African American Communities and Family Systems: Relevance and Challenges

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This article explores the uniqueness of African American couples and families both from a historic and contemporary systems perspective. We consider historical and present day ecological systems such as structural racism that impact African Americans, and African Americans’ strengths in addressing them. We discuss the relevance of a principle-based integrated behavioral and family systems model of treatment and how it can be tailored to diverse groups using core diversity principles. Presentation of an African American couple/family case highlights how the treatment was tailored through the therapist’s use of the cultural competencies of relevant knowledge, dynamic sizing, diversity skills, and awareness to tailor treatment to address four key systems-related diversity principles that address differences that often arise when treating diverse cases. These are (1) differences in worldview and values between the therapist and the members of the family, (2) differences in their experiences and contexts, (3) differences in the power that they wield in and out of the therapy session, and/or (4) the felt distance experienced by the therapist and/or the couple or family owing to one or more of the foregoing differences. Moreover, this work uses a comprehensive perspective that takes systemic, developmental, and other common factors into account for the case and every couple and family. We believe that our perspective helps to bridge cultural and other silos, such that improved services may be provided to all types of new family forms across fields of study, and across the silos of theory, research, and practice.

Keywords: African Americans, couples and families, diversity, treatment, systems models

The relevance of applying systems models to African Americans, and addressing such concepts within couple and family therapy with this unique underserved group is considered. First, we consider historical and present day ecological systems that impact African Americans, as well as African Americans’ strengths in addressing them. We note the importance of applying evidence-based treatments with flexibility by application of core principles both within and across treatments, to keep therapists open to the diversity in how such principles can be manifest. We fill a gap in the field by helping therapists identify, understand, and address core diversity principles that can be manifest across all groups, to hone their ability to tailor treatment using cultural competence in a flexible principle-based manner. A case example then illustrates how we use core diversity principles within an integrated principle-based behavioral and family systems approach to treat a distressed African American family with systems-related challenges.

Broad Systemic Impacts on African Americans and Their Families, Past and Present

Bronfenbrenner’s Process–Person–Context–Time model (Tudge, Mokrova, Hatfield, & Karnik, 2009) is a useful framework for expli-
cating the systemic factors that impact African American families. This model posits that humans develop through progressively complex and reciprocal interactions between people and their contexts, called proximal processes, which lead to outcomes of competence and dysfunction. With optimal development, proximal processes convey attachment and commitment across persons, families, and society. Conversely, problems with social development stem from growing chaotic societal and community environments that lack common focus and coordination in conveying commitment to people between systems and settings (Bronfenbrenner & Evans, 2000). Below we conceptualize systemic factors that impact African American families according to all levels of Bronfenbrenner’s model. We begin with a discussion of the macro-level influence of structural racism and its underlying systems at the exo-systemic, microsystemic, and meso-systemic levels, followed by micro- and meso-systemic strengths of African American families that buffer against negative larger systemic influences.

Since emancipation, laws and treatment of African Americans are processes that have been characterized by competing goals and chaotic social contexts. For example, although African Americans were given the right to vote, this was out of alignment with the negative sentiment and goals of many Americans, which led to the creation of poll taxes and other voter intimidation and suppression practices. Consistent with the time and context aspects of Bronfenbrenner’s model (Tudge et al., 2009), these and similar efforts throughout history led to chaotic social environments and supported a systemic dynamic known as structural racism. Structural racism can be defined as “ways in which history, ideology, public policies, institutional practices, and culture interact to maintain a racial hierarchy that allows the privileges associated with whiteness and the disadvantages associated with color to endure and adapt over time” (Aspen Institute, Roundtable on Community Change, 2005, p. 50). Although each of these macroscopic components of structural racism is impactful in isolation, the dynamic interactions between them create and sustain racial inequities and affect the functioning of individuals and family systems. Education, socioeconomic disparities, discrimination, and negative media portrayals are some major societal systems comprising structural racism that we detail below. The dynamic interweaving of systems and their impacts will be illustrated with education; however, consistent with Bronfenbrenner’s Process–Person–Context–Time model (Tudge et al., 2009), data show that each system similarly intersects with the others to harm African Americans and their families (e.g., Sampson, 2009).

