AFROCENTRIC TREATMENT IN RESIDENTIAL SUBSTANCE ABUSE CARE

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This article is based on a program funded through a demonstration grant from the Center for Substance Abuse Treatment (1 HD 8TI00603-01002).

This article has been accepted for publication in the April, 1997 issue of *The Journal for Substance Abuse Treatment.*

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Abstract

Alcohol and other drug treatment programs continue to report low success rates among African-American participants. We propose that there is a need to consider treatment approaches that are more culturally competent. An Afrocentric paradigm is suggested and instituted as the central theme of a residential drug treatment program. Elements of an Afrocentric orientation and how these principles are used to guide the development of a treatment philosophy are discussed.

INTRODUCTION

Many drug treatment programs may not serve the cultural needs of their African-American clients. The Center for Substance Abuse Treatment has funded Iwo San, a residential treatment program, which utilizes an Afrocentric perspective as its chief philosophical orientation. Iwo San (which in Swahili means "House of Healing"), is a multi-stage treatment program beginning with residential treatment for drug and alcohol abusing African-American women and their dependent children. Following the residential component a continuing care phase is offered which allows the women to return to IWO SAN for individual counseling, group therapy, and other services (e.g., employment skills). Although Iwo San has been in existence for a number of years, the Afrocentric program component started two years ago with a focus on providing substance abuse treatment for 10 women and their children. This article describes how Iwo San is designed to be culturally sensitive to the African-American experience. We explore the elements of an Afrocentric perspective and describe how these principles are used to guide the development of a treatment philosophy.

There has been much speculation regarding barriers to treatment for women and even more discussion regrading the barriers to treatment of African-American women. Two common obstacles that have been identified with women in general are that women place significant other's health before their own and are much more apt to seek treatment simply to keep their children. When considering barriers in the treatment of African-American women some of the major barriers are: language, lack of resources (e.g., travel expenses to a treatment facility), noncompliance due to the treatment environment not allowing the client an opportunity for growth during the treatment progress (e.g., may not allow children or significant others, may not discuss specific issues / behaviors that focus on specific areas of interest to the African-American client), and distrust of the treatment / intervention process.

Traditionally, African-Americans have a distrust of treatment environments as they are considered to be hostile atmospheres. The Tuskegee Syphilis Study and recent studies dealing with radiation experiments have enhanced skepticism among African-American women who are in need of treatment. Ho (1991) suggests that a relationship exists between the high drop out rates of minority clients and the services provided by the worker. Smith (1978) identifies several areas in service delivery where it was felt that the clients did not respond in a positive manner to treatment. One area identified for minority clients was the need for culturally competent staff. The staff's inability to understand social, economic, and cultural customs of minorities seemed to impede and interrupt effective service delivery.

We maintain that non-compliance can be interrupted and treatment can be successful if the treatment environment is conducive to treatment. A treatment environment is needed where the client is respected and treated with dignity, is allowed to discuss any issue without feeling inhibited or fear of termination, and the staff and client are working collaboratively to improve quality of life and enhance / discover alternative

coping mechanisms so that productive functioning can be achieved. An Afrocentric approach to treatment can eliminate many of these treatment barriers.

The Afrocentric Perspective

According to Karenga (1994), Afrocentricity is a quality of thought and practice rooted in the cultural image and human interests of African people. Meyers (1988) speaks of the Afrocentric perspective as an evolutionary process. This ongoing process of searching and analyzing and interpreting the value of the Afrocentric perspective has been undertaken by numerous scholars, although only recently has it gained increased attention in the substance abuse treatment arena. There have been specific interests articulated about the use of alcohol and other drugs among African-Americans and the need for an emphasis on an Afrocentric approach that would facilitate the strengthening of identity, spirituality, and community (Asante, 1989; Karenga, 1988); Akbar, 1979; Baldwin, 1981; Meyers, 1988; Nobles, 1985; Randolph & Banks, 1993). From an Afrocentric perspective, the world view is based primarily on a spiritually holistic belief system (Brookins, 1994). This Afrocentric world view should also be considered, along with other views, as instrumental in the design and implementation of substance abuse treatment programs for African-Americans (Belgrave, Cherry, Walwyn, Letlaka-Rennert, & Phillips, 1994).

From the literature reviewed, it is clear there are several key elements that constitute the Afrocentric perspective. These include: a strong sense of spirituality, profound respect for tradition, harmony with nature, the paramount centrality of community, life as a series of passages, the importance of elders, and the creation of self identity and dignity.

