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Play Therapy in the African American "Village"

SONIA HINDS

There is no Dumpster suitable enough to dump a child.
—African Proverb

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This chapter provides perspectives that will enable the therapist to step into the African American "village" in order to gain insight into the role of play as influenced by slavery, religion, societal factors, socioeconomic status (SES) and gender differences. By gaining this information, the therapist will be better able to form a stronger bond with the "villagers." African American culture-specific data are provided that may be helpful in obtaining a social history. Finally, specific interventions for working with African American children are provided. This author is not aware of any interventions that are used exclusively with African American children; however, some different ways of conceptualizing existing interventions and using the work of noted African Americans in the creative arts are presented here. The resources suggested here for the playroom should not be used to the exclusion of a wide variety of other resources that are commonly used with children of any ethnic group.

One of Virginia Axline's basic principles of working with children is that the therapist should accept the child exactly as he is (Axline, 1969). In order to be fully accepting, a therapist needs to understand a child's culture. To be a true healer to troubled children, it is imperative that the therapist gain cultural understanding by entering the "village" in an attempt to

learn the norms, values, and customs—and, where appropriate, weave these into psychotherapeutic interventions.

Although many of the concepts in this chapter apply to most blacks, the term "African Americans" in this chapter refers to the descendents of those who were brought to the United States from the African continent to be used as slaves. References are made to blacks from both inner cities and other areas, and of high, medium, and low SES. The terms "blacks" and "African Americans" are used interchangeably.

The 2001 supplement to the Surgeon General's report on mental health reported that the prevalence of most mental disorders in racial and ethnic minorities in the United States is similar to that of whites, with a few exceptions (U.S. Department of Health and Human Services, 2001). However, it also documented striking inequities in the quality of mental health care of racial and ethnic minorities. One of the barriers deterring these groups from reaching treatment is mistrust of mainstream practitioners (U.S. Department of Health and Human Services, 2001). Mistrust of health care practitioners has deep roots in the African American culture as a result of slavery and its aftermath. Segregation of blacks in schools, health care facilities, and the community during the era of the Jim Crow laws, and continuing (through more covert) discrimination and institutional racism since then, have played a major role in preventing blacks from seeking health care. One major contributing factor to poor care-seeking behaviors is the egregious injustice suffered by African Americans involved in the Tuskegee experiment in the 1930s (Jones, 1993).

Another reason for this lack of trust in health care relates to the overrepresentation of African Americans in the mental health system; although blacks are reported to have higher rates of schizophrenia and other psychotic disorders compared to whites, the representation in the system even of blacks with these disorders appears disproportionate to that of whites (U.S. Department of Health & Human Services, 2001). A further factor is religious doctrine: Taking one's troubles to another person is seen as unacceptable, because it suggests lack of faith in the power of God. From this point of view, the relationship should not be with the therapist, but with God. In addition, some African Americans may view seeking help from a therapist for children as poor parenting. Finally, older African Americans have taken an oath of secrecy in regard to personal problems. One's "business" is not to be discussed with "people in the street" (Boyd-Franklin, 2003).

In order to raise the quality of care provided to African American children and families, and to foster a trusting client–therapist relationship, it is imperative that cultural competency training be made available to all therapists, including African Americans. One cannot assume that a therapist is culturally competent because he or she happens to be of the same

ethnic group as the client. In addition, given the high number of fatherless homes, more male therapists are needed.

To be effective in treating African American clients, therapists of all ethnicities—but especially those of non-African descent—need to understand the African American experience from a cultural and historical perspective. This is begun by understanding racism and its effect on the lives of African Americans throughout generations, and how it trickles down to the child in therapy. A therapist needs to understand what it is to be a black child in America.

RACISM

"Racism" is a belief in the superiority of a particular race, and denial and the use of prejudice based on this belief. Those who hold such a belief view human abilities as being determined by race, and people of other races are treated with antagonism as a result (*Oxford American Dictionary of Current English*, 1999). Many black people, even those who are highly educated, experience racism in some fashion on a daily basis. How this is dealt with is determined by one's upbringing, education, family values, and SES within the black community (Hinkle, 2003).

Beginning in the 1600s (Bennett, 1992), Africans were brought to the Americas from Africa against their will as indentured servants. As slaves, they were denied basic human rights and treated as less than humans. In order to increase the number of slaves available for trade, men and women were forced to procreate with others besides their mates. This led to the practice of having multiple sexual partners. Families were often torn apart as parents or children were sold to different masters; this was the beginning of single parenting and fatherless homes (Bennett, 1992). As of the late 1980s, over half of African American children lived in fatherless homes (U.S. Bureau of the Census, 1990). Slave mothers worked long hours in the fields, leaving their children at home to rear themselves or be looked after by other family members. With this came the start of "kinship bonding" (Gutman, 1976)—the strong family ties and reliance on family members to help raise and protect blood relatives in particular, as well as some who were not blood relatives but considered family. Black males had no control over their families, since a slave owner was the real head of a family. In general, the institution of slavery served to undermine the black family, particularly the role of the black male as competent to support his family (Frazier, 1939). Even though slavery in the United States ended legally in 1863 (with the Emancipation Proclamation) and finally in 1865 (with the end of the Civil War), blacks continued to be subject first to segregation and the Jim Crow laws, and then to less overt but still powerful discrimination

and institutionalized racism. They were denied access to good-quality health care, education, decent housing, and job opportunities.

In U.S. society, black males are feared more than females, and they experience racism more intensely. Historically, black males have been kept out of the job market, unable to support their families and fulfill their role in society. This has led to anger, frustration, diminished self-esteem, depression, and other mental health problems (Kunjufu, 1996). Not only have black people had to contend with racism, but some have internalized racial oppression, resulting in self-hatred. This negative self-image has led to "black-on-black" crime; gang activities; domestic violence; drug use; disproportionate involvement in the criminal justice system; and lost generations of strong, gifted, and in many cases highly competent black men. As of the late 1980s, approximately 50% of U.S. federal prison inmates were African Americans (Federal Bureau of Prisons & U.S. Bureau of the Census, 1991). White America has been instrumental in dehumanizing blacks in order to gain control over them and setting blacks against each other since slavery, as exemplified in the infamous Willie Lynch letter of 1712 (Hassan-El, 1999). Blacks have been manipulated into believing that everything "white" is better. Internalized oppression of blacks is seen when blacks glorify white people and their features. Blacks have been so beaten down by racism that some are ashamed of their own culture and even wish they were not black.

My 12-year-old son came home from school one day and related that while practicing for the Christmas play, he noticed that two white children were playing the piano. He asked whether he could play a certain piece and was told "no." The teacher apparently did not believe that he was capable of playing the piano. An African American overheard the conversation and intervened. It was only then that my son was able to play "The Little Drummer Boy" at the Christmas play. Had he not had the support he needed, he could have been left with shame and doubt of his own capabilities.

AFRICAN AMERICAN CHILDREN AND PLAY

Another colleague of this author (M. Kyler, personal communication, 2003) has recalled that during the 1960s, play was the most important part of her day. Play meant freedom from adult supervision and interference. Taking turns being the leader was the norm when children were playing games. Disagreements among friends were solved and did not end in homicide. The neighborhoods were safe, and neighbors looked out for each other's children. Drive-by shootings were unheard of. Children played freely, and they all knew that they had to be home before the street lights came on. Children played hopscotch, double Dutch, and other games, and also cre-

ated their own games (M. Kyler, personal communication, 2003). Street games such as Sounding the Dirty Dozen, Cans Up, and Ee-Awk-EE were popular (Ariel, 1999).

