mental health providers and therapists modify practices so they are relevant to the cultural preferences of the clients. Cultural competence constructs an environment that assists clients in overcoming barriers which facilitate behavioral changes (Hilliard, 1997). In addition, Hilliard (1997) contended a lack of cultural competency makes it more difficult to see outside the bounds of one's own perspective, making it difficult to identify assumptions taken as universal truths but which, instead, have been crafted by your own unique identity process and experiences in the world.

Clinicians who lack cultural competency are a reflection of the larger issues existing in mental health services that primarily provide education and psychotherapy to the African-American community. The tendency to ignore the social and environmental stressors affecting African-American men as well as their unique socio-cultural background leads to misdiagnosis thus alienating African-Americans from critical services needed to live a productive life (Azibo, 2010; Coup, 2010 & DeGruy, 2005). Williams & Williams-Morris (2000) reported,

The under-diagnosis of affective disorders are the most frequent types of misdiagnoses for African-American men. The differential interpretation of similar symptoms due to conscious or unconscious acceptance of negative stereotypes of African-American may be a contributing factor to misdiagnosis. Some evidence suggests that the misdiagnosis of African-Americans patients persists even when formal diagnostic criteria are utilized. (P.256)

African-American men become depressed due to being constantly under duress. Their symptoms of depression are primarily disregarded because they manifest in ways different from other ethnic groups (Blank, 2010; Jamison, 2013). African-Americans typically have a lower suicide rate but the misdiagnosis of depression in African-American men is problematic because of the cumulative exposure to racism. This exposure increases the likelihood of suicide in African American men more so than in White men. African-Americans tend to display symptoms of suicide in terms of anger towards racism rather than complaining about sadness or depression (Jamison, 2013). In general, practitioners' misdiagnosis or underdiagnose the suicidal symptoms in African American men simply because of how they manifest (Blank, 2010). These symptoms are frequently overlooked during the intake process which consists of a psychosocial-assessment due to the lack of cultural understanding (Fernandez, 2012).

Consequently, a major contention of Afrocentric psychotherapist and researchers is orthodox western psychology and clinical approaches are not capable of adapting or accommodating to the distinct behavior styles, personalities, and mental functioning of African people (Jamison, 2013). African psychoanalyst and physician Fanon (1976) noted after becoming aware of the limitations of his European-focused education, failure to consider the culture of an individual often leads to both medical and educational misdiagnoses.

Accuracy of diagnoses appears to be influenced by the client's race and culture. These diagnostic procedures are consistent with the dominant culture which subjects African-Americans to outside interpretations instead of using criteria based on African-American culture (Nobles, 1996). Fernandez (2012) indicated African-Americans are over diagnosed with schizophrenia because of cultural differences. The frequency of

African American men receiving a misdiagnosis and being adversely affected occurs because of a lack of cultural competence, racial stereotypes, and the influence of White culture and its institutions.

Consequently, African-Americans are distrustful of mental health services, especially during the intake process. DeGruy (2005) added,

Belief is intricately woven into the syndrome's fabric. Belief is a truly powerful thing, much more powerful than most people suspect. Our beliefs color everything with which we come in contact. They determine what we perceive and how we evaluate. They determine what we consider unlikely and what we consider possible. They shape our memories as well as our expectation. They strongly influence how we think and feel. (p. 121)

Copiously mental health providers mistakenly relegate this belief as anger or paranoia with no empirical data or research. In reality, African American men are not overly paranoid with unwarranted beliefs. Their beliefs are based on the fact that African-Americans have a history of being used as guinea pigs in the medical arena. One example of them being used as guinea pigs is the Tuskegee experiment which occurred less than 50 years ago. Constantine and Derald (2005), suggested, some African-Americans have host hostility and anger towards the medical profession due to previous unethical treatment. Clinicians are often unable to understand this viewpoint which exacerbates the hostility and anger in African American men leading to a higher rate of misdiagnosis (Constantine & Derald, 2005). This issue of misdiagnosis applies across culture and continues to be a chronic problem between minority groups and the dominant group who establishes the criteria. Nevertheless, some African-American practitioners and others

tend to view African-American phenomena or behavior totally different from a Eurocentric worldview (Blank, 2010; Fernandez, 2012; Jamison, 2013; Nobles, 1996).

Similar problems occurred in China and Lewis-Fernández et al. (2010) stated:

The mismatches between the DSM-V criteria and the behavior and the culture phenomenology is at best problematic according to research. Clinician-administered diagnostic instruments in nearly 60% of all cases of DSM-IV-defined anxiety disorders fall in the not otherwise specified category. DSM-V criteria embedded in the diagnostic instrument do not capture key aspects of Chinese pathological anxiety disorders. Clearly, both issues could be synergistically related misdiagnosis and culture. (p. 1-2)

The results of this research support the fact that a lack of cultural understanding results in a misdiagnosis. Unfortunately, orthodox western psychology and clinical approaches drive mental-health curriculum (Fernandez, 2012). According to Gondolf and Williams (2001), “clinical observations and research findings in other fields suggest cultural issues may explain the poor outcomes associated with African-American men in conventional counseling” (p.1). There has been a sincere effort by schools to develop cultural competency education programs, but across the board there is no uniformity of what is taught or a consensus of the particular tools or skills needed to be taught. Furthermore, many textbooks exacerbate the problems which Betancourt, Carrillo, and Green (2002) reported,

Schools used textbooks that attempt to, cross-cultural training as a required, integrated component of the training and professional development of health care providers; quality improvement efforts that

include culturally and linguistically appropriate patient survey methods and the development of process and outcome measures that reflect the needs of multicultural and minority populations; and programs to educate patients on how to navigate the health care system and become an active participant in their care. (p.2)

Mental health providers have made attempts to accept cultural competence training, more culturally appropriate services, and linguistic cultural differences based on race yet their attempts at best are principally inadequate because these needs are not embraced at the policy level (Williams & Williams-Morris, 2000). The unpredictable nature of culture fusion is normally unacceptable for dominant, homogeneous communities, and especially dominant therapeutic methods. Most host cultures consciously or unconsciously, and in many cases, force newcomers to acculturate to the dominant culture. This remains a problem in therapeutic settings because African-American men in particular often leave therapy when the dominant value system is forced on them (Janinska, Wright, & Rocco, 2013; Marimba, 1994).

Cultural competency is a subjective and loosely defined term which is compounded by the fact that many faculty members are not equipped to teach these skills. This variance impedes the development and implementation of comprehensive cultural competence training programs. Suggesting there is a need for cultural competence is not a foregone conclusion because of the consistent influx of new comers to America. Although it has been challenging the following statements were made by Betancourt, Carrillo, and Green, (2002):

Clinical cultural competence recommendations center on enhancing health professionals' awareness of cultural issues and health beliefs while

providing methods to elicit, negotiate, and manage this information once it is obtained.

- Programs that advance minority health care leadership should be encouraged and existing programs should be strengthened in order to develop a cadre of professionals who may assume influential positions in academia, government, and private industry.
- Organizations should make it a priority to hire and promote minorities in the health care workforce.
- Community representatives should be formally or informally involved in the health care organization's planning and quality improvement meetings, whether as part of the board or as part of focus groups, for example. (p.17)

One again the previous recommendations are based on policy established by mental health boards or other governing bodies. The competency training program's disposition to being open to alternative interpretations of presenting symptoms has helped drive policy, but it lacks the ability to acknowledge a cultural ethnos which is vital to building a comprehensive base for cultural competency which will decrease health disparity (Azibo, 2003; Wilson, 1993)

The dominant culture's ethos creates problems because of its Eurocentric worldview that forces therapeutic methodologies that are a clinical mismatch for African-Americans. The problems occur because many African- American men and practitioners have different cultural values, belief, and attitudes. The existing conflict leads to misunderstandings and ultimately develops into cultural dissonance. Frequently, the dissention between practitioner and patient continues to grow until the African -American

man leaves treatment. This scenario is consistently found in the education setting as well (Azibo, 2003; Guy, 2008).

A comprehensive mental health service that provides psychotherapy must understand the important role culture and history plays in shaping the minds of people. Many African-American clinical psychologists among African-centered behavioral scientist support the Post Traumatic Slavery Syndrome (PTSS) theory and believe the impact of slavery has a continuing influence on the psychology of African-Americans. These scholars blame slavery for many of the behavior and social pathologies found in the African-American community such as “Black- on-Black violence” (Akbar, 2004; Azibo, 2010; Coup, 2010; DeGruy 2005). In order to heal the “hurt” in African-Americans it requires a clear cognition of the trauma endured during the MAAFA and knowledge of how African-Americans can collectively begin to heal (Ibrahim, 1996).

Comprehensive mental health providers of all nationalities lack insight about African-Americans’ traumatic past, and many times relegate African-American history to some small stain in American history that is not relevant today (Coup, 2010). The theories and applications used in private agencies and by comprehensive mental health providers are generally articulated from a White therapeutic perspective (Akbar, 2004; Wesson, 1975). This is consistent across fields where therapeutic, educational and psychological theories are applied nationally. Anglo-White cultural standards are used to correct African-American problems with few exceptions. Akbar (2004) argued,

Every Black educator, psychologist, and social worker, at this point in history, has been trained and awarded degrees solely on the basis of their demonstrated mastery of fundamental assumptions defined by a body of

almost exclusively White, male, Judeo-Christian literature in these fields of study” (p. xi).

White males have been largely credited with, and legitimized in, setting the standard for what constitutes true and acceptable research and teaching practices. Wesson (1975) argued,

Anglo-American standards as tools for comparison judgment and measurement of the Black man and his society. With this apparent difference in mind, it is totally inappropriate for White therapists to judge and evaluate the Blacks using these (his own) White standards. In spite of the significant difference in cultural origins, ethos, behavior, and personal values between Black and White psychologists. (p.13-14)

Azibo (2003) continued to explain it is critical to understand current theories and methodologies are based on Anglo-American standards when merging theories and practice. He believed psychotherapists must adapt and accommodate the different cultural socialization, behaviors, and cognitive processes when working with African people. Social workers, psychologists, and psychiatrists’ failure to consider anything wrong in the diagnostic process when applying the DSM-V is the crux of the problem. The use of White standards and criteria when diagnosing African-American men leads to unsuccessful interventions (Akbar, 2004; Jones, 2004; Wesson, 1975). When the dominant-culture’s paradigm is challenged, Fanon (1967) stated,

People hold a core belief that is very strong. When they are presented with evidence that works against their belief, the new evidence cannot be accepted; thereby it creates a feeling that is extremely uncomfortable called cognitive dissonance. And because it is so important to protect

one's core belief, some will rationalize, ignore and even deny anything that doesn't fit in with the core belief. (p.119)

Afrocentrism

Mainstream curriculum usually ignores or misrepresents the history of African people (Akoto, 1992; Asante, 2007; Jamison, 2013). As a result of dissatisfaction with this curriculum's unwillingness to address the MAAFA and its trauma, African-American scholars and practitioners strongly desired a curriculum to address this concern. In an attempt to address this, concern Afrocentric scholars and practitioners have begun practicing the principle of Kujichagulia, which means self-determination (Karenga, 1993). This requires African people to define, name, create and speak for themselves. The principle of Kujichagulia has been implemented to correct problems in the African-American community regardless of what the dominant community thinks or does. Afrocentric therapists and researchers believe part of the solution in comprehensive mental health services is to treat African-American men using Afrocentric curricula. Karenga (2007) elaborated on Asante's Afrocentrism conceptual foundations. He stated,

Afrocentrism focuses on five central concepts: (1) centeredness in one's own culture; (2) orientation towards the good of one's people and humanity; (3) perspective as an Afrocentric way of understanding and approaching the world from a centered and correctly oriented position; (4) victorious consciousness; and (5) agency, which is the capacity and will to act as self-conscious agents of cultural and social change. (p. A7)

Opponents uniquely argue Afrocentrism is racist and reactionary but they do not deny it is therapeutically beneficial (Lefkowitz, 1996). Proponents of Afrocentrism argue

Afrocentric curricula with Afrocentric modalities is a vital part of the solution when providing comprehensive mental health services for African-American men. Nobles (1996) reported Afrocentrism is self-affirming because it is an interpersonal orientation that is centered in one's history, culture, and spirituality. This self-affirmation awakens the African consciousness like a phoenix resurrects its beliefs and changes its behaviors. Asante (2003) posited, "one can be pro-African and not anti-White; the concept of Afrocentricity has very little to do with pros and cons; it is preeminently about how you view phenomena" (p. 21). Asante (2003) further asserted Afrocentricity is a conscious ideology that provides structure for life and behavior because it is a matter of philosophy and perspective, not color. He argued, "Afrocentrism is the belief in the centrality of Africans in post-modern history" (Asante, 2003, p. 6). Afrocentricity embodies a link to one's spirituality rooted in cultural /ethnic identity with an affinity of shared belief. The manifestation of those shared beliefs is known as the *We* concept. Hord and Lee (1995) contended the *We* manifests as "*I am because we are and since we are, therefore, I am*". In the *We* concept the self and others are seen as interconnected thus, interdependency of spirituality, education, and socialization is an integral part of the collect consciousness of African culture (Nobles, 1996).

The epistemological theory of Afrocentrism was first introduced by Cheikh Anta Diop (Asante, 1989). Asante (1989) has worked hard to legitimize Afrocentrism as a methodology for Afrocentric curriculum. The curriculum is grounded in an African worldview which supports Asante's position that declares a universal self-awareness by cultural synthesis is needed for the liberation of people of African descent. In support of Asante's position Nobles (1990) stated, "it is, therein, the intellectual and philosophical foundation on which African people should create their own scientific criterion for

authenticating human reality to view the world” (p.47). This view should be based on African culture, reality, spirituality, and African history.

The debate between practitioners and educators over whether African-Americans are best served by curriculums that put Europeans at the center of the historical experiences of African-Americans have led to the development of Kawaita. Kawaita, an African-centered approach affords African people a framework based on the principal of Kujichagulia by utilizing a holistic nationalistic methodology to research and restore the politically, socially, and economically skills needed for true liberating (Karenga, 1993). Kawaita’s theoretical base is coupled with the examination of African and African-American culture known today as "Afrocentrism" (Asante, 1989). It requires African people to rescue and reconstruct African culture and ethnic identity while at the same time deconstructing Eurocentrism. Afrocentrism’s pursuit is to reclaim African people before the MAAFA. It lays the foundation for African consciousness, which is an awareness of social power of African-Americans (Karenga, 1993). This cultural education is the syringe to administer healing in the African-American community.

The purpose of mental health curricula is to heal African-Americans in treatment yet they fail to do so (Wilkins, 2013). The National Association of Black Social Workers, The National Alliance of Black School Educators and The National Association of Black Psychologists have promulgated the idea that there are other, older and broader norms that may result in more successful outcomes. The older and broader ideas they are referring to are Afrocentric in nature (Akbar, 1996; 2004).

The rise of African consciousness began with the political movements of the 1960s. The most notable were Malcolm X, the Panther Party, and other African centered organizations. Akbar (2004) stated,

The advent of new social and political thought by Africans born in America during this time engendered a new feeling of pride and self-acceptance that permitted us to look at themselves independently of their European American captors and former enslavers. The generation of these novel ideas about the psychology of African people came from minds without parentage in traditional mainstream psychology. (p. xii).

The psychological deconstruction and restoration of self-conceptualization laid the foundation for what is contemporarily known as an Afrocentric worldview. In this worldview African people are agents and actors for constructed identity and change. This worldview led to the emergence of Afrocentric psychology in the early 1980s as a way to respond to the alleged misdiagnoses by traditional psychologists treating African-Americans (Nobles 1996). To address the myriad of problems faced by African-Americans throughout the world, African-centered practitioners became advocates of Afrocentric psychology, while others simply sought greater cultural similarity between therapist and patient. Hilliard (1997) summed up the crisis of African people in his book titled, *Africans at the Crossroads*. He argued, "People are indeed at a crossroads. Only clear thought and purposeful actions will determine if we will take the right road. But before we can successfully choose a road, we must solve our problems of spiritual and identity confusion" (Clarke as cited in Hilliard, 1997 p. xix). In order to facilitate the mental shift, African-centered practitioners injected the ideology of Afrocentrism because it has an impeccable track record for restoring the self-worth, self-esteem and dignity of African people (Akbar, 1996; Ali, 2004; Azibo, 2010; Williams & Williams-Morris, 2000; Wilson, 1993).

Afrocentrism provides a different cultural perspective for mental health practitioners and agencies enabling them to structure and introduce intervention strategies in a manner that allows African-Americans to redefine themselves in ways that are culturally congruent (Phillips, 1990). It also provides a basis for a healthier self-image and meaningful relationship to address PTSS (Akbar, 1996; Asante, 1998; Azibo, 2010; Jamison, 2013; Wilson, 1993).

The scholarship known as Afrocentrism or the Afrocentric point of view is a paradigmatic intellectual perspective that privileged African agency within the context of African history and culture trans-continentially and trans-generationally (Asante, 2007). “This means that the quality of location is essential to any analysis that that involves African culture and behavior whether literary or economic, whether political or cultural” (Asante, 2007, p.2)

Afrocentricity is truly holistic and broad enough to address the many critical issues African people face worldwide. The basis of the Afrocentric prospective is to transfigure the African mind through African culture, history and behavior modification. By affirming new attitudes, activities, principles and values, Afrocentric therapy could correct many of the emotional ills in the African-American community (Asante, 2007).

Afrocentrism and Psychotherapy

A commonly used Afrocentric methodology in psychotherapy is NTU therapy. NTU therapy was developed by Phillips as a result of his research (Phillips, 1990). “The term “NTU (pronounced "in-too") is a Bantu (central African) concept that describes a universal, unifying force that touches upon all aspects of existence. NTU is both immanent (a spiritual force inside) and transcendent a spiritual force outside” (Phillips, 1990, p. 56). There are many systems of African-centered psychotherapy; however, NTU

psychotherapy is the most utilized and only complete framework used in psychotherapy by Afrocentric practitioners (Gregory & Harper, 2001). Phillips (1990) explained,

NTU psychotherapy is based on the core principles of ancient African and Afrocentric worldview, nurtured through African-American culture, and augmented by concepts and techniques of Western psychology. There are five phases of NTU psychotherapy: Harmony, Awareness, Alignment, Actualization, and Synthesis. NTU psychotherapy is spiritually based and aims to assist people and systems to become authentic and balanced within a shared energy and essence that is in alignment with the natural order. Furthermore, NTU therapy utilizes the principles of Nguzo Saba. (p.56)

The seven Nguzo Saba principles of Kwanzaa used in NTU therapy are as follows:

Umoja (oo-MOE-jah) Unity: To strive for and maintain unity in the family, community, nation and race.

Kujichagulia (koo-jee-cha-goo-LEE-ah) Self Determination: To define ourselves, name ourselves, create for ourselves and speak for ourselves.

Ujima (oo-JEE-mah) Collective Work & Responsibility: To build and maintain our community together and to make our brother's and sister's problems, our problems and to solve them together.

Ujamaa (oo-JAH-mah) Cooperative Economics: To build and maintain our own stores, shops and other businesses and to profit from them.

Nia Purpose: To make as our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.

Kuumba (koo-OOM-bah) Creativity: To do always as much as we can, in the way that we can, in order to leave our community more beautiful than when we inherited it.

Imani (ee-MAH-nee) Faith: To believe with all our hearts in our parents, our teachers, our leaders, our people and the righteousness and victory of our struggle as guidelines for harmonious living (Kinfano, 1996, p. 214).

Phillips (1990) explained NTU therapy has five basic principles. The “basic principles of NTU therapy include harmony, balance, interconnectedness, cultural awareness, and authenticity” (Phillips, 1990, p. 56). The therapist’s goal is to facilitate the natural therapeutic process that transpires because it is viewed as a spiritual relationship that allows the client to realign himself culturally and spiritually (Elligan & Utsey, 1999; Phillips, 1990; Queener & Martin, 2001). One goal of NTU therapy is to assist clients with becoming one with the principles of Kwanza or Nguzo Saba until they are fully integrated into their daily lives. It is suggested that people of African descent practice these principles as a total way of life. Although this therapy is practiced typically with African people Phillips (1990) suggested,

NTU psychotherapy can be universally applied, because NTU psychotherapy is culturally sensitive. The specific techniques can be appropriately modified given the uniqueness of the person, his/her family and cultural background, and the overall therapeutic needs of the client. The concepts are based on a spiritual connection that human beings have with the life force. (p.65)

Spirituality

There is no universal definition of spirituality. Spirituality is like deoxyribonucleic acid (DNA), it is unique, specific, and varies based on the person's cultural background. Senreich (2013) indicated,

Spirituality are constructs grounded in common points of view about the nature of existence that are actually individual spiritual belief systems in themselves, and do not validate each person's unique relationship to what is unknowable. It is far too amorphous a term, as it incorporates an array of constructs that are associated with culturally derived points of view about spirituality. Rather than clearly defining spirituality as each person's unique relationship to what is unknowable about existence, conceptualizations of spirituality have incorporated a range of ideas associated with prevalent spiritual belief systems. This has resulted in a confusing framework for students and a fragmented, noninclusive way of assessing and working with a client's spirituality in social work settings. (p.550)

Regardless of meaning, African-Americans have a need for a spiritual connection. In order for therapy to be effective therapists must explicitly understand the relevance of the spiritual and cultural connections of African people. Spirituality remains a construct difficult to understand and define, yet many adults indicate it is a major organizing principle that gives their lives meaning (Senreich, 2013; Tisdell, 2003).

The way African-Americans interpret spirituality and religion is part of their humanity and depends upon the transforming beliefs, attitudes and behaviors integrated in their spiritual systems. Spirituality and spiritual leanings have always been a major

force that existed in African people prior to the MAAFA. Chancellor Williams' pointed out in his book, *The Destruction of Black Civilization*, African people are, and always have been, very religious and highly spiritual people (Williams, 1974). Evidence to support the claim that early Africans were very religious can be seen in the cities they built based on African spiritual principles, one specifically being Ethiopia. According to Isaac (2005), the African-American church has remained a stronghold in the African community in the face of continuous challenges politically, socially, and economically since slavery and colonization.

Religions are societal, systemic, organized institutions that are political with hierarchies of communication. Each one has its own beauty, based on mystical connections with the written doctrine, their prophets, and the higher power (God). Each religion has regulations and rules for behavioral conduct, which both overtly and inherently ensures to have folklore, ceremony, prayer, symbolism, and rituals. It also has a religious framework of conjectural dogma providing away for the emergence of spirituality by reflecting on life changing experiences pass and present (English, & Tisdell, 2010; Senreich, 2013).

Tisdell (2003) conducted 31 interviews with adult educators and developed seven assumptions about the nature of spirituality in relation to education. Tisdell's assumptions were as follows:

1. Spirituality and religion are not the same, but for many people they are interrelated.
2. Spirituality is about awareness and honoring of wholeness and the interconnectedness of all things through the mystery of what many I

interviewed referred to as the Life-force, God, higher power, higher self, cosmic energy, Buddha nature, or Great Spirit.

3. Spirituality is fundamentally about meaning-making.
4. Spirituality is always present (though often unacknowledged) in the learning environment.
5. Spiritual development constitutes moving toward greater authenticity or to a more authentic self.
6. Spirituality is about how people construct knowledge through largely unconscious and symbolic processes, often made more concrete in art forms such as music, art, image, symbol, and ritual, which are manifested culturally.
7. Spiritual experiences most often happen by surprise.

Tisdell's seven assumptions are consistent with an Afrocentric world view that holds an epistemology that dictates how African people must maintain a harmony of mind, body, and spirit no matter the circumstance. The spiritual connection of the mind, body, and spirit is grounded in African-centered values, beliefs and ideas, which are culturally-grounded mechanisms or values that are spiritual (Colin, 1989). The philosophical beliefs are rooted and reflected in the socio-cultural history and life experience that are indigenous to an individual's racial group. Based on this, the spirituality becomes an emancipatory transformative process that many African-Americans will experience during Afrocentric therapy (Ani, 2007; Phillips, 1990). Moreover, the concept of *self-ethnic* or how someone identifies culturally is a major factor in the transformative process that takes place spiritually (Ani, 2007; Colin, 1989; Phillips, 1990). The concept of *self-ethnic* is relevant to therapy because it denotes that there is no separation between the

individual and their race and there is a cognitive correlation between the elements of a liberatory transformative process towards self-actualization and African centered worldview (Colin, 1989). One of the salient points of blending African-centered philosophy, psychology and spirituality during therapy is that the ethical principles are more conducive to community. It's not so geared toward individualism and is consistent with the Nguzo Saba.

