

# The Gift That Keeps on Giving: Culturally Relevant Integration of Spirituality in Family Therapy With African American Families



Paulette Hines

I'd like to honor some of the women [and men] of our [recent] past who we should adopt as shining examples to emulate and inspire us as we fight for our future. These black women [and men] can and should be role models for people of all colors and genders. They were not ensconced in the ivory tower of academia. They were not politicians. They were women [and men] from poor and working-class backgrounds who against the odds—and at risk of death—decided to step up, speak out, organize, and challenge the status quo and the government. They are too often glossed over or passed over completely when history is being taught.”

—Denise Oliver Velez

Beliefs may function either as anchors during a storm or promulgate hopelessness and helplessness. What does it mean to say that one is hopeful or hopeless? How do people keep their spirits intact in the face of adversity, especially when they have been repeatedly dehumanized and oppressed? What differentiates people who emerge “bruised but not broken” from seemingly intractable challenges from those whose hopelessness becomes pervasive? How can practitioners succeed in being agents of hope and healing, particularly when we find ourselves coaching clients to keep hope alive in the face of situations that are far outside our experience and often in a context that involves swimming against the tide?

Seldom do clients walk in and ask for help dealing with their hopelessness. Yet, very often, the greatest challenge in working with clients, particularly those who have suffered historical trauma and face unrelenting life challenges, is helping them to access and sustain hope. The good news is that if hopelessness is contagious, so is hopefulness.

There are three potential scenarios when hopelessness poses a major challenge: There are times when clients convey hopelessness and therapists feel hopeful. At

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other times, therapists feel overwhelmed and hopeless but the clients are either hopeful that their problem(s) can be resolved or are able to accept their adverse situation and stay motivated to pursue their dreams and find joy in life. I marvel at how some clients demonstrate exceptional wisdom and motivation to navigate their way to well-being while they contend with adversities that I can't imagine living through. A third scenario, and perhaps the most challenging, is when therapists and clients struggle with hopelessness.

In this chapter, I offer reflections regarding (1) my personal spiritual journey; (2) the interconnectedness of hope, spirituality, religion, and culture for me and other African Americans; and (3) the use of culturally congruent strategies and resources to address the ever-present issue of the hope and hopelessness that African American and other historically oppressed populations, as well as those who seek to serve them in the clinical, community, and larger systems arenas, confront on a daily basis.

## Locating Myself

I am a heterosexual, educated, middle-class, married, semiretired woman of African American and Native American descent, mother of two sons, recent and proud grandmother. My fascination with the topic of hope and hopelessness began during childhood. I was blessed to grow up during the Civil Rights era in a small southern town, part of what some refer to as the "Bible Belt." In many ways, it was a living laboratory for the longitudinal study of faith, resilience, and resistance in action juxtaposed against the sobering reality that some succumbed to the challenges of maintaining psychological well-being in the face of unrelenting, systematic oppression.

My nuclear family (mom, dad, and two brothers) was part of an extensive extended family, the majority of whom lived within a twenty-mile radius including the four aunts and uncles who essentially functioned as my "second moms and dads." My family and community shared common values, for example, honesty, family, love, mutual respect, forgiveness, compassion for the sick and needy, hard work, education, striving to be one's best, gratitude, finding joy in life. They embraced the concept: "It takes a village to raise a child." Neighborhoods were racially divided, but economically diverse; middle- and working-class families lived alongside and supported each other.

Spirituality and religion were embedded in every aspect of our lives. Family, church, and community reinforced the Christian beliefs and values we were taught from the time we were able to talk. We were taught always to acknowledge God in our lives. I embraced the teaching about a higher power, went to Sunday School and Church weekly, giggled (a few times uncontrollably) at the "old folk" who cried and "testified" about how God had moved mountains in their lives, prayed before meals and going to bed at night, belonged to church organizations, attended church camp and vacation bible school. I enjoyed the privileges and challenges associated with

the fact that my paternal grandfather, several paternal uncles, and, subsequently, cousins were well-known ministers in the region.

During my childhood, segregation was legal. I had an upfront and personal education about how religion can be misused to justify the oppression of others and to address the relevant question of whether messengers are acting on God's word or distorting the will of the Divine for their own purpose. I have candid memories of not being allowed to drink from the water fountains, use public restrooms, enter the front door of restaurants, or use the public swimming pool. I also remember acts of defiance such as giving back a cone of ice cream because I was told I couldn't sit at the store counter that was designed for that purpose. By the time I entered my segregated middle school, the Civil Rights Movement was in full bloom. While I had always been surrounded by people who engaged in acts of resistance, the demand for freedom rang in the air. I understood and shared the belief that there are some things worth fighting for, and embraced the cry that dignity and justice are worth dying for. Organized religion and activism were practically synonymous in my small world. Religious leaders and church members were highly involved in orchestrating and implementing efforts to promote social justice and change the racist practices that were supported by the laws of the country.