At the heart of the civil rights movement of the 1960s, there were concentrated efforts to mold and shape the character of black children. After-school programs abounded in storefronts. Although some such programs still exist, today poor neighborhoods are infested with drugs, guns, gangs, and drive-by shootings, which make them unsafe places for children to play. Consequently, these neighborhoods have deterioriated. Organizations such as the Boys and Girls Clubs and the YMCA that do continue to provide organized after-school activities must constantly worry about budget cuts (A. Hinkle, personal communication, 2003).

Black children have few toys that are truly representative of their culture. Toy heroes are for the most part white. When engaging in imaginative play, black children find themselves having to imitate what does not represent them. This communicates to them that "You are not good enough" (Wilson, 1978). Some black girls glorify white dolls with long, silky hair. An African American mother related that her daughter at age 8 was highly upset, because she wanted a white Barbie doll and not a black doll.

A Washington, D.C., school counselor (S. Holt, personal communication, 2003) reported that based on her observation, some African American children in an urban school did not seem to know how to play. Their free developmental play appeared delayed. Upon entering the playroom, they seemed hesitant, cautious, and uncomfortable. This may be attributed to the reality that many of these children are "latchkey" children, and consequently spend too much time watching television and playing video games (S. Holt, personal communication, 2003). However, this view is in direct opposition to that of Ariel (2002), who observed that the free play of low-SES African American children was highly imaginative, with rich sophistication.

African American Parents' Attitudes toward Play

Some African American parents believe that play is appropriate only for young children. They believe that play should stop when the children have developed language skills and when personality and imagination emerge. Such parents' impression is that playing is a stage of development that comes to an end early, and that children need to move on after this. For example, a child may be told that he or she is "too old" to play with dolls or miniature cars. In households where play is understood and provisions for it are made, children are encouraged to engage in various forms of play (S. Holt, personal communication, 2003). Generally, play is influenced by a family's SES. In families where time and transportation are available, children have opportunities to participate in organized sports or after-school

activities. However, other parents say that children need more opportunities to engage in free play, rather than spending so much time in these organized activities.

As noted above, children from low-SES homes whose parents are unable to provide for after-school activities may be primarily engaged in talking on the telephone, watching television, or playing video games. In the past, it was not uncommon for parents living in Northern states to send their children to stay with relatives in the South, where they could play freely and bond with family members, during the summer months.

Play as Observed on an Inpatient Psychiatric Child and Adolescent Unit

On a psychiatric ward on which this author worked, it was observed that African American children tended to be very active physically, with lots of moving about and touching. Kunjufu (1995) reflects that some psychologists call this constant movement "verve," which should not be confused with hyperactivity. The play of African American boys was so rough that it bordered on physical aggression, and limits had to be set. What was intended as play or "horsing around" for these children was sometimes misinterpreted as physical aggression by onlookers. However, these young men had a unique way of relating to each other. On the unit, boys' play involved the use of action figures that constantly bumped and crashed into each other, resembling chaos. Miniature cars were pushed around and crashed into each other and into walls. In the sandtray, many figures were placed in the box at one time, with many movements in, around, and under the sand. Strong limits had to be set about the sand in the box. When water was used, there was a great deal of splashing. Rhythmic beats often were created on tabletops with fingers or pencils. Sometimes vocal sounds were made in conjunction to the beats. During group activities, a lot of time was spent trying to get the group members to settle down and ready themselves for the prepared agenda. Latency-age children loved to play with "walkie-talkies" as a way to communicate with each other. Kunjufu suggests that oral tradition is an important component of both black culture in general and black male culture in particular. This is further exemplified by the ability of blacks to excel as rappers.

Card games were played, but an adult was usually present, which helped to keep the children focused. Board games could be tolerated for only a short period, as concentration was lost and the need for body movement was ever-present. Board games that involved "play money" always seemed to have all the pieces together at the end of the game except the "play money." Children loved to stuff their pockets with it, perhaps symbolizing their fantasies of solving financial problems in the home or having their own needs met.

The behavior of the children I observed on the ward can be best understood within a cultural context. African Americans are said to be very spiritual and expressive of their emotions, both physically and vocally. My personal experience is that in most African American church services, the congregation does not sit still. There are hugs, jumping, and shouting and other verbal utterances in response to the sermon and the sense of being moved by the Holy Spirit. It is not uncommon for the preacher to say to the congregation, "Tell the person next to you, 'My God is a good God.'" Through their experience with gospel music and the expression of the Holy Spirit in church, children learn early on to "let it all out" (Cook & Wiley, 2000).

Gender Differences in African American Children's Play

African American male children play with traditional toys designated by our society as toys appropriate for boys, such as army men, cars, wrestling figures, and so on. What was interesting to observe on the psychiatric ward was the attitude of black counselors to the children's play when they perceived that a child was stepping outside the traditional gender role. An 8-year-old client, Robert, carted his toys around by stuffing them in his pockets. When he was given a backpack with pink and lavender trimmings, Robert took the backpack and was rather happy with it. However, a black male counselor openly commented that the backpack for this child was inappropriate because of its "soft colors." Needless to say, the child returned the backpack. On another occasion Robert, who loved to play with dollhouses, could not find the ward's dollhouse. A male counselor who observed how frantic Robert became commented, "Boys don't play with dollhouses." Robert heard the comment and never touched the dollhouse again. This was particularly disturbing, because in the playroom he often used the dollhouse to reenact the abuse he had suffered in his home. The fear among adults of turning males into homosexuals was very strong and sometimes interfered with the children's play. In the black community, homosexuality is much less tolerated than in the white community (Frederick et al., 1991). Because of the history of slavery, a black man's manhood is under constant attack through racism. Adding homosexuality to the black male experience creates another layer of alienation and devaluing. The rough nature of play among black male children could be a fight against what may be perceived as being "gay."

Another factor affecting play among black boys is the "little-man syndrome" (Caviness, 2002). Since about half of African American fathers do not live with their children, a single mother may look to her eldest male child for caretaking responsibilities long before he is ready for these. Often this child has little time for play, because he is seen as a little adult.

Older teenage boys on the ward were also observed engaging in large-muscle activities, such as weight-lifting and arm-wrestling competitions. Watching wrestling competitions on television was prohibited, due to the level of violence, and they protested this bitterly. When they were able to settle down for group activities, there were always several boys in the group with artistic talent who enjoyed drawing and painting. A 13-year-old male who was "stuck" developmentally at a much lower level wanted to be placed in the portion of the unit set aside for younger children, where he would have had more opportunity to play. This child was being raised by three generations of African American women, who allowed him little time to play with peers in the neighborhood, due to the high incidence of crime. Because the clinical staff did not understand his continued need for play and the dynamics surrounding his situation, he was not allowed to be placed with the younger children. Liability issues also did not allow for the flexibility that was needed on the unit.