The principles of Nguzo Saba advocate traditional, moral, and cultural meanings that express and affirm African people as a vital part of the human race (Elligan & Utsey, 1999; Phillips, 1990; Queener & Martin, 2001). The traditional, moral, and cultural meanings promote a form of spiritual harmony. Phillips (1990) correlated this harmony with therapy by stating,

Harmony in NTU psychotherapy is spiritually based. There is a vibrant belief that there is a spiritual force to all of life and that the spiritual dimension is the connective link to the mental and physical spheres of human kind. The NTU central belief in the ubiquity of spirituality is extremely important since spirituality provides a value system, a focus, and a direction to human endeavor. Through NTU psychotherapy, spirituality provides a base assumption as well as a therapeutic direction and purpose. (p. 57)

In addition, one of the major principles is authenticity. The concept of the We is a spiritual principle building in interpersonal relationship and harmony among people. Phillips (1990) suggested,

This priority on the value of the relationship places a premium on the authenticity of the person. It is the relationships that we build within the

larger family/community of people that are accorded prominence. It is our connectedness with the essence (NTU) of others that brings fulfillment.

(p.58)

Afrocentric Therapy and Transformation

African-centered scholars feel that Afrocentric therapy works because part of the healing process for African-Americans is identifying where they are in the process of understanding their African identity (Elligan & Utsey, 1999; Phillips, 1990; Queener & Martin, 2001). This is similar to Cross's (1970) Model of Black Racial Identity. In the 1970s, Cross developed a Black Racial Identity Model that listed the stages that African-Americans go through as they gain an understanding of their racial identity as it relates to their acculturation in America. This model has been modified over the years and includes five stages, but the implication for research on identity development for African-American men is still critical today. In the book *African-Centered Psychology*, Azibo (2003) elaborated on the stages and how they are crucial for African-Americans to develop self-actualization even though they are under constant stress and oppression. There are five stages to this transformation, ranging from least secure to most secure. According to Azibo (2003) the stages are as follows:

- (1) Pre-encounter Stage. In this stage, Black persons see themselves as Negroes; they accept White or Eurocentric views of the world and of themselves. Blackness is devalued and everything associated with it is considered to be undesirable. The White world provides the standard by which all behavior is to judged.
- (2) Encounter Stage. This stage is marked by a critical incident in which the person becomes the target of racism and racial discrimination. As a

result of this individual experience, the person becomes receptive to and seeks out a Black world view. Thus begins the search for a Black self-concept and identity. This critical encounter varies for each person. It may involve hearing a racial slur, being denied a job or an apartment because of color, or being confronted by other Black who challenge the person's lifestyle or question his or her loyalty.

(3) Immersion Stage. The newly sensitized Black person begins a period of immersion in the African-American experience. There is a tendency to glorify everything Black and to denigrate everything White. The person attempts to shed all vestiges of White values and experiences. Although the person is emphasizing Blackness he or she has not yet internalized positive attitudes about being Black.

(4) Internalization Stage. At this point the person is able to incorporate a positive sense of Blackness in the self-concept. He or she develops a stronger and more secure sense of self and can interact with the majority culture without reflexively attacking everything White or defensively idealizing and glorifying everything Black. Black African culture becomes the standard by which one's self and one's environment are evaluated.

(5) Internalization-Commitment Stage. In this stage the person becomes involved in social and political activities designed to deal with racial and ethnic divisions and to benefit the African-American community. Persons at this stage are secure in their racial identity: self-confident, calm, open, and psychologically flexible. They have reached the peak of psychological health and have shed their personal prejudices about race, sex, and social

class. This stage of racial identity development in the psychological nigrescence model. (p.55-56)

At this fifth stage, the African-American translates his or her newfound self-acceptance into a commitment to societal change for African people. He or she advocates for Africans no matter the location in the world as a group and for other racial minority groups. This sense of commitment continues to develop over time. This process is a key factor when removing internalized racism among African-American men.

Azibo (2003) revealed therapeutic methods that are based on an African psychology framework applies principles of African reality structure integrating African cultural philosophy and worldviews to bring about a behavior transformation. According to Azibo (2003) the term affirmativists-positivists refers to practitioners who,

operate according to the African psychology perspective. These theorists use transformational and formational theorization when conceptualizing the African personality. The African personality is seen as being positive, striving, possessing personal and extended self-love, and possessing personal causation. That is, these theorists affirm a positive integrity that characterizes the African personality. (p. 279)

Therapeutically, therapists using Azibo's affirmativists-positivists method are able to help African-Americans metamorphosis self-awareness, belief, and attitude from non-African to African. NTU therapy is consistent with affirmativists-positivists psychological methods because it is an interactive process beyond the typical Eurocentric therapeutic process of talk therapy. It uses transformational and formational concepts to address the African personality and the African-American needs (Akbar, 1996; Azibo, 2010; Phillips, 1990; Wilson, 1993).

According to Phillips (1990), Afrocentric therapy,

Highlights the interrelatedness between the intrinsic (psychic and immaterial) and extrinsic (social and material) factors that impact upon one's ability to both influence and respond to problems of daily living. NTU expresses not the effect of these forces, but their being universal force manifested in muntu (human being). From an African worldview, the world is one of extraordinary harmony that is the natural order. Natural order implies that there is a unity of mind, body, and spirit throughout life and that the relationships within and between life are purposeful and orderly and, at base, spiritual. Natural order infers that our lives and our relationships have a purpose and a direction, and consequently it is our ongoing task in life to be in tune with the natural order. Furthermore, good mental health springs from being in tune (in harmony) with natural order, and healing is therefore a "natural" process. (p.56)

McKay showed how leaning your culture, history, and developing your own narrative through having voice can be a natural healing process. In her article *Community Education and Critical Race Praxis: The Power of Voice*, McKay (2010) addressed why African-Americans need voice. In therapy, education, or society the master narrative is typically Eurocentric homogeny. The narrative naturally encourages some minorities to assimilate and deny their home culture. McKay (2010) posited,

Imposed upon learners of color, requiring conformity to the status quo and silencing a diversity of knowledge and opinion. The master narrative is conveyed via stereotypes, communiqué, and ideology which objectify

persons of color as inherently weak, devoid of power and voice, and incapable of positively contributing to the larger society. (p.26-27)

However, McKay (2010) showed how voice can change the master narrative by using a play that portrayed conversations between African-Americans greatest Black intellectuals and scholars (W. E. B. DuBois, Richard Delgado, Cornell West, Carter Woodson, and Mari Matsuda). The discourse although fictional between the intellectuals /scholars was exported to silenced consciousness known as the African-American learners. By providing learners with cultural knowledge this allowed the students the ability to interrogate Eurocentric narratives with a counter narrative. This is what Afrocentric therapist do by providing voice using affirmativists-positivists methods helping African-Americans with self-awareness, belief, and attitudes to respond to life daily problems. This also produces a counter narrative in which African-American now see themselves more clearly.

McKay (2010) added, African-Americans do not have a unified form of identity and not all self-identify culturally as African-American or Black, but reconciliation to self-identity is essential to combat cultural deracination. She further suggested,

Therefore, the entire national American identity is incomplete and fragmented “This fragmented identity lends itself to an impaired and repressed capacity for intelligence, competence and informed action of the American citizen. The politicization of the African-American identity is one remedy in addressing this fragmentation. (McKay, 2010, p. 32-33)

This same voice is used in Afrocentric and NTU methods by situating African people in their cultural center affirming the groups shared cultural value such as we and us instead of me, myself, and I. Affirmation is what Afrocentric psychotherapy does for African

people by returning them to their cultural center. Irele and Jeyifo (2010) believed Asante and other Afrocentric scholars, by declaring,

Only when Africans become centered, that is, when they consciously and systematically adopt ways, attitudes, and behaviors that are germane to their own cultural traditions and historical reality, can they hope to achieve freedom. In other words, African freedom is predicated upon the conscious activation of one's Africanness, that is, ultimately, with the exercise by African people of their own agency. (p. 99)

This is one of the reasons it is needed in psychotherapy, because its framework manifests in African consciousness among African-Americans with a view to ascertaining its depth, potency and validity as an identity and unifying construct for African-Americans and continental Africans (Mazama, 2001).

Many African-American men who have experienced trauma and abuse are often made to feel like they will never amount to anything, and as a result question their self-worth. The Black Alcohol/Drug Service Information Center (BASIC) uses the WHY model to meet the needs of African-American men that have experienced trauma and abuse. They provide a structured culturally sensitive outpatient treatment component for chemical dependency. The program uses culturally-relevant curriculum that is based on a worldview they call the WHY model or an Afrocentric model. The WHY model asks questions based on the query WHY which is not an acronym.

Some questions are WHY does oppression marginalize while at the same time antagonize and impeded others from reaching their fully as human, WHY does oppression dehumanize people making them feel as if they are less than an animal. Constantly securitizing them telling them they are intellectually deficient. This discourse continues

to ask WHY denying people language, education, and other opportunities prevents them from becoming fully human in both mind and body.

This creates a discourse-rich culture. The discourse is built on common qualities in the experience of race, certain mutually shared experiences that are the result of a more-or-less shared common culture and life condition. The discourse is embedded in the African principle of Umoja, which means unity. The discourse emphasizes community and interdependence as a socialization product that has extended beyond support to each other in the support group, but one of the core values is to educate yourself so you can transfer the valuable information about your culture to the community. The African-American men may not participate in the groups if their thoughts are derogatory towards African people, anti-black, or devalues the African-American community and family. Based on this criteria, using the WHY model establishes rules of engagement for discourse helping an innocuous place to have voice, and develop an environment that moves the African-American men forward in treatment. One essential ingredient that helps this process move forward is the use of Afrocentric literature.

Afrocentric literature is a presentation of African culture and history, which includes insights that exceed the African-American experience. The literature provides conceptions inclusive of the epistemology, definition, and how it progressed as a discipline in psychotherapy to transform lives. Afrocentric methodologies necessitate and fulfill the objective of psychological liberation and cultural reclamation. A thorough understanding of these concepts is necessary when using Afrocentrism as a therapeutic method.

Summary

In conclusion, the effects of trauma from the MAAFA are continually perpetuated through PTSS or Intergenerational Trauma, although culturally relevant curriculum may help it is not used by the majority of mental health providers during treatment.

Comprehensive mental health centers fail to use culturally-relevant curriculum because the dominant group of practitioners and scholars refuse to acknowledge the past which is required to gain an understanding of the present for African-Americans. Since African-Americans have been detached from their traditional history pre-MAAFA, traditional African culture, and traditional spiritual systems they have been consigned to margins of history or a footnote in the back of a book. They are a mere variation of their African selves because of European cultural, physical, and psychological domination, which consciously places them at the periphery of great people.

Unfortunately, for African-Americans, it is not uncommon for experts in general to overlook the fact that they are an oppressed people. It is especially problematic for oppressed people when the solution to their problems comes from the same ethnic group that oppressed them and started the downward spiral. This trauma is not acknowledged by the dominant community of behavior scholars. This is a dilemma for African-Americans because the body of research is conducted and reported almost exclusively by White, male, Judeo-Christians in the field of therapy that ultimately dictates the theory, criteria, and methodology used to correct problems in the African community. Furthermore, “they are largely credited with legitimizing the standards for what constitutes true and acceptable research and teaching practices for African people in therapy” (Akbar, 2004, p. xi). Curriculum development is typically driven in this manner

in United States while the so-called body of experts serves as gatekeepers for curriculum change.

When African-American or African problems are looked at using a Eurocentric criterion, the results reiterate racism is institutionalized and remains a permanent fixture in America. Afrocentric practitioners and scholars understand the need for culturally-relevant curriculum in therapeutic and educational settings. African people will assuredly perpetuate the trauma from the MAAFA into the future without interpolation. Afrocentric literature proposes African people must have a “sense of agency” to be self-determinative to explore, integrate, and perpetuate their power to practice the principles of the Nguzo Saba and one of the most important one Kujichagulia (Akoto, 1992; Asante, 2003). This is why African-centered scholars, such as Asante (1991) contended,

A frame of reference wherein phenomena are viewed from the perspective of the African person. It centers on placing people of African origin in control of their lives and attitudes about the world. This means that we examine every aspect of the dislocation of African people; culture, economics, psychology, health and religion....As an intellectual theory, Afrocentricity is the study of the ideas and events from the standpoint of Africans as the key players rather than victims. This theory becomes, by virtue of an authentic relationship to the centrality of our own reality, a fundamentally empirical project...it is Africa asserting itself intellectually and psychologically, breaking the bonds of Western domination in the mind as an analogue for breaking those bonds in every other field. (p.171)

Cultural particularity must be your epistemological center. In context of epistemological Afrocentric consideration, Viljoen and Van der Walt (2003) concurred:

Afrocentricity is an empowering counter-hegemonic philosophy, which questions epistemological considerations which are based in European cultural realities. As an logical approach, the Afrocentric discourse attempts to shift, construct, critique, and challenge knowing or discerning knowledge from an epistemology engendered within a European cultural construct to one that is engendered or centered within an African cultural construct. (p.15-16)

Asante furthered insisted, “one may argue over the meaning of Africanness, one cannot argue, as an Afrocentrist, over ‘the centrality of African ideals and values’ for African people” (1990, p. 6). In addition, he stated:

Knowing is framed, “a frame of reference” generated by Africans themselves, based on African cosmology, axiology, aesthetic, and epistemology: "Afrocentricity is the study of the ideas and events from the standpoint of Africans as the key players rather than victims. This theory becomes, by virtue of an authentic relationship to the centrality of our own reality, a fundamentally empirical project” (Asante, 1991, p. 172).

This epistemological centeredness by virtue becomes the lens in which reality should be viewed thus identifying the notion of culture. Afrocentric thoughts are an organizing principle and an emancipatory tool for the liberation of African people worldwide and especially in America. Literature reinforces the fact that African-American men need comprehensive mental health services because of the calamities of death, jail, high rates

of alcoholism and drug addiction, and cognitive disorders. African-American men are in great need of liberation from these devastating vices.

Robinson (2000) wrote, “we have been largely over-whelmed by a majority culture that wronged us dramatically, emptied our memories, undermined our self-esteem, implanted us with palatable voices, and stripped us along the way of the sheerest corona of self-definition” (p. 28). Unless the very structure, ideology, and spirit of the systems that establish curriculum changes, African-Americans will continue to suffer the injustices of biased, racist institutions, and society. The complexity of these injustices demands much more than a surface level fix. Many efforts to solve the psycho-social problems of African-Americans have been ineffective attempts that rarely solve the true problem. Based on the nature of this study, a qualitative approach was used. The next chapter provides more details about the methodology used for the study.

Chapter 3: Methodology

The purpose of this exploratory phenomenological research study was to investigate the “experience” of African-American men whose therapy incorporated/consisted of an Afrocentric curriculum as defined in the literature review. More specifically, the use of an Afrocentric curriculum was examined to determine the implications, if any, of Afrocentric therapy as an alternative therapeutic method for African-American men. By aligning the research question, goals and products of the study, the researcher, hopefully, brought forth clarity about African-American men’s experience in Afrocentric therapy. This form of social inquiry focused on the ways African-American men interpret and make sense of Afrocentric psychotherapy. In this chapter, the research design and methods describe concepts such as phenomenology, grounded theory, population sample, data collection, analysis, research bias, and lastly ethics.

Research Design

The researcher considered a quantitative study; however, quantitative methods are not suitable for the purpose of interpreting the experiences of African-American men in therapy because subjective assessments of therapeutic impact do not reduce to numbers. Quantitative methods were also not suitable because this study involved learning within the context of human experience and individual interpretations of those experiences (Creswell, 2013). Quantitative methodologies examine theories based on reason and logical analysis of available research literature. Creswell (2013) stated,

[Quantitative methodologies] help explain the mechanisms or linkages in causal theories or models. These theories provide a general picture of

trends, associations, and relationships, but they do not tell us about why people responded as they did, the context in which they responded, and their deeper thoughts and behaviors that governed their responses. We use qualitative research to develop theories when partial or inadequate theories exist for certain populations and samples or existing theories do not adequately capture the complexity of the problem we are examining.

(p.40)

Since the goal of this research was to investigate the experiences of African-American men using a culturally-relevant curriculum based on the Nguzo Saba Seven Principles of Kwanzaa, qualitative research was more applicable in its approaches, because it links causal theories inductively. It is a tool to develop deeper understanding about the features of the phenomenon or worldview from the perspective of the subject, not just the researcher. It is also guided by certain ideas, perspectives or hunches regarding the subject to be investigated. My professional experiences as social worker, therapist, and teacher informed my interpretive stance to a degree.

Another goal of qualitative research is systematic inquiry. Systematic inquiry seeks to systematically understand natural transactions of the human being and to develop a theory that explains the phenomena (Cormack, 1991; Creswell, 2013). As a Black man and therapist, I hoped to elicit authentic stories from a population that often resists participation in research because of a perceived bias and lack of insight in researchers' perspectives. Qualitative research methods are like telescopes that enable researchers to look deeper into the phenomenon of the participants. Qualitative research methods provided access to the lived experiences of the African American men who participated in this study by exploring their worldviews. Furthermore, qualitative research provides

sensitive, appropriate clarity, and ways of knowing which included the possibility of understanding how social experience is created and the meaning of the experience to the participants (Denzin & Lincoln, 2003).

Phenomenology

According to Merriam (2002), a qualitative research approach helps the researcher “uncover the meanings people have constructed about a particular phenomenon” (p. 19). Using a qualitative approach, the researcher gained an understanding of the participants’ experiences, perceptions, ideas, concepts, feelings, and opinions regarding psychotherapy when an Afrocentric curriculum is used (Moustakas, 1994). The research design was phenomenological in nature. The origin of phenomenology is associated with the German philosopher Edmund Husserl (Groenewald, 2004; Vandenberg, 1997). According to Behnke (2011) and Wilson (2006), employing this research method affords individuals the opportunity to provide distinct descriptions in relation to their lived experiences (i.e., their conscious life). Their commentary might include details regarding various people objects, situations, or conditions that exist within their environment and the meanings they attach to these. The purpose of the phenomenological approach is to illuminate the specific (Moustakas, 1994). In this study, the researcher was able to identify and document the perceived experiences of the participants. In the human sphere this normally translates into gathering ‘deep’ information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participants (Lester, 1999).

According to Moustakas (1994) phenomenology as a qualitative research methodology is scientifically “valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of experience” (p. 84). The realities that appear in the real world of individuals can be viewed as pure phenomena (i.e., facts, occurrences, or circumstances observed) from their perspectives (Groenewald, 2004; Moustakas, 1994). According to Boss and Kaplan (1996), there are seven assumptions underlying phenomenological research; two of the most important assumptions are as follows:

- Reality is socially constructed, meaning that it is relative and illusive and people's perceptions are complex, multiple, and changing.
- Researchers are not able to detach themselves from the phenomena/processes which they study.

Boss and Kaplan (1996) further argued, "social inquiry is influenced by the investigator's beliefs about how the world works" (p. 85). We are inevitably shaped by the sociocultural narratives that construct our identity; thus, as an African-American man, my identity may influence this study by shaping the nature of questions asked and the interpretation of the participants' responses to them.

Although this is a phenomenological study, the researcher chose Grounded Theory as a method of data analysis (coding, theoretical sampling etc.) to capture the perspective of these African-American men and the meaning of their life experiences. Grounded Theory (GT) was the method used to organize, analyze, and interpret the data because phenomenology and grounded theory both address the meaning of life experiences. The term “grounded” implies that theory is generated from social research

data” (Glaser & Strauss, 1967, p. 2). GT was used only to analyze data, according to the research strategy prescribed by GT, not as a means of developing an integrated theory.

Grounded Theory

According to Bergaus, (2015),

Grounded Theory is often referred to as a qualitative method, an inductive methodology. It is the systematic generation of theory from systematic research and a set of rigorous research procedures leading to the emergence of conceptual categories. Concepts and categories are related to each other as a theoretical explanation of the action(s) that continually resolves the main concern of the participants in a substantive area. (p.110)

For example, GT presents a single, unified, systematic method of analysis (Glaser, 1978).

Barker, Britton, and Jones (n.d.) stated, “other qualitative methods often rely upon the application of general principles rather than systematic methods, making their application and interpretation more difficult” (para. 5).

Ethnography and phenomenology are also classed as theory generating methods, but GT has an advantage in studying a phenomenon by allowing the researcher’s interpretative perspective. The results of such theories, explicitly emerging from the data, can help practitioners better understand Afrocentric curriculum benefits and challenges. The aim, as Glaser (2002) stated, “is to discover the theory implicit in the data” (p. 131). He further argued that the distinction between “Emerging” and “Forcing” is fundamental to understanding the GT method, because some researchers have been more exposed to hypothesis-testing research than to emergent research (Glaser, 2002). The two main criteria for judging the adequacy of the emergent theory are (a) it fits the phenomenon,

and (b) it helps the people in the phenomenon to make sense of their experience and to manage the phenomenon better (Esteves, Ramos, & Carvalho, 2002, p. 131).

The disadvantage of the GT method is that “the subjectivity of the inquiry leads to difficulties in establishing reliability and validity of the approaches and information” (Mapara, 2013 p. 26). The data interpretation is coupled with the “difficulty to detect or to prevent researcher-induced bias” (Mapara, 2013 p. 26). Grounded theory research design provided guidance in assembling meaning derived from the data, and rendering the African-American men participants’ experiences into readable theoretical interpretations (Charmaz, 2000). Grounded Theory design also enabled the researcher to convey many of his philosophies, views, feelings, and questions while processing the data which can bring bias. Lastly, the highly qualitative nature of this research necessarily involved some pre-existing theoretical ideas and assumptions. Since the goal of the study was to give voice to the phenomenon of African-American men’s experience in therapy, the researcher made every effort to bracket these preconceived notions.

Similarities and Differences in Grounded Theory and Phenomenology

GT and phenomenology involve similar inductive methods of data analysis. Kompa (2013) stated, “both [GT and phenomenology] start methodologically with data collection and generally share a descriptive approach. Data collection and analysis occurs primarily through unstructured formats using interviews and written texts (e.g. diaries) (Mays & Pope, 1995). This process allowed the researcher to focus directly on the participants in this study by documenting their experiences in therapy using an Afrocentric curriculum. Both GT and phenomenology according to Kompa (2013), “deal initially with unstructured data that undergoes continuous refinement and crystallizes into

central themes. GT and phenomenology are emergent inductive strategies, but phenomenology investigates the phenomenon of lived experiences in this world whereby GT is thematically open” (para. 5).

Farooq (2015) stated,

Thematic analysis is the most common form of analysis in qualitative research. It emphasizes pinpointing, examining, and recording patterns (themes) within data. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. The themes become the categories for analysis. Thematic analysis is performed through the process of coding in six phases to create established, meaningful patterns. These phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report. (para.1)

The objective of thematic analysis is to identify codes in the data to uncover major thematic ideas or patterns by reading the text and finding passages that are similar or represent similar things (Creswell, 2013). The raw data (passages) are used as the basis to develop a theory.

GT was used for the thematic analysis in this study. The general structure of reporting thematic analysis according to Creswell (2013) is as follows:

1. Introduction: Statement of the problem (including literature about the problem)
2. Design and methodology: (grounded theory) rationale site or population selection data-gathering methods data analysis procedures
3. Open coding

4. Axial coding
5. Selective coding and theoretical propositions and models
6. Discussion of theory and contrasts with extant literature.