As a young teen, I drove my aging grandfather to church when his vision deterred him from driving. I sat through many of his sermons in awe of his potential to "move" his audience to their feet. I pondered the teaching that "God has a plan for each of our lives." I had been the beneficiary of people who understood the value of helping me feel loved, safe, competent, important, and prepared for life's blessings and battles. I questioned what purpose I would find in life but not so quietly hoped that I would not be called to follow in my grandfather's footsteps.

As much as I aspired to carve my own path, I have clearly chosen to follow in the footsteps of my ancestors. In the tradition of those who came before me, I consider myself a spiritual person. I believe in a divine force, known by many names, whom I call God. I do not think about or image God as having a shape, form, gender, or race. I have a sense of connection to all things in the universe, a great sense of awe for the order, simplicity, complexity, beauty, and interconnection between all that the divine has created.

As an adult, I opted and continue to belong to a church that espouses faith in action and is responsive to the social, economic, housing, education, and health needs of the surrounding community as well as our members. I draw strength and peace that defy words from the rituals, music, prayers, praise, and sermons that are designed to promote hope, survival, resistance in the here and now, and commitment to living life with concern and respect for others.

I resonate with Lockspeiser's (this volume, Chap. 7) reference to the construct of "ways of knowing." I share her belief that we can hear God's voice by listening with our hearts, being still, going into sacred space, witnessing the small and large wonders of the world (Walsh, 2009). I confess to being a product of my professional training. I own my ambivalence about sharing my truth...a revelation which no doubt speaks to the hesitancy our clients bring to their encounters with therapists. Is it ok to talk about this or that in this space with this person? This chapter is about

acknowledging spirituality—clearing the path. Part of the rallying cry of social activists during my youth (and connecting the dots, my grandfather’s signature promise each and every sermon) were the words...the truth shall set us free. Trusting this promise, my conversations with God have led me to confront *the truth* that God gives gifts to each of us. How we discover those gifts is always a subject of interest for me. Maybe the child jazz piano prodigy who (with no musical training) sat down at the piano for the first time and played superbly had a way of knowing upfront that defies all understanding? Nevertheless, we can choose or not choose to embrace our gifts from the Divine. I had an awareness as a child and, certainly as a therapist, that we bear witness to how far too many are robbed of their gifts as they go through life’s journey. My gift (shared by many, if not all) might be easily named if I had lived within the tribal context of my ancestors, generations ago. I am learning to let go of the struggle to understand with my head and to embrace what I can only language as gut instincts, intuition, answers that come early in the morning accompanied with a sense of clarity and peace, and even the dreams that reveal what invariably comes true within several days.

I concede that my personal influences my professional! A well-known cliché is “everything that we need to know, I learned in kindergarten.” Whenever I feel stuck in professional endeavors or personal life, I generally reconnect with another message my grandfather repeated often during my childhood: *Never say you can’t*. This impressed me as his simple translation of biblical scripture, “I can do all things through Christ who strengthens me” (Philippians 4:13) ... a message of empowerment. It was not an invitation to be either grandiose or passive. It was his prayer that when we lack any clue about how to proceed, when we run out of steam and can’t try, when we can’t conceive what to do next, we exercise faith in God’s strength and power. It was a message never to give up...dawn will follow night and after each storm, the sun will eventually shine again.

## **Connecting with the Past in Order to Move Forward**

Struggle characterizes African American history, our present, and no doubt our future. African Americans have historically recognized that maintaining the will to live life to its fullest and never to give up is vital to our physical, psychological, and spiritual survival, and we have proved to be masters at doing so under unimaginable circumstances. Without hope, for example, the slaves who traveled the Underground Railroad would have succumbed, and the outward symbols of racist segregation would not have been outlawed. As we confront the challenges of the twenty-first century, the issue of “keeping our hope alive” remains central to the well-being and survival of African Americans. For the majority of African Americans, freedom from the shackles of slavery has not given rise to what some mislabeled a “post racism era,” the morning after the Obama presidential election.

African and African American tradition involves looking to our elders for the wisdom they have drawn from their life experience. Yet connecting with the

oppression that our forebears experienced both during slavery and since the Civil War era brings forth conflicting wishes for many African Americans: the wish to forget the inhumanity our ancestors suffered, and the wish to remember their amazing capacity not only to survive but to transcend difficult circumstances and overwhelming odds.

Countless recognized and unsung heroes and “s/heroes” were first physically enslaved and then segregated; the real victory was their audacity to believe in themselves, and to maintain a sense of dignity, self-respect, concern for one another, and hope for a better day. These were individuals who kept their spirits intact even though they were repeatedly treated as if they were dangerous or invisible. They had to struggle mightily to overcome the oppressive forces of poverty and racism.