In the same setting, female African American children aged 8–12 exhibited themes of competition, aggression, anger, rage, and control with the other females. They often competed with their peers for the attention of the males on the unit, who prevented them from working as a group. There were more incidents of physical fights among the girls than there were among the boys, and more incidents of theft involving property such as clothing. There were also more lying and less ability to resolve conflict. Once these issues were worked through individually, the girls were observed having make-believe "tea parties" for each other. Girls were less active and less noisy in their play. They tended to congregate in small groups and seemed to enjoy activities such as coloring, drawing, and playing cards, or activities involving fine motor skills. In sand play, they spent time sifting through, patting, and molding the sand. Girls enjoyed having dolls and stuffed animals on their beds. The older girls enjoyed cooking, preparing meals, and helping with chores. Games such as hand clapping and double Dutch were popular. Girls also enjoyed writing in their journals or diaries. Both males and females enjoyed watching Disney movies.

THERAPIST–CLIENT RACIAL DIFFERENCES: COMMENTS AND SUGGESTIONS

A black client who perceives that a white (or other nonblack) therapist is not down-to-earth, honest, and respectful, or is patronizing, will not be likely to trust the therapist. It is not helpful for clients to hear, "I treat everyone the same," "I don't see color," "Some of my best friends are African Americans," or "You are a credit to your race." Such statements demonstrate lack of racial sensitivity and awareness (Ariel, 1999). In addition, a

therapist must understand that not all black people have their roots in Africa, and therefore that there is no "one-size-fits-all" approach. In spite of common bonds, people are uniquely different.

For the most part black people, particularly the older generation, are warm-hearted, but they may expect a therapist to self-disclose before they allow the therapist into their own lives. Self-disclosure remains the choice of the therapist, who should use his or her own judgment (Ariel, 1999; Coustland et al., 1998).

When racial differences exist between a client and therapist, the therapist should invite the client to talk about feelings that could interfere with the therapy process. The client may be uncomfortable or may have preconceived ideas about the therapist. An African American client may request only an African American therapist. Whenever possible, the wishes of the child and family need to be respected. Moreover, when such a request is made, the therapist should find out why and not assume that the reason is obvious; it is important to find out what the past experience has been. It should also be noted that not all African American clients want to be seen by African American therapists. A black client may be worried that a black therapist may be less tolerant than a white therapist, because of fears that a black therapist will perceive the client as having failed to overcome the same racial barriers that the therapist has surmounted. In addition, the black client with a negative internalized racial identity may perceive that the services provided by a black therapist will be inferior, particularly if they are provided in a predominantly white clinical setting.

Every therapist must be aware of his or her own cultural norms and values. In addition, it is imperative that the therapist be aware of common myths and racial stereotypes, as well as the positive attributes, capabilities, and contributions of African Americans throughout the world. Therapists must also be aware of their own possible biases toward African Americans. While in therapy supervision, for example, a white student therapist commented to me on how surprised she was to learn that one of her black clients, a mother of 12 children, had had only one male to father all of her children. Regardless of the circumstances, therapists must always be aware of similar transference and countertransference issues that may be triggered by race and ethnicity.

ASSESSMENT

The therapeutic process begins with the assessment of the client. In addition to a social history, the therapist should obtain information about the client's and family's culture. The following are some areas that should be included.

Major Illness in the Family

Medical problems may shed light on family dynamics that affect a child's behavior in the playroom and have implications for treatment. Common medical conditions among African Americans include type 1 or 2 diabetes mellitus, asthma, depression, high blood pressure, sarcoidosis, sickle cell disease/trait, HIV disease, substance abuse, and cancer. (For a fuller discussion, see Walker & Singleton, 1999).

It is useful to gather information about medication adherence and attitude toward medications. The therapist also needs to be able to help the family look at sources of stress that may influence high blood pressure or other chronic medical conditions, and whether such stress may be related to experiences of racism on the job or in the community. For example, a 10-year-old black male was diagnosed with separation anxiety disorder. His father was diagnosed with diabetes mellitus. While the parents were training the children to administer emergency measures to the father in the event of a hypoglycemic attack, this child became anxious and found it difficult to leave his father's side. Although such a situation could easily have occurred in a white child, this situation was compounded because the child's father was also fighting a racial discrimination case on the job. The son became even more worried about his father.

Values

Some of the common core values and characteristics that have sustained black families include strong kinship bonds, strong religious orientation, adaptability of family roles, respect for elders, and tremendous overall strength and resilience. Denby (2001) provides a more detailed discussion of the resilience of African American families.

A brief discussion of Kwanzaa is appropriate in the context of values. Kwanzaa was created to celebrate the cultural heritage of African Americans; it is not a religious celebration. (Spirituality is discussed separately below.) The seven principles of Kwanzaa—unity, self-determination, responsibility to work together, supporting each other in business, purpose, creativity, and faith—have been adopted as values to live by in some African American families and organizations (Anderson, 1992). There are seven sets of symbols for the celebration: fruits, vegetables, and nuts; a straw place mat; a candleholder, called the *Kinara*; seven candles; an ear of corn; gifts; and a cup of unity. The symbols are used during the celebration to help understand the seven principles or themes of Kwanzaa, and to help remember important events in African American history and teach them to the next generation. The celebration lasts from December 26 through January 1. A different ritual is performed each day, and candles are lit on the *Kinara*.

Following the celebration, African Americans are encouraged to continue to live the seven principles (Anderson, 1992). Not all African Americans are aware of this celebration, however, and many choose not to observe it.

Spirituality

Many African Americans will seek the advice of a minister before, or instead of, going to a therapist for family problems or mental health reasons. Seeking help outside the church may be seen as a contradiction and betrayal of Biblical teachings. My personal experience is that some African American churches believe only in a Bible-based Christian counseling approach, in which searching through and following the Scriptures are used to solve problems. It is believed that problems are solved by surrendering and "leaving it all on the altar," as well as by prayer. Some churches encourage medical attention for serious mental health problems; however, depression is often seen as weakness or lack of faith in God. When psychotropic medications are prescribed, adherence is a huge problem for the same reasons. In such a case, the therapist can help the family see that God's response to the problem may be acceptance of help offered by the clinician. The therapist can also advocate for mental health teaching among leaders in religious communities (Boyd-Franklin, 2003; Cook & Wiley, 2000).

Nonetheless, religion is a strong source of strength and refuge—a "balm" for dealing with daily challenges. Even young children know the important role of spirituality. An 8-year-old African American male who was hospitalized for disruptive behaviors asked that I take him to Sunday school. I was impressed with his request, because he could have easily asked to be taken to an amusement park.

Another important theme that may emerge in therapy and that is influenced by Biblical teaching is "forgiveness" (Stanley, 1987). A child or family member may talk about forgiving a perpetrator of abuse, because this is what God expects. The belief is that if people forgive in the midst of their pain, their healing will begin. However, this concept may be in direct contradiction of the therapist's belief that the perpetrator needs to be punished and not forgiven, or that the perpetrator should confess or admit to the abuse before forgiveness is granted.

Islam is increasingly common among African Americans (Evans, 1996). Ninety percent of all American converts to Islam are African Americans. Muslims are either of the Orthodox faction or of the Nation of Islam. The Nation of Islam believes that Christianity is used to justify racism, and as such considers it a "white man's religion." For both groups of black Muslims, Islam is a way of achieving religious, economic, social, and political ends (Evans, 1996).