GT is a "systematic set of procedures to develop an inductively derived grounded theory about a phenomenon" (Strauss & Corbin, 1990, p.24). Grounded implies that the theory derived is grounded in the data, while the themes in thematic analysis represent plausible patterns to pursue and to summarize/condense the data. It was in the opinion of the researcher that using GT thematic analyses would provide richer results on the experiences of African-American men in Afrocentric therapy. The line by line open coding would also reduce researcher bias by insuring each utterance of a participant was independently reviewed for meaning. This enhanced phenomenology's desire to capture the "essence" of individual experience inclusively (Moustakas, 1994). Kompa (2013) illustrated the point this way:

This differs from the goal of logically explaining the phenomenon in GT. Phenomenology is interpreting experiences, whereby GT extracts themes from data. Types of data in GT can be broad, while in phenomenology, the predominant data collection is by in-depth interviews (although observation or documents are equally valid). Using interviews, a phenomenologist keeps centered on eliciting experiences whereby a grounded theorist may move on to other data collection methods, or structured interviews, to saturate emerging categories. (para, 5)

Another major difference is "bracketing-out of the researcher's own experience to avoid bias is a major concern in phenomenology whereby GT is taking an objectified stance between researcher and data" (Kompa, 2013, para, 5).

Developing Case Study Research Designs

Case studies bring the meaning of lived experience to light. A case study is “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2003, p. 13). Andrade (2009) stated,

Since a case study design is conducted in a natural setting with the intention to comprehend the nature of current processes in a previously little-studied area, it allows the researcher to grasp a holistic understanding of the phenomenon under investigation. (p.44)

This holistic understanding is a narrative, descriptive, exploratory or explanatory analysis of a person, group or event. For example, narrative inquiry is an umbrella term that captures personal and human dimensions of experiences over time, and takes account of the relationship between individual experience and cultural context (Etherington, 2013, p. 3). Clandinin and Connelly (1990) reported that

The central task is evident when it is grasped that people are both living their stories in an ongoing experiential text and telling their stories in words as they reflect upon life and explain themselves to others. For the researcher, this is a portion of the complexity of narrative, because a life is also a matter of growth toward an imagined future and, therefore, involves retelling stories and attempts at reliving stories. A person is, at once, engaged in living, telling, retelling, and reliving stories. (p. 4)

This is problematic in the proposed study because the population that the researcher interviewed was in treatment and the researcher had a limited window of opportunity and time. In addition to the small window of opportunity, the bigger issue is protecting the

participants' identity and confidentiality. "Good narratives typically approach the complexities and contradictions of real life as do case studies. Accordingly, such narratives may be difficult or impossible to summarize into neat scientific formula, general propositions, and theories" (Flyvbjerg, 2006, p. 21).

This was a critical desire of the researcher to investigate the experience of African-American men using a culturally-relevant curriculum based on the Nguzo Saba. This goal created major drawbacks to using the case study method. Research for case studies relies on thick description and hard-to-summarize narratives. Summarizing and generalization are always desirable, but the case studies are subjective, giving too much scope for the researcher's own interpretations and may cause data to be invalid (Glaser, 1978). Due to the small sample size a case study methodology was considered; however, the lack of access to narratives of family members to corroborate the facts shared in the interviews, the researcher deemed it necessary to reject case study methods. The only sources of information available in this study were the informed accounts of the African-American men participants. For these reasons, findings were reported using tenets of phenomenology over case study.

Phenomenology and GT are clearly different from case study methods because of how they use literature to support stories told using the voice of the participants. Phenomenology and GT allow the researcher to start collecting data and analyzing as soon as possible in a more collaborative manner. Each phase or interview helped shape future questions or approaches. The researcher interviewed African-American men in two different treatment facilities in different states. This helped add a level of identity protection to participants. The researcher focused on the opinions, ideas, concepts,

feelings, and perceptions of the participants regarding psychotherapy when an Afrocentric curriculum is used.

Strauss and Corbin (1993) contended that by familiarizing oneself with the origins of a theory one can be assisted in understanding the roots of the theory; therefore, understanding the roots of Afrocentric therapy is necessary to understand its therapeutic outcomes. By making better matches between the research question, goals and products of the study, the researcher brought forth clarity about the experiences of African-American men in Afrocentric therapy. The development of inductive reasoning produces theories grounded directly from empirical data, but in the case of phenomenology the experiences were rooted in the empirical data from the in- depth interviews and observations of group therapy. The analysis of the data collected was used to explain how and why Afrocentric therapy is beneficial or not from the participants' perspectives. This dissertation helps document and explain the evolution of Afrocentric curriculum in a clinical setting, a topic that has been undertheorized.

Population and Sample

The sample consisted of two African-American male therapists and eight African-American men active in therapy were interviewed. They were selected from two major urban sites from the Midwest, because they were located in cities that primarily have agencies and practitioners using Afrocentric psychotherapy.

Substance abuse treatment facilities are one of the few institutions that use an Afrocentric therapeutic model. It is important to understand that “success in substance abuse treatment [can] not be understood as a static concept; relapse is an integral part of recovery” (Zerger, 2002 p. 16). Several participants and even one of the therapists had

experienced more than one round of therapy for alcohol/drug issues. Some were mandated to attend; others chose to engage in the therapy voluntarily. Success was defined based on Stahler's (1996) seven ways of understanding success:

1. Complete sobriety and abstinence as advocated by 12-step programs.
2. Graduation from the treatment program, or at least engagement in the program for a lengthy period of time.
3. Attainment of life skills objectives, such as sobriety, employment, enrollment in school, ability to handle money, and housing.
4. Change in psychological and emotional realms.
5. Interpersonal improvements in terms of better relationships with family and friends
6. Ability to cope with problems and stress.
7. Existential/phenomenological – a global, subjective sense of improving one's life that depends on the client's idiosyncratic life and drug history, patterns of residential instability, motivational state, and prior functioning.

(Stahler, 1995, p.137)

Afrocentric thought and application are obviously culturally constructed, and therefore must be interpreted within a homogeneous group. Bogdan and Biklen (1992) recommend homogeneous sampling. Choosing a single cultural group may reduce interpretational errors. Identifying participants can be problematic, however, because many African-American men, who suffer from disorders, are less likely to seek treatment than their White counterparts (Thompson, Bazile & Akbar, 2004).

To obtain the required sample, the researcher first mailed an information letter to comprehensive mental health agencies, counseling agencies and private practitioners that

primarily service African-Americans using an Afrocentric curriculum. The letter included the purpose of the research and the researcher's background as a certified substance counselor, social worker, and special education teacher (see Appendix B). A week later, the researcher followed up with a call and e-mail (see Appendix C); requesting a formal meeting with the clinical director or independent therapists regarding the researcher's study and the selection procedure. Once the meeting was arranged with the clinical directors or the private practitioners, the researcher discussed the study. A consent form was provided (see Appendix D). This was intended to provide answers to many ethical questions such as how the researcher was to protect the confidentiality of the participants (African-American men and the therapists), the importance of the research, and how it may contribute to helping African-American men in other settings.

The researcher's protocol included an introductory letter, an information sheet, a brief description of the interview process, and consent forms for the African-American men who volunteered to participate. The researcher explained in the introduction letter and reiterated verbally that not all potential participants selected for the study will be used because of the possibility of getting more participants than needed.

Participants: Therapists

The therapists were recruited through advertisements and personal contacts. Advertisements included placing flyers on bulletin boards, passing out handouts to existing patients, and sending e-mail correspondence. The following were required for a therapist to be considered for participation in the study:

- a) Self-identify as an African-American man
- b) Be licensed to Practice Psychotherapy
- c) Use Afrocentric Therapy with African-American Men

- d) Have at least five years of experience in the field or other related field.

There was a total of five therapists who volunteered for the study. The researcher selected the two that best met the criteria and had the highest number of years of experience.

Identifying men in therapy or men who completed therapy took place in two ways. For men currently in therapy, therapists were asked to recommend possible participants. In addition, the researcher requested permission to attend a therapy session to recruit potential participants. For men who have completed therapy, therapists were asked to contact potential participants. As the researcher personally knew therapists that met the criteria, he contacted them.

Participants: African –American Men in Afrocentric Therapy

The researcher solicited referrals by using a convenience sample. “A convenience sample can be defined as a sample in which research participants are selected based on their ease of availability” (Given, 2008, p.124). This was coupled with snowball sampling, which relied on the clinical directors, therapists and men to generate additional referrals via bulletin board, Facebook or other social networks. The following criteria were required for the African American men to be considered for participation in the study:

- a) Currently in treatment or have successfully completed treatment in the past two years from agencies or private practitioners that utilize Afrocentric therapy
- b) At least 21 years of age
- c) Currently active in outpatient therapy.

Once potential participants were identified, the researcher’s selections were purposeful.

The goal was to enhance the understanding of the phenomenon under study. There were

55 participants solicited and only eight were selected. **The researcher was not able to interview the participants that had previously completed treatment. Consequently, the selected participants were new comers and those in therapy the longest.**

The most vital aspect of this selection process was to identify appropriate African-American men to participate. The participants selected were those who best fit the criteria.

Data Collection

The data collection process started with a visit to the treatment facility. This is a business that treats people of African descent (adults) with substance abuse problems and uses an Afrocentric paradigm or worldview they call the WHY model. The WHY model asks questions based on the query ‘why,’ which is not an acronym. The access to these narratives is different for the population and this is one of the reasons why this study is so important.

Observation

The researcher used observation as one method of data collection. Observation allowed for detailed field notes to be recorded of the relevant phenomenon. The purpose of observation is to provide rich qualitative data (Mann, 2003). The researcher observed and took notes at the selected sites and was able to obtain thick descriptive data. The observations involved sessions with the African-American men currently in treatment. Notes were then typed up within a few days of the event for preliminary coding and to understand more clearly the meaning of the observed interactions.

In addition, the researcher attended the facilities’ self-help groups for three, two-hour sessions, for a total of six hours a week for one week. The self-help groups are also

known as support groups. Mental Health America of Eastern Missouri (2012) defined support groups as,

Voluntary associations of people who share a common problem, condition, or life situation. Members find a unique understanding and guidance that comes from others who have experienced the same problem. Participants provided one another with emotional support and shared information about effective ways to cope with their mutual problems. Although drawn together by a shared problem, they learned that by helping one another, they helped themselves. Groups not only support individuals who have specific concerns, but quite often assist family members and significant others who are seeking support and education.

(para 1)

Self-help groups are not typically interactive like natural therapeutic groups. In many cases self-help groups do not involve any specific goals and objectives of the group members. The self-help groups were facilitated by someone from among the recovering community that had been sober or off drugs for several years. The self-help groups were open to the public.

The researcher also was granted permission by the therapist to sit-in on the didactic groups due to his daily attendance at the open sessions mentioned above. This allowed the researcher to acquire foundational knowledge of the Afrocentric curriculum this center used. The researcher attended the didactic group with a licensed therapist facilitating for a total of two hours. Therapy occurs face to face between the patients and the therapist, and the sessions provides an intellectual structure which supports group members. The therapist leading the sessions was an experienced staff member, and the

number of participants in each group varied from seven to twenty. The goals of the group sessions were to help the African-American men recover from drug abuse and facilitate the right mind set for operative psychosocial changes.

The didactic sessions mirrored a school classroom, including, educational YouTube videos, recovery lectures, educational, member presentations, and large group discussions (Queener & Martin, 2001). The researcher gained an understanding of definitions or terms that participants might use later during the interviews. In addition, the researcher developed a holistic epistemological worldview of the phenomenon researched, meaning as impartial and truthful as possible lens based on the challenges of access to such sessions and the phenomenological method. This was an essential approach to increase the validity of the research. The observations provided the researcher clarity within a situated context of the phenomenon being researched. This helped provide better validity by using observation in context, along with interviewing and document analysis, this hands-on approach helped the researcher deepen understandings of these African-American men in therapy.

Interviews

In addition to observations, one-on-one interviews were conducted by the researcher. The African-American men participants (See Appendix F) and the therapists had different questions asked of them (See Appendix G). The advantage of using interviews as a data collection method was that interviews produced more in-depth, comprehensive accounts of the phenomenon that were not available with survey data or through observation of the group process alone. One-on-one interviews uncovered the best thinking of each participant without the drawbacks of group dynamics. By dealing

with value-laden questions, in-depth interviews capture relevant and salient qualitative information (Gubrium & Holstein, 2012).

On the down side, Gubrium and Holstein (2012) contended, the disadvantages of interviews are the subjectivity of the inquiry. Subjectivity refers “to the way a person experiences things in his or her own mind based on feelings or opinions rather than facts” (Subjectivity, 2016). This subjectivity leads to difficulties in establishing the reliability and validity of the data. Qualitative work aims for trustworthiness of interpretation. It is also hard to replicate phenomenological studies because they capture a unique phenomenon in time and space due to the nature of semi-structured information (Bernard, 1998). It was still very difficult to prevent or detect researcher induced bias in coding; one needs to identify biases and bracket as much as possible. Finally, qualitative research is time-consuming and results in volumes of data to transcribe and analyze (Gubrium & Holstein, 2012).

The researcher conducted one-on-one semi-structured interviews rather than unstructured interviews. Semi-structured interviews provide targeted in-depth information and are often called a conversation with a purpose (Bernard, 1988). Unstructured interviews do not allow for limited and focused answers. Semi-structured interviews allowed the researcher the option of taking different paths and exploring different thoughts and feelings. The questions were open-ended, which allowed for personal narratives by participants on a defined topic. Considering the fact that time was limited, each participant was allotted 40-60 minutes, using a semi-structured interviewing technique. The questions centered on gaining an understanding from the responses of an Afrocentric approach to psychotherapy. The intent was to allow the stories of the participants to emerge. All interviews were audio taped and transcribed by the

researcher. Each interview lasted approximately 25 minutes although more time was allotted. The location, time, and date were determined by the participants. All interviews were conducted by the researcher.

The researcher introduced himself and reiterated the purpose of the research and why the participants' opinions would be so valuable in establishing a foundational understanding of Afrocentric curriculum as a part of therapy. It was made clear that they could share negative as well as positive experiences, but that the goal was to authentically reflect on aspects of the Afrocentric therapy model. The researcher asked the participants to sign the consent form after answering all questions before proceeding with the interview.

During the consent procedure, the participants were-informed that the only persons to see and have access to his raw interview data were the researcher, advisor, and one colleague that assisted with the data analysis. The researcher reiterated the purpose of the research and the protocol followed which consisted of guidelines and procedures. This protocol was essential to minimizing the risk and discomforts of the African-American men participants as well as to show the possible benefits of the research study. Lastly, the participants were given the opportunity to ask questions and to have their questions answered by the researcher. During the interviews, the researcher sought clarity when needed. All specific identifying details were removed before coding to insure confidentiality.

Data Analysis

Phenomenology was the primary design method applied to describe the meaning African-American men applied to receiving therapy using an Afrocentric curriculum.

Grounded Theory was used to analyze the data using open coding followed by axial coding to identify emergent categories. The nature of the responses from the interviews produced the essential data in the form of emerging themes. The data collection and analysis were continued throughout the study in a heuristic way so later interviews were informed by what was gathered from earlier interviews. Constant reflexive comparisons as you are coding and contrasting data from previous interviews allows for intricate themes to emerge (Glaser, 1978; Strauss & Corbin, 1990). Bernard (1988), stated while collecting and analyzing data, it is essential that the researcher be theoretically sensitive (i.e., being thoughtful regarding particular data was important in developing further questions). The following five steps of analysis were recommended by Strauss and Corbin (1990):

1. Open coding: reading transcripts line-by-line and identifying and coding the concepts found in the data
2. Axial coding: organizing the concepts and making them more abstract
3. Selective coding: focusing on the main ideas, developing the story, and finalizing categories
4. Theoretical coding: the final stage of coding when core categories have become saturated
5. Memoing: the core stage in the process of generating theory, the bedrock of theory generation (p. 61).

Explicit categories were developed using transcribed interviews and fluent codes. The participants' key thoughts, concepts, positions, perspectives, statements, and feelings were examined and the data were placed into explicit categories throughout the data analysis process. The coding process was signally the most critical step in the GT

methodology. The linking and reduction of categories helped consolidate the meaning and bring clarity to the theory of Afrocentrism. Esteves, Ramos, and Carvalho (2002) suggested,

The importance of following the coding process as the process of coding line-by-line. Sometimes people used other processes that are associated with techniques such as content analysis (words are the central focus) or phenomenology (themes are the central focus). Line-by-line coding keeps us thinking about what meanings we make of our data, asking ourselves questions of it, and pinpointing gaps and leads in it to focus on during subsequent data collection. (p. 133)

Furthermore, the line-by-line coding process kept the researcher focused on the possible meanings of the data until saturation occurred.

Saturation refers to the point where new information does not arise from additional data collection (Strauss & Corbin, 1990). Comparative analysis was used until saturation occurred. According to Bryant and Charmaz (2010),

Theoretical saturation is achieved through constant comparison of incidents (indicators) in the data to elicit the properties and dimensions of each category (code). This constant comparing of incidents continues until the process yields the interchangeability of indicators, meaning that no new properties or dimensions are emerging from continued coding and comparison. (p. 255)

The emerging patterns from GT were analyzed theoretically looking through the lens of Afrocentrism and Transformative Learning theory to gain an understanding of the experiences of African-American men using a culturally-relevant curriculum based on an Afrocentric curricula.

Triangulation

To increase validity triangulation was used. Triangulation reduced weakness and intrinsic biases that may have appeared in the researcher. The researcher hoped to overcome single-method, single-observer, and single-theory study bias by confirming the findings through a convergence of different perspectives. According to Smith, Zhang, and Barberet (2011), “combining multiple observers, theories, methods, and empirical materials, researchers can hope to overcome the weakness or intrinsic bias (p. 223). By interviewing therapists and participants and by having the opportunity to observe the sessions as they unfolded, the researcher was able to discern if the description of events aligned with the actual therapy sessions observed.

A secondary researcher assisted during the data analysis process. The secondary researcher was selected because he previously completed a study using the same data analysis methodology. The initiation of the coding process began by developing a code book negotiated and agreed upon by the investigators. The code book included some variables of interest to be used for coding the data that were defined through theoretical reasoning as well as new emergent codes from the data itself. The findings from each data set were evaluated and compared to improve clarity which provided a comprehensive understanding due to different views and interpretations of the data. This is consistent with the following statement from Guion (2002):

In order to triangulate, each different evaluator would study the program using the same qualitative method (interview, observation, case study, or focus groups).

The findings from each evaluator would then be compared to develop a broader and deeper understanding of how the different investigators view the issue. If the findings from the different evaluators arrive at the same conclusion, then validity

has been established. If the conclusions differ substantially, then further study is warranted to uncover the 'true' and 'certain' finding. (p. 2)

In order to triangulate the data, it was necessary to line up the investigators' findings or come to a consensus on the emerging data. This reciprocal relationship between the investigators' interpretations of data by cross checking the data was the method that was used for this study. This is also known as inter-rater reliability. Inter-rater reliability is when two or more people independently code qualitative data. We compared the number of matching codes and discussed differences that surfaced from the claims, opinions, and statements of participants. After the data examination, the secondary investigator provided feedback until a consensus was reached or suggested further discussions and/or examinations to negotiate additional clarifying codes (Armstrong, Gosling, Weinman, & Marteau, 1997; Guion, Diehl, & McDonald, 2011).

In order to increase validity of the data and to make sure statements in transcripts were accurate, member checking was used. Member checking consists of allowing participants to review their transcribed interview/reflection for accuracy (Merriam, 2002). During the analysis stage, additional feedback from participants provided clarity and established accuracy of the recorded data. Subsequently, additional feedback provided by the participants helped the researcher build evidence for the proper codes and significant themes from the participants' responses thus increasing trustworthiness (Beck, 1994).

Bracketing

Trustworthiness of research was increased by bracketing. Bracketing requires one to suspend their personal beliefs, which enables the researcher to enter into the domain of the participants without personal bias resulting in pure analysis of the data. According to

Penner and McClement (2010), suspending personal beliefs allows the researcher to remain open to data as it is revealed. In order to increase the trustworthiness of semi-structured interviews, the meaning of each significant statement needs to be seen as critical. This enabled the researcher to collect and organize the data into clusters of themes, producing full descriptions of the participants' experiences. Bracketing is the accepted and professional precondition that allows the researcher to comprehend the experiences of the participants in the investigation (Beck, 1994).

Ethical Issues

The data from the participants' interviews included descriptions drawn from their lived experiences. These narratives offered a more holistic view and provided a richer insight into the complexity of the problems in their lives. Exploring their perceptions of context was essential to the analysis process. In designing this research study, the researcher "considered how to respect the diminished autonomy of participants and how to manage the burdens of research on already burdened groups" (De Marrais & Lapan, 2003, p. 33). In the *Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, there are sections that define what is consider a vulnerable person or subject for research; however, they do not provide a working definition (United States, 1978). Tisdale (2004) described vulnerability as follows:

- a) A priori description of peoples' positions in our society- poor people are innately vulnerable
- b) A posteriori interpretation of participants' positions created within the research process- due to identification participants become vulnerable. (p. 16)

Obtaining accurate accounts of lived experiences from people who have experienced trauma is challenging. Misrepresenting the social realities of indentured people when attempting to convey detailed and accurate accounts can be an issue (Gubrium, 2012). For example, a person with knowledge of the treatment facility may be able to identify one of the participants based on traits such as hairstyle, behaviors or age, being an African-American male, and the number of times in treatment (Sieber, 1992).

Identification of a participant using this method is an example of rich ascription of data from in-depth interviews. The rich ascription could breach confidentiality of the participants via deductive disclosure. Confidentiality is defined as an agreement between the researcher and a participant about what is done with their data (Sieber, 1992)

“Deductive disclosure, also known as confidentiality, occurs when the traits of individuals or groups make them identifiable in research reports” (Sieber, 1992, p. 52).

Weiss (1994) suggested, “nothing reported from the study, in print or lecture, should permit identification of respondents” (p. 131). To handle this data ethically, the *dominant approach* was used (Weiss, 1994). This approach attempts to make respondents unidentifiable. The dominant approach requires data be collected anonymously and without identifiable information (Kaiser, 2009). This study utilized the dominant approach to avoid compromising the participant’s confidentiality. Utilizing the dominant approach required the researcher to removed identifiers such as name, age, and gender and replaced them with pseudonyms and approximate demographics (Sweeney, 1996). This was coupled with deleting familiar characteristics from the file after data were coded and no longer needed. The data were stored in a locked file cabinet for safety. The data were derived from interviews; therefore, computer software was used to search, locate, and replace the names and titles of specific people, places and things (Kaiser, 2009).

Consideration was given for stigmatizing traits or behaviors, such as drug user or dealers attempting to change for the better because identification could result in harm or danger.

It must be reiterated that Kaiser (2009) stated,

The emphasis on protection from harm is consistent with The Belmont Report's emphasis on "beneficence"—researchers must not harm their study participants.

The convention of confidentiality was upheld as a means to protect the privacy of all persons, to build trust and rapport with study participants, and to maintain ethical standards and the integrity of the research process. (p.1634)

Research on confidentiality using the dominant approach illustrated that this process only captures roughly 30 to 60 percent of personal-identifying information (Sweeney, 1996). Although the researcher meticulously cleaned the data and remove personal identifiers the contextual identifiers of the participant's stories will remain because they have encountered uncommon life events that are distinct in many ways. These unique events are what shaped their stories and are essential data or information. Inevitably, a decision had to be made as to what aspects of the participant's life stories required altering to preserve confidentiality. This was problematic because if their quotes were changed, it might modify or diminish the distinctive meaning of the data and jeopardize the authenticity of the data. The reality was many of the participants had very robust emotional feelings about their worldviews and did not want any of their quotes changed.

This could have been left unpublished, but it would defeat the purpose and desire to impact clinical practices for African-American men, so findings will be available for dissemination in two years. The alternative approach was considered in case changing the names or respondent characteristics lead to dilution of the data. The goal of the

alternative approach and dominant approach are similar. They both allow the researcher to share detailed rich data while protecting the participant's confidentiality and perspectives on how to use their data (Kaiser, 2009). The major difference between the two is the practical guidelines which are critical for reducing the uncertainty surrounding the data and avoiding the possibility of deductive disclosure (Kaiser, 2009). Kaiser (2009) further suggested,

The alternative approach addresses the shortcomings of the dominant approach by (a) making respondents better informed of the use of data (i.e., who is the audience for the study results and how will the study results be disseminated), and (b) by instituting practical steps to facilitate dialogue with respondents about how their data can be used (i.e., revising the informed consent process. (p.1635)

This alternative approach was not used because the dominant approach properly addressed the needs of the Institution Review Board and protected the participants from inductive disclosure.