Structural racism has been manifest in the educational system throughout the history of African Americans in the United States (e.g., Aspen Institute, Roundtable on Community Change, 2005). Slavery made it illegal for African Americans to read, and after slavery the ideology remained that African Americans should be excluded from intellectual pursuits, such that those who were educated had to attend segregated and under-resourced schools. Currently, the combination of African Americans’ disproportionate poverty, housing discrimination, and residential segregation, and the policy of funding public education through property taxes together ensure that relatively little is spent per pupil in neighborhoods that are predominantly African American (Aspen Institute, Roundtable on Community Change, 2005). In regards to higher education, the institutional practice of requiring SAT scores disadvantages many African American students whose under-resourced schools have not exposed them to higher levels of literature and mathematics. In addition, many African Americans experience stereotype threat related to academics (e.g., Steele & Aronson, 1995), in which the fear of being judged by a stereotype significantly lowers their educational performance. This results in underrepresentation of African Americans from professions and social endeavors that require an education, and media portrayals of African American youth that are significantly more anti-intellectual than the portrayals of their White peers (Aspen Institute, Roundtable on Community Change, 2005). Combined, they reinforce the negative educational stereotypes of African Americans held by out-group members who have little contact with them.

Operating at an exo-systemic level, socioeconomic disparities are a primary aspect of structural racism that adversely impacts the physical and mental health of African Americans. African Americans have experienced significantly higher rates of poverty than most other ethnic...
groups since poverty rates began being measured by race (e.g., Dalaker, 2001). Unemployment is higher for African Americans than their White counterparts, and the challenges related to under- and unemployment are associated with reports of less couple and family satisfaction for African Americans (Bowman, 1992). In fact, data show that economic pressure results in couple conflict, parenting problems, and child behavior problems for African American, White, and Latino families (Conger, Conger, & Martin, 2010). African American families become more impacted owing to their disproportionate levels of poverty and financial strain. For example, in a study of 202 married African American couples, researchers examined demographic characteristics, neighborhood-level economic disadvantage, and state of residence as predictors of displayed warmth and hostility in an interaction task and of self-reported marital quality. Findings indicated that economic disadvantage at the neighborhood level and living in the rural south predicted lower levels of displayed warmth between partners during an interaction task, while financial strain predicted lower self-reported marital quality (Cutrona et al., 2003). Conversely, in a longitudinal study of 207 African American couples, higher levels of education predicted higher income, lower levels of financial strain, marriage instead of cohabitation, and biological rather than stepfamily family structure five years later. Moreover, all of these variables positively influenced relationship quality and stability (Cutrona, Russell, Burzette, Wesner, & Bryant, 2011). These results suggest that socioeconomic disparities involving education and financial stability have mesosystemic and exosystemic negative impacts on African American couples’ structure, interaction processes, and their family stability.

At the micro- and meso-systemic levels, many African Americans commonly experience racial discrimination and racial microaggressions still, which are stressful and adversely impact individual and family functioning. The majority of all Americans report experiencing some type of discrimination on a day-to-day basis, but African Americans attribute 89.7% of it to race/ethnicity, while their White counterparts only attribute 21.1% of their perceived discrimination to race/ethnicity (Kessler, Mickelson, & Williams, 1999). Particularly pernicious forms of discrimination are microaggressions, or “everyday verbal, nonverbal, and environmental slights, snubs, or insults whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based on their marginalized group membership” (Sue et al., 2007, p. 273). As microaggressions are often deemed small or are denied by those who perpetrate them, such as a worker following an African American in a store, they create the stressful dilemmas of deciding if the insults occurred, and whether to address or ignore them (Sue et al., 2007). Many studies show that for African Americans, microaggressions and other forms of race-based unfair treatment are associated with poorer mental health (e.g., Bennett, Merritt, Edwards, & Sollers, 2004), and poorer couple relationship quality (e.g., Lincoln & Chae, 2010).

In addition to racial discrimination, Kelly and Shelton’s (2013) literature review details how negative stereotypes of African Americans are pervasive, stem from and extend deficit-based portrayals of slaves, and are believed and internalized by some African Americans. The internalization of negative stereotypes leads to the enactment of behaviors that are consistent with them, which fuels more negative stereotypes of African Americans by out-group members, thus exacerbating structural racism. Common stereotypes include the “matriarch,” a controlling, emasculating African American woman who only needs a man for providing children, and views of African American men as hypermasculine and oversexed (Kelly & Shelton, 2013). These negative stereotypes are theorized to shape negative expectations within African American relationships, particularly along gendered roles, creating conflict, competition, and undermining trust (Allen & Helm, 2013). For example, 71% of a sample of 221 African American men endorsed the matriarch stereotype on a self-report measure designed to examine exaggerated negative stereotypes of African American women (Gillum, 2007), suggesting the pervasiveness of this stereotype. To combat negative beliefs about their partners, African American men may take on a hypermasculine stance in relationships, which can foster power struggles and hinder intimacy (Allen & Helm, 2013). Thus, it is unsurprising that endorsement of negative stereotypes is associated with poorer relationship quality for African Americans (Kelly & Floyd, 2001).
The aforementioned challenges adversely impact African American family relationships, leading to challenges at a microsystemic level. African American couples consistently report lower relationship satisfaction than White couples (e.g., Roebuck & Brown, 2007) or Black Caribbean couples (Bryant, Taylor, Lincoln, Chatters, & Jackson, 2008). African Americans also have higher rates of nonmarital childbearing than other racial groups (Harknett & McLanahan, 2004). Research indicates that across racial groups, couples who enter marriages with children are at greater risk of divorce than couples who marry without children (Raley & Bumpass, 2003). African American couples also have higher rates of divorce than other racial and ethnic groups (Sweeney & Philips, 2004), and research suggests that children of divorce are at risk for experiencing relationship conflict and divorce as adults (Cui, Fincham, & Pasley, 2008). In addition, African Americans exhibit high levels of distrust within relationships (Harknett & McLanahan, 2004), which can negatively impact decisions to transition to serious commitments, such as marriage (e.g., Estacion & Cherlin, 2010). Yet married African American couples benefit from marriage, as they exhibit lower rates of psychological disorders overall than their separated, divorced, and widowed counterparts (Williams, Takeuchi, & Adair, 1992).

