

# Therapy with African Americans and the Phenomenon of Rage

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*Despite the diversity that characterizes African Americans as a group, repeated exposure to racism and discrimination often represents a shared experience. As such, virtually all African Americans are impacted by the psychological effects of racial oppression. Rage is a natural and inevitable response to the painful degradation of racial oppression. Because of its centrality to racial oppression, rage is a critical issue in the lives of African Americans and must be explored within the context of therapy. This article addresses the phenomenon of rage and its implications for therapy. A conceptual framework for understanding rage, a sociocultural approach to treating rage, and a detailed case illustration are included.*

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Traditional approaches to therapy with African Americans tend to focus on the structural dimensions of Black<sup>1</sup> family life (Boyd-Franklin, 1989; Hill, 1972; Hines, 1988; Hines & Boyd-Franklin, 1982). Although important, such approaches frequently overlook the psychological impact of racial oppression on the daily life experiences of African Americans. As a group, African Americans differ vastly. For example, gender, class, regionality, family background, and unique life experiences all contribute to the heterogeneity that characterizes the group. Despite the diversity, virtually all African Americans share in common experiences with racism and discrimination. Hence, virtually all African Americans suffer the psychological effects of racial oppression, including rage, alienation, and self-hatred.

Effectively addressing racial issues in therapy often is a difficult and awkward process for therapists, especially for those who are not Black. A long history of contentious race relationships, a generalized discomfort in confronting racial issues, and the romantic myth that "we're all the

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<sup>1</sup>The terms, *African American* and *Black*, are used interchangeably here.

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same" make honest, open consideration of racial issues difficult to manage in therapy. Consequently, although the psychological effects of racial oppression frequently underpin the problems that African Americans present in therapy, they all too often are overlooked or misdiagnosed by clinicians.

This article addresses the phenomenon of rage, one of the most volatile and difficult psychological effects of racial oppression. A conceptual framework for understanding rage will be provided, followed by a sociocultural approach to treating rage. A detailed case illustration is included to demonstrate the application of these ideas in treatment.

## A CONCEPTUAL FRAMEWORK

Anger and rage are interrelated emotions; however, from what we have seen clinically, there are some critical differences between them. In terms of their similarities, both are intense emotions provoked by a perceived irritation or injustice. The expression of each often is precipitous in nature, providing catharsis or emotional release. The critical distinction between anger and rage is related to time and intensity. Anger tends to arise "in the moment," generating intensity that usually leads to an emotional release that quickly reduces tension. When it is denied expression, the intensity associated with it festers, and eventually is transformed into rage. Thus, suppressed anger acts as an incubator for rage.

Rage, on the other hand, is a much more sustained and intense emotion. Unlike anger, it tends to develop more gradually and over a protracted period of time. It can have both functional and dysfunctional dimensions. The functional component may be essentially protective: a mechanism of resistance or a buffer against the trauma of oppression. When rage is expressed, it can have a soothing effect by providing an emotional release of the pain and humiliation associated with subjugation.

The dysfunctional dimension of rage is associated with its suppression. When suppressed and internalized, rage can take on the form of despair. When this occurs, the intensity of the rage begins to erode one's well-being. There is a slow but consistent degeneration that occurs within an individual. Although despair is the affect that appears most externally discernible, rage is usually the emotion brewing beneath the surface. Several destructive behavioral manifestations tend to occur when rage is internalized: Substance abuse, prolonged periods of sadness or depression, and suicidal ideations or gestures are examples of behavioral manifestations associated with internalized rage.

Suppressed rage may eventually lead to externalization in the form of an "explosion of volatility." Such explosions are inevitable and eventually occur in response to rage that has been suppressed over time. Suppressed rage can grow so intense that when an explosion finally occurs it is often uncontrollably forceful and on occasion, physically violent. Typically, a volatile explosion of rage seems exaggerated in relation to the apparent precipitating event. However, the precipitating event is usually only a trigger for rage that has been intensifying for an extended period of time.

### Oppression, Rage, and African Americans

Oppression involves the sustained and systematic suppression of the ability to define and assert authority over one's existence. When an individual or group is

oppressed, rage often is an inevitable response (Cose, 1993). Victims of oppression are subjected repeatedly to painful and humiliating acts of injustice. Moreover, they are prohibited from expressing any intense emotions in response to their suffering that may be perceived as aggressive by their oppressors. Under conditions such as these, rage is inevitable.

Virtually all Black people are subjected to racial oppression and therefore experience rage. The phenomenon of rage among African Americans cannot be understood fully without considering the sociocultural context, both historical and contemporary, that shapes rage.

The historical roots of rage among African Americans can be traced to the origins of slavery in the Americas. Thousands of African people were kidnapped from their ancestral homes and forever separated from their native roots. After enduring the grueling horror associated with the Middle Passage, the Africans, who were transported savagely to the Americas, were condemned to live the remainder of their lives as slaves. Under the institution of slavery, African people were stripped of their names, culture, and language. They were forced to labor their entire lives without the benefit of legitimate compensation or reward. They were denied basic human rights, such as the right to learn to read and write, vote, choose where to live, how to worship, and with whom to engage in sexual relations.

Above all, slaves were forced to endure these hardships in silence. No opportunities for protestation existed. There were no laws that protected slaves, no institution of justice they could turn to in their defense. Because they were regarded as chattel, slaves were forced to endure their subjugation and degradation with absolute complicity. Slaves who resisted their oppression were punished severely. It was not uncommon for slaves to be brutally whipped, flogged, beaten, and mutilated in the vilest of ways.