Another controversial concept that may surface in therapy is "self-esteem." Some African American churches maintain that promoting "high self-esteem" to the point that it results in self-centeredness, arrogance, and pride contradicts Biblical teachings of humility and esteeming others as more important than oneself. In churches that adhere to a more literal interpretation of the Scriptures, whether in African American or in other cultures, the concept of "high self-esteem" is indicative of the desire of humans to please themselves instead of pleasing God. Humility (lowliness of mind) and denying oneself (by disregarding one's own interest) require choosing to do what God instructs, rather than choosing to do what one wants to do. The belief is that exaltation and promotion come from the Lord (A. Slade, personal communication, 2003). These concepts, if not properly understood and used in the right context, may indirectly contradict the beliefs of the therapist, who may be promoting positive self-regard and a strong sense of self in a child with internalized anger or depression.

Child-Rearing Principles

The therapist should explore the family's child-rearing practices. How does the family discipline the children, and what are the family's rules? What is the general role of grandparents and other extended family members, and what is their involvement with the children in relation to discipline? What is the quality of kinship ties, and what factors are affecting these?

Traditional African American families value respect, particularly for elders; young children are taught to respond to elders with "sir" and "ma'am" at an early age. However, Kunjufu (1995) writes about the growing disrespect of the present generation of African American children, due to societal changes, absent fathers, and deterioriation of the family. Therapists can be instrumental in helping these parents set limits and utilize community resources to reach the children.

Physical/Sexual Abuse

Physical/sexual abuse is not uncommon, and prevalence rates are higher than we know because abuse is not commonly reported. Often children suffer in silence because of shame and guilt. In the African American community, abuse is an important issue, given the high rates of homes with absent fathers, the presence of paramours, and drug and alcohol misuse (Ganns, 1991). Moreover, individuals who have been physically or sexually abused and have not sought treatment tend to pass this type of victimization on to subsequent generations.

Holidays

Therapists should be aware of holidays observed in the African American community (e.g., Kwanzaa, Juneteenth) and respect them. A therapist may choose not to celebrate a particular holiday, but should not expect a client to be present for an appointment on that day. Public and nonpublic mental health establishments should be sensitive to therapists' and clients' wishes to celebrate particular holidays, and refrain from scheduling clients on those days. For example, not all establishments accept the birthday of Martin Luther King, Jr. as a legitimate holiday, even though it is now officially designated as such by the U.S. government.

Conflict

Therapists should determine how families resolve conflict, express anger, and deal with aggression. In particular, they should inquire about whether children are or have been exposed to domestic violence. Also, are weapons kept in the home? If so, are they loaded or unloaded, and are they kept in a safe place?

EXPLAINING PLAY THERAPY TO PARENTS

Parents (or other caregivers) need to be told that ordinarily children do not have the cognitive ability or the language to express themselves as adults until age 11 or 12, and that play is a way for them to express their thoughts and feelings through toys or to "play out" what they are feeling inside. In play therapy, a therapist expresses empathy and reflects to a child what is observed during the process of play. The child then becomes aware of his or her manner of relating to the world. The therapist creates a safe environment in which the child feels free to express him- or herself. It is also a place where the child learns to respond to limits and take responsibility for choices. The parents should be informed that the purpose of therapy is not to "make the child behave" or take over the parents' role.

SPECIFIC INTERVENTIONS FOR RACIAL/ETHNIC ISSUES

In order to be most effective, a therapist must be able to help any child and family know and understand aspects of their culture and historical beginnings that have contributed to their present situations. Moreover, one of

the goals of therapy is to gain a deeper understanding of self. These concepts are particularly important for a black child and family, because racism is part of the black experience.

The therapist needs to be skilled in understanding how the child in play therapy may be experiencing the effects of racial dynamics and how these are manifested in the child's play. Black boys are often the objects of fear; the darker their skin, the greater the fear by whites and even some blacks. Being able to connect with children and understand their pain, even if they don't talk about it, demonstrates understanding and total regard for their struggles.

The following are specific examples of how a therapist might approach racial/ethnic issues in play therapy. A European American psychiatrist working with inner-city African American children (W. Stage, personal communication, 2003) related that in order to be accepted by these children, he needed to demonstrate that he had "power." This was demonstrated by his ability to beat the children at their own game, whether it was a card game or basketball. Once the children perceived that he had power, he gained their respect. The issue of power—an issue that has been passed down through generations as a result of slavery—was a major theme for these black children. Interacting with a white person of power who did not abuse them served as a corrective emotional experience for them and was therapeutic.

Therapists need to be cognizant of the fact that biracial children may be given preferential treatment based on their skin color. Clues may be seen in such a child's play—for instance, if a black doll is mistreated. The issues of these children, and of other children who overidentify with whites, need further exploration. Another example of such overidentification was seen in a 6-year-old girl who refused to remove the hood of her jacket from her head and used the body of the jacket as "long hair" (B. Savoy, personal communication, 2003).

In a somewhat different example, a 7-year-old child was playing with two action figures. He related that one of them was white. He wanted to say that the other figure was black, but had difficulty getting the words out. When the African American therapist asked why he had trouble with the word "black," he said that his mother had told him it was preferable to say "African American." This was a good opportunity to explore the child's feelings about having a black therapist, and to comment on the child's wish to be sensitive to the feelings of the therapist.

When dealing with physically or sexually abused children, the therapist needs to be aware that abuse has two layers for African Americans. Slavery was an abuse of power, exploitation, and dependency that fostered helplessness. Physical or sexual abuse is an issue of power that can also render the child dependent and helpless.

As noted earlier, therapists need to be cognizant of transference and countertransference issues. Blacks may harbor resentment because of rac-

ism and may be leery of the intentions of white people. How do they trust a race of people who continue to betray and abuse them? The Rodney King beating is a good example. Black clients may fear that white therapists may have racist attitudes (and, indeed, this fear is sometimes justified). White therapists should not be shocked, respond in fear, or take negative comments personally, but should show empathy and invite such clients to explore the situation. Even a black therapist working with a black family may communicate negative attitudes if the therapist feels that the family members should have been able to overcome their difficulties.

From personal experience of working in a predominantly white establishment, I have found that it is important for therapists not to assume that the best solution to resistance is to match the client with a therapist of the same racial group. European American therapists who are uncomfortable with African American clients may find this an overly easy solution.

WHAT TO HAVE IN THE PLAYROOM

Interventions from a cultural perspective build self-esteem and a sense of self-worth. Therefore, in addition to the standard toys that are generally recommended for the playroom, toys that help black children get in touch with the black experience are recommended.

Dolls with true African American facial features and of various skin tones, rather than just dolls with European features that have been painted dark brown, are important. It is not uncommon for a child to be offended by a black doll whose skin tone is much darker than her own, partly because of the "pretty baby syndrome" (Hassan-El, 1999; A. Hinkle, personal communication, 2003). In our society, as noted earlier, children quickly learn that black is not beautiful and white is pretty and desirable. Black children with white features may be glorified as being "pretty" within the black community (A. Hinkle, personal communication, 2003).