Strengths and Positive Coping Strategies Within African American Couples and Families

Our review of challenges faced by African Americans predominantly focuses on impacts owing to the demand characteristics of their race, yet research also has revealed several strengths of African Americans that constitute positive resource and force characteristics. These strengths operate at the micro- and meso-systemic levels, engendering transactions within African American families and between these families and other systems that reduce the challenges posed by structural racism. As with the challenges that they face, these strengths play a positive and dynamic role in their history and current functioning.

For example, a countervailing area of strength is the family unit itself and how it is conceived. Many African American families value respect for elders, with children raised to maintain this respect through obedience to all adults in the family (Boyd-Franklin, 2003). In addition, many African Americans have strong relationships with family such as uncles and cousins, in addition to "fictive kin" from the community who are close but not biologically related. These extended families provide networking opportunities, financial and educational assistance (e.g., Boyd-Franklin, 2003), as well as emotional closeness and frequent interactions that promote mental and physical health among African Americans (Taylor, Chatters, & Jackson, 1997). Many African Americans also turn to family members and informal community support networks to cope with racial discrimination (e.g., Sanders Thompson, 2006). For example, in a study of 156 families, fathers’ reports of perceived discrimination were positively associated with father–adolescent warmth, and mothers’ reports of perceived discrimination were positively associated with co-parent cooperation (Riina & McHale, 2010). Also, many African American families value egalitarian role sharing in areas such as child care, chores, and elder care (Boyd-Franklin, 2003), and prioritize family needs above individual and couple needs (Cowdery et al., 2009).

Spirituality and religion are other strengths within the African American family. Surveys indicate that African Americans are more religious than other racial and ethnic groups, with 76% reporting engaging in prayer at least daily and 53% attending religious services at least once a week (e.g., Pew Charitable Trust Forum, 2009). For African Americans, engagement in spiritual or religious practices has been associated with positive family ties (Ellison, 1997), and positive adjustment (e.g., Newlin, Knaff, & Melkus, 2002). Also, many African Americans seek assistance for mental health and improved family relationships through the church, rather than from a mental health professional (Chatters, Taylor, Bullard, & Jackson, 2008). The "church family" provides opportunities for African Americans to experience high status roles, develop leadership skills, and engage in political discourse (e.g., Boyd-Franklin, 2003). For this group, religion is positively associated with marriage, biological-family structure, and women’s relationship quality five years after baseline assessment (Cutrona et al., 2011).
Racial socialization and a positive racial or ethnic identity also build African Americans’ resource and force characteristics and help them to thrive. “Racial socialization is a set of behaviors, communications, and interactions between Black parents and children that address how African Americans ought to feel about their cultural heritage and how they should respond to racial hostility or confusion in American society” (Stevenson, Cameron, Herrero-Taylor, & Davis, 2002, p. 85). Indeed, African Americans who experience discrimination tend to prepare their children for such experiences compared with parents who do not (e.g., Hughes, 2003). Quintana’s (2007) review concludes that a connection to one’s group in the midst of stigma and critical consciousness about the discrimination leads to positive adjustment for African American and other youth of color, if they tailor their vigilance for discrimination to the level of discrimination that they experience. Also, racial socialization about one’s heritage and cultural pride are associated with positive academic outcomes across ethnic groups (Quintana, 2007).