Researcher Bias

The researcher believes all people of African descent need to be treated, orientated and educated within their culture, history, and values prior to learning others' perspectives due to being subjected to over 400 years of White supremacy and oppression. The researcher has witnessed men transform negative psychosocial behaviors through the methodology of Afrocentrism. This is an ethical issue that is political in many ways. There remains a personal belief that the Afrocentric curriculum is essential and the most effective way to help African-Americans.

The researcher understands the possibility of jeopardizing impartiality and how it is unavoidable when conducting social research with preconceived notions (Martyn,

2009). Several attempts were made to minimize the possibility during the research phase. The first attempt to reduce weakness or intrinsic biases was to use the method of GT because the theory is derived from actual words used in the interview. It also incorporates a chain of evidence to support any conclusions drawn from the emerging data (Glaser, 1978; Strauss & Corbin, 1990). The second attempt to reduce weakness or intrinsic biases was to use multiple coders, methodologies, and previous literature. This avoided the single method, single-observer, single-theory study bias by confirming the findings through convergence of different perspectives (Denzin, 2010). Lastly, analytic notes were used to record the researcher's thoughts, feeling, and as a way to avoid bias because the data is initially filtered through the researcher's worldview (Hunter & Schmidt, 2004).

Summary

In this chapter, the procedures used to collect data for the current study were outlined. The semi-structured, one-on-one interviews used were the primary data collection method. After collected, the data was examined, using GT methods (open coding, axial coding, and category coding). In the following chapter, the findings from the research are discussed. The findings of the African-American men are discussed in chapter 4 and the therapists in chapter 5. The final chapters explore implications for practice and future research needs.

Chapter 4: Results of the Participants

This chapter reports the personal stories and feelings of eight African-American men and the ways they interpret and make sense of Afrocentric curriculum. Each participant's story was analyzed using thematic analysis to identify emerging themes or concepts using a grounded theory approach. The goal was to explain the experiences of African-American men who participated in therapy that incorporated/consisted of an Afrocentric curriculum. What follows are the insights and interpretations from the interviews of African-American men who completed treatment or who were currently receiving treatment using an Afrocentric curriculum.

Participants' Demographics

The research was conducted in a Midwestern metropolitan area. The treatment facility in which the study is located has a residential population of over 2 million people. The selected treatment facility has a history of using Afrocentric therapy and culturally-relevant curricula when working with African- Americans. The researcher used a convenience sample due to sensitivity of the material sought. "A convenience sample can be defined as a sample in which research participants are selected based on their ease of availability" (Given, 2008, p.124). According to the therapists, the treatment facility primarily services an African-American population. The population primarily being served is 98% African-American with 70% of that being male.

The participants in this study represented a wide range of ages, education, and parole or probation status. The participant's experience with treatment varied significantly. This was the first exposure to treatment for some and others were returning due to unsuccessful outcomes. As indicated in Table 4.1, all the participants declared their commitment to the recovery process. Seven of eight participants began their

treatment because they were referred by their probation officer as a result of testing positive for drug use. Two participants checked into treatment because they realized they needed help and were having family problems. At the time of this study, all participants had been in treatment at least nine months or more. Six of the ten had more than one treatment episode. This meant they had been to treatment before and relapsed or were not successful. Four of the participants were in treatment for the first time. The participant's education levels varied significantly. Seven of the participants had a high school diploma or GED (General Education Diploma), one participant had a Master's degree, one had an Associate's degree, and one was working towards earning a GED.

Additional demographic data were collected including age, marital status, and religiosity. The participants' ages ranged from 32 to 63 years. Four of the participants were married and four were single. Most of the African-American participants were religious or continued to sustain a religious or spiritual worldview in general. Such a perspective is consistent with the important, and perhaps even radical, key role that religion and spirituality have played in the survival and resilience of African-Americans throughout slavery and segregation, as well as through disease and death.

Table 4.1*Participants' Demographics*

Participants	Age	Highest Education	Probation or Parole	Episodes in treatment	Marital Status
Jason	50	Diploma	Parole	5	Single
Chris	42	GED	Parole	2	Married
Scott	43	GED	Probation	1	Single
Edwin	37	GED	Parole	1	Married
James	45	GED	Parole	3	Married
Rory	52	Working on GED	Never	2	Married
Abel	32	Associate	Probation	1	Single
Ralph	50	Diploma	Parole	6	Single

Two of the ten interviewees, Akbar and Khalid, were not included in the discussion regarding the concepts that emerged because they are therapists and their responses are discussed in Chapter 5. As Table 4.2 indicates, four concepts emerged from the interviews with the participants. In the next paragraph, the elicited opinions and views of the participants show how their perspectives contributed to the concepts. Concepts were utilized to unify all the experiences of African-American men who participated in therapy using Afrocentric curriculum. The coherent presentations of these concepts are an essential ingredient to make the views of the participants' experiences in treatment meaningful.

Table 4.2*Common Concepts and Descriptors*

Concepts	Descriptors of Concepts	African-American men
African Consciousness or Black Consciousness (AC)	“African consciousness reflects the development of awareness and knowledge of their cultural identity and cultural heritage and recognizes factors that affirm Black life” (Pierre, & Mahalik, 2005, p. 2), thus fully operating and generating self-affirmative behaviors by redefining their values, self-image, and entire outlook.	All
The We or Group Self-Awareness (WE)	“I am what I am because of who we all are is an Ubuntu philosophy that considers the success of the group above that of the individual” (Marsico, 2013, para 1). “The belief that there exists a between us all and it is through this bond, through our interaction with our fellow human beings, that we discover our own human qualities” (Karibkween, 2013, para, 3)	All
Spirituality as a Therapeutic Process (SP)	The participants described being engaged in the process of spiritually developing and maturing, such that they experienced themselves as evolving from one spiritual state of being to a qualitatively more mature state. More specifically, they reported developing and maturing spiritually by moving from an external to an internal spiritual motivation. This spiritual transformation moved a false self to their real African self from conceptual to an experiential orientation helping relational intention to behavior which is comprehensive and well-integrated spirituality.	6 of 8

Ontology of Self-Hatred and Internalized Racism (<i>SHIR</i>)	The process of understanding the origins of self-hatred or internalized racism for some participants who have internalized and accepted these fallacies and misconceptions based on being of African descent. With this understanding, Watson (2013) stated, “there was a deliberate effort by some to demean, humiliate, disregard, manipulate and mistreat people of African ancestry by various extralegal methods. This exercise has taken place for centuries. It should come as no surprise that such self-hatred is deeply embedded within more than a few African Americans of all ages”. (para 5)	All
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African Consciousness or Black Consciousness

African Consciousness or Black Consciousness (AC) reflects the belief that it is healthy for blacks to develop awareness and knowledge of their cultural identity and cultural heritage and recognize factors that affirm black life, so they can fully operate and generate self-affirmative behaviors by redefining their values, self-image, and entire outlook (Pierre, & Mahalik, 2005, p. 30). This concept refers to the ability to mediate and develop one's space within a socio-political system. By negotiating and constructing meaning, one creates identities based on one's own culture as an African first. This takes place by transforming African-American men into self-conscious mediators of their mental health through connections with the experiences of African people overtime. African-American men begin to see themselves through the constructed African lens. These African lenses help construct African self-consciousness. The new African self-consciousness goes from being a defragmented objectified image of self, into an internal construct with a clearly conceived meaning of self-consciousness. This is contrary to the external construct that seeks meaning that is derogatory from the broader society regarding African-American men (Akbar, 1996; Asante, 2007; Azibo, 2010; Wilson,

1991). The men were asked in what ways they saw therapy as useful in their everyday life as an African-American man?

Chris, who has been in treatment two times, stated,

When they spoke of the white model, the key one for me was cultural context. I learned a long time ago, even in my addiction, that we lost our culture back from slavery. I don't want to go that deep, but I have to just be honest. We don't have a culture and this model teaches you how to live with you. There's nothing else. What I mean by that is we've been so belittled and so berated throughout the years, starting from slavery to now, I don't think we have any togetherness. That's what I mean by the cultural context. We don't have no togetherness. Just like all these killers, these senseless killings going on. What it does for me is, I'm able to explain to people now something I couldn't do before.

He continued,

Because through my learning, through this process, it gives me the reasoning to be able to talk to folks and tell them, 'Hey, look, man. Do you really want to do this? Do you really want to do that? Is it necessary that you do the things that you're doing? Because we've been looked up on as crazy people, man. By other races. We the only race, man, the only race that I know that don't get along with each other. We have racial self-hatred and it's sad. That's why I said it should go all over, because they teach you, man that you are a good person and you don't have to look down. You know how we walk down the street and be looking down like we're so motherfucking depressed all the time and shit? So I say, you supposed to

be... I said, these are God's words. He says you supposed be proud and hold your head up and be proud of who you are. Be proud of the things you're doing, especially if they good things, especially if you're doing it for good people. That's why I say this model in general should go all over, because if we had it all over, I think some things would change, especially in the black community. It's a shame that it's not all over the place because it should be.

Chris prefaced his interview by stating,

“Well, first of all, I was a stone cold alcoholic.”

He was having serious family issues, especially with his wife. According to Chris, every time he got with his family, he would get intoxicated and start fighting with them physically. His family isolated him and no one wanted him around, but the bigger issues were that he would fight with his wife physically when he drank alcohol.

Chris further stated,

“What made me come in therapy was my wife. Yeah, my wife. She gave me what you call an ultimatum. 'Either you get some help or we got to get on', it was kind of like that. I love my wife, so I figured if that's all I got to do... sure, no problem.”

Many adults differ in diverse cultural settings, such as Chris in an Afrocentric treatment program. He might not be accustomed to the concept or term *perspective transformation*, however, their life is categorized by experiences that transform their perspectives (Mezirow, 1991). For example, African-American men have had an intractable history of transformational learning due to deeply embedded institutional racism, civil rights and most recently the social unrest in cities such as Ferguson, Missouri. From my experiences working with African-American men with substance

abuse issues, many of their issues are related to economic distress. Domestic conflict among African Americans ensues regularly among couples living in poverty. It is typically African-American men that are underemployed or unemployed (Bhandari, Bullock, Richardson, Kimeto, Campbell, & Sharps, 2015; Carrillo & Tello, 1998).

From my observations, the relationship between the African-American men in treatment and the learning of traditional African values systems is critical. Self-awareness and what it means to be an African-American man has been limited by their expectations, life orientation, interpretation of the world, and how they derive understanding. Helping African-American men deconstruct their habitually low expectations and make a paradigm shift for a more comprehensive, judicious, and complementary worldview is key to their changing behavior. The ability to finally make appropriate choices by acting upon their new understandings are critical for African-American men (Mezirow, 1991).

The Afrocentric therapy provided space for Chris to develop a perception about the understanding pain of being unemployed. Therapy was a safe place to express his anger about racism in group and individual sessions while teaching him the role and responsibility about his current situation of dropping out of high school. From my personal experience as a substance abuse therapist, the space to unfold this pain of racism is not provided in traditional treatment facilities. Another participant, Scott addressed the lack of culture when explaining how therapy was useful in everyday life as an African-American man. Single and 43 years old, Scott argued,

“I’m in the white concept, which is what they base the programs around the white concept. It explains to us that the reason why things are the way they is in our communities is because we, as African -Americans, have not adapted to normal culture. I’m not saying that our culture is abnormal, but

for this it is not. Because the tools that they're teaching me, or being taught to me, are based upon my culture. They're things in which I understand the way I communicate in a way in which conversations are passed back and forth. Most people don't have the ability to sit there and talk to a doctor because the way the doctor is going to speak to them; the language he's going to use is not going to be comprehensive to what the individual is really faced with. But here, inside of the program, we're faced with people who know our language, who know how to communicate with us, who know how to reach us, who know our pains, because a lot of them are ex-drug users who have been rehabilitated for 20-plus years and had just turned around and, instead of taking the sobriety and running with it, they've taken their sobriety and said, 'I will try and get as many as my people sober as possible.' In the past I wasn't an African-American man.

He continued to elaborate by saying,

Every person that's addicted to drugs affects 10 other people. Any of those 10 people, if any of those were addicted to drugs, then they affect 10 other people individually also. If you've got a thousand people that's addicted to drugs then you have 10,000 people that's affected by their uses of drugs. Whether it be family, friends, employees, workers, spouses, children, all these people become affected by the drug users."

Scott, emotionally expressed his experiences and situations that were painful, distressing, and that overwhelmed his ability to cope as an adult and a child. He pointed to the fact

that he had been using drugs since age 11. He also chronicled how the street life or thug life led to more drug use and eventually prison and now probation. While out on parole, he tested positive for drugs. This means he tested positive for drugs. So instead of sending Scott back to prison, his probation officer sent him to treatment.

Giladi and Bell (2013), illustrated that depression and trauma often are rooted in childhood and/or adolescence stemming from unhealthy family systems. Scott talked about emotions being unpredictable and in many poor African-American neighborhoods. A war is raging; war on drugs, Black-on-Black crime, stop and frisk, driving while black. These social issues combined with poor education and poverty only make the problem worse. It is in the research prospective, being an African-American man, living in the same environment, I can understand how many African-American become depressed, hopeless, and do not see a way out of their negative state. Substance abuse is normally the remedy for many African-American men, which is self-medicating. These negative behaviors (drug usage) and/or criminal involvement leads to what Afrocentric scholars label as “Mentacide”, the deliberate and systematic destruction of a person’s or group’s mind” (Wright, 2000, p. 17).

These disoriented dilemmas described by Scott perpetuate oppressive conditions psychologically on African people worldwide. As indicated, disoriented dilemmas are the biggest challenge for African centered therapists. The challenge is to help the African-American men in treatment to develop *AC*. *AC* helps develop racial identity and understanding of the Ontology of Self-Hatred and Internalized Racism (*SHIR*). These were the key factors in helping Scott overcome his addiction. It appeared that *AC* reduced psychological stress by developing a more fluent self-awareness and self-esteem for the African-American men in treatment, but the way the process is initiated in treatment the

methodology utilizes Cross' (1991) model on Black Identity. This process is done using Cross' (1971) pre-encounter, immersion, and emersion stages of black identity. Azibo (2003) provided the following definitions for each of the stages used by the treatment facility to assist the African-American men with developing their racial identity:

Pre-encounter- This stage describes the identity before the encounter, and thus refers to the initial being or frame of reference that will alter upon facing the encounter. In this stage, one is unaware of his/her race and the social implications that come with it. People of color are socialized to perceive an unracialized reference frame and is thus resistant to any information that threatens this unracial perspective.

Immersion- The newly sensitized Black person begins a period of immersion in the African-American experience. There is a tendency to glorify everything Black and to denigrate everything White. The person attempts to shed all vestiges of White values and experiences. Although the person is emphasizing Blackness he or she has not yet internalized positive attitudes about being Black.

Internalization- At this point the person is able to incorporate a positive sense of Blackness in the self-concept. He or she develops a stronger and more secure sense of self and can interact with the majority culture without reflexively attacking everything White or defensively idealizing and glorifying everything Black. Black African culture becomes the standard by which one's self and one's environment are evaluated (p. 55-56).

Scott's comments showed that he was in the process of developing an African identity which includes various levels of African consciousness. To be more specific he developed a cultural identity that led to an AC and ability to identify with the Black

group, which ultimately lead to a higher level of self-awareness. As such, the results suggest either African-Americans develop a positive clear identity or have lower self-esteem about being African-American. This display of AC was expanded by Edwin, a parolee, who is married, when he talked about the lack of culture growing up.

As an African-American man, it actually helped me to realize a lot of things about myself that I wasn't really aware about. I was aware but then I wouldn't admit it. I found out some things about me that I wasn't aware of. It actually taught me a bit about my culture because I come from a predominantly white community. I didn't know where I came from or anything about it. It kind of enlightened me on some of that. It just made some things come to light. They didn't teach a lot about, like history or anything like that. I just think the education of it. Just letting you know more. The more you know about people, the more you'll learn about yourself. If I came from a white town and was never told anything about it, my culture or anything like that, then that helps me just figure a little bit about where you come from. It helps ease the mind to me. In this particular therapy, I would say is because it's culturally centered. Not only do they just teach you about drugs and how it affects your life negatively, but they also give you a little bit about how it affects you. Your culture, it can give you a little bit of information about it to help you out, realize where you come from and using and how it affects your culture in some ways. The part about this therapy that helped me the most was really in my individuals with my counselor and when he got deeper into who I am and why I act the way I act. I'm a simple person just looking to make it.

I'm still trying to find out who I am. I just haven't found out yet about my purpose, but I've got a better understanding of who I am and why I act the way I act.

Edwin was born and raised in all-White community. He talked about race, a lot, and how it permeated every facet of his life growing up. No matter what he did in his community, he felt that he could not escape being Black, even if he wanted to. Edwin made it clear that he has always been race conscious, but he did know who he was and where he stood in this world as a black man. The problems seemed to worsen when he started using drug because he became more depressed, started stealing and participating in other criminal activities.

Edwin learned that his beliefs and behaviors were not freely chosen. I agree with DeGruy (2008) that the,

Belief that people's behaviors are freely chosen, and not the result of all of their previous experience enables some to justify the plight of others and perpetuates blaming victims for being victims; it's a belief that is contradicted by a mountain of evidence, it remains replete throughout our entire society. (para, 1)

Edwin mentioned the Y-model because of how our beliefs are shaped. The particular model he mentioned is the Y-model. In groups and individual sessions, this Y-model helps the African-American men see the direct relationship between the slave experience of African-Americans and the current major social problem of African-American men. In DeGruy 's (2005) book *Post-Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing* she contended, society's failure to examine the social problems resulting from issues such as the violence perpetuated against African-

Americans has made it difficult to empirically substantiate the negative impact it has on the African- American community in general. It is in the researcher's opinion that Edwin is in the pre-encounter stage because is unaware of his race and the social implications that come with it.

The next participant, James, addressed the benefits of the Afrocentric curriculum.

James stated,

I see myself as a leader now because I'm informed as to what the disease concept is and what is killing our people as a whole. I see that we have choices that we built this world and we need to take our place back in society. We're black people.

James spent 11 years in prison and made it clear that he never really cared about anyone, not even himself. According to James this was the crux of his problems most of his life. He acknowledged that he was referred to treatment by his parole officer, so he came in retaliating and did not really want to be in treatment. He was not there by choice but by force. Once treatment began realized that he had to accept it or remain in rebellion.

James' words placed him in the Immersion and Emersion stages of black identity development. He was well informed because he had been in treatment two times before and continued to fail until this treatment episode. He basically said until he did not "give a fuck" until things were made clear regarding his condition and status as a Black man in America.

Jason and Rory, 50, and 52, respectively, had similar statements. They both seemed to understand the relentless denigration of black, African culture and how it created a sense of inferiority that rendered African-American men incapable of action and

self-change. They appeared to believe and suggest that behavior change has to be preceded by a revolution in how African-Americans, and especially African-American men, see their history and culture—their “very blackness”. These African-American men spoke often about the unique qualities of African culture and the destructive influence of western culture.

Identity development played a major role in the life of participants and was displayed during the group sessions. These processes are known as the Immersion and Emersion stages of Black identity development (Cross, 1971). During the interviews James, Jason, and Rory acted as though they had just discovered their Blackness. They adamantly proved they were Black by taking and showing pride in their blackness. They simultaneously and consistently brought information about African culture to share during the support groups for discussion.

Research suggests that African Americans becomes consciously engaged with other Africans of their own ethnic group when they are culturally aware. The participants developed a healthier identity due to an increased cultural awareness (Azibo, 2010). The learning of African culture and history primarily occurred during group therapy.

The WE or Group Self-Awareness

The focus of the *WE* in some group settings focus on interpersonal learning (Yalom & Molyn, 2005) The theory and practice of group psychotherapy is when members talk about how they feel in relation to each other. In support groups, members focus more on what is happening in their lives outside the group; however, the groups the African-American men participated in encouraged them to both talk about their lives outside the group and also their history and culture as African- Americans within the group. All the groups were psycho-educational groups, which are groups where

participants learn specific skills taught by a clinician, such as anger management. The treatment facility utilizes five group therapy models that are effective for substance abuse treatment. These models include the following:

1. Psycho-educational groups.
2. Skills development groups.
3. Cognitive-behavioral/problem solving groups
4. Support groups
5. Interpersonal process groups (Center for Substance Abuse Treatment, 2005).

Each model offers the participants something unique and in the hands of a skilled leader, can provide powerful therapeutic experiences for participating group members. The group models are culturally matched with the particular needs of African- American men. One of the goals of group treatment is to teach interdependence or *Ujima*, collective work and responsibility. This goal highlights another concept of *WE* or group self-awareness.

The *WE* is self-Awareness and is based on African tradition. As previously stated, “I am what I am because of who we all are” is an Ubuntu philosophy. It considers “the success of the group above that of the individual” (Marsico, 2013, para 1). This philosophy perpetuates the belief “that there exists a common bond between us all. And through our interaction with our fellow human beings we discover our own human qualities” (Marsico, 2013, para 3).

Many of the participants expressed this bond of the Ubuntu philosophy when asked in what way they see therapy as being useful in everyday life as an African-American man?

Chris responded by saying,

I'm able to communicate better with people. I'm more tolerant of others. And not only that, I can actually be around people now and they actually listen to me. I can have a lucrative conversation with folks without it going all sour. Yeah, I was one of those types and going through this process, I learned that it ain't always about me. It ain't always about what I can and cannot do. How about other people? I had a problem too with getting along with folks. Not on fighting, but I was what you call socially unproductive. That's what they considered me to be. I won't say I was a hummer, but I was more of an introvert. But if you came in my space, then more likely than not, I would try to get you out of it as fast as possible. This helped me, man. This place has helped me to talk about that.

Chris continued to address what he had learned in group by stating,

I just want to start right... Maybe go around my family members and have conversations with them and they understand me and they see a difference in me, that I'm not that loud mouth, rambunctious type guy that they're accustomed to. I'm now more soft-spoken and they're willing and ready to accept me for who I am now, because we can actually sit down, have coffee, have a conversation. Shit like that. With my wife, same thing. I'm not as loud and disobedient. And now, when I'm around my wife, we can actually sit down and have a total conversation without... have a decent conversation without getting into any arguments. I'm a man of my word these days. When I say I'm going to do something, I am actually going to do it. I don't lie, cheat or none of that type of shit. Again, I keep saying the same thing, but it's just the God's truth. It's the model; it's what they teach

you here. How to be an obedient person, not only to people, but to yourself. That's all I can really speak on with that. It's the model. The model, man, is beautiful.

The groups are psycho educational groups that focus on the African *WE*. The group consciousness means finding the oneness between the self and others. In the early development of group consciousness in African-American men in the groups observed, it was a somewhat primitive and superficial. Nevertheless the individuals in group therapy began to change and developed consciousness and learned the particular lesson of cooperating to benefit the whole. They seemed to find emotional security only after they learned how to get along with others. Many of the African-American men who participated in the research seemed to understand that to act out enmity, suspicion, and negative aggression leads to fighting between individuals and is counterproductive. This understanding helped to promote the evolution of group's consciousness.

“Communal involvement ensures an emphasis on awareness of others, thus promoting cooperation and a sharing orientation” (Ntseane, 2011, p. 307). The communal process in group illustrates collective empowerment derived from an African worldview. Collective empowerment leads to a transformational learning process that typically starts with participants' disorienting dilemma. The participants in the self-help groups had successfully gone through transformational learning and were there to help new members of the group. The new group members needed what Ntseane (2011) stated as “the support and sometimes validation of the new perspective from other individuals, family, group, ancestral spirits, community, or the culture” (p. 318). The researcher observed the growth of some participants' understanding via their comments as a result of their participation in group discussions. For example, this is consistent with the

transformative learning theory which contends folklores, narratives, and nonfiction binds together those who participate.

Furthermore, cultural self-awareness was promoted in groups as observed by the researcher. The men in group therapy who experience transformative learning must be the primary facilitators for change but the evolution of change must occur in the collective. Although the treatment facility, individual therapy, and the group therapy stressed that participants are individuals, these individuals “are expected to engage further with his group or community/ society as mutual learners in the process of change and development by being a community intellectual or educator” (Ntseane, 2011, p.318).