In short, the African American story is one of unrelenting struggle—people searching for a way to be happy, to function at their fullest potential, and to be free from the scars of the past and the restrictions of the present. Lerone Bennett (1991) wrote “If we intend to redeem the pledges of the Black spirit, we must enter into an active dialogue with the voices of our tradition, which speak to us with recurring themes (p. 122).” Bennett suggests that the voices of the past speak to us of hope, endurance, and daring. They tell us that life does not exist in the absence of connection with family and our culture. They tell us, among other things, that nothing can destroy us *here, if we keep the faith of our fathers and mothers and put our hands to the plow and hold on*. They suggest that we can call upon the story of the collective and draw strength and direction.

African American culture is distinctive in the reliance placed upon oral communication to transmit beliefs, values, and traditions across generations. Proverbs and jokes, religious sermons and prayers, poetry, spirituals, the blues and other forms of music, and stories and fables drawn from African and African American tradition are rich in wisdom about endurance and remaining spiritually healthy in spite of unrelenting oppression. The premises contained within these vehicles may be linked to either secular or religious sources. They are highly intertwined and reflect the strong spiritual orientation that permeates African American culture.

## ***Beliefs***

There is a clear relationship between our beliefs and our social, emotional, and behavioral functioning. Hope is about more than optimism. It is about *believing* that taking action (“pressing forward” or “putting one foot in front of the other to accomplish something”) is worthwhile. Weingarten (2007) thinks of hope as a verb, not just a noun; it is something one can do even when one doesn’t feel it. As Freire (1994) argued, hope is necessary but not enough. To transform our lives, concrete action is needed. McGoldrick and Hines (2007) suggest that hope is not something we can give to others. “The mission of hope is to heal the wounds inflicted by all the ills of one’s life. The importance of hope is that it prompts us to become the authors of our own lives.” In accord, hope is a concept that is as central to spirituality/religion and therapy as it is to all life.

## *Spirituality and Religion*

Elliott Griffith and Griffith (2002) define spirituality as “that which connects one to all there is.” It pertains to a sense of harmony, connection between all living things and the universe. It may involve a belief in a divine spirit or an ultimate human condition toward which we strive. In a 2016 Gallup poll, nine out of ten (89%) Americans said that they believe in God or a higher power (Newport, 2016). However, one can be spiritual without embracing organized religion.

Certainly, spirituality, religion, and African American culture are so intertwined, many African Americans tend to hold biblically based beliefs. Cooper-Lewter and Mitchell (1991) have outlined a number of basic beliefs in African American culture that are tied to Judeo-Christian tradition and traditional African religion. These include reminders of the power of God (e.g., “God is in charge,” “God knows everything and is an all-wise protector”) and of the security that a just God offers (e.g., “God is just, fair, and impartial,” “God is gracious, offering unqualified love,” “God regards all persons as equal”). Common religious beliefs also pertain to the sanctity of life and basic human rights (e.g., “Each person is absolutely unique and worthy of respect”; “We should not surrender to the pressures of life and give up in despair”; “We are all related as a family.”). The values that are encouraged by these beliefs parallel those espoused in the therapeutic community: forgiveness of self and others, self-discipline, respect for self and others, courage, honesty, ability to let go of negative emotional states, a sense of security, and so forth (Bergin, 1991).

When African Americans call upon religion-based sources of inspiration, we call not only upon the wisdom of our ancestors, but upon the power of a higher spirit as well. Family stories, fables, poetic prayers, daily meditations, sermons, and such hymns and spirituals as “Let Me Tell You How to Move a Mountain” and “God Can Do Anything but Fail” contain messages that encourage an outlook that we “can” bring to situations in order to triumph over obstacles. They proclaim that no matter how bad things seem, everyone’s life is worth living. They encourage perseverance, forgiveness, not wasting one’s time on vengeance, celebrating one’s uniqueness, self-understanding, and unconditional love. They encourage us never to feel alone. They remind us that God is mighty; when God is our partner, nothing can penetrate our armor. Although we may not know what the future holds, we need not be fearful, for we know that God holds the future. They remind us that no one can take our joy in life from us unless we give it away. We can move from obstacles to possibilities. We can run a race with one foot, if necessary.

This narrative has particular appeal, given the adversarial context in which African Americans have lived in this country and far-reaching implications. In a conference presentation focused on the power of religious beliefs, the Reverend Buster Soaries (1994) (my spiritual leader) shared the following perspective:

How do we account for the continued existence of African Americans in this country? For even when we were confronted by a political prison, when Blacks were in slavery and were not allowed to even meet together on a plantation, when we had to walk from Mississippi to Chicago—running from the Ku Klux Klan, when we were not even allowed to learn how

to read, when we fought in armies and then were not allowed to be buried in [military] cemeteries, when we had to walk past beautiful schools to go to one room school houses, when we had to live in houses with outdoor bathrooms and people down the street had beautiful mansions, we could still say we have access to the God of heaven and earth. And that sense of resolution gives us on the one hand the capacity to accept our conditions without giving in to our conditions—to live in the world but not be of the world, to hear the cries of the world but not succumb to the pressures of the world.