Behavioral Family Systems Therapy and African American Families

In our work with African American families, there are several reasons why our theoretical orientation integrates behavioral and family systems approaches. First, there is consensus that to provide effective treatment, one must have a guiding framework. Despite issues such as nonfalsifiability, and irreconcilable philosophical differences between varying theoretical orientations that have comparable empirical support, currently theoretical orientations are the standard approaches in the field that guide treatment (e.g., Melchert, 2013). Second, couple and family therapists already commonly integrate behavioral and family systems approaches (e.g., Robin & Foster, 1989). Third, cognitive–behavioral approaches are evidence-based (e.g., Baucom et al., 2008), and data support the existence of microsystemic concepts within families, which are inherently addressed within family systems approaches. For example, data show that triangulation or inappropriate and unnecessary involvement of an adolescent into parental marital disputes is associated with increases in adolescent internalizing problems (Buehler & Welsh, 2009). Also, adolescents’ perception of triangulation is the mediating variable through which this association occurs (Franck & Buehler, 2007). Data also show that wives’ parental divorce and negativity in husbands’ families of origin predict negative interpersonal processes in newlyweds, which are the mediating variables that in turn predict their marital outcomes (Story, Karney, Lawrence, & Bradbury, 2004), consistent with intergenerational transmission of family issues that a systems approach addresses.

The integration of behavioral and family systems approaches is common, but our approach is timely in that we apply them in a principle-based fashion. There are a proliferation of approaches, including those that are deemed cognitive–behavioral (e.g., functional analytic, behavioral, integrative behavioral) and systems (e.g., structural, strategic). In relationship to both orientations, we adhere to a principle-based model, which asserts that abiding principles underlie theoretical orientations and their variants. These principles can be flexibly applied so that treatment is tailored to how those principles are manifest within each person, couple, or family (e.g., Bonow, Maragakis, & Follette, 2012). Bonow et al. argue that it is hard to make behavioral manuals without scripting what functional–analytic principles are supposed to look like, thus promoting inflexible rule-governed behavior owing to lack of consideration of diverse manifestations of the principle. We also believe that identification and flexible application of underlying principles of standard treatments across theoretical orientations propels our field closer to the inevitable use of metatheoretical frames. Such frames can counter the deficiencies of any one model and also focus on scientifically derived essential ingredients, such as the biopsychosocial elements used in Bronfenbrenner’s timeless model (Melchert, 2013).

Given our principle-based approach, it is important to note the basic cognitive–behavioral and systems principles that guide our treatment. All cognitive–behavioral theories emphasize functional analysis, and conceptualize problems in a family as stemming from the misapplication of behavioral principles, such as when the undesired behavior is positively reinforced, the desired behavior is punished, and the family member has been conditioned to behave in ways that are not helpful to the family (e.g., Besharat, 2003). With a central tenet that the whole is
greater than the sum of its parts, family systems theory posits that problems in family systems are caused by lack of cohesion owing to inappropriate boundaries, inability to adapt to life cycle or environmental challenges, or developmental appropriateness. Issues in these areas lead to unhealthy triangles, coalitions, and the like that are maintained through homeostasis and intergenerational transmission of problems (see Besharat, 2003 for elaboration).

Using cognitive–behavioral and systems interventions to complementary effect starts with joining with a family by accommodating to the family’s structure and preferred styles of behavior, such as their level of formality and method of communicating. To help determine the function of their behavior toward one another, families can be asked to enact their problems in the therapy session, just as they would at home. Once the family is understood, therapists can provide behavioral rationales and systems reframes to change family members’ perceptions of their problems. For example, developmental reframes are among the most helpful for families with children, as the therapist frames the intervention as necessary for the stage of development that the child is in, which often coincides with the child’s true behavioral needs, as all parents need to scaffold their assistance to the level of the child’s ability (e.g., Hill, Maskowitz, Danis, & Wakschlag, 2008). Behavioral interventions also can serve as systems directives that change the family structure. For example, positive behavior exchange skills can put family members into intimate roles with one another, strengthening the couple subsystem. Communication training can be used to facilitate openness, understanding, and empathy within and between each subsystem. Problem solving also can help family members accommodate to each other and determine shared developmentally appropriate roles and rules.

There are several strengths of applying an integrated behavioral and family systems approach to African American families. First, both theoretical orientations are theorized to apply to everyone, and they both are well used with and deemed appropriate to apply to African Americans (e.g., Kelly, 2006; Minuchin, 1967). Second, there are cross-cultural benefits of each approach, such as the collaborative and ideographic nature of behavioral approaches, and the consideration of extended families by family systems approaches (e.g., Kelly, Bhagwat, Maynigo, & Moses, 2014). Third, by intervening to address the core principles of each approach, we are better able to tailor the treatment to the unique needs of African American couples and families, rather than strict adherence to a manual, when so few are tested on this population.