The participants in group therapy are encouraged from the position of cultural awareness that they are to be a change agent for self and the community. When asked in what ways his perspective changed on identifying himself as African-American, Edwin said,

I just see myself as African-American. I'm not sure. I can help others. I like to help my own kind. I see that. A lot of people say black people help each other stick together. But I see a lot of them that don't. We're the least group that sticks together as everybody. I don't understand it but I would like to contribute to it. I want to contribute to bringing our culture together by being strong as a whole. I could participate in charity things, black organization charity type deals. If anything functions like that, that's one way that I feel I can help.

Christ stated,

I don't judge as much. I've never really been a rude type person. I have more understanding now. I try and follow so many steps now. It gave me

an empowerment over what people do. If somebody wants to be ignorant, I don't get mad real quick. They may be just that way or I guess I understand a little bit. That's about the only way I can say; don't jump to conclusions and don't get mad real quick. Try and understand somebody and what they're going through. Treat them out of my own feelings. Somebody got an attitude; they might have a bad day. Just because they've got an attitude to me, I don't have to be like, 'I don't even know what you're mad at me for. I'm a good person. I didn't do nothing.' Respect and understanding for other worldviews might be how you treat everybody. Something might have happened to you last night or this morning. So I treat people different now as a result of the therapy.

Edwin and the other participants continued to discuss group awareness. So as an African-American man sitting in group therapy as an observer, the participants were orientated conceptually that relationships are the foundation of self and individual and without the foundation there could never be a self or individual. Ntseane (2011) stated,

I know and believe that without these relationships I do not exist or there is no self or individual. This is essential because as Asante (1987) reminds us Africans the Afrocentric idea is about being systematically self-consciousness of the need to assume fully one's place in the world. (p.312)

Moreover, I espouse the professional opinion of many Afrocentrists and therapists who have worked in mental health facilities and conducted groups as well as Logan, Denby, and Gibson (2013) who believed, "there can be social unity among people sharing a particular time and space but that cultural uniformity is not essential is for the social unity" (p. 309).

During the group sessions, the participants were encouraged to build an interdependent relationship that is reciprocal in nature that recognized the *WE* as African people. This may be the reason James stated,

Group has been the most relevant and helpful, because it gives me a chance to sit there and share my ideas and thoughts and say them out loud to get another opinion on the way I think or how I feel. He continued, So, it's good because you have someone to talk to that you trust instead of having all that inside, holding it all the time. One on one's are good. You get to talk to your counselor one on one and share all your opinions and what's bothering you. So that's been a help. Group therapy has been probably the most relevant because it is giving you an outlet to express yourself.

Rory's statements were similar. He indicated,

For me, it's like I get a chance to have a conversation with some sincere brothers and there's not anything fake about it, and I don't feel like I'm forced to give my input. You know what I'm saying? And it's like I'm giving this example here because I went to the other program, and it's not for us.

He provided examples of group awareness by stating,

Okay. Let me share an example. Can I share? I had a situation where I was out there, and we had an open meeting in a group. So a guy, it was not me, another guy in the middle of the group, I wanted to say something. 'Jim, are you high or whatever?' I was like, "Okay, if you're here to help someone you say and my parole officer found it in her heart to forgive me,

and it's not your call to come in here and play judge on my life and my friends and my livelihood when you're the same person I am.

Rory's story was very unique because he exhibited chronic and pervasive problems getting along with people in various contexts. He was having trouble at home, work and in treatment. He talked about the stress of going to work daily, trying to provide for his children and then getting off work and catching the bus to treatment. He indicated that, it was rare that someone would go to treatment once and then never smoke weed again and this is why he was back for another treatment episode. He stressed the facts that more often people must repeatedly try to quit or keep trying until they are clean. For him to complete treatment and be successful, it was critical for him to find a treatment provider like his current provider.

Lastly, Abel and Ralph were consistent with the others regarding the benefits of the group. This confirms the fact that the importance of the individual is not diminishing, but the emphasis is again shifting to the group's consciousness on another level of reality. The principles learned in the group from an African paradigm are applied to a higher evolutionary level of *WE* consciousness. The lessons learned in the groups moved the participants from phases of high individuality into the new phase of the development of group consciousness. The more the participants attended dialect groups, psycho educational groups, and self-help groups, the concept of *WE* became deeper in consciousness.

Group therapy at this facility reserved the various intellectual and philosophical customs of African cultures. This was critical because social problems may very well be cultural problems, hence the need to research, analyze, and interpret data on African-American experiences from an African perspective. In addition to raising African

awareness, the groups also provided an environment to raise and build the participants' spiritual principles. The groups established the platform for spirituality as a therapeutic process.

Spirituality as a Therapeutic Process (SP)

The participants engaged in the process of spiritual development and maturing such that they experienced themselves as evolving from one spiritual state of being to a qualitatively more mature state. More specifically, they reported developing and maturing spiritually by moving from an external to an internal spiritual motivation. This spiritual transformation moved a false self to their real African self from conceptual to an experiential orientation thus helping relational intention to behavior which is comprehensive and well-integrated spirituality. This is evidenced first by the behavior of staying clean and describing themselves as African first.

All the participants shared something about the importance of their spiritual growth.

For example, Chris felt the program led him to know that there is a God and there is a chance that his spirituality could grow. Chris explained,

Since coming here, I thought a lot about me and how I connect to the God of my understanding. Some people think it's all in the sky, this and that. That's on them. I feel that the God in you is the good in you. Okay? If you do good things and you treat people like you want to be treated, then God's going to show you some type of favor. If you do bad things to people, then God is not going to connect with you. I believe that God connects with people that try their best to do what's right in all the functions of life, no matter what it is. And if you feel you're going to do something wrong, like

for example, you're going to fight somebody or something like that, then you try to find another way of going around it so you won't have to get into any trouble, especially on the streets these days.

Chris furthered stated,

They help me discover it [spirituality] through meditation. I meditate a lot. It's part of this program. You have to meditate and find God in which way you understand him. It ain't like it's going to be a person or be somebody to say, 'Yeah, this going to happen,' but if you really give it some meditational thought, then He'll direct you in the right path. They taught me that. That the good in you is the God in you, and that's basically it when it comes to that. I meditate every day. If I think I'm going to be led astray, then I say, 'What would God have me do in this situation?'

Scott elaborated on his past identity by saying,

I wasn't an African-American man. I was a heathen. A heathen is a person without God. There's no belief in God and stuff like that. Kind of like just a renegade. I didn't believe in the law of the land. I felt like the only way it isn't a crime is unless you get caught.

Rory stated,

Well, for the most part, it's being in tune with knowing better and being in a situation where you're a foot in and a foot out of prison, and you're still doing things that will send you to jail, and you don't want to go back there. You know what I'm saying.

Abel explained his feelings by saying,

Things just like being powerless, never want to accept step one to it. You have to admit to what you are as powerless and understand you can't control a lot of things as they find you good in the Lord's hands and they help you succeed in what you're trying to do correctly. I understand you put the Lord first and handle out these major problems that you think you can handle. Putting the Lord first, the spiritual. Yeah. The Lord is going to give you the most strength when you ask Him what you want Him to do for you. With that being said, if you don't talk to the Lord, you will not have a relationship with the Lord. You will never really have one because of certain things we speak on in class. Like when we train, some of our primary things or being adequate in spiritual life like lack awareness. And when you're adequate, it means you could know so much about spiritual things and the Lord and God and what you read out of the Bible. It's still so much to learn every day. Every day you got to still speak to Him and know who you are in his eyesight. It's deeper than just a classroom.”

Ralph added,

I was raised to believe when your life ain't yours no more. And I know the meaning of love is to sacrifice. In John 3:16, it says God sacrificed his son cause he loved the world so much, then the meaning of love got to be sacrifice.

Ralph has had six previous treatment episodes and was on parole. He was dealing with the actual death of two of his nephews, who were murdered within the past couple of months. His biggest fear was that the stress would make him relapse.

Ralph stated,

To not think to be in control in certain situations when it's out of my hands may normally make you use more cause you're stressing and you're hurt in a situation that's going on. It's just going on so much. It's hard to be strong enough to have the will power and not use. But you got to have the will power and basically give it to you. When you come down here, you get the steps that they teach you and through 1 to 12. It's a good message in each of them steps.

The stress of staying clean was also having an emotional toll on Abel. Abel was still on probation so he had to keep a job and remain in treatment. He stated his time is running short on probation. Abel stated,

I got like six months. Actually, I'm supposed to get off three months ago, but he tested positive for marijuana so they extended his probation. If he was to become unemployed this could effect his probation or if he dropped dirty, referring to testing positive for drugs again, he would go back to prison. Based on the interview, Abel seemed under duress because he stated "sometimes I have hard days. My girlfriend works a late shift and I got to pick the girl, my daughter up from school, feed her, bathe her... Constant... I get 3hrs of sleep a day, 4 at the most.

Each participant stated his spirituality was a vehicle needed for change.

Spirituality cultivated the relationships of the concepts in their day-to-day lives by enlightening, informing and integrating the spiritual principles in their recovery process.

At the end of the interviews and group observations, the participants were asked to accept

all the steps in the 12-step program for recovery, but the most essential steps were steps 1 through 3. Steps 2 and 3 were most critical and they are as follows:

Step 2- Come to believe that a Power greater than ourselves could restore us to sanity
 Step 3- Make a decision to turn their will and their lives over to the care of God, as they understood Him (DuPont & McGovern, 1994, p. 3).

Ralph and Abel both seemed to rely on these spiritually based steps more than any of the other participants and emphasized the connection. The *WE* groups are used to raise spiritual awareness but also provides a nontoxic environment for African-American men to discuss the causes and effects of emotional pain and internalized racism. Thematic groups addressed the ontology of self-hatred and internalized racism (*SHIR*).

Ontology of Self-Hatred and Internalized Racism

The transmission of the trauma of chattel slavery, coupled with other experiences of complex trauma, such as inner city violence, has produced negative constructs of self-hatred in African-American men (Blasingame, 2012; Du Bois, 1903). Akbar (1996) stated, “slavery captures the mind and imprisons motivation, perception, aspiration and identity in a web of anti-self-images, generating a personal and collective, self-destruction” (p. v). The history of slavery lays the foundation of the ontology of self-hatred.

SHIR is the process of understanding the origins of self-hatred for some participants that have internalized self-hatred based on the fact that they are of African descent. There is an understanding consistent with Watson’s (2013) statement,

There was a deliberate effort by some to demean, humiliate, disregard, manipulate and mistreat people of African ancestry by various extralegal methods. This exercise has taken place for centuries. It should come as no

surprise that such self-hatred is deeply embedded within more than a few African-American of all ages. (para 5)

These issues were manifested during the interviews. The participants seemed to have an understanding of how this history of pain has shaped their behaviors and attitudes. The men were able to correlate the pain to their addiction. This was a major part of the recovery and healing process. One of the questions that elicited this understanding was related to the men's key experience in Afrocentric therapy. Chris stated,

Since I've been here, I've learned a lot. Maybe a lot about me. That's what they call it 85 %. Part of the problem is the 15% is attributed to alcoholism. The 85% is you, your attitude and all the things that you go through as a person. What I mean by that is we've been so belittled and so berated throughout the years, starting from slavery to now, I don't think we have any togetherness. That's what I mean by the cultural context. We don't have no togetherness. Just like all these killers, these senseless killings going on. What it does for me is I'm able to explain to people now something I couldn't do before.

Scott continued to point out the violence in our community. He stated,

You've got Europeans that grew up in these communities. There are communities that have never even had a fight. Whereas in my community to be violent or have a fight and use drugs is like part of the normal. It's something that everybody's doing. Once they get us to break the bonds of our mental shortcomings about not understanding what this problem is, not understanding what it is we're dealing with, not understanding the purpose and degree in which our addictions are affecting our lives and all

that is laid out, we have an opportunity where we can just really focus and become productive people.

He further added,

We're faced with people who know our language, who know how to communicate with us, who know how to reach us, who know our pains."

Edwin was more specific regarding self-hatred. When asked what way he saw therapy being useful in his everyday life as African-American, he stated,

One of my counselors, he's talked about the Y system. How the Y works. About how we basically entrap ourselves racial self-hatred. I have a thing, I had disliked my culture or had feelings because I didn't know where I came from or anything about it. It kind of enlightened me on some of that. It just made some things come to light. I'm a simple person just looking to make it. I'm still trying to find out who I am I just haven't found out yet about my purpose but I've got a better understanding of who I am and why I act the way I act.

Edwin further emphasized that self-hatred was his problem.

He got me to understand that it's not that people don't like me, it's that I just found out I don't really like myself and I need to start to learn to love myself and accept who I am, accept being different and love it, and not beat myself up over it.

James was able to articulate what he learned as a contributing aspect of self-hatred.

The therapist started assigning me different topics to do to make me more aware; he showed me a different view and outlook on life that I ain't had in the beginning because I always said, 'Fuck it.' I always had that 'fuck

it' attitude and 'I don't give a fuck attitude.' He said that's where it comes from because he said nihilism is a fuck it attitude that you don't care, which he knows I do care. Just makes you aware to keep going. Fuck it. Fuck it. I don't care what that means. Do you know how to use that word fuck it because I do care. I don't care about certain things, but I do care, and that's what that shows, reading that paper he gave me. That's what I got out of it. So I share it with the public, and I share it with all my friends about nihilism. Yes, nihilism was designed to keep black people oppressed and down. That was the whole basic thing of it. I got to do research. I forgot the guy's name, but it was designed and put into play for all African-Americans to keep them down. Investigate nihilism. It tells you that it was designed to keep the black man down and keep us all in that box that they say we were in. I'm getting there. I can't say I'm all the way totally, because I still have the 'I don't give a fuck attitude right now.' I took it to wake me up. Just saying I don't give a fuck. I hear it all the time. Now, I try not to. I try to humble myself and see things differently.

When reflecting on how his perspective changed in identifying himself as an African-American man or African-American? Rory replied,

I find it hard for anybody to go through this program and not do a self-evaluation of yourself. You try to get to find out why you're persistently doing the same things because if you keep repeating the same thing, that's like insanity. What's leading to it? Why it's going to change my moods, because drugs are mood altering. That's the whole purpose of using. Why? Why can't I just watch TV and be cool? There were things that

I've never even taken into consideration other than just using as a social point of view. It gives you a pinpoint at your culture and your circumstances for being in certain predicaments. You know where we grew up; you know the environment. You know, man, I say we're a product of our environment. That is a true statement. Just elaborating more about where you come from and reasons to your circumstances because a lot of us don't understand what led to us truly using. We just camouflaged it as a way of life. You know what I mean?

Abel reflected on his pain being an African man.

As a black man waking up every day, it's just stressful walking out the door when you leave the house. It ain't just about no drugs and stuff. It's about keeping a level head and focus so you won't get caught up in the raptures. Like I said on probation or parole or anything. You're walking on a bunch of nails. You got to watch who you're standing around, you got to watch whose car you get in, you got to watch whose hand you're practically shaking cause you can't be around another felon or another guy on parole or anything. This could be your family members. It makes you think clearer. It teaches you how to avoid miscellaneous trouble.

Jason and Ralph's perspectives were consistent with the other participants' interpretive prospective about self-hatred. The belief of self-hatred was reiterated as the cause of pain, which led to many of their life problems, including drug use. Despite all the ups and downs in life, their life as African-American men, understanding the source of their pain gives direction, meaning, and value to life. This transcendent perspective allows room for growth and belief that there is a larger plan and meaning to life.

When I observed my first group, it appeared to have a traditional group structure which consisted of helping participants develop problem solving skills. It also helped them learn that they were not alone, and that many of the other members had similar types of problems; however what I found most fascinating was how it helped African-American men discover our culture and history. Including topics and ideas such as dysfunctional relationships, the pressure of being African-American men, and anger management were key to this discovery.

When African-American men have a sense of shame and self-hatred, and are devalued by racist socialization they are likely to engage in self-destructive behaviors and function poorly in society (Talvi, 2006). I must reiterate from my personal experience, unfortunately, many European Americans in groups or individual therapy have a very hard time hearing any African-American man express his experience of pain associated with being black. “The prevailing psychological mechanism is the idea, I’ve not experienced it, so it cannot be happening for you” (Talvi, 2006, para, 12).

From my observations, group therapy encouraged the participants for the first time to engage in sincere effort, dialogue, and cultural analysis about “race” and racism normally oppressed in traditional treatment facilities. This is normally problematic because many African-American men cannot see the relationship between MAAFA and negative behavior. This was evident in the way the participants doubted themselves during group therapy.

The invalidation of their total existence due to their race had become normalized. They accepted the narrative of being worthless members of society who lacked a positive substance. The Brazilian educator and organizer Paulo Freire (1970) wrote, “the

oppressed, having internalized the image of the oppressor and adopted his guidelines, are fearful of freedom” (pg. 47).

Bob Marley melodically reminded us to emancipate ourselves from mental slavery saying, “None but ourselves can free our minds” (Marley, 1980, track 10). The self-destructive behaviors seen in African- American men have been normalized and justified not only by institutions but by the African-American community. The focus of group therapy at this facility is for African-American men to become facilitators of their own healing utilizing an African worldview.

When entering group therapy, the participants soon learned the group’s philosophy which advocates the recognition and collective healing of all African people. The group emphasized the severe, systematic denial that has historically shaped present-day racism and is pathological politically, socially, and economically. This all takes place without waiting for permission from the broader society, who typically examines the history of African-Americans and deems it counterproductive.

The primary objective of group therapy at the facility I observed is to encourage African-American men to look at themselves and consider how their thought process have been developed by the historical realities as victims of the MAAFA. Through vivid details and honest discussion in group therapy, the horrors of what has happen were addressed. The therapists helped the participants recognize the untreated emotional wounds they possessed as a result of the impact of the repulsive acts committed by slave owners. Gaining an understanding of how this trauma negatively impacted the African-American consciousness was critical to their recovery; therefore, the groups used numerous historical and scholarly sources to support their views, such as *Roots* by Alex

Haley, *Breaking the Chains of Psychological Slavery* by Naim Akbar, and *Posttraumatic Slave Syndrome* by Joy DeGruy.

In essence, the therapist created a cultural historical navigation system helping the men to find their African center, so the African-American men could see how their self-perception had been shaped, and how extremely easy it was to fall into the harmful assumed patterns of self-loathing. So it's important in group therapy to learn the truth, which provides apparatuses to break the continuity of self-hatred in their minds.

Lastly, group therapy works to interrupt *SHIR* by destroying lies with a true history of African people worldwide. The groups were teaching the participants that changing attitudes, behaviors, and beliefs, but one of the most critical part to the recovery process is addressing the hidden backlog of emotion and feeling of self were essential to self-renewal. If left unchanged these feeling and emotions could sabotage their recovery and life. Successful recovery requires a vehicle to express itself because there is no greater agony than bearing an untold story inside of you.

Summary

As Table 4.2 indicates, a number of concepts emerged from analysis of the African American men interviews. *The concepts of African Consciousness, The We or Group Self-Awareness, Spirituality as a Therapeutic Process and Ontology of Self-Hatred and Internalized Racism* connect to real life and provides windows and mirrors to view the African-American men's feelings and perspectives on Afrocentric curriculum. These four concepts helped the African-American men participants to restore their self-worth, self-esteem, and connect with their African heritage. This was accomplished by confronting the idea about being an African born in America, coupled with Afrocentric

curriculum the concepts helped address the true reality and the plight of African people in the world. It motivated the participants to begin more in-depth look at life as African-American men. By using African centered epistemology that is older and broader than the American narratives it put the African-American men in contexts with a worldview in which they could understand African people and humanity. More importantly it helped them gain an understanding of the conditions that affect African- American families and communities and why these issues remain unresolved.

Chapter 5: Concepts of the Therapists

The previous chapter presented the concepts used to illuminate the African-American men's experiences with an Afrocentric curriculum. In the following discussion, the background information of the therapists and the two concepts that emerged from the interview with them will be discussed. The two therapists are Akbar and Khalid

Table 5.1

Therapists' Demographics

Participants	Age	Highest Education	Probation or Parole	Treatment Episodes	Marital Status
Akbar	63	Diploma	Parole	3	Married
Khalid	45	Masters	Never	1	Married

Background of the Therapists

A major characteristic of people in recovery is they will always tell their story because it is part of the recovery process. The premise of the recovery process is that your story is important. You can save lives, families, and communities by sharing your

personal story. Akbar and Khalid shared their personal stories during the interviews by answering open-ended questions.

Akbar is a recovering addict with 16 years of sobriety. This means he has not used drugs in over 16 years. He was previously incarcerated for several years as a result of his previous addiction. He was very direct about why he felt the traditional treatment he received failed him in the earlier years of his recovery. He believes traditional treatment facilities are directed toward middle-class Caucasian males.

Akbar stated,

We are not middle class Caucasian males. A lot of us don't have and never have had socio-economic levels as Caucasian males; we've never had the advantages and privileges of some Caucasian males". He pointed to the fact that he had a lot of cultural pain growing up in discrimination; growing up not being able to get a job, being the last hire and the first fire. He further addressed how this became nihilism which is hopelessness, powerlessness, and felling like things will never change.

All of this led to more and more drug abuse according to Akbar. He took his first drink of alcohol at age 12. This eventually led to marijuana abuse. By age 16 he was fully addicted to heroin. This caused him to steal and participate in all types of crime to feed his addiction. The crime led him to prison for three different times. The first time was four years and he was release. His addiction caused him to go back for four more years, and last time he was in incarcerated was for two years. According to Akbar it took almost 31 years to get clean from age 16-47. After going through several treatment facilities, he entered treatment at the current facility he works at over 16 years ago and

after being clean he wanted to make a difference, so he went to school to become an addiction therapist.

Akbar does not have a college degree but he has an addiction certification, which allows him to counsel, conduct group therapy and psychotherapy. He has the highest level of certification which is a Substance Abuse Counselor III. According to Addiction Counselors (2016),

Substance Abuse Counselor III credentials, requires a bachelor's, fifteen semester hours of related coursework, and two years of experience. For the Credentialing at the Certified Reciprocal Alcohol Drug Counselor (CRADC) level or higher is considered qualifying. The CRADC credential requires at least 2,000 hours of experience, even for a substance abuse counselor with a master's degree. With a bachelor's, the requirement is 4,000 hours. With an associate's degree, the requirement is 5,000 hours; with no applicable degree, it becomes 6,000. CRADC candidates take the IC&RC Alcohol and Drug Counselor Examination (para, 10)

However, due to the nature of substance abuse many of the best practitioners are recovering addicts, and substitutions for college degrees are allowed. Akbar has over 90 hours of college course work. He has been practicing therapy for more than 14 years and has been practicing Afrocentric therapy for over six years. He meets the criteria for Substance Abuse Counselor III, because he has over 6,000 hours of work experience, and he passed International Certification & Reciprocity Consortium Alcohol and Drug Counselor Examination.

Khalid's entry into the profession is different. Khalid said that he started drinking alcohol at age 8, because he was molested by a female and was not able to process the

confusion and pain that came from it. He stated for eight years he would pay people to purchase alcohol for him. One of the adult alcoholics that would purchase alcohol for him suggested he go to a self-help support group. At age 16, he started going to self-help groups and later checked in treatment at age 17. A year later he was able to establish sobriety around the time he became a senior in high school. He stated that he wished there was a facility like the one he participates in that could have helped him with addressing the pain and problems that are culturally specific for African-Americans. Based on his experience, he got a degree in psychology, a master's degree in counseling, and is currently working on a master's degree in psychology until he gets accepted into a Ph.D. program in psychology. He started working as a substance abuse therapist 15 years ago but started using Afrocentric therapy about seven years ago. He felt something had to be done because of the struggle he had getting clean as any African-American man. When he heard about the current treatment facility and what they were doing to help African-Americans he applied for a job. From the interviews and stories told by the therapists common concepts emerged.