## ***Folk Wisdom***

The language and practice of hope, spirituality, and religion are intricately linked to culture. Among African Americans, interest in preserving the wisdom of our elders is apparent in the popularity of what are known as “books of affirmation” (e.g., Copage, 2005; Riley, 1993; Vanzant, 1993). These collections of old sayings, quotations, and proverbs drawn from African and African American experience are intended to pass on messages of empowerment. The messages that are conveyed have particular significance and familiarity for many African Americans. Some, such as “Stand tall, walk proud,” and “Even an ant may harm an elephant,” prompt us to let go of hopelessness and believe in ourselves. Others, such as “What storm is there which has no end?” and “Tough times don’t last, tough people do,” remind us that troubled times will come to an end. Yet others prompt us to take risks and to persevere: “If there is no struggle, there is no progress,” “When life knocks you down, land on your back because if you can look up, you can get up,” “You don’t get there because, you get there in spite of.”

Some proverbs connect us with our past and future, eliciting images of what has been and images of what can be. They draw attention to our interrelationship with one another through our commonalities in experience. Consider the power of messages such as “Our successes have been earned while we stood on the shoulders of those who came before us,” “Reach back, give back,” “Look from whence you have come,” “You are the son/daughter of kings and queens,” “Lose not courage, lose not faith, go forward” to energize, mobilize, and promote transformation. Their potential to tap hope defies simple explanation, both inside and outside the therapeutic process.

## **Inspiring Hope in Clinical Practice**

We cannot give others hope, but we can help clients connect with hope’s well-springs! That is to say, we can help them connect/reconnect them with the values, strengths, talents, and resources that can support them in their life journey. We can help inspire people to do hope by reminding them they are part of something larger than themselves and helping them to see themselves in multiple contexts (McGoldrick & Hines, 2007). They can summon the wisdom and spirits of their

ancestors. They can turn to the tried and proven solutions passed down in their culture and families. They can reach inside to connect to that which has served as anchors: the Divine, their ancestors, each other, and those who will follow them in the future. They can be inspired to reach for a better day, despite real obstacles!

Regardless of whether their belief systems are grounded in secular and/or religious folkways, people vary in their abilities to readily articulate their basic beliefs. We are at risk, at any given moment, to experiencing a gap between our beliefs and values and what we do.

Therapists can help clients to pinpoint the basic beliefs that shape their worldviews, feelings, and behaviors by tracking their communications and asking direct questions. It is important to explore the personal meanings that underlie abstract statements (e.g., “I believe God will make a way”) even when clients use a language that is familiar. The belief, in this instance, can inspire hope. But one has a choice about how to translate this belief into action. My aim in such instances is to help clients examine their perspectives and make their own conclusions about which beliefs and personal meanings they can let go because they are not serving them well.

I refer to one of the strategies I frequently employ with my clients as “*Stories of Faith, Hope & Resistance*.” I aim to assume what Madsen (2014) calls an “anthropological stance” or genuine interest in learning from families about who they are, what they believe, what they stand for, their dreams, challenges, and attempts to get “unstuck.” I listen for strengths, family/cultural legacies that have inspired them in the past, areas of demonstrated/potential vulnerability, resources they turn to “stay strong” and resist hopelessness, and any attempted “solutions” that ultimately sabotage their well-being and success.

Questions that I have found helpful to ask clients include

- What happened to you? How does what happened to you affect you now? How, in spite of what happened, have you been able to triumph? What external factors have contributed to your wounding? What needs to be healed? What gifts have you been able to bring forth from this wounding experience? What lessons/wisdom can you share with others based on your experiences? What would life in full power look and feel like to you (Jackson, 2012; Akinyele, 2008).
- What keeps you going in spite of ongoing adversity?
- Do you have a mission or calling, something that you think you are meant to do?
- Are there sayings or stories passed down to you that have special meaning for you when you face challenges? How might you operationalize this resource in your life now?
- What wisdom would your ancestors pass on to you if they could consult with us regarding your current concerns?
- What rules do you believe are important for you and your family to follow in life?
- What must you do to avoid giving up your power and dreams?
- How is the choice you have made consistent with the principles you embrace?
- What behavior would reflect caring for yourself and the people you love?



- What images or words from the past do you need to call upon to help you accomplish this difficult but very worthwhile goal?
- What were the beliefs you were taught when you were growing up that were meant to give you hope? What is your relationship to those beliefs now?
- What were the messages of hope that have enabled people of your culture to live beyond failure or pain?
- What have been the greatest adversities you have encountered in life and how did you push past them?
- Is there someone you especially admire in terms of their overcoming adversity and conveying a hopeful perspective?
- What messages about hope do you want leave for your grandchildren and others who will come after us?