**Tailoring Treatment to Diverse Couples and Families**

Although behavioral and family systems approaches clearly can help African American families, data suggest that going a step further and tailoring treatments to apply specifically to diverse populations increases effect sizes (e.g., Griner & Smith, 2006). A more flexible principle-based approach keeps therapists’ eyes open to the potential of alternate manifestations of sound behavioral and systems principles. Yet all mainstream treatments still operate with an erroneous assumption that the therapist can identify, understand, and address diversity factors without specifically training them to do so (Kelly et al., 2014). This assumption is clearly false when one considers that therapists of all backgrounds use their learning histories to determine what they consider to be useful and effective treatment (Bonow et al., 2012), and all therapists in the United States are taught treatments that are rooted in a Eurocentric framework and thus prioritize those values (Schomburg & Prieto, 2011). Because of a Eurocentric framework, Kelly et al. (2014) observe that currently available treatments often fail to address (1) differences in worldview and values between the therapist and the members of the family, (2) differences in their experiences and contexts, (3) differences in the power that they wield in and out of the therapy session, and/or (4) the felt distance experienced by the therapist and/or the couple or family owing to one or more of the foregoing differences. They theorize that suboptimal treatment results when these systems-related diversity principles are not addressed within our treatments.

The scant data on tailoring treatment support the need to address the foregoing four diversity principles. First, across ethnic groups, meta-analysis reveals that treatment adapted to clients’ cultural beliefs and worldview concerning their mental health problems and how to treat
them is a moderator that accounts for superior outcomes of culturally adapted treatments (Ben- 
ish, Quintana, & Wampold, 2011). Second, one study adapted the cognitive-behavioral couples Prevention and Relationship Enhancement Program (PREP) to address African Americans’ experiences of racism and to include a focus on praying for one’s partner, which is a strong value held by many African Americans. Findings showed that both adaptations were more efficacious than an information-only control condition (Beach et al., 2011). Third, data and clinical observations suggest that unique tensions related to power dynamics within their relationships (e.g., Gray-Little, 1982), in the wider world (e.g., Saegert et al., 2006), and between therapists and African American clients (e.g., Boyd-Franklin, 2003) exist. Fourth, data show social distance between Whites and African Americans that has clear treatment implications (e.g., Goff, Steele, & Davies, 2008). Given that efficacy data from more than one study is required for a treatment to meet the gold standard of being labeled efficacious and specific (Chambless & Ollendick, 2001), we know of no efficacious and specific adaptations for African American couples and families. Thus, the field is in the stage of providing principle-based guidelines based on the scant data that exist, as we provide below.

There is general consensus that cultural competence involves therapists’ use of relevant knowledge, dynamic sizing, diversity skills, and awareness (e.g., Sue, 2006), and Kelly et al. (2014) assert that cultural competence is the means by which therapists can address the foregoing four principles to tailor treatments to diverse families. Culturally competent knowledge can be gained from therapists’ collective observations about the partners’ race, ethnicity, and culture, such as represented in McGoldrick, Giordano, and Garcia-Preto’s seminal book, Ethnicity and Family Therapy (2005). Second, clinically relevant knowledge can be gained from the couple about these and other identity factors, such as the information gleaned from completing a genogram (McGoldrick, Gerson, & Petry, 2008). Third, therapists can use data that identify relevant risk and protective factors for the couple to assist with treatment.

After applying their knowledge and gathering data, therapists can use dynamic sizing to determine whether treatment as usual or treatment tailored to diversity factors is needed. Dynamic sizing involves flexibly considering whether to generalize diversity knowledge to a client or individualize (Sue, 2006). With dynamic sizing, therapists can be scientifically minded in using hypothesis testing that determines whether etic (dominant group or universal) or emic (subgroup specific), factors apply to a case (Kelly et al., 2014). Dynamic sizing also ensures that the therapist does not overgeneralize emic factors such that they stereotype their clients (Sue, 2006). Typically both emic and etic factors apply, and family members may even differ or switch between emic and etic preferences in different life areas. For example, clients’ socioeconomic status can give a sense of their key experiences and contexts to which a therapist must attend. In addition, a dynamic sizing indicator of clients’ felt distance with the therapist for African Americans might be nonverbal expressions of displeasure, or the lack of experience with treatment, which can make the treatment office an alienating space (Kelly et al., 2014).

Therapists also must have key skills to interact with clients whose worldviews, behaviors, and approach to emotions may differ from their own (Sue, 2006). An important skill involves bridging the differences between the therapist’s and client’s treatment goals so that therapist goals are in line with the client’s worldviews and values. An example is African Americans’ values for children to show consistent respect to their elders, and to put the family first (e.g., Boyd-Franklin, 2003). To address power differentials, the therapist can use strengths, show respect for the couple or family as experts in their own lives, and validate and legitimize their diversity-related stressors. To reduce the distance felt between the therapist and couple, showing interest and an “I’m in it with you” stance when using genograms can help (Kelly et al., 2014).