Spirituality

Spirituality is the cornerstone of any African-American activity, and the influence of spirituality within Iwo San's program is critical. Thus, it is necessary to conceptualize what is meant by spirituality. Spirituality, for African-Americans hinges on the African belief that the spirit is invested in everything. Consequently, to the African-American, as to African ancestors, the entire universe speaks with the voice of the spirit. The African-American can equally draw inspiration and knowledge from trees as well as the wise elder. Everyone can communicate the knowledge of the spirit. African-Americans, like their ancestors, recognize that nothing can exist in the universe without spirit. Thus, unlike some traditional treatment programs, we do not separately discuss drug abuse treatment and a spiritual component, but we conceptualize treatment with the assumption that spirituality is a part of that treatment process.

Profound Respect for Tradition

It is clear that one of the hallmarks of the Afrocentric perspective is the intense

respect displayed toward the African traditions. Such respect for tradition is accomplished in many ways in IWO SAN. There are ceremonies to celebrate rites of passage, celebration of holidays such as Kwanza, and preparation of traditional African foods. In addition, all residents and their children are taught African and African-American history. The history of the local African-American community is explored. Such lessons have been supplemented by field trips to the local African-American exhibits, to the art museum, and to cultural events which present African and African-American artists. Finally, Black Effective Parenting Training, as outlined by Alvy (1994) is also taught and is considered a key program component. Not only does this differ from many traditional treatment programs, but providing a drug treatment component for the children with their parents and the strengthening of the sharing of history and tradition between parent and child is truly unique.

Harmony with Nature

There are a number of precepts that describe the concept of harmony. One of which is the notion that harmony refers to Efa (Johnson, 1921; Fadipe, 1970) which translates into the wisdom of nature. Efa is a system that provides the technical expertise to build character. Primary elements of the system focus on spiritual and ethical living. People are the reflection of the entire universe. Consequently, if there is disharmony in the universe, there is disharmony in people.

When we discuss harmony we think in terms of harmony existing between three elements: spiritual, mental, and physical. Harmony in the universe is achieved by the polarity of opposites forces working together. In order for people to achieve harmony the goal is to bring destiny into the consciousness. The highest level of consciousness is to become aware via harmony with emotions and intellect. When the mind gains harmony we can then learn our destiny. Meditation can raise consciousness and provide access to intuitive understanding (destiny). Though meditation is not unique to this program, as it is a primary program component of many drug treatment programs, we teach the clients the importance of meditation in relation to their destiny and the destiny of their children and future generations of African-American children.

The natural order (rhythm of the universe) comes about via harmonious relationships. Harmonious relationships can be disrupted by various means, one of which is the abuse of drugs. When drugs are abused the natural order is broken (disrupted). The clients are taught that cleansing has to take place. Though cleansing through abstinence is discussed in other drug treatment programs, not only is abstinence considered a major part of the cleansing process at Iwo San, but regaining the rhythm within oneself is also expected and taught.

The Importance of Community

In the Afrocentric perspective, the notion of social support is incorporated in a treatment philosophy which holds the village / community responsible for individuals. The individual in turn gives allegiance to the community. Unlike many treatment programs, this treatment approach revolves around the concept of "we" and the focus is no longer only on the individual (mother and / or child). The interventions focuses on the "we" with shared responsibilities encompassing the whole community. One of the objectives is to establish a stronger and healthier bonding among the clients, their children, staff, and community. The bond should not break when clients move out of the community (leave treatment).

One vignette will illustrate the importance of a sense of community. The senior author of this article was recently walking in the halls of IWO SAN when she overheard some of the residents discussing another resident. The resident was being criticized because she had corrected the misbehavior of one of the other resident's children. The residents felt this was inappropriate because the behavior of the child was "none of her business." It was then pointed out to the critical residents that, in fact, Afrocentric belief was expressed in the old proverb that "it takes a village to raise a child." It indeed was appropriate from the Afrocentric perspective that all residents take responsibility for all of the IWO SAN children.

Rites of Passage

Conceptually, the Rites of Passage is a shifting of the thought process from an Eurocentric perspective to an Afrocentric perspective. There is a movement from an emphasis on "Me" to an emphasis upon "We", and from materialistic thinking to a spiritualistic approach. This revision of thought can come about in a systematic manner, beginning with small doses of African thought and climaxing in a self-actualized sense of who African-Americans are as a people.

As Africans consider rites of passage, the meaning is that expected behaviors are encouraged at specific chronological ages. The rites of passage ceremony is nothing more than increasing the sense of responsibility for one's self, one's affinity group, and one's village. The older one becomes, the more responsibility the person feels for these three entities.