Family discussions about the values, principles, and logic that undergird past and pending decisions about how to manage major life challenges can foster emotional shifts that are prerequisites for behavioral change. Such discussions provide me the opportunity to assume a non-pathologizing stance and to convey positive regard in cases where misguided decisions were driven by positive intentions (Hardy & Laszloffy, 2008). Helping families, especially those who face seeming intractable barriers, distinguish the factors in their predicament that are influenced by external forces and those which are self-imposed often prove to be of huge benefit. In doing so, I can *both* acknowledge the very real barriers that impede their well-being and movement toward their dreams *and* help family members take responsibility, individually and collectively, for addressing the gap between what they see themselves as standing for and their external behavior. Pinderhughes (1989) labeled the very real potential for one to unwittingly collude in one's own oppression as "victim responses to oppression." Connecting clients with their own familial/cultural legacies through the exploration of familial and cultural stories of Faith, Hope, and Resistance inspires clients to discontinue any behavior that reinforces their own powerlessness.

Hugo Kamyra (Chap. 5, this volume ) presents a poignant illustration about helping clients identify empowering metaphors. Referencing the goals of therapy, indeed of their lives, in language that rings truth in their hearts can be powerful. I find it helpful to introduce the metaphor of *pulling tools from a hope toolbox to feed the soul/spirit*. I prime/expand the client's engagement around the topic of hope by introducing brief examples of culturally congruent, "hope resources." These are selected excerpts from movies, songs, proverbs, videos, and documentaries that we view, listen to, read, recite, discuss during our session.

After clients unfold their Hope, Faith, and Resistance story, I subsequently engage them in a conversation about what practice (s) (e.g., prayer, meditation, art, writing, giving to others) and resource(s) (e.g., picture, song, poem, image, proverb) they turn to when they feel down and need to connect with hope and a sense of power to press on. If clients rely upon any concrete resources that they can bring in and share during our next session, I ask them to do so. I ask clients to begin assembling a variety of hope resources and to develop and implement a plan to use the tools in their personalized toolkit of hope to stay connected with the power of hope.

## *Alyson*

In keeping with the space confines and focus of this chapter, I offer a partial case overview with representative examples of how I incorporate a client's hope, spirituality, and culture into "mini-" interventions that have impressed me as pivotal to positive client outcomes.

Alyson was a 58-year-old African American woman, previously married but divorced since young adulthood. At the time she first sought help, she was living on disability income. While she presented her grief over the recent death of her male partner of several years as the primary reason for her reaching out for help, it rapidly became clear that she was wrestling with a variety of interrelated, longer-term issues. She shared a history of repeated involvements in abusive relationships that she tolerated because she didn't feel worthy. She confided that she was drinking too much. Though she could not use the words at the time, she essentially shared her conclusion, framed as a question, that she was an adult survivor of childhood incest. She had long been preoccupied with the thought that something "not right" had happened to her as a child. She both adored her father and struggled to understand why he or anyone would hurt a child. She confided her belief that she was "bad," simultaneously slapping herself and digging her fingernails into her skin. She showed me carvings on her arms and legs that she had made with a knife that she kept at home for this purpose.

Alyson was perplexed that she was very exhausted most of the time and had begun to lie in bed for days at a time. She was forgetful, easily distracted, and had arrived at a point that she found herself unable to work. She experienced flashbacks in and out of session and described/exhibited dissociative responses (e.g., head jerking, child-like crying and speech, and referencing herself by her childhood nickname in the present tense), constant fidgeting, foot wiggling, and facial grimacing. She complained about feeling pressure in her chest, difficulty breathing, and a vague pain in her side.

Alyson acknowledged that she had purchased and periodically played with toy-sized tea sets. She acknowledged her awareness that neither this nor her habit of bringing two stuffed animals with her to therapy in a heavy bag was age appropriate or healthy. (We arrived at the conclusion that the bag was representative of all the confusion and chaos that existed in her life.) She complained that she was losing weight because she was not eating properly. She was inattentive as well to essential tasks like paying her bills and throwing out expired foods, and was basically socially isolated. By the time she came to see me, she had two former psychiatric hospitalizations. In her words, "I've given up so much of my life. I have been 'reaching for insanity to find sanity.'"