Therapists also need self-awareness to develop cultural competency (Sue, 2006). This involves understanding one’s own identity and biases, and major systems of oppression, such as structural racism, particularly within a contextual and historical framework (e.g., Boyd-Franklin, 2003). For example, the therapist can become aware of the negative impact of media portrayals of some oppressed groups, and how other oppressed groups are underrepresented in
the media. Therapists need to be aware of the prevalence of the assumed superiority of Whiteness and Eurocentrism, as well as of nonmainstream worldviews, particularly those involving the causes of mental illness and how it is expressed and treated across major religious, racial, and ethnic groups (e.g., Kelly et al., 2014; Schomburg & Prieto, 2011).

Case Example

Gerald and Susan are married, college educated, Baptist, African American, and in their forties. Gerald is a bank teller and Susan works in clothing retail. Samantha is 10, and Susan’s only child from a previous relationship. Gerald sought treatment at their church after a big argument about family finances. Their pastor called a couples’ therapist who had a relationship with the church, and who could provide low-cost treatment. The couple reported problems adjusting to their new marriage and blended family. Their pastor called a couples’ therapist who had a relationship with the church, and who could provide low-cost treatment. The couple reported problems adjusting to their new marriage and blended family, especially with trust, finances, and communication. Specifically, Gerald admitted to secrecy about finances, such as withholding from Susan that he had been laid off from his job, and as a result, their house was almost in foreclosure. Susan reported wanting Gerald to volunteer his feelings more, but when she initiated conversations, Gerald said she was “grilling” him, and he shut down. Also, Samantha had become defiant and moody, related to sharing her mother with Gerald, and divided loyalties for Gerald and her biological father. Thus, they sought both couple and family therapy.

To address the diversity principle of decreasing felt distance between the therapist and the family, the therapist, who was Asian American, used cultural genograms. This intimate sharing increased closeness and rapport with the family, and revealed intergenerational transmission of key family and cultural patterns. Susan wanted to be understood emotionally, as in her family of origin she was raised to “suck it up.” When she expressed herself, her parents would “brush me off,” devaluing her feelings. Gerald had learned to avoid conflict, as constant yelling in his family only led to his getting “beaten every other day” by his parents, and developing anger management problems. For a period early in his life, Gerald was sent to live with a relative who he reported was neglectful, distant, and nonaffectionate. So both spouses learned to devalue emotional intimacy. Their families of origin also transmitted values for independence and autonomy that led to competition between them. Susan’s father’s layoff and resulting financial strain, past emotional and physical abuse in relationships, as well as an ex-husband described as “unavailable and unemotional,” taught Susan to fend for herself. Conversely, Gerald’s parents taught him that men should be the sole protectors and providers.

The therapist applied an integrated behavioral family systems formulation to the case. When Gerald and Susan married, they needed to accommodate to each other, and create clear boundaries between their couple, parental, and parent–child subsystems. Instead, family members increased the rigidity of their existing transactions that were no longer functional. As is common in newly blended families, Susan found it difficult to include Gerald in a new parental subsystem, as she and Samantha had long since established transactional rules and accommodations. For example, both tried to open Samantha up; Susan did it to maintain her closeness and coalition with Samantha, while Gerald strove to build a stepfather relationship that was blocked as Samantha shut down to remain close to her biological parents. The result was enmeshment between Susan and Samantha, creating a cross-generational coalition, and disengagement by Gerald from Susan in the couple subsystem. Susan wanted Gerald to be more emotionally intimate in the marriage, whereas Gerald wanted more distance. Both wanted Gerald to participate in the executive subsystem. Yet Susan also wanted to retain the control she held previously as a single parent, while Gerald wanted a traditionally masculine version of control consistent with his parents’ values and prior singleness. These attempts to maintain homeostasis resulted in a chaotic family structure, with no mutual agreement regarding rules and roles.

The therapist addressed the diversity principle of decreasing power differences between her and the couple by explicitly focusing on their strengths and positive intentions at the start and throughout the treatment, as she began with behavioral interventions to strengthen the couple subsystem and increase mutual accommodation. The therapist shared being impressed with their strong family
commitment as spouses and parents, and encouraged them to add to that strength by increasing the positive atmosphere between them by learning what is pleasing to the other and making efforts to increase these behaviors. A behavioral exchange activity, in which each identified and then implemented behaviors that would please the partner, decreased disengagement by putting them in more nurturing and intimate roles with each other. Gerald asked Susan about her day and told her about his, while Susan praised Gerald’s parenting of Samantha and asked his advice when making parental decisions. The couple also was tasked with spending positive time alone together to engage Gerald within the couple subsystem and diminish the female parent–child coalition. They reported that seeing each other show a desire to be attentive and understanding decreased negative expectancies in the relationship.