Black dolls with various textures of hair and with hairstyles such as cornrows are useful, as African American children often struggle with the issue of hair. A child may see dolls with long, soft hair that resembles that of white girls, commonly referred to as "good hair," as more desirable than black dolls with hair that may be short and nappy. This child may be in a difficult situation in the home or school, struggling with a poor sense of self. Black dolls with realistic hair and hairstyles will be useful to help the child play out her feelings and work through them in the playroom with the therapist.

Not only should African American dolls have authentic hair and facial features; they should also have various body sizes and figures that are representative of the culture. Dolls that represent various life roles and

careers for both males and females should be included as well, in order to expose black children to blacks in various roles and not just in menial jobs. Dolls that represent the extended family and include grandparents should also be available (F. R. Howell, personal communication, 2003).

African American dolls with authentic characteristics are not easy to obtain, but can be found during the Christmas holidays at bazaars held at African American churches. They may also be located at annual doll shows.

Religious symbols—such as figures of a preacher in the pulpit, choir members, congregation members, a miniature Bible, a cross and other religious symbols, and a church building—are useful, particularly for sand play. Symbols used in other religions, such as the Muslim and Jewish faiths, should also be included. In particular, therapists should be aware of how families grieve for losses, learn what rituals are practiced at funerals, and determine to what extent children are allowed to participate. Appropriate materials can be included to help children use in play to recreate related scenarios.

Medical equipment—including an ambulance, helicopter, a doctor's medical bag with equipment, hospital furniture, and the like—should be available, so that children can reenact medical themes and traumatic incidents such as drive-by shootings.

Toy guns, knives, and weapons are items that parents may oppose, due to the high rate of drive-by shootings and murders among young black males. The therapist may get opposition and will need to make a decision. The wishes of the parents should be respected and honored; however, alternative toys (e.g., toy vehicles) should be provided for aggressive play.

Blacks make up about 12.7% of the civilian population of military age (Halbfinger & Holmes, 2003). Children of military personnel may experience fear, abandonment, and other problems that arise with military life and need to be played out. Therefore, *toy soldiers* (*both male and female*) *and ammunition* should be part of the playroom equipment.

Board games that stimulate thinking and expression of feelings, such as those by Richard Gardner (1983), should be included. Board games designed to promote expressions of feelings should include scenarios that are real to the black experience. These will need to be created. Such games should challenge the intellect and promote meaningful dialogue. Some families associate card games with gambling and may not appreciate their children playing cards with the therapist or in a group. Similarly, the rolling of dice in certain board games may be viewed as evil.

Clothes for dress-up (including African outfits) that enable the child to imitate adult roles and adults, particularly grandparents and other members of the extended family, are very useful. (Caution should be taken with hats that are not washable, as they can transmit head lice.) *Kente* cloth

should also be available for dress-up or for doll play. *Kente* cloth is popular and is symbolic of the ties between blacks in the United States and in West Africa; it is mostly used by males (Sanders, 2000).

Various *craft materials*, such as feathers, buttons, glitter, Popsicle sticks, glue, scissors, blocks, pipe cleaners, uncooked macaroni, and ribbons of different colors, should be included for creating items. In particular, *beads* should be provided for bracelets and necklaces. Those with letters of the alphabet provide the opportunity to create name bracelets. This can be therapeutic, in that it provides another strategy to affirm and strengthen a child's sense of self. Having a discussion of the meaning and origins of names can be very powerful and even more affirming. Amazing stories can emerge about how children got their names and who was responsible for naming them. Black children in general do not seem to get sufficient positive regard, and every opportunity to reinforce self-worth should be encouraged. In certain parts of Africa, wearing beads to adorn the body is very common. The cowrie shell, which represents prosperity and peace, is found on beaches in certain parts of Africa. This shell is commonly used to make African American jewelry, design masks, and is placed on clothing (Sanders, 2000). In the playroom, the child can identify with cowrie shell beads.

Toy animals—particularly those found in the wild in Africa, such as giraffes, zebras, lions, leopards, and elephants—have strong messages from which children can obtain life lessons. It is customary for some African American families to collect elephants, which represent prosperity, financial blessings, strength, and power, as ornaments. These animals may be used in free play or in the sandtray.

In addition to the items listed above, such items as a feeling chart, as well as storybooks and videotapes that portray African American children, should be visible in the playroom.

USE OF CREATIVE ARTS

Music

The therapist needs to know that some of the most important contributions of African Americans are in the form of music. (Indeed, some of the most successful European American musicians have taken either their inspiration or their actual materials from African Americans.) Children who listen to rap or hip-hop music may be encouraged to bring in the lyrics to the music or have an opportunity to play the music during the session. The meaning of the lyrics could be a point of discussion. When music is needed for relaxation, jazz or blues by popular African American artists such as

Ray Charles, Ella Fitzgerald, and Bessie Smith may be very desirable. African drums for drumming and playing tunes to express anger, sadness, and a range of other feelings are very useful. A xylophone has different tones and can spark various energy levels. Children who are difficult to reach, or who have a difficult time engaging in the therapeutic process, may be open to bringing their favorite song to explore the lyrics in a session. In a therapy session, original song lyrics may be written and tape-recorded as a way to express thoughts and feelings.

Art Materials

Materials for drawing and painting with vivid and lively colors, and materials such as clay for making objects, are essential. Many African American children are gifted artists and enjoy various forms of self-expression. It is important to note that Viktor Lowenfeld (Bearden & Henderson, 1993) was responsible for the initiation of art studies at Hampton Institute (now Hampton University) in 1939. Lowenfeld was a psychologist and refugee from Hitler. While in Vienna, he learned through his work with underprivileged clients that art helped to increase self-respect and brought out hidden talents. Lowenfeld was particularly instrumental in encouraging the work of Charles White, Elizabeth Catlett, and John Biggers, noted African American artists. Most significantly, Lowenfeld used African art to help African American students take pride in themselves and their culture.

Creative arts interventions should be strength-based, representing respect, acceptance, and understanding of the child and family. The reader may want to explore Howard Gardner's theory of multiple intelligences (see Armstrong, 2000), which can be used to determine the child's strengths and to implement interventions. Gardner's premise is that there are eight types of intelligence in which individuals can excel. The standard intelligence quotient is only one way in which one can measure abilities. Being able to identify with and capitalize on creative ways to engage the child in the therapeutic process can be very advantageous in moving toward treatment goals.

THEMES AND GOALS OF PLAY THERAPY WITH AFRICAN AMERICAN CHILDREN

Common themes that may emerge in play therapy with African American children are mistrust, anger, rage, loss, abandonment, attachment issues, and hopelessness. These themes, in addition to the presenting problem, have roots embedded in the African American culture. Mistrust has already been discussed. Anger and rage are likewise understandable: Racism, re-

jection, discrimination, and devaluation by mainstream society, and then being told by a white therapist how to solve your problems, may be infuriating. Multiple losses or abandonments may include absence of a father in the home; absence of one or both parents because of drug problems or incarceration; loss of dignity and respect through racism; loss of grandparents who have provided structure and consistency; and moves in and out of multiple households (and therefore loss of neighborhood friends).

Attachment difficulty is a common theme among African American children whose parents, for one reason or another, are not able to raise them. These children end up in foster care or with elderly grandparents. Because the bonding that should have taken place during the first 3 years of life did not occur, they exhibit attachment problems. Finally, hopelessness can be very severe. As one 8-year-old said to me, "Why should I improve my behavior? I'll probably be dead before age 15. My father, brother, and uncle are in jail, and I'll end up there, too."