Alyson was the oldest of three children. Her siblings lived in different states. Both parents were deceased. Her father, a train conductor, had died from a stroke 10 years prior to contact and her mother, a practical nurse for a few years, had died 2 years after her ex-husband from throat cancer. She described both parents as heavy drinkers, especially on weekends. Alyson had grown up in the Midwest where there

were few African Americans; she always felt “different” and had few friends. She and her siblings had vague memories of occasionally connecting with their maternal grandparents and extended family that lived in Georgia. She recalled fond memories of both and recounted a family story about her grandmother’s courage standing up to a neighboring man known to belong to the Ku Klux Klan. Unaware that her grandmother could read, the man had tried to trick her and her grandfather into giving up several acres of land but did not succeed. Her father’s single brother, who lived nearby, visited from time to time. He was a blues singer who died when Alyson was in elementary school. She described her parents’ relationship as highly conflicted. Alyson described herself as an over-functioning, parental child. Mom, described as “beautiful,” essentially took “leaves of absence” weeks at a time from the family. Neither parent ever offered an explanation about her mother’s absence.

Alyson distanced from her rage that her mother was not home and that she took care of her mom’s babies. Alyson’s parents formally separated during her teen years. She and her siblings initially remained with their father but went to live with their mother after he remarried. In recent years, she had written several poems acknowledging her dance between anger and empathy for her mother who died with unfulfilled dreams.

When asked about models for resistance, she evoked an image of her mom asserting herself with her head high when a white saleslady refused to acknowledge her and loudly used a racial epithet in response with Alyson and her siblings looking on as un-empowered witnesses. She spoke about her admiration of her maternal grandmother’s unwavering faith and her ability to make Alyson and each of her grandkids feel special. She also noted that Nelson Mandela was a favorite.

After leaving her home, Alyson had floated through college and adulthood with no sense of purpose, real connection, or power. The childhood abuse she “knew” she suffered represented a violation of trust, boundaries, and morality that left her spirit wounded. One metaphor that emerged from our dialogue involved Alyson being out in the ocean with no light—alone, swimming against the tide, struggling to stay afloat—a challenge that took all of her emotional and physical energy. The second was that Alyson had invested so much psychic and physical energy in distancing from her “truth” that she became a spectator ...watching life from the sidelines rather than living it.

The work with Alyson evolved from multiple intersecting therapeutic goals and involved multiple strategies. Space prohibits a full description of the treatment process, but I do offer here examples of the “*mini-interventions*” and culturally congruent tools that were introduced to support Alyson in “doing” hope and some of the related outcomes.

Immediate objectives included affirming the courage involved in pursuing Alyson’s belief that she had endured sexual trauma at the hands of her father during her childhood; supporting her in revealing her “secret” to her siblings; heightening their understanding about trauma and its residuals; and inspiring Alyson to be *caring* towards herself, to believe that better days lie ahead, and to commit to a safety plan.

Guided by the premise that heightening her *connectedness* to her family, cultural, and spiritual roots was key, I followed Alyson’s lead and encouraged her to explore

her grandmother's legacy, a topic that she had given no conscious attention. We subsequently viewed several segments of a documentary (*Standing on My Sisters' Shoulders*) about the ways that ordinary, courageous African American women created small waves that changed the landscape of America. I asked Alyson to view the full documentary before the next session and to consider in what ways she was committed to making her own small waves. She acknowledged "knowing" that she needs to find a way to use her ability to show caring for others and brighten their day. On another occasion, I asked her to watch the movie, *The Help*, and reflect on what she learned from watching. She was impressed by the courage of the characters to resist the oppressive practices of the day. As a child, Alyson had not been the recipient of the kind of message that the savvy maid in the movie gave to the young girl for whom she was responsible: "You are kind, you are smart, you are important." I introduced the practice of Energy Psychology (described in Chap. 7). I suggested that she incorporate "I am kind, I am smart, I am important" into the affirmation. Alyson immediately reported a notable reduction in her anxiety.

Alyson repeatedly raised issues regarding *purpose*. I asked her to read and share her reflections on the book: *A Purpose Filled Life* (Warren, 2004). I also shared a poem regarding "putting on armor" to initiate a discussion in follow-up to her comments that her life had been like an ongoing battle. Acknowledging her fatigue and need for peace, I encouraged her to give herself permission to pray for herself.

Early on, Alyson shared her curiosity about why God had allowed her to encounter so many challenges in life but expressed gratitude that while she had come close to the cliff, she had not fallen over. She viewed herself as spiritual but was reluctant to affiliate with a church. She saw herself as guilty of conduct she couldn't imagine of others, especially "church folk." She embraced the recommendation that she attend a grief and an Alcoholic Anonymous group as a supplement to her therapy. After visiting several community and church-sponsored groups, she opted to participate in a group hosted by a local church. She learned that choices she had made in her past did not make her "inferior" and began to socialize with some of the people she met. Eventually, she elected to attend weekly prayer meetings. Her informal adoption by "a church family" greatly reduced the social isolation that had been her reality for years.

One of the treatment objectives was increasing Alyson's acknowledgement of her *creativity*, her commitment to sharing her gifts with others, and success becoming the author of her next life chapter. I consistently encouraged her to allow herself the joy of investing time on her writing and art and from time to time prescribed the same as a between-session task. Alyson began the practice of reading her new creations aloud in session. Encouraged by the positive reception she received when she shared several of her poems at a poetry reading, she has begun researching approaches to publishing her work.