In African thought the affinity group stays together from birth to death. There is the sense of support and overseeing. If one experiences problems, the affinity group shares the responsibility. The rites of passage is an on-going process, each stage of development builds upon earlier stages. Thus, the concept of the rites of passage is a transition from one developmental stage to another. It can also be perceived as movement from one level of consciousness to a higher level of consciousness. This life long process provides the participant with specific responsibilities and rites. Each stage consists of different

Afrocentric experiences, and each participant in the rites of passage is able to move from a minimal understanding of Afrocentricity to a higher level of understanding. After the rites staff and clients did experience a change in attitudes and behaviors. Two staff members are receiving necessary training so that they can continue to provide on-going rites training within the facility.

Some of the objectives of the rites of passage have been to expose the participants (staff and clients) to Afrocentric thought; eliminate or reduce egocentricism and replace it with a sense of common faith, and eliminate or reduce negative defense barriers.

Defenses, in part, are based on role differentiation. Historically, treatment personnel have thought "I am staff and you are the client. I am doing better than you." Viewing the client through the eyes of a counselor, psychologist, or consultant protects staff from having to identity with this client. In identifying with this client, staff may see some thing of themselves in the client that they do not want to acknowledge. Rites of passage has helped breach this defense system. For example, it is emphasized that todays staff person could very easily become tomorrows client in a treatment program, and the client can become the counselor. The rites stress the need to view the clients as human beings without stigmatizing them. The counselor's intervention is designed to assist the client in understanding that everyone is working together. The primary role of staff is continuously emphasized as facilitators of growth. This growth is not only within the clients, but within self as well. They have also had to include in their repertoire of self identity the conceptualization of themselves as teachers. As a teacher, if a client fails, it is possible that the teacher has not effectively communicated. The staff has embarked upon continuous study in self enrichment and development of self as a human being and caregiver. They have come to understand and respect their roles and the clients in a different manner as they function more efficiently and professionally.

Some of the problems that face drug treatment programs involve programmatic issues and evaluation. The client needs to be intimately involved in each of these areas. If the client and staff can sit together to resolve issues and acquire solutions that are amenable to both parties, program success is highly probable. Full client input has been assured in all program aspects. One such mechanism for insuring client participation is the Council of Elders. When issues emerge that affect the program (e.g., admission requirements, rule violations, funding, etc.) the Council of Elders consider the issue(s) and present their views.

COUNCIL OF ELDERS

The Council of Elders emerged from the Rites of passage. Normally, Elders are selected by age, recognition and standing in the community. They are accorded respect based on actions attained via wisdom which flows from them. IWO SAN utilizes criteria other than the aforementioned (age, etc). Instead, elderhood is based on the degree of esteem in which potential elders are held by fellow residents, staff, community. Thus,

esteem is the primary criterion for elderhood in IWO SAN.

The Council of Elders consist of representatives from all program components (staff, residents, consultants, community residents). The role of the Council of Elders is to:

1. Express wisdom
2. Offer guidance and leadership
3. Facilitate moral, cognitive and spiritual development
4. Infuse Afrocentric philosophy in the treatment process

Infusion of Afrocentric philosophy in the recovery process -

IWO SAN is a program designed to treat alcohol and drug abusing women. There are specific treatment and drug related issues which need to be addressed from the Afrocentric perspective. These include: the way in which the abuse of drugs is viewed, types of therapy, the issue of relapse, non-voluntary discharge of clients, and the role of staff.

Drug Abuse

There are a multitude of views regarding drug abuse among African-Americans. For example two of the popular views, the abuse of drugs as a coping mechanism which persons use to escape the problems of life and to cope with pathologically low self-esteem. Others (Stephens, 1991) see addiction as one of a limited number of social roles available to African-Americans trapped in the despair of poverty in America. The adoption of the drug user lifestyle is an attempt to create a meaningful and worthwhile, albeit deviant and some might say dysfunctional, self concept. Our Afrocentric perspective suggest that we begin our view with an exploration of the culture itself. So the question does not become: "is drug use bad?" The question is, "What are the factors in the culture that make drug abuse a viable option for African-American women?"

We have discovered that by becoming a part of the village/community and learning of one's heritage, a woman can develop an alternative role (other than drug user) for herself. She can be provided with a strong self concept which is embedded in a new cultural awareness. In addition, the village is assisting in providing her with vocational and other skills which will allow her to play this meaningful alternative role once she leaves the residential phase of the program. One of the primary concerns is not "What is wrong with you (client)?" as much as it is "What strengths (in both yourself and your community) can you (client) garner to address your problems?"