In therapy, the goals of the therapist are to provide the following:

- Empathy and affirmation of feelings.
- Acceptance and understanding of the child's struggles.
- Insight into how the child's thoughts and feelings affect behavior.
- Psychoeducation to the parent/caregiver on parenting.

Goals for the child and parent/caregiver include the following:

- Becoming aware of the relationship among thoughts, feelings, and behavior.
- Becoming aware of maladaptive coping skills, and identifying adaptive coping skills.
- Learning to self-soothe and self-nurture.
- Learning to be assertive in order to get needs met.

Identification and expression of feelings deserve particular emphasis here. Among the basic reasons for therapy are to help children get in touch with their thoughts and feelings, and to help them learn how these affect their behaviors. Commonly, the only feelings most children can name are "mad," "glad," and "sad." They cannot name other feelings, and are not aware that it is okay to have more than one feeling. Often they do not know what to do with their feelings. When they are angry, they are often punished, as angry feelings are not acceptable in school or in the home. Or they become anxious when feeling angry, because they may have witnessed and experienced bad things as a result of someone's anger. Children from overly strict homes may be told, "Children are to be seen and not heard." In addition, boys are not allowed to cry in U.S. society in

general and African American society in particular. In play therapy, children are helped to identify feelings and given permission to talk about how they feel. Therapists provide feedback in terms of what they observe in the children's play. Once children are able to see how their thoughts and feelings affect their behavior, they may choose to change the way they relate to the world. The following section describes several play-based techniques to assist children in the healing process of play therapy and growth.

DIRECTIVE PLAY THERAPY

In directive play therapy, the therapist determines the intervention for the child or directs the child (or group of children) to participate in a certain activity or intervention. The interventions presented here can be used in individual and group play therapy in both outpatient and inpatient settings.

Ask the Bugs

Ask the Bugs is a projective technique for expressing feelings that I have developed for children aged 8–12. It may be adapted for adolescents aged 13–16.

Background

Coming up with creative ways to help children open up and talk about what is bothering them is a big challenge. As noted previously, African American children learn early that "you don't put your business out in the street." In my work with hospitalized children on a psychiatric ward, frequent responses to requests to talk were "That is none of your business," "I don't want to talk about that," or "That is private information." The underlying premise is that people are weak if they have problems. As I explored the meanings of these statements, I was challenged to come up with inventive, nonthreatening ways to help the children begin talking about their difficulties.

Materials Needed

Various plastic toy insects and insect-like creatures, including an ant, dragonfly, spider, praying mantis, bee, grasshopper, butterfly, fly, or any other insects or similar creatures that seem appropriate, are placed in the middle of the circle.

Procedure

When I use this technique, I gather up to eight children in a circle sitting on the floor. Each child is asked to choose one "bug." After selecting a bug, they think for a moment about what they know about the bug, and share those qualities that they are aware of. They then share with the group a quality of the bug that they can apply to themselves to improve their situation. For example, ants are industrious, orderly, and disciplined. They are also social: They cooperate with one another, work together, and never seem to bump into each other. After all of the children have had an opportunity to share their thoughts, I share with the group the section from Ted Andrews's book *Animal-Speak* (1993) pertaining to what the bug each child has chosen is trying to teach the child. For example, the ant teaches us "how to build, to be an architect in our own lives, how to construct dreams into reality," and "how to work with others for the good of everyone, how to get along." I give a short explanation if the child does not seem to understand. After this has been completed, I then ask each child to share with the group one situation that "bugs" him or her. In this way, the toy bugs provide a safe distance that enables children to talk about worries. I am always amazed at the ease with which the children are able to talk about what is troubling them with this exercise.

Case Example

Eight-year-old Robert, of whom I have spoken earlier, attended group activities on the inpatient psychiatric unit but rarely participated by contributing to the discussions. The day that the Ask the Bugs exercise was introduced to the group, he sat in the circle but was busy playing with his army men. I gently skipped over him, thinking that he was in no way connected to what was occurring in the group. He quickly reminded me that he did not get a turn to select a bug. I apologized and invited him to participate. He selected an ant and proceeded to tell the group that ants kept busy, that they helped each other by passing items around, and that they were good at building things. In reality, Robert was talking about himself.

In response to the question "What bugs you?", Robert, with his head hanging low, said, "The beatings by my mom." I was astounded by his response, as he had never talked about this before. He had been severely abused and consequently placed in foster care. The group was empathetic. He was told that he did not deserve such treatment and that he was a "good person." The group was able to get in touch with his pain and offer support.

When he saw the praying mantis, another child, Mark, who had been diagnosed with attention-deficit/hyperactivity disorder (ADHD),

immediately got down on his hands and knees to demonstrate the position taken by this insect. He said that he could learn patience from the praying mantis (which is thought to resemble a person in prayer, but which can also be thought of as a "*preying* mantis," because it has to wait sometimes for hours for its prey to appear). He shared with the group that he watched a television program on nature and animals in the wild where he learned this information, of which neither the group nor I were aware.

Ask the Animals

Ask the Animals, like Ask the Bugs, is a projective technique I have developed for helping children to begin talking about their problems. It is similar to Ask the Bugs, except that toy mammals are used instead of toy insects and the like. It can be used with children aged 8–12, though in the case example below, I used it with adolescents aged 13–16 on the inpatient psychiatric unit.

Materials

Toy animals such as an elephant, horse, gorilla, giraffe, bear, turtle, leopard, zebra, lion, leopard, and whale are good for this exercise. African stores usually carry carved wooden animals imported from Africa that can be used for this exercise. This technique may also be used with any other toy animals with qualities that the children can apply to their own situations.

Case Example

Ramona, a 16-year-old female who was considered one of the most aggressive young women on the unit, selected an elephant during this exercise. When asked why she chose the elephant, she said that it reminded her of herself because of its size (she was overweight). She then said that elephants have good memories. It is also interesting to note that the elephant is the only known animal to have no predators; this girl was known as a "fighter," and the other children stayed away from her. She demonstrated good insight when she was able to state that in the midst of an altercation (which occurred often), she would be able to follow the staff's directions because she (like an elephant using its memory) would remember that the staff had her best interests at heart. This was a big step for her. She was also told that elephants are known for being gentle and protective of their young. This thought served to introduce to her the ideas that building empathy and compassion for others could be the "antidote" for her aggressive, sociopathic, and delinquent behavior. She eventually discontinued her negative behaviors and was able to move back into the community. This technique

was useful in helping Ramona to see herself as she related to the world. She was able to choose to change the way she would respond in the future to redirection.

Further Comments

Both the Ask the Animals and Ask the Bugs exercises can also be used to help children self-soothe and self-nurture. They can be told that when they are feeling upset and angry, they can visualize the animals or bugs they have selected and be reminded of the powerful messages that are communicated. Some of the children will want to keep the animals or bugs they have selected; these serve as transitional objects as well.

It is important that the meaning of each symbol to the child who selects it be explored fully. The therapist should not project his or her own meaning or association. It is only after the child has exhausted all his or her ideas that suggestions are made about other possible meanings.

Therapeutic Stories

Therapeutic stories can be used for children of all ages.