An ongoing focus in Alyson's therapy has been holding herself accountable for how she manages moments, hours, days when she feels less strong and hopeful. I have urged her to continue developing her hope toolkit; she recently e-mailed me a link to a powerfully inspiring YouTube video. It sits in her toolbox alongside secular songs with a message, her favorite spirituals, an instrumental jazz piece, a list of her

favorite scriptures, a picture of her mother, a card with the inscription...“When I don’t know what to do, remember: We serve a God who is omniscient (infinitely wise), omnipresent (present everywhere), and omnipotent (all powerful),” and other hope resources she has collected over time.

Alyson’s investment in multiple ongoing hope practices has benefited her in small and large ways. She announced her newly found conclusion that snuggling with her cat and stuffed animals were not a substitute for human connection. She began scheduling regular face time contact with her siblings and extended family, including a new baby who brings her great joy. She reconnected with her stepdad and maintains hope he will abstain from alcohol but accepts the limits of what she can do to control his choices.

Alyson had been and remains a regular shopper at a thrift store not far from my office. A clear marker of her progress in valuing herself was clearly marked by a shopping trip she allowed herself to purchase an outfit from a regular department store and her investment in her first vacation as an adult. She enjoyed herself to the extent she has been contemplating going bungee jumping for her next venture. She began taking better care of her plants and investing more time communing with nature. She struggles still but reported recent progress decluttering her kitchen and throwing out expired food. She also has become more attentive to opening and attending to her mail.

Alyson put these accomplishments into perspective by sharing with me a printed summary of the Spoon Theory (Writings of a Chronically Ill Anthropologist, 2016) and summarized it as follows: “every task in life requires using a certain number of spoons. The number of spoons involved in performing a task varies from person to person and is contingent on context. When one has a chronic condition, one may be able to get some of the same tasks accomplished as before the illness. But completion of an ordinary task requires using more spoons than were required before the illness.” Alyson was taking stock of how far she had come and expressed gratitude that, “through God’s grace,” she was taking charge of her life.

Alyson still has days when she struggles with loving herself, accepting the reality of abuse she recalls with her body memory and unconscious mind, and giving up the “why” question, but she has come a long way from where she started. She no longer takes psychotropic medications. Not so surprisingly, diagnostic medical tests revealed no medical bases for her complaints of abdominal pain. The pain has subsided.

More recently, Alyson proudly reported that she no longer needed to bring her stuffed animals to her sessions and she had given away her treasured play tea sets. Without prodding, she had written letters to her mom, dad, and ex-husband. Over several sessions dedicated to this agenda, she proudly read them aloud to me, owning her truth and articulating feelings she hadn’t previously allowed herself to think, less dare give voice to.

I consider myself blessed to witness Alyson’s courage, commitment, resilience, and ongoing recovery process (Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2017). She is a living testimony to the power of hope. She offered this metaphor, with a smile, for where she now finds herself in her healing journey: “I’m working on seeing more than the blues in the rainbow.”

## Hope and Healing in Community-Based Interventions

The issue of hope and hopelessness is so pervasive that it begs for attention at a preventive as well as clinical level. Here I briefly describe a preventive intervention that draws upon the premise that inspiring hope by fostering connections with cultural values and traditions is essential to transformative healing.

Aware that many youth magnify violence prevention to the status of undoable and outside their control, my colleague, Charles Etta Sutton, and I developed the SANKOFA Violence Prevention Program (Hines & Sutton, 1998). SANKOFA has a universal application but particular resonance for youth who have been marginalized in society, their parents, and educators/youth service professionals who serve them. SANKOFA is a word of West African origins that means reaching back to the wisdom of the past in order to move forward. The goal of the intervention is to equip youth with the knowledge, attitudes, skills, confidence, and motivation to minimize their risk for involvement in violence, victimization owing to violence, and other negative behaviors, such as alcohol and other drug use. The intervention promotes resilience and survival in difficult and even life-threatening situations.

A key premise undergirding SANKOFA is that healthy functioning is closely linked to active use of principles that define what one stands for and how one behaves within an oppressive context. SANKOFA is distinguished by the attention given up-front and throughout the program to supporting youth in translating and reinforcing the use of traditional African values (Karenga, 1988) to negotiate modern life challenges. Dubbed the 7Cs, the program aims to promote (1) *Consciousness*—a clear awareness of one's dreams, purpose, feelings, thoughts, beliefs, family and cultural heritage, and potential, as well as obstacles to self- and group actualization; (2) *Connectedness*—unity, a sense of interrelationship with family as well as larger kin network and community; (3) *Caring*—ability to protect, support, and show concern for the safety of one's family and the larger group, a belief in giving back; (4) *Competence toward one's purpose*—developing to one's fullest potential; (5) *Conduct*—engaging in right behavior, teaching others how to do so, the ability to forgive and resolve past injustices with one another; (6) *Creativity*—using originality, inventiveness, imagination, intuition, and artistic abilities to transform pain into meaning and hope; and (7) *Courage*—demonstrating the spiritual strength to withstand adversity and to achieve one's goals: to live up to the examples of one's ancestors.