Communication training also was implemented to reduce conflict, and facilitate an adaptive family structure where both could free themselves of common racial stereotypes within the relationship. To address the diversity principle of bridging differences in experience and contexts, the therapist used dynamic sizing from African Americans’ collective experiences, which constitute an emic perspective, and the couple’s own history to understand how African American gender stereotypes influenced the couple’s difficulty in collaborating as parents. She hypothesized that Gerald earnestly desired to defy stereotypes of an absent Black father by being an involved father-figure for Samantha, while Susan allowed him to take charge in an effort to avoid the Black matriarch stereotype. Gerald’s take-charge approach and Susan’s simultaneous stepping back with resentment, however, prevented necessary collaboration in their marriage and eventually led to mistrust and gender role issues that are common for some African American couples. With this in mind, the therapist coached the couple to discuss their struggles in collaborating with each other. Gerald talked of wanting to show Susan that he was responsible and capable of being a good father and husband, but that he felt like a failure when she criticized him. This admission led Susan to soften as she praised him for being a good role model for Samantha, and disclosed feelings of guilt at her difficulty in relinquishing control.

Communication training facilitated openness and empathy within the couple, yet additional restructuring of the family was needed to break their unspoken transactional rule of not expressing anger. For example, enactments revealed that Gerald and Susan shut down when they became angry, or occasionally blamed and attacked. Also, positive couple time sometimes led to arguments, and so they did not implement it consistently at home. Gerald and Susan thus began to pull for homeostasis by retreat ing from couple therapy with the explanation that their relationship was doing great and they were ready for family treatment. Also, Samantha continued to be defiant at home, and they wanted to prioritize her needs. It was important to respect this family’s common African American value of putting the family before the couple relationship. The therapist agreed to family treatment with monthly couple check-ins, to empower the couple to set their own goals and respect them as experts that know the best route to their own mental health, thus addressing the diversity principle of bridging worldview and value differences.

Parental reports of Samantha’s defiance involved the family’s remaining rigid rules about expressing emotion. Susan complained that when Samantha didn’t get her way, she would act “rude and disrespectful,” especially to Gerald, which countered their family and community cultural value for obedience. For example, when Gerald intruded on mother–daughter bonding time, Samantha wordlessly stomped out of the living room. Susan considered her reaction disrespectful, and banned her from TV and socializing with friends for 1 week. From a systems perspective, the newly strengthened couple subsystem was initiating a positive change in the family structure by exercising new roles, with the couple expecting Samantha to respect them both. They responded appropriately to the violation of their values; however, they ignored her natural feelings of disappointment about the loss of time and status with her mother. Samantha was trapped in a double bind, as Susan and Gerald said that they wanted her to express her feelings, but they actually punished her negative emotional expression to the extent that Samantha said that she didn’t know what to do or say when she was upset. Moreover, Samantha attempted to return to homeostasis by regaining her favored role in the parent–child
coalition, as she had not been given a new role within the changing family structure.

Problem-solving skills training was used to increase the family’s mutual accommodation and determine shared and developmentally appropriate rules and roles for Samantha related to Samantha’s defiance. Susan or Gerald hated that when they told Samantha to do a task, she sometimes ignored them if she was doing something she preferred. The therapist gave the problem a developmental reframe that focused on Gerald and Susan’s shared parenting responsibility of making final executive decisions about appropriate behavior for Samantha. The shared aspect of their responsibility further decreased Gerald’s disengagement and strengthened the parental subsystem. Simultaneously, Samantha was given an age-appropriate role of having input into the process to decrease her homeostatic urges to maintain the parent-child coalition. After brainstorming, the family agreed that if told to do something, Samantha would suggest a later deadline for the task, which Gerald and Susan could choose to approve or not.

To counteract the double bind around emotional expression, the therapist used directives focused on building their skills in eliciting and expressing emotions. To facilitate Gerald and Susan’s attunement to Samantha’s emotions, and encourage Samantha to express herself more, the therapist directed the family to track their thoughts, feelings, and emotions. She coached the parents to “check in” about Samantha’s emotions in a nondemanding way, and to accept any answer given. They were asked to tune into Samantha’s underlying emotions, and to scaffold, wherein they adjusted their responses to Samantha’s level of mastery to support her in learning to express and address her emotions. For example, they were coached to elicit responses from Samantha through patience and by giving examples, conveying interest, and normalizing, and then validating through acceptance and praise of Samantha when she did express herself, even with tough emotions like anger. Finally, they were asked to empathize by using their own experiences to let Samantha know that they understood how she felt. These nurturing roles served to complement Gerald and Susan’s cultural value for obedience, and change rigid transactional rules around emotion for all family members. Just as important, the therapist addressed the diversity principle of bridging worldview and value differences by respecting and accepting their cultural value for obedience; her willingness to understand its importance showed that she was “in it” with them, consistent with the diversity principle of reducing power differences. Rather than portraying their value as a deficit, the therapist instead facilitated their engagement in nurturing roles with Samantha as a compliment to their values, which ensured that treatment remained consistent with their world-views.