Table 5.2***Common Concepts of the Therapists and Descriptors***

Concepts	Descriptors of Concepts
Culturally Relevant Therapy Curriculum	<p>Culture-based therapy also expands the “treatment agenda” to include discussions of social context, history, racism, and other group- relevant issues, which the client deems relevant. For example, with respect to substance abuse, culture is one of the factors that can determine a person’s particular set of pros and cons for recovery. A culture-based therapist works with a client to identify the cultural factors, as well as the personal factors, most likely to motivate recovery.</p>
Ontology of Self-Hatred and Internalized Racism (<i>SHIR</i>)	<p>The process of understanding the origins’ of self-hatred or internalized racism for some participants who have internalized and accepted these fallacies and misconception based on being of African descent. With this understanding, Watson (2013) stated, “there was a deliberate effort by some to demean, humiliate, disregard, manipulate and mistreat people of African ancestry by various extralegal methods. This exercise has taken place for centuries. It should come as no surprise that such self-hatred is deeply embedded within more than a few African Americans of all ages”. (para 5)</p>

Akbar’s Narrative. When asked what is unique about Afrocentric theory and if it helps African-American men in therapy better than their standard approach, Akbar stated,

For one thing for certain, it’s directed at African-American people with the unique set of circumstances and unique problems we have. Culturally it’s directed toward us but also it has to take into consideration our history over the past 200 years. It is unique because it not only deals with the

African-American man in his chemical dependency, but it deals with the African-American man in his entire life, because we believe of the problems that only 15% of his problem is the actual usage. So when we arrest the users, then we can deal with what really causes the problem and that's the other 85% of his life: problem-solving, loss, grief, abandonment and his lack of cultural origin, racism, issues of hatred, entrapment. These are different issues that plague the African, especially the African male in America. All of those issues have to be addressed if the participant has any hope of staying off the drugs, which often is linked to a person just self-medicating for the pain.

When discussing Afrocentric therapy's usefulness, Akbar responded by saying,

Okay. I think it's extremely useful because we come from unique backgrounds, and sometimes when we're in the treatment, there are some issues that have to be addressed that haven't been addressed in other treatment modalities or in other treatment centers with different modalities of treatment. I think with an Afrocentric therapy, we get a chance to address those issues because frankly we're more likely to come from communities infested with crime, drugs, poverty. We're more likely to come from single-parent homes. We're more likely to come from families where there was some kind of trauma or abuse, grief, loss, rejection, abandonment, and those are some of the issues that we walk into treatment. Those are some of the issues that make us get high to ease the pain of living. I think unless those issues get addressed, and unless they're addressed fully, I don't think people have a chance of staying clean, and I

think in particular because of our community and our culture, those issues are issues that have to be addressed and treated if we want to have a good outcome.

Khalid's Narrative

When Khalid was asked what is unique about Afrocentric therapy; he stated,

The uniqueness is the focus on origin. That's what the uniqueness is. The goal of science is to take an idea, an observation and make it generalizable to the overall public, even the word. That's the goal of science. And at this study of science, they study science from a specific position. And once they have gotten a theory that they got some validity and reliability on that, they may start spreading that out to seek if that particular theory is generalizable. The more generalizable a theory is the more law-like it becomes and the more it affects the policy and society.

He explained the relevance of the curriculum to the therapeutic process for African-American men in group and/ or individual psychotherapy by stating,

Cultural origins are key. Taking into account their cultural origin, where they originate, I believe that there is not a culture that could not benefit from it because if we are honest and if everyone was honest to where we originate, so we've been disconnected from the origins, from the source. So I don't think that there's other curriculums that address this with African-American, and we service a lot of other cultures as well, and bringing them into their cultural context or where they began and how we all came to be. There is not a person who hasn't been affected in a positive manner by degree. And part of that, we have to come into a reality that the

reason why some therapeutic modalities don't work is because the cultural specificity is eliminated. When you eliminate that you eliminate the person. You start looking at this person as being a person and start looking at them as being a number.

Khalid continued to explain the relevance of the curriculum when asked about the usefulness of an Afrocentric curriculum. Khalid stated,

This curriculum helps put into perspective some of the underlying and supporting issues that continue to plague African-American man. Everybody's scrambling for an answer and there is one, but nobody wants to address the issue that created the problem to begin with. And you can't undo that which was done, but what you can do is start working to educate people in the truth so that the truth is what is going to allow them to be able to regain themselves. That's the reason why I believe that Afrocentric curriculum in any discipline is necessary. I really don't care what discipline you talk about if you want to talk about medicine or you want to talk about psychology and psychotherapy, you want to talk about education. Educate people in the truth it is the most important part of assisting a person who has been gridlocked chemical dependency, to recognize how he can be free, it is by recognizing who he is.

The good outcomes Akbar is referring to is when participants are able to establish sobriety, but these outcomes are based on the therapeutic process. It still revolves around a curriculum that is culturally relevant. The curriculum the therapists use expounds on this principle and emphasizes culture as the heart of the therapeutic process. A culturally

relevant curriculum is the key ingredient, no matter if it is an assessment, psychosocial assessment or performance assessment in education.

The culturally-relevant therapy curriculum concept is consistent with Gay's (2000) perspective that adult education, which is a therapeutic process, places the culture of African-American men as the medium of exchange during the learning process. This is essential if you want to eradicate cultural differences that impedes the therapeutic process. The purpose of a culturally relevant curriculum is to eradicate or reduce the cultural mismatches between the African-American men's primary cultures and the primary culture of the therapist. This allowed the therapist which is the adult educator to gain valuable insight. Placing the African-American men at the center of the exchange during the learning process is based on the four pillars of educational attitude. Teacher attitude and expectations, cultural communication in the classroom, culturally diverse context in the curriculum, and culturally congruent instructional strategies are critical to addressing the mismatch (Gay, 2000, p. 44).

The concept of culturally-relevant curriculum therapy is congruent to Guy's (2009) perspective that contends the curriculum must connect with the diverse experiences and values of the adult learners in adult education settings or therapeutic processes. African-American men possess unique insight, knowledge, and understanding of institutionalized racism due to their positionality as an oppressed group. Therapy using a culturally-relevant curriculum provides a means to transport this insight and knowledge into applicable use. What is most important about this curriculum is that it speaks to their particular experiences and may be able to bridge the connection of what is required of them to abstain from drugs and alcohol.

Afrocentric concepts synthesize curriculum and therapeutic methodologies for education, remediation, wraparound services which connects clients with additional resources as needed, and advocacy on behalf of the African-American men with a sundry of problems socially. The concepts reveal that the approach of integrating the African-American's male history, culture, and life experiences as a crucial aspect of the learning process will encourage them to engage in the learning process to their full capacity evolving their own education/therapy.

For example, the concepts in culturally-relevant curriculum therapy work from the principle of Ujima, which means collective work and responsibility (Kinfano, 1996). The curriculum is specifically designed to address African-Americans who are undergoing difficulties with self-hatred, anger, emotional and physical violence, conflict resolution, and substance abuse issues. According to Akbar, culturally-relevant curriculum attempts to address all the particular issues facing African-American men who are utilizing the principle of Ujima. Ujima is a critical and vital part of collective group work at the institutions that use an Afrocentric curriculum.

Ujima asserts people of African descent must be fully accountable for their own behaviors in the collective setting. By keeping the group safe you also learn to keep the African-American family safe and not subject the family to danger. The way the therapists use Ujima reinforced Vann, 2003) concept,

Ujima also addresses the unique daily issues faced by African-American men. It is a resource designed specifically for self-development, relationship development (partner and children), parenting and healing for many African-American males in their relationships with women, children

and the community. Many African- Americans lack a sense of their own worth and pride in their heritage. (p. 16)

Many African-American men, young and old, have internalized self-hatred and have bought into the concept of inferiority because of the broader community's historical narrative (Pyke, 2008). It is no surprise that many African-American men have not adequately developed to their full potential as a result of accepting the historical narrative. Ujima suggests that until an understanding is nurtured in each individual as to why some of the African-American men have internalized self-hatred or a sense of inferiority, attempts to treat other problems, including drug abuse, will not be as successful.

Processing Self-Hatred and Internalized Racism

Akbar's Narrative

When Akbar was asked about the uniqueness of Afrocentric therapy, Akbar stated,

Coming from slavery, being the people that survived the middle passage, being enslaved, and also being helped in that slavery by biblical principles and religious people that said they believed in God, and I think self-hatred is something that's permeated in our culture today that brings about a lot of self-hatred, I think that Afrocentric therapy helps to address some of those issues of racial self-hatred and even cultural self-hatred. I think it's effective in terms of addressing those areas of cultural pain, and I think Afrocentric therapy is able to meet us right where we're at, to help us deal with some of those issues, to address cultural pain, and there's really a lot of cultural pain.

He continued to elaborate by saying,

Cultural pain is growing up in discrimination; growing up not being able to get a job, being a last hire, first fire. Cultural pain of dad not being able to be in the home and mom receives welfare and father can't be there, or even facing the simple fact dad not being able to be there for whatever other reasons, having to deal with that. Those are some of the painful issues that we have to face and besides, also to live in a community that's borderline poverty, right in the JBL here (the house projects in the city). Some of our people think they're trapped in a system and then a community and there's no way out. What we try to do here is address this pain because there's not a lot of nihilism in our community.

Khalid's Narrative

Khalid's response to the query on the special features of African therapy was similar to Akbar's answer.

Okay, I think it's extremely useful because we come from unique backgrounds, and sometimes, when we're in the treatment, there are some issues that have to be addressed that haven't been addressed in other treatment modalities or in other treatment centers with different modalities of treatment.

He shared an example of one of those behaviors in particular.

I will just give you, boys, when they're raised with their mothers, their mothers were always cautious to keep their boys protected. So in my situation, with my mother, as we were walking down the street, and there was a group of individuals, a group of your friends walking in the opposite

direction, you would always push her into the side and hide because of the threat of me being called her kid. That is something that's culturally specific to African-Americans. You don't find that in Chinese cultures. You don't find that in Hispanic culture. You don't find that in European cultures. And the most predominant cultures in the United States, you'll find that one nurturing aspect you'll find in the African-American culture. Okay, so that painful culture dynamic is what we try to recognize in the climate here. Because the curriculum is built on understanding the spirituality of which is really coming to know one's self which delves into the person's past. You cannot know yourself unless you know your origin. You have been stripped of that affirmation.

Akbar and Khalid focused on the facts that African-American males are oriented through culture to fight and hate each other (DeGruy 2005; Nobles, 1996; Wilkins, 2013). The majority of rap music played on the radio promotes violence and murder. This type of rap music teaches young African-American males a negative definition of manhood along with the lowly opinion of themselves and their race. This becomes a recipe for destruction, because it breeds competitive behaviors that are cutthroat. Even at a young age you can become the target for violence or ridicule.

This is coupled with the system of racism that plays a major role in the development of self-hatred in the minds of African-American men. Naturally, this expression of self-hatred bled over into African-American male children. The children are introduced to self-hatred before they fully understand "self". Like all children they are vulnerable because they are open to receive and learn from the input of world and the environment. The input from the environment develops our sense of self based on our

culture and the way others relate to us. We can both be affected at the emotional level (made to feel bad), and the mental level (taught judgments of good/bad and right/wrong) by this relationship (Akbar, 1996).

It does not matter if it is emotional/mental, stems from parental abuse/neglect or teachings from the church/media the effect is still the same. The fact is many African-American males accept the negative narrative, and the negative narratives become self-fulfilling thus perpetuating the stereotypical belief. At this point many, African-American males blame one another for the negative outcomes and never address the source. Both therapists understood that *SHIR* must be addressed before treatment could be successful.

According to the therapist the concept of processing *SHIR* is necessary. The ontology of how racism nurtured the belief that Whites are superior and African-Americans are inferior needs to be confronted. The feelings of racial inferiority are rooted in the time of chattel slavery. The White man's need to destroy the self-worth and self-esteem of African-American men was essential to their ability to control and suppress them. This therapeutic process helped some participants understand how the institution of slavery is based on white racial superiority and racial supremacy produces self-hatred in African-Americans. It also explains how White dominance continues to be perpetuated by the mainstream media and further solicits feelings of racial inferiority in African-Americans.

The media solicits feelings of racial inferiority daily by portraying African-American people in a derogatory and demeaning manor while always portraying Whites in positive and powerful positions (Elligan, 2012). This form of White dominance is unlike the typical portrayals of racism, involving white hatred against African-

Americans. Afrocentric therapy explores the issue of racism occurring among African peoples which manifests as Black-on-Black crime.

Afrocentric concepts enable the therapists to introduce the African-American men to the history, culture, political and economic conditions of Africa, the Americas, and elsewhere in the world in order to explore new approaches in perspectives, analysis and techniques on how to address their pain. The concepts explicates why the Afrocentric therapeutic process has African-American men discover, examine, and study history. The therapeutic process used by therapists addresses exactly how history influences the psychology and the collective consciousness of individuals and their people. Wilson (1993) insisted, “the collective consciousness of individuals is influenced by the quality of their recordings and recollections of their historical experiences. To manipulate history is to manipulate consciousness; to manipulate consciousness possibilities; and to manipulate possibilities is to manipulate power” (p. 2).

Moreover, an Afrocentric therapeutic process addresses self-hatred and the relationship between the rediscovery and rewriting of self-image for the achievement of liberation and prosperity as African people.

In conclusion, the therapists addressed self-hatred and African people experiences to implement a frame work of “Kujichagulia (self-determination), which means to define ourselves, name ourselves, create for ourselves and speak for ourselves” (Kinfano, 1996, p. 214). The two concepts Culturally Relevant Therapy Curriculum and *SHIR*, help African-American men understand the pathological and sociopathic behaviors that lends itself to outcomes such as Black-on-Black violence as evidence of self-hatred.

These pathologies continue to prevail with many African- Americans today (DeGruy 2005; Nobles, 1996; Wilkins, 2013). Afrocentric concepts also address the

issue of Africans being an inferior race, and how internalized self-hatred has varying degrees based on the different experiences of African people. In chapter 6, the researcher will provide a detailed discussion of the phenomenological experiences of African-American men whose therapy incorporated/consisted of an Afrocentric curriculum. The six concepts that emerged from the participant's interviews will be analyzed through the lens of Afrocentrism and Transformative Learning theory. Lastly, a summary of the study as well as recommendations for future research will be discussed.

Chapter 6 Discussion

One of the main attacks against Afrocentrism is that it is a mythology that is racist, reactionary, and trivializes the history of Black Americans. However, within these attacks, the scholars that are opposed to African centered models acknowledge that Afrocentrism is essentially therapeutic (Lefkowitz, 1996). The purpose of this research was to investigate the experiences of African-American men receiving therapy that uses a culturally-relevant curriculum. More specifically, this study examined the use of an Afrocentric model for African-American men in therapy based on the following research questions:

1. What are the experiences of African-American men who participate in therapy using Afrocentric curriculum?
2. What impact does an Afrocentric curriculum have on the therapeutic process of African-American men in group and psycho-educational therapy?
3. What are the experiences of therapists using Afrocentric curriculum?

As stated in Chapter 2, the therapy curriculums used in many comprehensive mental health agencies are based strictly on a Eurocentric perspective. Most of the

curriculums does not properly help African-American men and prepare them for successful outcomes (Villar, 2012). Afrocentric curriculums are a response to the chronic failure of the educational system of mental health to provide equally successful opportunities for African-Americans in treatment. More importantly, the use of an Afrocentric curriculum attempts to shift the educational curriculums used in mental health to reflect the cultural needs of African-American men. Asante (1987) has been a major influence in the exigency of Afrocentricity in the educational arena. Afrocentricity is a critical perspective. Asante (1987) maintained that it is essential African ideas should always be placed at the center of any analysis involving African people, culture and behavior.

Afrocentrism's personality and culture is truly an instruments of power. It is a direct attempt to reorganize African people and reorganize an African self-consciousness. The psychology of consciousness is not a simple abstract thought, but a very significant product of their personal behavior and collect histories, so theoretical a concrete theory coupled with excellent concepts are critical to guiding African-American men's behavior. A concrete theory is driven by the state of self-consciousness. It organizes the world consciousness and how one interacts with the world. It allows one to have a theoretical foundation to assess the world based on one's goals and what one wants to do.

The lack of a concrete Black social theory to guide consciousness has cause African-Americans to operate on a reactionary level. By not having a scientific way to address their problems African Americans have always lived reactionary. Ture' (2016) stated,

It permits one to be able to evaluate the world in term of where one wants to go and what one wants to do. To be without theory is to approach the world on an ad

hoc basis, to just meet it here and there and to not approach it in a systematic form. It is to live reactionary, always reacting to what other people are doing, always being overwhelmed by events and overwhelmed by the future, instead of creating events and creating the future and making the future. When one has a good theory and a good concept, one is able to do just that. (para, 13)

It is imperative for one to have a concrete theory. The concrete theory enhances the level of consciousness which brings a form of power. This is what AC represents. Ultimately the whole struggle is about, Kujichagulia self-determination; the struggle is one of Power! Largely, this is a problem African-Americans are faced with daily as African people in America. The struggle for power to practice independent consciousness based on self-preservation. This is consistent with the principle of Kujichagulia (self-determination), which is to define ourselves, name ourselves, create for ourselves, and speak for ourselves; stand up (Kinfano, 1996, p. 214). Based on the findings of the research, many of the participants were engaged in exorcism of derogatory self-images. The concept that African consciousness points to is the fact of renaming self and speaking for self (Mazama, 2001). One participant named Chris, a 42-year old single male stated he believed the Afrocentric model enabled him to regain the culture he and his ancestors lost due to slavery, even during his addiction. He was able to express his feelings, regarding the loss of culture, history and sense of belonging. The findings from this study suggests the nature and level of historical consciousness and its relationship with the cultural identity of those African-American men as a key element of their recovery. According to Chris, he realized that behavior is shaped by how you see yourself as it relates to your cultural practices. Now that he has identified positive aspects of his history and culture, his behavior has changed. He has become proactive on

educating and serving his family, community through raising their cultural consciousness. His sole purpose is give back to the community and help his people. A second participant named Scott, reiterated the concepts which were taught in the groups and also mentioned by the therapists. He further stated, 85% of their problems were due to a lack of culture and the remaining 15% were due to their drug abuse.

These feelings and opinions are consistent with African-centered scholars (Azibo, 2010, Welsing; 1991, Wilson, 1993). Many African-centered scholars feel that Afrocentric therapy works because part of the healing process for African-Americans is identifying where they are in the process of understanding their African identity (Azibo, 2010, Welsing, 1991; Wilson, 1993). Once African identity and consciousness start to develop, it dares to ask the penetrating questions and demands answers. Afrocentrism's personality addresses the reality that Ture' (2016) expressed,

We as African People have to keep the focus on our issues, whether it's here in America or anywhere else in the world. There is nothing wrong with putting your race first. This is what is meant by a African Centered Consciousness, that your consciousness is based upon, what is best for the race, knowing your history, knowledge of self, how can I help the race, how can I help others to feel and think about the race as I do. And also most importantly that you belong to the first race of people on the planet and that you are the chosen people. You are the Original Man and Original Woman and that is just a fact. Yet you have people who don't want you to know that or for that matter to learn it. And some of these people sorry to say are people who look like you and me.

You have people who deny the fact that they're African, don't want anything to do with Africa, and Dr Clarke had this saying to them.. "You left your mind in

Africa" we can't continue to deny what are, and who we are as a people. It is tantamount of committing mental suicide, what is it to mean, that you accept a slave history in America, and your children are taught slave history in school, as if that is all we ever been. Yet they're not taught our history in Africa, and don't demand that your children are taught about it in school. (para, 3-4)

Afrocentrism social theory determines the destiny of African-American men by establishing guidelines of life (Wright, 2000). According to Wright (2000), African consciousness helps develop a "Black Social Theory." The ultimate achievement of African consciousness would be the restoration of Africans' culture and behavior that has been lost in many African-Americans. African consciousness attempts to reorganize African-American men in treatment by reorganizing their consciousness, personality and cultural understanding. This helps the men to see African people history as apparatuses that is powerful and must be used as instruments to transform African people's situation. The primary vehicle used in the therapeutic setting to raise African consciousness is group therapy.

The therapy groups the African-American men in the study attended suggests that understanding oppression in the mind is critical. Wilson (1993) declares, "If oppression is to operate with maximum efficiency, it must become and remain a psychological condition achieving self-perpetuation motions by its own internal momentum" (p. 3). Based on the researcher's observation, the discourse in the group activities are organized strategies designed to empower African people, to recover Africa's indigenous traditions while at the same time reclaiming their identity which affords them the power to control their own socialization process.

“This is what is meant by an African Centered Consciousness, that your consciousness is based upon, what is best for the race, knowing your history, knowledge of self, how can I help the race, how can I help others to feel and think about the race as I do (Ture’, 2016, para. 3)’

Hilliard (2011) reverberates indigenous traditions by stating,

Numerous documents and oral histories outline the vast traditions which were practiced by our ancestors and passed down through the generations. We must critique these traditions and, when needed, improve upon them so that they will address the contemporary challenges that Africans face around the world. We must also understand that our indigenous socialization practices can help us clarify our purpose and vision as an African family. Today, as we continue to face the culture wars against African people, we must not surrender or neglect our vision of an appropriate destiny that derives from who we are as a people. (p. 2-3)

One example of improving on the tradition is to address the contemporary challenges that African people face was demonstrated by James. James, a 45-year old on parole, was assigned to conduct research on nihilism and to present the findings to the group. He stated during his interview that,

Reading that paper he gave me, what I got out of it was I shared it with the public and I shared it with all my friends about nihilism. Yes. Nihilism was designed to keep black people oppressed and down. That was the whole basic thing of it and why it was designed. I got to do research.

One of the goals outside of helping the African-American men in the group to get clean and establish sobriety is to bring about African consciousness based on the group. They

critique their lives and problems of African people through African tradition. The aim is to “improve upon them so that they will address the contemporary challenges that Africans face around the world” (Hilliard, 2011, p. 3). The group therapy used African-centered or indigenous socialization practices to help the African-American men clarify their purpose and vision as an African family that is the base of the WE or group self-awareness (Hilliard, 2011).

In the African-centered groups, the discourse evolved around one of the greatest obstacles to clear vision, the lack of unity. The Afrocentric support concept *WE*, “*seeks to understand the principles of the Afrocentric method in order to use them as a guide in analysis and discourse*” (Asante, 2009, para, 13). The hopes, with a clear understanding of the culture and history, will shift the thinking and develop a solid orientation to African-American men’s disorientation, de-centeredness, and lack of agency.

The principles of the ‘*We*’ concept are also based on Umoja, which means unity in the Nguzo Saba. The *WE* represents “the centrality of the African, that is, Black ideas and values as expressed in the highest forms of African culture (Asante, 2009, para, 3). The *WE* attempts to activate consciousness as a functional aspect of Umoja. Asante (2009) believed express is given to the *WE* because “the cognitive and structural aspects of a paradigm are incomplete without the functional aspect. There is something more than knowing in the Afrocentric sense; there is also doing (Asante, 2009, para, 4). One of the functional aspects in the groups deal with MAAF and how it separated Africans from traditional spiritual values, family, culture, and land, forcing a total disconnect with a healthy African foundation. The MAAFA is a Kiswahili word that means the destruction of black civilization (Ani, 1994).

There is an African proverb that says “until the story of the hunt is told by the lion, the tale of the hunt will always glorify the hunter” (Buabeng, 2014, para 1). One of the more unique concepts manifested from the research is the *SHIR*, which is viewed through the lens of the MAAF. The MAAFA as explained by Shahadah (2007),

Is a discourse on the global historical and contemporary genocide against the mental and physical health of African people. The effects of this genocide impacts all areas of African life; religion, heritage, tradition, culture, agency, self-determination, marriage, identity, rites of passage, and ethics. And finally acts to marginalize Africans from their historical trauma and historical glory. This study does not seek to promote a binary or Manichean history, but moreover a lens for looking at patterns of persecution from within an authentic African centered framework. (para, 1)

From group observations, clarity on *SHIR* helped the African-American men understand the source of their pain. It sought to promote a holistic view of the trauma African people faced during the MAAF. The idea is to avoid looking at the world in White or Black or duality of African and none African, but through an African-centered structure to authentic African reality. As Chris previously stated, African-Americans lack togetherness due to being belittled and berated throughout the years. He further stated that African-Americans are the only race of people that are unable to get along with each other due to self-hate.

Married and on parole, Edwin, pointed to the summary of facts when he stated, “how we basically entrap ourselves in racial self-hatred. I have a thing, I had disliked my culture or had feelings because I didn’t know where I came from or anything about it.”