Therapies

Traditionally, most treatment programs establish set treatment dates for clients (e.g., 30-90 days) and if the client has not "completed" the program within the time frame they may be terminated. From an Afrocentric perspective, it is counterproductive to establish

a set number of days for a client to complete treatment because there is a great deal of diversity surrounding each client's problems / situation. Client's readiness differs with treatment needs and some clients reach that plateau sooner than others. Whereas others may need additional services in treatment and thus may not function well in larger society. The village wants the client to become a viable, self supporting, and sustaining member of the village. In order to accomplish this, the client must be able to go out on her own to contribute to the village.

Many of the clients must deal with issues of sexual abuse. Individuals who have been abused often experience a lack of self-identity and view themselves as being worthless. Some believe an abusive relationship serves a purpose of affixing a person to a reliable object. It allows the person the opportunity to determine who they are in terms of the relationship. They make the determination that they can do no better because of the concept they have of themselves. Thus, as the client continues to grow and develop in this Afrocentric program, that type of relationship will loose its appeal for the client.

In an Afrocentric program environment, everything that occurs in the client's life is expected to happen. All issues are considered a part of an evolutionary process, we do not enter a blaming the victim syndrome or blaming the society syndrome. All issues are considered with equal importance in the client's life and the mystique, the shock value, and the degradation of some events are removed and the client is more willing to share and explore all life events. Consequently, abuse becomes another event that can be admitted and discussed. The thinking is that if we hide it or if we discuss it behind closed doors or put it off or if we only allow the psychologist to discuss it, it is viewed as a secret and we add to the negative impact of it. The negative impact (secrecy) is removed because when the client enters the village, it is understood that whatever she did in the past, is discussed and nothing is be "hidden behind closed doors."

Relapse

Like the Eurocentric perspective, relapse is considered a part of the recovery process. However, from an Afrocentric approach, relapse for an African-American is expected until she is provided with a viable option to drug using behavior. Simply taking away the drug does not provide her an option. Rather, she needs to develop an alternative and meaningful role and more positive self-concept.

This is the reason to stress the notion of village, and the client being a part of the village. The African-American female client is in need of a support group that endorses abstinence, but also accepts relapse as a part of the recovery process. Thus, relapse is allowed to occur without alienation or ostracization from the group. Every relapse episode provides an opportunity for growth for the client. If she is allowed to relapse in a setting that is wholesome, loving, and forgiving, the client has a positive chance for success.

Discharge

The discharge of a client is determined by the Elders in accordance with agency policies / procedures. Prior to a client entering the program, the taboos are thoroughly reviewed.

When a client decides to leave treatment prematurely, this decision is regarded as a point in the developmental process, and the client is not banned from reentering the program. When clients participate in behavior that is contrary to village norms, they must atone (e.g., may have to take sabbatical from the village), but they are aware that they can return.

Indeed, these issues of relapse and involuntary discharge can be seen as stages of life which are expected and may lead to a woman's eventual maturation to a drug free life.

Conclusions

Burman (1994) suggests that in an effort to improve women's treatment progress there is need to consider multidimensional models that embody the client's strengths and other psychosocial factors in the treatment process. We have incorporated an Afrocentric orientation to a residential treatment program for drug abusing women and their dependent children. It is clear that a program which draws upon the chief principles of the Afrocentric perspective--the importance of spirituality, the centrality of community, conception of life as a series of passages, the significance of elders and the consequent development of a culturally relevant identity--needs to be developed and the success of its efforts evaluated. IWO SAN is presently providing such an opportunity to test the effectiveness of this model.

IWO SAN model has the following components: First phase - we have conducted an intensive Rites of Passage experience for both staff and clients; Second Phase - we have identified and established a council of Elders; Third Phase - we have incorporated Afrocentric programming within the context of the treatment components; Fourth Phase - Evaluation of program components - the effectiveness of the training and experiential activities.

From an Afrocentric perspective, the goal is to make the whole person better. Dignity is regained through recognition of one's link to the historical past and the ancestors. Dignity is also enhanced when the person comes to realize that not only are they responsible for themselves but for others in the community as well. We are finding that this model is effective and does create change within staff as well as clients during the treatment process. The long term effectiveness on clients is not yet available because this program has only existed for two years. The immediate effect has been very positive for staff and clients.

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