Background

An old African tradition, storytelling is an intervention used by parents to pass down tales and family values, soothe children, spend valuable time, stimulate an interest in reading or narratives, and help the children fall asleep. Therapeutic stories serve some of the same purposes, but are different because they contain metaphors that speak to the unconscious. The use of the unconscious mind is based on the therapist-hypnotist Milton Erickson's (Rosen, 1982) premise that people have the power and ability to heal within their unconscious.

Materials

Therapeutic Stories That Teach and Heal (Davis, 1990) contains therapeutic stories that were written for children in Davis's private practice, together with instructions on how and when to select the stories, the meaning of the metaphors, and which features to change in each story in order to adapt it to individual clients. A number of children's books written by African American authors are likewise very useful for addressing various themes in the playroom. A child can also make up his or her own stories or change the ending to suit the child's own situation. Some children have the gift of writing poetry and may enjoy reading works by great African American

poets, such as Maya Angelou, Langston Hughes, Nikki Giovanni, Paul Laurence Dunbar, Amiri Baraka, and many others. Also useful in play therapy are stories about influential blacks who overcame adversity, such as Oprah Winfrey and Ben Carson. *Black Books Galore!: Guide to More Great African American Children's Books* (Rand & Parker, 2001) is a wonderful guide for finding Afrocentric children's books by topics.

Procedure

According to Nancy Davis (1990), therapeutic stories are effective because they speak to the unconscious mind—which, unlike the conscious mind, is alert during sleep, is able to hear and remember events, and contains memories from past experiences. Therapeutic stories are short and entertaining, and involve metaphors that match a child's issues. Their messages convey self-love, power, and the ability to heal from emotional pain. The stories are also similar to cognitive therapy, in that they teach new attitudes and beliefs; in the stories, children can see ways out of their dilemmas. It is important not to explain a story to a child, but to have the child talk about what the story means for him or her.

Therapeutic stories can be effective for a number of problems, including ADHD (which often involves difficulty falling asleep), separation anxiety, difficulty with disclosure of abuse, noncompliance with treatment, narcissistic behaviors/low self-esteem, and self-mutilating behaviors. On the inpatient psychiatric unit, they were used to soothe children at bedtime (see below). They are also effective for this purpose at home and in other types of residential treatment facilities. After a story is told during the daytime in an outpatient or inpatient facility, a child may choose to do work in the sandtray as a way of expressing what was stirred up.

Case Examples

Felicia, a 13-year-old African American female, was admitted to the psychiatric unit for intermittent explosive behaviors in the school and community. Her hospitalization was prolonged, as she showed no progress in treatment. During a group play therapy session, the Ask the Animals technique was used. Felicia boldly selected a skunk. Everyone in the group was asked to describe what went into the decision to select a particular animal. Felicia said that she liked the fluffy tail of the skunk, which reminded her of her ponytail. In addition, skunks spray foul scents to keep people away when they are angry. Felicia did much the same with her behavior; she would yell and scream, which created much havoc on the unit.

Following this exercise, a story was written for Felicia, using the skunk as the main character. The story described how the skunk sprayed others

due to anger and rage as a primitive defense mechanism. It then presented a more healthy way out of Felicia's dilemma. In the story, the skunk was acting up to get help for her family. Since Felicia's family was already in treatment, she could discontinue acting up and help her family in a different way. After this intervention, Felicia gradually began to calm down and participate in treatment. Before she was discharged, she asked for a copy of the story to take with her.

During her stay on the unit, Felicia needed to communicate her needs in a different way, because the staff could not "get it." The story of the skunk helped her to do that. The metaphors in the story spoke to her unconscious, and she was able to get what she needed in order to move on. Choosing the most effective story for a child communicates true understanding and acceptance of the child.

Further Comments

On the inpatient unit, nursing staff members were assigned to read stories to children (primarily between the ages of 8 and 12) at bedtime. At first the staffers were resistant because they interpreted this intervention, which was intended to help create calm at night and provide special time with the children, as a reward for good behavior (behavior they were not convinced the children had exhibited). Once the rationale was accepted, the stories were read, and the children responded by decreasing their disruptive behaviors at night—perhaps because they were able to internalize self-soothing. The need for sleep medications decreased as well.

Ball Juggle: A Group Play Therapy Game

Ball Juggle is a game that can be used in group therapy for children of all ages, though it needs to be altered slightly for younger children (aged 6–8).

Background

I discovered this game at a conference on conflict resolution many years ago, and I have since adapted it for group play therapy. It is useful for children with poor attention span and poor impulse control, ADHD, problems with taking turns, and problems with being overcontrolling. This game is used to emphasize concentration, staying on task, and delaying immediate gratification.

Materials

At least three balls are needed; ones that are easy to catch are preferable.

Procedure

To play this game, the children are asked to form a circle. The leader throws the first ball across the room to someone in the circle. Each person gets a turn. The last person throws the ball to the leader. This is repeated at least twice. The second time around, the ball is thrown to the same person as before. Then a second ball is added, and then a third ball. The participants must pay attention in order to keep up with the balls, because another ball comes at them when it is least expected. Children especially enjoy this activity, because it allows for body movement, touching, and interaction. Since throwing the balls accurately may be too difficult for children aged 6–8, these younger children could sit on the floor in a circle and roll the balls instead of throwing them.

The therapist can use this exercise as a metaphor: "Many things come at you in life, and it helps to be prepared." Many effective play therapy techniques build social and interpersonal skills, but also have unconscious meaning.

The Big Chair: Assertiveness Training

The Big Chair is an assertiveness training exercise developed for children and adolescents aged 12–16.

Background

Assertiveness skills can be taught through play-based approaches. One method is to use the Big Chair exercise to illustrate the three types of behavioral responses—namely, *aggressive*, *passive*, and *assertive*. The original Big Chair is a Washington, D.C., landmark that was donated to the District by the owners of a popular furniture store. The gigantic chair, which is anchored on the side of a street in the southeast part of the city, is at least 15 feet high and is an impressive sight. Visualizing the size of the Big Chair helps to drive home the messages communicated in the exercise, while also being fun.

Materials

The exercise begins with showing a photograph of the original Big Chair, either on a transparency with an overhead projector or with a slide projector. Either a full-size chair (a large one with study legs) or a toy chair and people from a dollhouse, and a sandtray, are the other materials needed.

Procedure

The history of the original Big Chair and its significance are explained. Simple, one-sentence explanations of what it means to be aggressive, passive, and assertive are given, along with examples. The therapist then utilizes an actual full-size chair to demonstrate each behavioral response by having a child role-play. Alternatively, a toy chair and people from a dollhouse can be used to demonstrate each behavioral response. For the *aggressive* response, the chair is turned upside down, and the child in the role play pretends to smash the chair. The therapist emphasizes that the person has to be pretty angry to get to that point, because the chair is so big. For the *passive* response, the child hides under the chair as if hiding from the outside world and refuses to come out. For the *assertive* response, the child sits on top of the chair. While sitting in the chair, the child's chest should be pushed out, indicating high self-esteem for having chosen assertiveness over the other choices. The child can also be invited to create a scene in the sandtray illustrating the behavioral responses. The therapist explains that every behavioral response (except, in most cases, aggression) has merit in some situations, and that one needs to know when it is appropriate to use them. Children must never be criticized or ridiculed for choices.