SHIR helped the African-American men participants to understand the source of their pain. However, during groups they do not just learn the history but understand their history has been incomplete and distorted. Many of the men have acquiesced, and recognized to address the sexual abuse, extermination by genocide, chattel slavery, exploitation, and warfare that Africans faced requires a spirituality. Many of these atrocities are addressed through spirituality.

Spirituality as a Therapeutic Process

Spirituality as a Therapeutic Process (SP) process is a key concept in Afrocentric therapy. The premise of Afrocentric thought is that spirituality is clearly influenced by the numerous and diverse spiritual practices from the African continent (Williams, 1974). *SP* defined the role of spirituality in the daily lives of the participants in treatment and clearly connects to those often experienced on the African continent (Williams, 1974). *SP* gave the participant's voice when it came to offering a perspective of their collective spiritual experience. The Afrocentric perspective on spirituality has a space within a global spiritual tapestry. The concept gives voice by having something different to say about the relationship to the spiritual. For example, the rich heritage of the Maori spiritual thought, includes the linking of mind, body and spirit to the land or the incredible relationship of God, spirits and humanity that is prevalent in many African religions (Mbiti, 1989).

Furthermore, Asante (1984) suggested the flaw within the traditional transpersonal is its overreliance on the wisdom of major religions and thereby excluding many other forms of spirituality. The self-help groups did not deal with religion. The numerous spiritual experiences revered by the many alternative African spiritual systems are always encouraged because the inclusion of an African ontology is essential to the

spiritual growth of African-American men in group therapy (Ntseane, 2011). One of the main aims is for African-American men to understand there are numerous types of spiritual worship across Africa. You may see the similarities between religious paths that are recognized in the quest for an understanding of the universal expression of spirituality. This spiritual journey in the therapeutic process revolves around the interesting concepts of the understanding and acknowledgement of cultural others. Although the participants were not required to agree with other spiritual systems they did have to accept member's right to their own point of view and spiritual reality. The need to develop a form of spirituality unique to African-American men is essential to *SP*. The therapeutic process is unique but also consistent with adult learning principals. The support groups also promoted an inclusive educational process which participants engaged in a life-changing journey of self-discovery.

Many concepts emerged from this research. For example, in the self-help groups, the participants were encouraged to research their history and culture via books, videos, and other materials of which they shared with the group during discussion. One participant stated his therapist assigned him different topics to research which made him become more aware of his ethnicity. He learned about nihilism from going out and doing research and sharing his findings with the group. According to Sheared (1996), these types of experiences are considered concrete. The participant shared information that enabled the entire group to gain knowledge and an intuitive understanding of their world. He and the group participants may now be able to use their newly acquired knowledge which is grounded in a set of cultural, gender, economic, and racial norms to maintain their sobriety.

The groups focused on cultural restoration in order to help restore African-Americans from drug, alcohol, and any other addictive behaviors through spirituality. The meetings encompassed a variety of methods to address the impact of misinformation or mis-education. This gave the participants an opportunity to share their past/current life obstacles, which they may have faced or were currently facing.

Many African-American men have a voice and it should be heard. Participants were able to connect life issues to the call and response process typically utilized in African cultures worldwide. Sheared's (1996) concept of giving voice is similar to this call and response process. The call and response process gave voice to the participants by providing opportunities for them to discuss the solutions or healthy coping strategies that were relevant to overcoming obstacles in their lives. As Sheared (1996) pointed out,

As they engage in the "call and response," they gradually begin to take responsibility for reading and interpreting the word. They slowly begin to understand that they are the authors of their own histories, cultures, languages, economics. It is through the shifting of margins and centers that learners and teacher begin to uncover their realities with one another. As our multiple realities are acknowledged we begin to see how these realities have helped shape the way we read and interpret the word and the world (pg.6).

Silencing the voice of African-American men is criminal. African-American males have left their destiny in the hands of other people who have perpetuated a racist narrative about them. African American men must have a voice if they are to overcome marginalization. The most honorable Elijah Muhammad stated, "The black man must do for self or suffer the consequence" (Muhammad, 1973, p.61). To give voice in this treatment facility meant that group facilitator or therapist understood that he was not

operating from a position of power or control but as a facilitator whose role was to empower marginalized African-American men. This process is consistent with the premise of Afrocentrism which advocates the *Nguzo Saba*.

The concepts of *AC*, *SHIR*, *WE*, and *SP* filtered through the lens of Afrocentrism takes in consideration the unique history of oppression, interconnectedness of culture, ethnic group, socioeconomically status, and the lived experiences of the African-American men in therapy. Those committed to working with African/African-Americans should and must begin to examine the Afrocentric paradigm if indeed they want to ensure that there is equity in all institutions (Baumgartner, 2003). This concepts of transformative learning theory, coupled with an Afrocentric curriculum, offers an alternative perspective based on culture and tradition of African Americans.

Transformative Learning Theory

The Transformational Learning Theory is described as being a “constructivist” view. This theory was originated and developed by Mezirow (1996). Mezirow believed learners interpret and reinterpret their experiences which is central to making meaning and enhancing learning (Mezirow, 1991). Transformative learning is "the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one’s experience in order to guide future action" (Mezirow, 1991, p. 162). Based on previous research, many curriculums used in mental health treatment is based on the acquisition of skills. Lulee (2009) suggested,

Instrumental learning is the acquisition of skills and knowledge (mastering tasks, problem solving, manipulating the environment-the “how” and the “what”). In contrast, transformative learning perspective is a paradigm

shift, whereby we critically examine prior interpretations and assumptions to form new meaning-the “why. (para, 6)

This unique perspective introduces the other process of human knowledge, which is grounded in one’s cultural centeredness to help African-Americans maximize their fullest potential in the therapeutic process. This therapeutic process utilizes ideas, myths, history, and symbols of African people. It enhances the African collective memory and perceptions that are linked eternally to the spiritual system. Nommo, which means the spoken word, is the spirit of the word Sankofa, which is a word used in the Twi language spoken in Ghana that translates as "Go back and get your history, and lastly MAAT truth justice harmony.

One of the goals set by the treatment facility for the participants was for them to secure the liberation of their minds in order to overcome a limited, derogatory worldview of self. The use of the Afrocentric worldview trained the African-American men to live and look at the world in a new way that was imperative to transforming their lives. Afrocentric learning and transformative learning theory have many commonalities that work to increase consciousness and transform worldviews. This transformation was displayed during the interviews and group observations.

Mezirow (2000) considered, the perspective of transformation as being achieved by following a variation of the following phases of meaning to become clarified:

- A disorienting dilemma
- A self-examination with feelings of guilt or shame
- A critical assessment of epistemic, sociocultural, or psychic

assumptions

- Recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change
- Exploration of options for new roles, relationships, and actions
- Planning a course of action
- Acquisition of knowledge and skills for implementing one's plan
- Provision trying of new roles
- Building of competence and self-confidence in new roles and relationships
- A reintegration into one's life on the basis of conditions dictated by one's perspective (pg. 22)

The 10 phase transformation process, described by Mezirow (2000), is key to the concepts that emerged from this study. The concepts had more than one of these phases, but for clarity, the researcher focused on those related to the *WE* concept. The *WE* concepts is consistent with “Motho ke motho ka batlio ba bang we, which means “I am because we are” (Ntseane, 2011, p. 307). This African proverb brought the African identity to the forefront of the minds of the participant's as they focused on the issues of self-hatred, poor self-esteem, and group identity. Transformative learning theory can be adapted to meet the needs of African- Americans in the learning context if it includes values consistent with Afrocentrism. Treating African-Americans in a cultural context brings deep intuitive understanding on how to make critical theories culturally useful such as transformative learning. Afrocentric practitioners recognize using a culturally-relevant curriculum in therapy is beneficial and transformative; however their understanding and support has been marginalized (Ntseane, 2011). This marginalization

of understanding was indicated by the participants previously failed treatment episodes, more specifically Akbar who believed his previous treatment episodes were unsuccessful because the facilities used curriculums catered towards the needs of White middle class males.

Throughout the participant's treatment or therapeutic process, African values were acknowledged as key to informing the collective process of transformational learning. Transformational learning occurred as a result of the incorporation of the *WE*. Ntseane (2011) stated, "knowledge is communal because social change depends on collective responsibility, and gender roles/expectations are critical for processing knowledge" (p. 307). According to Mezirow (1991), understanding the process of how and why our assumptions shape our perceptions and understanding of the world is imperative. He further stated, in order to make new choices and act upon new inclusive and discriminating understandings one must change habitual expectations. The relationship between traditional African values systems and transformative learning merges the values of the mutual group rather than an individual's thoughts of responsibility. This is critical, because "Mezirow's description of transformational learning primarily addresses the individual's capacity to use critical reflection and other rational processes to engage in making meaning" (Ntseane, 2011, p. 309). This relationship demonstrated that cultural contexts were very critical to the participant's identity transformation. Although there is some criticism of transformational learning that suggests it lacks a cultural context there are some aspects that are consistent with the *WE*. The progression of erudition is a crucial characteristic of culture. Culture is based on defined, specific meanings in addition to negotiated agreements on what is important to the group. The way the *WE* curriculum is structured, the group culture is a universal concept in the African

worldview because meaning development revolves around group relationships. What normally transpires individually in transformational learning is done in the group setting. This process unfolded the individual constrained perspectives in transformational learning by helping the participants revise clarification of their experiences. The clarity of the meaning is based on the reinterpretation of the meaning which may help guide the participant's actions in the future. When sharing their stories in group, participants with similar experiences and problems shared the same culture, and faced similar daily challenges which helped them develop deeper understanding and meaning.

The bi-product of sharing their stories, the participants' *AC* is raised demonstrating transformational learning. The concept *AC* which occurred in the group setting is where the African-American men capacities were addressed using critical reflection in the group to develop meaning. All of the participants reflected over their lives while trying to make sense of their addiction, which was an example of a disorienting dilemma as stated by Mezirow (2000). The participant's in groups examined their self-image frames of reference by critically assessing the epistemic, sociocultural, or psychic assumptions of this image. Learning what has really happened to African people worldwide was paramount for the participants. This new self-awareness is consistent with transformative learning because raising the self-consciousness of African-American men transforms their worldview by redefining meaning of what it is to be African in America.

This process also applies to the concepts of *SP* and *SHR*. Once the transformational learning theory procedure was placed within an African worldview it moved from individual interpretation to group interpretation. This is consistent with Afrocentrism because of its theoretical and philosophical position on African phenomena

(Asante, 1995). The identified phenomenon is meaning interpretation. It is essentially a process of explaining how human beings come to interpret meaning about the external world using the lens of an African worldview, which takes into consideration the culture which differs from the original theory of transformative learning (Azbio, 2010).

Analyzing data using transformative learning from the group perspective is contrary to its original theory that is based on an individual perspective. This process is known as cultural adaptation, which takes Eurocentric or western theory and adapts it to be more culturally acceptable, relevant, and effective for other ethnic groups. According to Whaley and Davis (2007),

Cultural adaptation as any modification to an evidence-based treatment that involves changes in the approach to service, in the nature of the therapeutic or in the component of treatment itself to accommodate the cultural belief, attitudes, and behaviors of the target population. (p. 570)

Although theoretically transformative learning theory is contrary to the African worldview some aspects of this theory manifested, because of the cultural adaptation. Mezirow's (1991) transformative learning theory is culturally sensitive and relevant "in what he calls the 'sociolinguistic' meaning perspective" (Ntseane, 2011, p. 310). According to Mezirow (1991), sociolinguistic perspectives "are understood as habits of expectation assimilated primarily from one's culture and language" (p. 56). The "theory acknowledges the important role of both culture and context and the fact that there is the element of negotiated understanding that is connected or integral to other human's activities. In his words, Culture can encourage or discourage transformative thought" (Mezirow, 1991, p. 3).

Based on this, transformation learning is the basis of all the concepts; it can be culturally sensitive and show through the research of Whaley and Davis' (2007) cultural adaptation. Cultural adaptation integrates elements of African-American's history and culture into the therapeutic process effectively addressing the cultural issues. Cultural issues are a complex interplay that are typically never addressed and are key for behavior and attitudinal change in psychotherapy.

Summary

The four concepts, African Consciousness or Black Consciousness (*AC*), The WE or Group Self-Awareness (*WE*), Spirituality as a Therapeutic Process (*SP*), Ontology of Self-Hatred and Internalized Racism (*SHIR*), and African Consciousness Black Consciousness (*AC*), were analyzed through the lens of Afrocentrism and transformative learning theory. The concepts are related to the Afrocentric paradigm, which demonstrated the transformative learning theory is contrary to the African worldview because of its linear western principle. Afrocentric curriculum, can be incorporated in mental health curriculums to make them more culturally sensitive and relevant when working with African-American men because their needs have been silenced. Afrocentric curriculum enhances the importance of culturally-relevant curriculums. For the therapists in this study, when working with African-American men, culturally-relevant curriculums are develop based on cultural awareness, cultural knowledge, and the African worldview. This chapter provided a close examination of the concepts that emerged from the participants whose therapy incorporated/consisted of an Afrocentric curriculum.

Chapter 7 Implications, Recommendations, Conclusions and Summary

The purpose of this research was to investigate the experiences of African-American men using a culturally-relevant curriculum during therapeutic sessions based on the Nguzo Saba, also known as the Seven Principles of Kwanzaa. More specifically, this study documented the experiences of African-American men who were exposed to a therapeutic model centered on culturally relevant materials. Grounded Theory was used to analyze the data using open coding followed by axial coding to identify emergent categories. Three fundamental questions framed this research:

1. What are the experiences of African-American men who participate in therapy using an Afrocentric curriculum?
2. What impact does an Afrocentric curriculum have on the therapeutic process of African-American men in group and psycho-educational therapy?
3. What are the experiences of therapists using an Afrocentric curriculum?

In this final chapter, implications from the study's findings are discussed. In addition, recommendations for future research and conclusions are outlined.

Discussion

The participants' responses to a series of questions revealed five overarching concepts. The four overarching concepts were African Consciousness (*AC*), WE or Group Self-Awareness (*WE*), Spirituality as a Therapeutic Process (*SP*), and the Ontology of Self-Hatred and Internalized Racism (*SHIR*). These concepts were analyzed through the lens of Afrocentrism, and Transformative Learning theory.

African Consciousness (AC)

The participants reported they felt learning their history and culture was a critical part of the therapeutic process for them. The learning of culture and history emerged as African Consciousness (AC). Ntseane (2011), asserted,

Understanding of the Afrocentric paradigm, as described by Asante (2003), addresses the question of African identity from the perspective of African people who have been marginalized and dislocated. To say that we are decentered. We have lost our own cultural footing and became other than our cultural and political origins, dislocated and disoriented. We are essentially insane, that is living an absurdity from which we will never be able to free our minds until we return to the source. Afrocentricity as a theory of change intended to re-locate the African person as a subject. As a Pan-African idea, Afrocentricity becomes the key to the proper education of children and the essence of an African cultural revival and, indeed, survival. (p. 311)

The therapeutic process in itself constitutes examples of African Consciousness.

Afrocentrism, was a major factor in the participant's healing and recovery. National Institutes of Health (2016) reported, "the concept of cultural competency has a positive effect on patient care. It enables providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of the patients" (Para, 1). This was confirmed by one participant who reported he disliked his culture and had those feelings because he was unaware from where he came. He became enlightened when he learned about his African culture. He argued things began to come to light for him once his consciousness increased.

The therapeutic process, which utilized a culturally relevant curriculum, changed the participants' self- image. One of the therapists stated he believed using a culturally relevant curriculum was necessary due to the unique social, emotional, and psychological needs of African-American men in treatment. He indicated other treatment modalities are ineffective because they fail to address the specific needs of African-Americans. He experienced this both as a therapist working in other treatment facilities and as a patient himself. He strongly believed the primary aim of culturally relevant curriculums is to promote the development of an African personality. In addition, he indicated curriculums based on Afrocentric values encourages the development of spiritual faculties to help guide the emotions, intellect, social, and political awareness of African-Americans. Thus, the findings from the study suggest that the outcomes of using a culturally relevant curriculum are necessary for African-Americans to remain sober after treatment.

The use of the culturally relevant curriculum helped the participants increase not only their individual level of consciousness but the collective consciousness of the entire group. This collective benefit is synonymous with an African worldview that values community over self. The purpose of increasing consciousness is to liberate African people based on current world situations. Wilson (1993) argued that learning your African history plays a critical role in developing the consciousness of an African people, and it is essential to any therapeutic paradigm or educational institution to activate the people's consciousness. Furthermore, Ntseane, (2011) concurred by stating, "Afrocentric scholars must produce emancipatory knowledge, since the ultimate aim of Afrocentricity is people's liberation; the Afrocentric methodology is supposed to generate knowledge that will free and empower people" (p. 313). The participants' liberation was observable through their changed behaviors and worldviews during the study. As an example, one

participant had a long history of prison recidivism due to nihilism which he indicated was a result of a negative self-worth; he stated his participation in group therapy helped him change his world view which ultimately helped him avoid returning to prison.

Wilson (as cited by Nia, 1995) emphasized the same principle by maintaining that Afrocentric scholars must produce emancipatory knowledge that yields an Africa consciousness. He argued,

The past lives in your brain; in your behavior; the way you see life and the way you see yourself. Everything that happens to you in the present is filtered through past experiences present in your mind. This means the past is operationally present at every moment. If that past is distorted, if your perception of it is incorrect, if it's absent. Then when you look at things in the present, your perception will be distorted. You will not be able to effectively use what you see right in front of your face. You will not be able to take advantage of possibilities that you have nor will you be able to design your own future, because your history has been distorted.... You must recognize that consciousness is power; being aware, knowing something, and being able to do something is what consciousness is all about. (para, 10-12)

The WE or Group Self-Awareness

Based on the level of consciousness produced, the understanding opens your mind and heart to an African Worldview. The consciousness and knowledge that is produced is essential for whole, not just individuals. The participants expressed the understanding and processing of the shared history as key for the orientation process of the *WE* awareness.

Ntseane (2011) posited most African worldviews emphasize belongingness, connectedness, community participation and people centeredness which facilitates the therapeutic process.

The participants engaged with the myths, stories, and proverbs that bonded them together as one African people. The participants not only benefited from the strong relationships they developed with one another during group, colleagues, and friends, but also by participating in other stress-reducing activities like daily exercise, hobbies, reading books, church programs, and walking. More importantly they benefited from the increased group awareness and African consciousness. The participants in the study appeared to have learned and accepted this concept. This supports Ntseane's (2011) findings. She believed that the change process for a group of people has to "be a collective one" (p. 318). People within groups are expected to be mutual learners "in the process of change and development by being a community intellectual or educator" (p. 318).

The participants in this study were expected to engage with other African-American men, in the community, and broader society as mutual learners in the process of Kawaida, Kawaida, is a culturally holistic methodology used to address the problems of the African community politically, socially, economically and spiritually within an African worldview (Karenga, 1993).

In order to enhance the group members' relationship with one another the therapists had the men engage in a variety of activities that were culturally centered. For example, he assigned different topics for each group member to research and share with the group. This was done to facilitate the development of group awareness which is

consistent with Afrocentric curriculum because it is inclusive of the socio-historical, political, race, class, and gender, of African people which provides a bridge for the collective consciousness. This was confirmed by a participant who stated,

All we do is community things. We come together. We've got skateboarding coming up soon. All those activities being around us when we come here and we're here sober, enjoying ourselves. We're not having drug use, not being high and not stumbling in here. Everybody comes to our program, alumni and so on and so forth, they come sober.

The participants in this study practiced Umoja (unity), Kujichagulia (self-determination), Ujima (collective work and responsibility) as an art and a science in order to increase the collective consciousness of the group.

Spirituality as a Therapeutic Process

In the African-American community, religion and spirituality are integral to the fabric of the community. There are some therapists who have this close intimate knowledge regarding religion and spirituality and utilize it in therapy. However, there are many mental health services providers who lack this understanding and do not make use of spirituality during individual counseling, self-help groups, and didactic groups with African-Americans (Colin, 1989; Rowland, & Isaac-Savage, 2014).

Spirituality was the overwhelming concept that emerged from the data analysis. Spirituality is not about politics or global issues, but it is about forging a personal relationship with one's higher power of understanding. There was such a paramount emphasis on spirituality that was closely linked to most of the other concepts, especially in terms of an African consciousness. For example, all of the participants interviewed

stated spirituality was important in their daily lives. The group sessions combined spirituality and religious practices from many different faith traditions, especially in the African tradition. The participants combined yoga, meditation, and traditional religious services to meet varying needs of individual members.

It is apparent that the approach to spirituality in the groups was actually 'blended,' a mix of adult learning and theology/spirituality. It appeared the participants preferred an African-centered approach that allowed them to move to a meaningful juxtaposition of being African and American. This preference was consistent with Blackwell (2008), who suggested an imagistic/metaphoric approach of theology and adult education is essential to gaining fresh perceptions. He further argued the language used provides a particular environmental perception, a new and challenging context in which meanings can be explored and interpretations attempted.

Spirituality was essentially a therapeutic process placed in context of the individual's needs.

Azibo (2003) suggested the African-American personality possesses a higher level of spirituality and is an organizing force. Ani's (1994) definition of spirituality which contended spirituality, is a particular vision of a universal reality in which a given order underlies an organic interrelationship of all being within the resultant cosmos is congruent with the Afrocentric view on spirituality. This order is of a metaphysical-essentialist nature" (p. 368). This type of reality structure is critical for African-Americans which includes the universal order that all forms of life (animals, plants, and element) and humanity derive from.

While in group therapy, the participants were taught and oriented to live in harmony with nature including one another. This is contrary to the western linear

worldview which emphasizes rugged individualism; dichotomy between mind and body as well as body and cosmos (Azibo, 2003). This is one of the reasons the participants in the groups did not seem judgmental based on my observation of them. This coincides with Gregory and Harper (2001) who believe in the importance of addressing spirituality when working with African-Americans, because it is a “major motivational system” (p. 306) in their lives. The African perspective does not view spirituality from the dichotomy of right versus wrong but from the perspective of examining the functionality of the belief and behavior (Gregory & Harper, 2001).

For the participants, therapy appeared to be a value-laden process with the values of the principles of the Nguzo Saba and MAAT (truth justice harmony). The Afrocentric curriculum assisted the participants in choosing a value system that defined proper behavior by its service to the needs of the family and community. These principles are the cornerstone of the African worldview. Principles of the Nguzo include Umoja (unity), Kujichagulia (self-determination), Ujima (collective work and responsibility), Ujamaa (cooperative economics), Kuumba (creativity), Nia (purpose), and Imani (faith) were used by the participants to evaluate western systems of spirituality and values.

Spirituality as a therapeutic process-oriented approach to therapy acknowledged, affirmed and examined the participant’s spiritual systems. The participant’s ideas of spirituality affected their attitudes, beliefs and behaviors. Their ideas brought spiritual forms of consciousness through symbolic representations of their surroundings. The participants reported the discourse surrounding spirituality affirmed their belief systems and was never judgmental, thus it created a safe environment to grow.

In conclusion, researchers such as Akbar (1996), Azibo (2003), and Wilson (1993) have emphasized the creation of more culturally relevant programs. The

Afrocentric curriculum addresses the different cultural-spiritual prospects of the participants. The concept of spirituality is the bonding element African people use to construct relationships, ways of knowing and meaning. Perpetual disregard of the cultural-spiritual prospects of African-American men is why, in many cases, they have unsuccessful outcomes in therapy. For the study participants, spirituality stimulated them and provided them with hope and increased optimistic feelings. This is why spirituality was an important facet of the therapeutic process with the participants. By working on their spiritual self, not religion, a safe conducive environment was created in order for them to recover from the psychological trauma of slavery, racism, self-hatred and pain.