At this point, the family informed the therapist that they had decided to move to Mississippi, where many of Gerald’s relatives lived, to counteract their dire financial situation. Gerald was working three part-time jobs on top of Susan’s income, and he could not find full-time work. Moving to Mississippi would mean a lower cost of living, more family support, and more job opportunities. Samantha became upset about moving away from her biological father and maternal relatives, but Gerald and Susan applied their new skills to elicit and empathize with Samantha’s mixed emotions about moving. For example, Samantha tearfully admitted to a loyalty conflict between her biological father and Gerald, and began acting out. The therapist reframed her loyalty conflict as the envious dilemma of having two loving fathers who she connected with in different ways. Gerald agreed, noting that they both like to play soccer and basketball together, activities that her biological father does not enjoy. The reframe and Samantha’s admission facilitated Gerald’s softening around his attempts to parent. He admitted he used to take her disobedience personally, which likely fostered his prior disengagement. The therapist also reframed their upcoming move as a loss for Samantha, and the family discussed how it triggered old feelings of loss with her parents’ divorce. Gerald was also experiencing the loss of his aunt from diabetes, reminding him of how Susan was there for him and he fell in love with her during his first family loss. The reframes helped the family see that negative emotions are not catastrophic, and they accommodated to each other’s vulnerabilities with empathy and emotional expression that felt natural.

In the termination sessions, the couple noted that they had become more open and that family members were similar in normal ways. Samantha said she recognized that Gerald had been supporting and helping her all along. Gerald and Susan also began to apply the empathy skills
they had learned with Samantha to their couple relationship, which the therapist had continued to facilitate in their monthly couple check-ins. The family’s boundaries had become clear and permeable, such that they worked together as a team within and across subsystems, appreciating and supporting each other.

Conclusion

Overall, treatment used an integrated behavioral family systems approach that was tailored for this African American family through the therapist’s use of the cultural competencies of relevant knowledge, dynamic sizing, diversity skills, and awareness (e.g., Sue, 2006). As with any family, the therapist’s integrated behavioral and family systems interventions helped the newly blended family to create more permeable boundaries between subsystems, and facilitate new roles and rules for all family members. The therapist also tailored treatment for this African American family by applying the treatment in a principle-based fashion that also considered diversity principles. She used cultural genograms to gain relevant knowledge of the family’s background. This intimate sharing of their key family and cultural patterns across generations served the diversity principle of decreasing felt distance between the therapist and the family. Her celebration of strengths and avoidance of deficit models served the diversity principle of reducing power differences between the therapist and the couple. She also addressed the diversity principle of bridging differences in experiences and contexts, by utilizing dynamic sizing to hypothesize and examine emic perspectives, such as those derived from African Americans’ collective experiences. This was done particularly in relation to the therapists’ awareness of how stereotypes of African American men and women shaped the couple’s difficulty in collaborating within the executive subsystem. The therapist also used the skill of bridging differences between hers and the family’s treatment goals such that her goals were in line with the family’s worldviews and values. She did so by agreeing to switch from couple to family treatment according to the couple’s wishes, and working with their cultural value of obedience, while still coaching the parents to use empathy with Samantha. These behaviors also ultimately addressed the diversity principle of decreasing any possible power imbalance, and conveyed that as a non-Black person of color, she still was “in it” with them.

Similar to how diversity adds an extra key layer to African Americans’ experiences, African American families’ interactions with larger systems adds a formidable layer to address. This family was clearly impacted by broader systems, including stereotypes perpetuated by entrenched structural racism and socioeconomic disparities that yielded employment problems for Gerald. It was essential that the therapist was aware of how these larger systems realities affected the family structure, with the stereotypes leading to mistrust within the couple system and the socioeconomic disparities precipitating their relocation. Similarities also exist between larger systems and African Americans’ family systems that are complementary, in that ongoing interactions and unspoken transactional rules across all systems served to maintain homeostasis for family members’ roles with this case, just as they do for African Americans’ roles in society.

This article has explored the uniqueness of African American couples and families both from a historic and contemporary systems perspective. At the same time, we acknowledge that similar structures and processes can exist for other cultural groups as well. Thus, when we use a principle-based approach, and conduct “dynamic sizing” in determining to what extent cultural and individual factors apply to a couple or family of any background, we also hope to bridge cultural and other silos. We believe that this bridging can be done using a comprehensive perspective that takes systemic, developmental, and other common factors into account for every couple and family. In this way, couple and family theory, research, and intervention science can join with and benefit allied fields and improve services to all types of new family forms.

References


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