We engage youth and accomplish the training objectives by employing a variety of teaching strategies including mini-lectures, case studies, experiential exercises, games, group discussions, peer-directed learning, modeling, and behavioral rehearsal. We use proverbs, repetitive reference to traditional values, scenarios that portray relevant and familiar situations, messages of resistance, video clips from popular movies, culture-based rituals (e.g., the talking circle) and symbolic objects (i.e., ankh), and a group motto to enhance the cultural relevance and credibility of the program.

The results from a three-year, quasi-experimental study of SANKOFA support the efficacy of the program, which has since been designated a culturally tailored, evidence-based program (Substance Abuse & Mental Health Service's National Registry of Evidence-Based Programs and Practices, 2017). The program participants and the staff who work with them on the front lines have convinced us not only of the power of hope and the value of connecting with the wisdom of those who came before us; they have taught us about the value of connectedness to community in the here and now! Systems thinkers have much to contribute to bridging the gap between what we know and what is happening on the frontlines to help individuals, families, and communities to flourish!

## Working Across Differences

Hope is central to spirituality, religion, and therapy. Many therapists do not feel prepared to deal with spirituality and religion. There are many reasons: The integration of spirituality and religion into clinical practice has often been dealt with abstractly, if at all, in our training. This feeds into the notion that these issues fit in separate and distinct boxes. Unfamiliarity breeds discomfort. Therapists may not be familiar with the beliefs, values, and language used in a particular religious tradition. Many therapists interpret the mandate to be "neutral" in transactions with clients to mean that they should avoid discussions about spirituality and religion. Some fear they will abuse their power and influence clients toward adoption of their own viewpoints. Other therapists perceive religion with suspicion because of the ways it has been used to sanction oppression. There are also times when mental health issues are rooted in religious beliefs or experiences (Walsh, 2009).

Clearly, to ignore the interrelationship among mind, body, and spirit is to draw an artificial distinction that distances us from our clients. Although we can abuse our influence, the truth is that we convey messages through our omissions as well as through what we say and do in therapy. Although many clients prefer therapists who share their beliefs and values, the bottom-line concern for many is having someone with whom they can talk openly without being judged. A therapist may have beliefs that are dissonant with a client's, or the therapist and client may share common beliefs. In either instance, it is possible for therapists to be empathic, creative, and capable of facilitating hope, resilience, and healing. Greeting clients with openness to learning about them and respecting their beliefs, values, and practices is the starting place for discovering commonalities of experience that transcend differences.

Working with clients who are struggling to stay hopeful can be challenging! I often see cues of my own mounting frustration and helplessness as a signal that I need to be more compassionate with these clients and, potentially, with myself. When I encounter a moment, hour, or day when I grant myself the privilege, in the words of Fanny Lou Hamer, "to be tired of being tired", I eventually remind myself that I am not dependent and my clients are not dependent on my insights. We can benefit from the extraordinary gifts passed on by those who came before us!

When working with administrators and frontline practitioners in larger systems (i.e., education, juvenile justice, and mental health) that serve vulnerable populations, I often introduce a structured exercise during which I ask the participants to explore some of the same “hope” questions that I ask clients to explore in order to solicit their hope, faith, and resilience stories. I continue to be amazed at how few have invested in looking in the mirror and asking: Who am I? What do I believe? How do I practice hope? How can I use myself in the helping encounter to help clients find the will to pick themselves up when life knocks them down? My experience is that the participants as well as I find the dialogues revealing, helpful, and humbling as we learn about ourselves, each other, and the hope and resilience of those we seek to help.

## Drawing on Spirit to Act in the Face of Despair

For those who are most vulnerable in our society, the reality is that they have come face to face with overwhelming situations, hopelessness, and despair before and will likely confront such scenarios again. There is an anecdotal evidence base drawn from the “laboratory of everyday life” that people have the capacity to overcome great odds when they have the conviction that pursuit of their dreams is worthwhile, even if hard, and when they draw on their spirituality and the wisdom and love of those past, present, and future. When we choose to use this knowledge in our work as therapists and prevention practitioners, we greatly increase the potential to help our clients to have aha moments that can lead to their empowerment and transformation.

There is an African proverb that says: To know and not to act is not to know! My grandfather’s prayer remains timeless and relevant.... *Open our eyes to see, open our minds to understand, open our ears to hear, open our hearts to embrace....* The spiritual dimension matters! It is a gift to our clients and a gift to therapists as we seek to support them in navigating their life journeys.

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