Ontology of Self-Hatred and Internalized Racism (SHIR)

The introduction of this research illustrated a theory of what happens when stressed people lack treatment for generations? How have African people coped? What adaptive behaviors did they invent—now misinterpreted as “cultural”—to survive in a toxic environment? A central idea consistent in the participant interviews was that unresolved issues makes many get high to ease the pain of living. Furthermore, if the unresolved issues are not properly addressed African-Americans may not have a strong chance of staying clean. Unresolved issues often lead to the development of self-hatred and painful images of self (citation). The concept of *SHIR* helped the participants understand their pain. This was observed during their group discussions and interactions as the participants shared their experiences of being African American in America. In *The Psychological Residuals of Slavery* Hard (n.d) argued that “openly addressing the past . . . , lays the groundwork for genuine dialogue, understanding, and healing in clinical environments, classrooms, and other settings (para. 1).

Degruy (as cited by Talvi, 2006) indicated a decade ago that African-Americans cannot afford to wait for the dominant culture to realize the qualitative benefits of undoing racism” (para. 4). Their “recovery from ongoing trauma of slavery and racism has to start from within” (para. 4). The recovery has to “begin with a true acknowledgment of the resilience of the African-American culture” (para. 4). The recovery from the ongoing trauma of the MAAFA experienced by African-Americans is a unique process dealing with years of trauma, but African-American voices have been silenced due to a serious social denial by institutions and historians. One participant in particular reflected on the trauma of being raised in an all-White neighborhood. He stated that the lack of exposure to his culture and other African-Americans created an internal strife that ultimately lead him on the path to drug and alcohol abuse. Other participants reported having feelings of resentment and displaced anger as a result of experiencing racism. The structure of the treatment program encouraged the participants to join in honest dialogue about self-hatred and pain as a result of racism. Specificity for voice was intentionally created within the Afrocentric paradigm providing the participants a safe platform to explore their experiences and pain. The participants shared their ideas regarding self-hatred and their relevance to the discourse. The groups and individual therapy sessions provided a platform that helped the participants represent their peculiar pain and concerns. Their opinions of self-hatred and pain may be viewed differently than those of other ethnic groups; however, facets of traditional African values are sympathetic and non-denigrating (Ntseane, 2011).

The participants shared their understanding of the relevance of slavery and how it currently impacts their lives although they did not experience chattel slavery directly. Talvi, (2006) contended, although neither of us (Black or White) were alive during

slavery we are equally impacted by our history which is evident in the disparities in economics, education, and the justice systems. Gaining an understanding of the connection between the trauma of slavery and racism is at the root of processing *SHIR* within the Afrocentric paradigm. In addition, there is evidence that African-centered research approaches for emancipatory and participatory data collection is a key process through which African-American men can redefine concepts of self and reconstruct scenarios that validate their social circumstances (Chilisa & Preece 2005).

Implications for Actions

The research findings suggested using an African-centered approach to therapy that allows for the reflection of true life circumstances from an African worldview is critical to self-healing. Previous research indicated African-American men may benefit from therapy using an Afrocentric approach (Akbar, 1996; Ali, 2004; Azibo, 2010; Williams & Williams-Morris, 2000; Wilson, 1993). The results of this study support the numerous benefits to using an Afrocentric therapeutic approach when treating African-American men. All of the participants in therapy reported a previous lack of cultural awareness prior to treatment; however, one of the major benefits reported by the participants included an increased Afrocentric worldview which enabled them to enhance their self-esteem, self-awareness, and ultimately eradicate the derogatory self-images that hindered their progress. An Afrocentric worldview is centered on several beliefs including spirituality and inner divinities which are significant for the survival of the group. Afrocentric spirituality is based on the following worldviews as reported by Tyehimba (2015):

- The highest value of life lies in the interpersonal relationships between humans

- One should live in harmony with nature
- One gains knowledge through symbolic imagery and rhythm
- There is a oneness between humans and nature
- Humans should appropriately utilize the materials around them
- Change occurs in a natural, evolutionary cycle
- There are a plethora of deities to worship
- All humans are considered to: be equal, share a common bond, and be a part of the group
- The survival of the group holds the utmost importance
- Cooperation, collective responsibility, and interdependence are the key values to which all should strive to achieve
- The Afrocentric worldview is a circular one, in which all events are tied together with one another
- One's self is complementary to others
- Spirituality and inner divinities hold the most significance.

This research may help address core barriers that prevent some African-Americans from seeking therapy to address their problems. People are more likely to participate in treatment when they feel accepted; however African-Americans, especially African-American men typically do not feel accepted when soliciting mental health services in America (citation). The problem with many mental health approaches is that African-Americans feel oppressed during all phases of treatment which includes the intake process, the therapeutic process, and later when receiving ancillary services due to the lack of cultural relevance in the curriculums used. If mental health professionals

accept and understand the Afrocentric approach, it will become more inclusive by creating space for African-Americans to heal by increasing access treatment (Licklider, 1990; Stewart, 2004). This is critical for all mental health professionals of America to understand because issues among African-Americans are rooted in problems with self-awareness/self-esteem as a result of being mentally and physically cut-off from their African identities (Licklider, 1990). Mental health professionals must recognize how African-Americans understand themselves as oppressed people. This understanding will bring clarity to potential stressors, pain, and lack of self-worth and self-esteem in African-American men. In addition, therapists need to evaluate how African-American men interpret their relationship to broader society or to White cultural views.

In order to help African-Americans, therapists from cultures other than African may need to study the Afrocentric worldview perspective to develop an understanding of how to implement this perspective when working with African-American families. It is impractical for African-Americans to seek only African-American therapists for treatment because there are not enough African-American therapists in America for this to be a reality. This does not mean that therapist and other professionals need to adopt an Afrocentric perspective; they just need to understand it to improve the delivery of mental health services to African-American families, in particularly men.

Understanding and accepting an Afrocentric perspective does not mean that other cultures cannot be accepted as well and does not constitute an attack on the dominant Eurocentric culture of America, but not knowing and understanding African culture often leads to the misdiagnoses of African-Americans. The Afrocentric worldview can help therapists understand that African-Americans have a cultural history that comes from

Africa and those cultures and worldviews are a foundation of African-American culture. African-Americans must accept and feel comfortable with their African identity and believe their African identity is respected when receiving mental health services.

As service providers move toward evidence-based practices and culturally-grounded service delivery, they must make sure that the research that guides their practice is truly evidence based, as defined by the target group, and is not merely imposed perspectives intent on providing an alternative therapy for African-Americans. The feelings and opinions of African-American men are key perspectives in Afrocentric curriculums that are based on evidence and not opinions. The study was conducted not only to recognize the conception of Afrocentric curriculum as culturally relevant, but to also induce a broader viewpoint, abstracted from a cultural educational matrix. The cultural education matrix of Afrocentrism may provide some African-Americans with a better African identity, African worldview on social meaning, and help develop a collective relationship for behavior and social change. By exploring an Afrocentric curriculum has on the therapeutic process of African-American men in group and psycho-educational therapy, the theoretical premise of it becomes more relevant because of the needs to help institutions be more effective in educating and empowering African-American men.

Guy (2014) posited educational and training institutions must be culturally relevant and inclusive. The curriculum material should reflect the experience and knowledge of African-American males and cannot perpetuate various forms of bias. The treatment facility in this study provided a curriculum that was culturally relevant and reflected the participants' experiences. Guy (2008) further argued, "culturally relevant

practice refers to the ability to work well and communicate effectively with individuals from various cultural groups” (p. 1). The treatment facility had suitable settings that communicated a strong message that African-American males were valued, respected, and considered capable of achievement. Lastly, the methods and strategies must provide space for African-American males to have a voice and acknowledge their existence as an oppressed people without belittling or marginalizing their feelings.

Colin and Preciphs (1991) reported, “practitioners must acknowledge the existence and ramifications of racism and understand its overall impact on their perceptions. For example, perceptions are capable of influencing beliefs, attitudes, and behavior that, in turn, affect teacher-learner interactions” (p. 62). This is a fundamental flaw with many comprehensive mental health providers. Mental health providers differ along many important therapeutic dimensions, educational dimensions, and services provided, therefore choosing the right institution for African-American men requires a thorough knowledge of the needs of African-American people. The provider should be thoroughly familiar with African-American men, their particular needs, and whether the service providers are able to adequately address their needs. These particular cultural needs in many cases are not currently considered essential aspects of service. Primarily, the services provided are normally educational in group therapy or individual therapy because therapists are basically adult educators. However, Guy (2014) pointed out, educational initiatives addressing psychological and psychocultural dimensions of racism are incomplete and inadequate even though they are important to sustaining structural transformation. In addition, due to various dimensions of oppression adult education programs risk failure when attempting to meet the learning needs of African-American men. This reality reaffirms why Afrocentric curriculum forms unitary ways to address

the needs of African-American men. The participants in this study were stuck in the interstices of their existence under a western worldview. This view subjected them to a dysfunction between who they were and who they were told they were. Clearly the western worldviews typically dictates the view in one's society, family, and peers thus destroying the African's true sense of identity. This is congruent with the fundamental requirement of slavery, which was the theft of history and identity, simultaneously.

Cultural identity and a true history of self was paramount to the psychological and physical recovery of the participants in the study. There was no doubt that Afrocentrism provided the participants their personal space and voice. This allowed the participants to regain what they had lost by seeking a reconnection to a sense of identity and historical consciousness.

Summary

The intent behind this research was to examine the experiences, perceptions, ideas, concepts, feelings, and opinions of African-American men regarding psychotherapy when an Afrocentric curriculum is used. The participants focused on history, African culture and the ontology of self-hatred and pain. They described healing as bringing the unconscious and the conscious together, which was the impact of using an Afrocentric curriculum. The concept of *AC* is the central concept that unites all the concepts that emerged from the participants (African-American men and therapist). Using Afrocentric curriculum throughout therapy resulted in positive experiences for the men in therapy. Afrocentric curriculum is a progressive evolving treatment modality that adheres to a social philosophical African-centered framework. It also offered the therapists a cultural platform of interventions, process orientation, empowering, and

culturally relevant curriculum. Afrocentric curriculum is particularly appropriate for African people because of its Afrocentric worldview.

Based on the participant interviews, Afrocentric curriculum provides an accommodating perspective and process that enhances African-center psychological orientation while at the same time development of an African identity. Gregory and Harper (2001) posited that,

It is applicable across cultures as its strong values orientation reflects the premise that therapists are not neutral and have a responsibility to support strong families and communities in their cultural context. Its attention to process encourages the client system to define for itself what is a strong family and a strong community. African-American men seek meaning in their human experience so that it makes sense. (p. 319)

This lack of cultural meaning can lead to mental and spiritual pain and even to death. The conception of meaning and reality is depicted in terms of the subjective and experiential perception that is captured and painted by the imagery of self-hate. An illness, like internalized self-hatred, brings crisis to our experience and confuses the structure of our reality as well as disturbs our meaning, which is upheld by imagery.

The participants believed that gaining a healthier self-image or new perspective about their history, culture and African worldview was important. It helped them become better equipped to foster or maintain healthy relationships with others. Learning new perspectives can be associated with a psychological transformation. It is therefore not surprising that the African-American men in the study responded well to Afrocentric therapy although on the surface many practitioners romanticize the value of Afrocentric therapy. This is normal from the western worldview that is usually subtle and hegemonic

in therapeutic practice. However, the unique African-centered cultural experience the participants received in treatment recognized and understood the potential to impact the healing of African people. These new perspectives about Afrocentric therapy solidify Afrocentric curriculum as culturally relevant and can assist empowering marginalized African people in general. Cultural awareness assembles African systems, which stimulate personal change and growth by teaching new methods of constructing meaning for American-African men. In the ensuing paragraphs, recommendations for the future, working with specific African-American men populations, and implications for the future are provided.

Recommendations for Future Study

The following are suggestions for future research based on the findings of the current study. Further research is essential concerning the effects of Afrocentric curriculum in therapy and its relationship with African-American men, African-American women, and African-American children in psychotherapy. The Afrocentric worldview is continually evolving as new knowledge and findings accumulate daily in the literature. Therapists who hope to deliver culturally-relevant services to African people must and should have substantial training and experience in the African-centered worldview while working with African people. This substantial training is critical in helping practitioners reflect upon their own presuppositions and current belief systems. This will allow them the opportunity to look at African center ways of knowing and acting and, possibly, change their worldview. Future research regarding the long-term impact of developing an Afrocentric worldview may be beneficial for mental health professionals to gauge the usefulness of African values and ethics on rehabilitation.

This current study added to the current knowledge of Afrocentric curriculum research and lends itself to further research. Future research within the mental health profession in regards to the use of Afrocentric curriculum would be integral in determining the best Afrocentric modality for the treatment of African-American males under the age of 21. It would be interesting to compare the treatment experiences of African-American males under the age of 21 from various socioeconomic groups who receive treatment using an Afrocentric curriculum. Future research could also seek to replicate the results of this study; to identify components important to African-American men's racial identity specifically. In addition, a comparison study of the experiences of African-American men with an African centered worldview versus those without an African centered worldview enrolled in post-secondary education programs may expand what is currently known in the field of adult education.

Conclusion

The purpose of this research was to investigate the experiences of African-American men using a culturally-relevant curriculum based on the Nguzo Saba, also known as the Seven Principles of Kwanzaa. More specifically, this study examined the use of an Afrocentric model for African-American men.

As a result of conducting this study, one may conclude the following about the experiences of African-American men using culturally-relevant curriculum that is Afrocentric based on the Nguzo Saba. The African-American men from the study were more keenly aware of self, culture, self-hatred, history of their oppression as a result of the curriculum. Phillips (1996) pointed out, "others engage life in a more authentic manner, and incorporate effective tools for clear identification, analysis, and resolution of

future life difficulties (p.72). African-American men have what can be described as an African-centered lens that allows them to view themselves and their relationships. For the men in this study, this lens helped them remain focused on self-awareness as an African by being able to integrate the knowledge and wisdom assembled through the process of African consciousness.

The experiences the men shared together in groups operationalized changed attitudes and behaviors. Integrating behavioral changes and attitude simultaneously helped develop self-affirming views of being African. Outside of the physical, mental, and spiritual dimensions, synthesizing of being African and American dichotomies were fundamental to the African-American men's African consciousness. The new self-awareness heightened their problem-solving strategies in case of future life difficulties that may arise. Akoto (1992) suggested:

It is the circle...that facilitates the spiritual communion in traditional spiritual systems. It is the circle with the family elder or griot at the head that facilitated the intergenerational flow of history and culture. It is thus, the interactive circle, so potent and central to our cultural experience that must be adapted for use in Afrikan centered pedagogy. (p.105)

In conclusion, the complexity pervades with endemic problems such as poverty, drug addiction, and incarceration of African-American men and can be addressed through developing a clear African identity. This study revealed how the development of a personal identity leads to the development of a group identity which then transforms the individual, the group, and the community in spite of the complexity of problems. Consequently, the research findings suggest that the Afrocentric curriculum is the

mediating linkage between an individual's racial identity and the self-esteem of some African-American men by examining the bi-directional nature of the racial socialization process. The lack of an individual's racial identity brings crisis to his/her experience and confuses the structure of his/her reality as well as disturbs, in the context of the current study, what it means to be an African-American man, which is upheld by derogatory imagery. Cultural and historical self-awareness is a critical part of education of the human experience as Africans in America. African-American men in the study seek racial identity and self-esteem meaning in context of human experience to make sense on what it means to be an African.

The concepts that emerged, African Consciousness or Black Consciousness, The *WE* or Group Self-Awareness, Spirituality as a Therapeutic Process and the Ontology of Self-Hatred and Internalized Racism are depicted in terms of the subjective and experiential perception that is captured and painted an authentic imagery of being African-American. Blackwell (2008) concurred, “recovery involves a learning experience that consists of a reflective, educational, and spiritual process to rebuild and reconstruct meaning through the use and transformation of our images and themes to create meaning” (p.162-163). Transforming poor self-esteem and self-identity by developing meaning and uniting positive imagery involves around issues of self-knowledge and origins: Who I am I as African in America? What is my purpose here in America? Reflection on these questions via the concepts that emerged in context of an oppress people helped transformed the men in the study. This transformation manifests through self-worth and cultural identity and brings about hope and better mental health.

Moreover, Afrocentric curriculum has the potential to serve as a type of umbrella concept to unify and coordinate discourse among various mental health service providers. Additionally, Afrocentric curriculum has the potential to further negotiate discourse among private practitioners, mental health agencies, and boards that develop mental health curriculums.

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Appendix A

DSM-IV-TR Criteria for Posttraumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - (2) The person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.
- B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
- (3) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - (4) Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
 - (5) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience; illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
 - (6) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 - (7) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

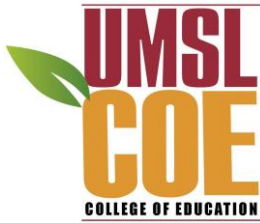
- (8) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (9) Efforts to avoid activities, places, or people that arouse recollections of the trauma
- (10) Inability to recall an important aspect of the trauma
- (11) Markedly diminished interest or participation in significant activities
- (12) Feeling of detachment or estrangement from others
- (13) Restricted range of affect (e.g., unable to have loving feelings)
- (14) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal lifespan)

D.D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) Difficulty falling or staying asleep
- (2) Irritability or outbursts of anger
- (3) Difficulty concentrating
- (4) Hypervigilance
- (5) Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (Center for Substance Abuse Treatment, 2009, p.311).



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Appendix B

request permission from clinical director to conduct study

(letter and email)

Clinical Director XXX
 Address

Dear XX:

My name is Ameer Ali and I have worked as a therapist for over 10 years and plan to return to private practice in one year. Currently, I am a doctoral candidate at the University of Missouri-St. Louis pursuing a degree in Educational Leadership & Policy Studies with an emphasis in Adult & Higher Education. My dissertation advisor is Dr. Paulette Isaac-Savage, episaac@umsl.edu, (314) 516-5941. As a dissertation study I have selected, " Afrocentric Curriculum: A Paradigm for Healing and Education".

Throughout the study, I propose to gain an understanding of culturally-relevant curriculum and, more specifically, Afrocentric curriculum. The research examines the effectiveness of this method in addressing the origins of stress and trauma in African-American men. Additionally, it explores how effective Afrocentric psychotherapy has been in correcting any problems.

While exploring the effects of culturally-relevant curriculum on your clients, the study will solicit rich detailed descriptions of the clients' point of view regarding their treatment, cultural perspective, and lived experiences, which stimulated a different point of view of the curriculum that may transform their lives.

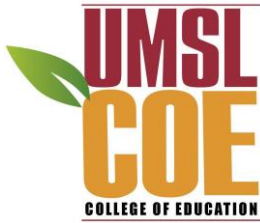
In my more than 10 years of providing clinical services as a therapist and a supervisor, some issues (i.e., learned helplessness, literacy deprivation, distorted self-conceptualization, antipathy or aversion for one's own identified and cultural/ethnic group) are never truly addressed within context. I have seen drug users, hardened criminals, prostitutes, irresponsible fathers, husbands, and sons all change their behavior when exposed to the methodology of Afrocentrism.

My initial meeting with the clinical director will consist of reiterating the purpose of the study and discussing the opportunities (i.e., staff meetings) available to introduce the

study to the clinical director and the clients. After the process of randomly selecting a small number of volunteer participants (7-12), in-depth interviews will be scheduled and conducted. These clients will focus and reflect on how they responded differently to life situations, what others say about them, how they resolve stressful situations and their process for psychological problems solving. I will privately contact all selected volunteers. This will afford me the opportunity to inform them with additional information, instructions, and confirm that they understand the consent form and rights. I will be mindful to maintain measures of confidentiality.

If there are any questions or concerns, please afford me the opportunity to clarify or answer your inquiries. I can be reached at (618) 977-4320 or e-mailed at Knowthyself1st@hotmail.com. Or, you can contact my dissertation advisor. Thank you for allowing me to conduct this study. I greatly honor your consent.

Sincerely,
Ameer Ali
Ph.D. Candidate
University of Missouri-St. Louis



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Appendix C

request permission from clinical director to conduct study

(letter and email)

Clinical Director XXX
 Address

Dear XX:

My name is Ameer Ali. Currently I am a doctoral candidate at the University of Missouri-St. Louis pursuing a degree in Educational Leadership & Policy Studies with an emphasis in Adult & Higher Education. My dissertation advisor is Dr. Paulette Isaac-Savage, episaac@umsl.edu, (314) 516-5941. As a dissertation study I have selected, "Afrocentric Curriculum: A Paradigm for Healing and Education".

Once again, I am attempting to find an appropriate date and time that accommodates the research participants for interviewing. This email serves as an attempt to identify the time within the dates below that is best for the interviews. I am very hopeful to have a common time formulated that will accommodate all of us. If all possible, please afford me with your earliest response.

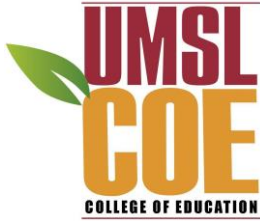
Availed dates: January 27, 2015 thru February 7, 2015 Tuesday-Thursday between 9:00am -4:00pm central time 2015.

If there are any questions or concerns, please afford me the opportunity to clarify or answer your inquiries. I can be reached at (618) 977-4320 or e-mailed at Knowthyself1st@hotmail.com. Or, you can contact my dissertation advisor. Thank you for allowing me to conduct this study. I greatly honor your consent.

Sincerely,

Ameer Ali

Ph.D. Candidate
University of Missouri-St. Louis



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Appendix D

Informed Consent for Participation in Research Activities

Afrocentric Curriculum: A Paradigm for Healing and Education

Participant _____ HSC Approval Number 741302-1

Principal Investigator Ameer Ali PI's Phone Number 618 977-4320

1. You are invited to participate in a research study conducted by Ameer Ali, Doctoral Candidate in the College of Education and Dr. P. Isaac-Savage. The purpose of this research is to investigate the use of a culturally-relevant curriculum with African American men. More specifically, this study will examine the use of an Afrocentric curriculum to determine the implication, if any, of Afrocentric therapy curriculum as an alternative to European therapeutic methods for African-American men.
2. A) The volunteers for this study will consist of two African-American male therapists and 7-12 African-American men active in therapy, or who have successfully finished therapy will be interviewed. Identifying participants will take place in two ways. For men currently in therapy, therapists will be asked to

recommend possible participants. In addition, the researcher will seek permission to attend a therapy session to recruit potential participants. For men that have completed therapy, therapists will be asked for potential participants.

➤ If you agree to participate in this research you can expected to privately participate in an in depth interview.

b) The amount of time involved in your participation will be length of time for participation in each procedure, the total length of time for participation will be 30-60 minutes answering semi-structured questions, and you will receive a \$10 gift card from a nearby restaurant.

3. There are no known risks associated with this research.
4. There are no direct benefits for you participating in this study.
5. Your participation is voluntary and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw.
6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher.
7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Ameer Ali (618) 977-4320. You may also

ask questions or state concerns regarding your rights as a research participant to the Office of Research, at (314) 516-5941

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I hereby consent to my participation in the research described above.

Appendix E:

Interview questions for the African American male participants

1. Please share a bit about how you came to be in therapy?
2. In what ways do you see therapy as being useful in your everyday life as an African? American man? In what ways do you see therapy as disconnected from your everyday life?
3. In general, what do you see as the key experiences of African-American males in Afrocentric therapy?
4. How do they African-American males perceive the impact of Afrocentric therapy actually changing behaviors in transformative ways?
5. Please share examples of when you think such therapy make a real difference in some one's life and when it did not.
6. What parts of therapy have you found most relevant and helpful? What has been least helpful to your personal growth and development?
7. In what way has your perspective changed on identifying yourself as African Americans?
8. In what ways do you find yourself treating people differently as result of therapy? Give some examples.
9. If you could change something about your experience to date in therapy, what would that be? Why? Thank you so much for your time and insights to in helping me learn more about Afrocentric therapy with Black men.

Appendix F:

Interview Questions for the therapist:

1. How useful do you feel Afrocentric therapy is?
2. What is unique about Afrocentric therapy, and in your opinion, do you think it helps African-American men in therapy better than other approaches?
3. How important is the Afrocentric curriculum to the therapeutic process of African-American men in group and/ or individual psychotherapy? Please explain and give examples.
4. How do you and other African-American men perceive the impact of such therapy on their transformation and recovery?
5. Do you feel this type of therapy could be effective with other minority groups?
6. What training or life experiences decided you to engage in Afrocentric therapy?
7. Do you think you will continue to develop and focus on this approach in your practice over the next few years? Why or why not?
8. What other therapies have you found especially effective with this population?