Next, the therapist describes a dilemma children are frequently confronted with, and the role-playing child is asked to choose one of the chair's situations (behavioral responses)—either the chair broken or turned upside down; the chair with the child under it; or the chair with the child sitting on it. The therapist then asks the child "to be" or "give voice to" the child in the chosen situation. The therapist then imparts empathy for the child's being in that particular situation, and helps the child to identify the feelings that emerge from being in the situation. Furthermore, the therapist can help the child determine what is needed to move out of the situation if it seems destructive. Children seem to readily understand the concepts of this exercise because they can connect them with the Big Chair in Washington, D.C.

The Story of Ruby Bridges for Anger Management

I have developed an exercise in which a children's book—*The Story of Ruby Bridges*, by the well-known child psychiatrist Robert Coles (1995)—is used to demonstrate effective anger management for children aged 6–12.

Background

Anger and oppositionality are common themes among children who have been victimized. For such children, the goals are to provide exercises and

activities that help them unveil their feelings, heighten their awareness of the maladaptive coping skills that result from pent-up anger, and replace these skills with healthy and productive means of coping. *The Story of Ruby Bridges* recounts the experiences of the young girl who integrated the public schools in New Orleans in the 1960s. The storybook is an excellent one to use with children who have difficulty with anger management, and who find it difficult to let go of painful situations and move on.

Materials

A copy of *The Story of Ruby Bridges* (Coles, 1995) is needed. Alternatively, the videotape of the made-for-TV movie based on the book, *Ruby Bridges* (Palcy, 1998), can be used. The therapist should also obtain basic facts on anger and how to manage it for group discussion.

Procedure

The therapist either reads portions of the book or plays parts of the videotape, and then facilitates a discussion. The following summarizes the major events:

Ruby Bridges had to be escorted to school by federal marshals because of hatemongers who were angry that the New Orleans schools were being integrated. After all the white parents removed their children from school, Ruby was the only child in the classroom. One day on her way to school, she turned away from the federal marshals to face the mob who wanted to attack her. When asked by her teacher what she said to the crowd, she replied that she prayed for the crowd.

In therapy with African American children, the therapist should not be surprised if the theme of forgiveness comes up. As noted earlier in this chapter, unconditional forgiveness of offenders is a Biblical belief and an expectation in black churches even for the most traumatic forms of abuse. Ruby's ability to survive her ordeal was due to her spirituality; the support of her parents, her teacher, and the black community; and her relationship with Robert Coles, who provided an opportunity for play in the context of a therapeutic experience.

Safe Place Drawing

Children of all ages—particularly African American children, who may be beaten down by discrimination, racism, or life circumstances—benefit greatly from having a "safe place" to which they can retreat. Oaklander (1978) created safe place drawing as a therapeutic technique.

The child is taken on a journey and asked to visualize a safe place to retreat for peace and relaxation. The child is then told to draw a picture of the safe place. After the picture is completed, the child is asked to share the work. The child gets to choose to speak "for or with" someone or something in the picture.

CHILD-CENTERED PLAY

Child-centered play is based on Carl Rogers's (1951) client-centered approach to therapy, which has been adapted for children by Virginia Axline. Here the child is in charge, and the therapist follows the child's lead, maintaining only those limits that are essential for the child's safety and for compliance with the rules of the therapy setting. Giving an African American child "adult-approved" power and control can be extremely therapeutic. Too often, the child has had to take on parental roles in order to survive, resulting in anxiety and dyscontrol. In the playroom, this child learns to respond to gentle, appropriate limits. In other situations, the child may be overly controlled, and this form of play can be freeing. Children on the psychiatric unit were often amazed that they were given permission "to be in charge." In response to "In here you can say or do almost anything you want," one child said, "But I can't curse, can I?" Just having permission to exercise the option was good enough. He did not feel the need to use profanity. In a playroom, children—particularly those who are told, "Children should be seen and not heard"—can be who they are or want to be without criticism from adults.

Child-centered play provides an opportunity for the therapist to validate the child's view of the world and life experiences, to be fully present with the child, to travel with the child wherever the play experience takes him or her, and to provide empathy. Parents can also be taught to do these things in the home. This intervention is called "filial family therapy" (Guerney, 1980).

When he entered the psychiatric unit's playroom for the first time, Robert, the 8-year-old child described earlier, asked to see the clock. He reached for the clock in an attempt to turn back the time to allow an additional hour. When time was up, he stuffed his pockets with many toys and refused to leave the room, despite empathic statements by the therapist. He eventually had to be carried out of the room. Robert was communicating his insatiable need for this type of play and attention from the therapist, as he did not get it at home. However, children need to know that play alone cannot meet all of their needs. The structure in the playroom eventually helped him to self-regulate, as he was overstimulated.

BEYOND PLAY THERAPY

In situations where there is no progress or the child is very resistant to treatment, a "unity circle" may be created where family members and members of the community who are important in the child's life come together in a therapy session to demonstrate their love and support for the child. Such a show of support and love may be what the child needs to begin making use of the therapeutic process. Each person gathers in a circle around a sandtray with candles, states why he or she is present, offers an affirmation in support of the child, and then lights a candle.

A "libation"—an African tradition enacted during a ceremonial gathering, in which water is poured over a plant or object or directly on the ground to pay homage to the ancestors—may also be performed (Majozo, 1996). A libation signifies the connection of all African people, respecting the dead as well as the unborn. Including a libation as a therapeutic intervention can be a very powerful tool in further demonstrating respect for the child's culture.

Therapists need to be aware of resources beyond play therapy to be able to recommend to parents ways to help their children grow and develop. A recent book, *The Warrior Method* (Winbush, 2001), offers excellent information on how to raise healthy black boys in our society. Some of these techniques may be adapted for girls as well.

CONCLUDING COMMENTS

In order to facilitate the healing process, a therapist who works with African American children and families in play therapy must do the following:

- Understand the black experience from a culturally sensitive and historical perspective. This may be facilitated by visiting black institutions such as churches and museums, and by attending cultural functions.
- Take time to develop trust—which, when once achieved, is like "money in the bank."
- Be careful not to abuse the position of power that comes with being a therapist by overt or covert racism.
- Accept responsibility for the well-being of the child, regardless of the circumstances. For example, black-on-black crime is everybody's problem, not just black people's problem.
- Advocate for the child even if the family has fallen victim to internalized oppression or self-hatred (e.g., the child is ostracized due to dark skin color or hair texture).

- Help the child and family to appreciate role models within the culture and to draw on family strengths.
- Recognize that the themes of hopelessness, mistrust, loss, anger, rage, poor attachment, and abandonment that may emerge in therapy have deep roots embedded in the cultural experience.
- (For a black therapist:) Set appropriate boundaries with parents who may overidentify with the therapist because he or she is black.
- (For a white therapist:) Be ready to respond to the client who says, "You don't know what it is like to be black, because you're white."
- (For a nonblack therapist:) Don't try to imitate the mannerisms of blacks; just be yourself.

Play therapy techniques must be representative of African American culture and must specifically include fine arts and oral traditions, which are two cornerstones of this culture (Kunjufu, 1995). For the African American child and family, play therapy should be a positive learning experience where the child's strengths and culture are celebrated.

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