Rage was a natural and inevitable response to the pain and humiliation associated with the cruelty and injustice of slavery. The experience of oppression and silence ignited the fires that eventually fueled a cauldron of rage brewing deep within the collective psyches and souls of Black people. This cauldron of rage has continued to brew years after the abolishment of legalized slavery. The limited opportunities for Black people as a collective to vent the intense emotions that accumulated during generations of injustice, along with recurring experiences with racism and discrimination, have sustained rage.

Recurring experiences with racism take place at both the individual and institutional levels of society. At the individual level, subtle, often "innocent" acts where one is presumed to be ignorant, hostile, criminal, or inarticulate simply by virtue of one's skin color, are common everyday experiences for many African Americans. All of these innocent acts share in common the potential to ignite and/or sustain rage. For instance, Kenneth V. Hardy (the senior author and a Black man), described a personal experience of individual level racism as follows:

Once outside at a restaurant, a white man handed me his car keys, mistaking me for the valet. I was dressed in a suit and tie like everyone else I was with. The group of white friends I was with laughed when it happened and, despite the seething inside, I pretended to go along with them. (1993, p. 54)

At the institutional level, recurring experiences with racism and discrimination are embedded in the fabric of society's institutions. Although many progressive

changes have occurred with regard to race relations within the United States, many of the same furies that existed during slavery persist today. As was true 150 years ago, Black people still experience slavery-like conditions manifested in the form of economic, political, and social discrimination. Many African Americans are suffocating in a system that deprives them disproportionately of adequate health care, housing, educational and occupational opportunities, and widespread political representation. Although there are African Americans who have conquered some of these barriers, as a collective, they possess little control over the institutions that shape the norms, values, and practices of society. Hence, many African Americans carry within them the same rage their ancestors endured under slavery (Grier & Cobbs, 1980). Because the forces of oppression still require Blacks to endure their pain and humiliation in silence, rage remains a pervasive emotion.

### **The Clinical Relevance of Rage**

Given the central focus that rage has in the lives of many African Americans, it is a critical clinical issue. Whether directly associated with the presenting problem or not, therapists working with African Americans must be prepared to address the complexities of rage. Exploring possible connections between rage and the presenting problem early in the therapeutic process facilitates joining by demonstrating an understanding of, and sensitivity to, the sociocultural context in which most African Americans live. Acknowledging rage as a relevant clinical focus also creates opportunities for therapists to address the invisible wounds of racial oppression and the sophisticated ways in which they impact the presenting problem.

Many African American clients find it difficult to allow themselves to trust therapy or to become vulnerable without an explicit acknowledgment of their rage. Creating space for the expression of rage allows for the negotiation of an honest therapeutic relationship: one that for this reason alone may be different than most other relationships. Thus, an important part of the therapy involves validating the existence of rage and creating a space where clients can allow themselves to express rage and explore constructive mechanisms for its continued expression.

## **A SOCIOCULTURAL APPROACH TO WORKING WITH RAGE**

A sociocultural approach may be used to *augment* existing theories of therapy used for working with clients whose life experiences have been shaped by oppression and, ultimately, rage. This approach consists of four steps that must be taken to work effectively with rage in therapy: (a) identifying rage and its connection to the presenting problem; (b) validating rage; (c) identifying other related emotions; and (d) developing constructive ways of channeling rage.

### **Identifying Rage and Its Connection to the Presenting Problem**

When working with African American clients it is necessary to identify rage and its relationship to clients' lives and their presenting problems. This part of the therapy involves gathering information about the role that rage has played in

shaping their experiences. Therapists merely are trying to understand the meanings that clients attach to their rage, as well as assessing the functional and dysfunctional ways in which it has been manifest in their lives. Exploring possible connections between rage and the presenting problem also occur during this stage of therapy. For example, if an African American client enters therapy and defines his or her presenting problem as depression, a therapist should validate the problem, as well as consider the ways in which rage might be related.

The challenge that therapists face most frequently during this stage of therapy involves the prohibitions associated with talking about rage openly. Many African Americans find it risky to talk candidly about their racially linked vulnerabilities, especially rage (Hardy, 1993). Commonly held stereotypes regarding "angry Blacks" make it difficult for African Americans to acknowledge or embrace their rage for fear of being misunderstood or reinforcing racial stereotypes. Furthermore, because of the very nature of racial oppression, many African Americans are socialized to remain silent about these issues, even when one has explicit permission to speak openly. Consequently, when invited to discuss racial issues in therapy, we have found it common for African Americans (at least initially) to deny that they have anything to say about the subject.

Clinical efforts to identify rage are most effective when they are done speculatively, with patience, persistence, and respect. In some instances, it may feel safer for clients to talk about rage indirectly through mediums such as art, music, literature, or storytelling. In any case, it is important for therapists to exercise creativity as a way of encouraging clients to utilize the means of expression with which they are most comfortable. By speaking in a "language" that is familiar and safe, clients will be more likely to access intense and often threatening emotions.

### **Validating Rage**

Once rage has been identified and expressed, it is important to validate its existence and continued expression. In general, we live in a rage-phobic society that has low tolerance for expressions of rage. The broader societal regard for rage impacts how it is managed in therapy. Many therapists commonly have difficulty tolerating expressions of rage and hence, struggle with validating it in therapy. Unfortunately, if clients' rage is not validated, there is a risk that therapy will replicate the same social processes that lead to the suppression of rage. It is imperative for therapists to challenge themselves to increase their threshold for tolerating rage. This may require some therapists to expand personally their ability to tolerate strong negative affect. Such an undertaking is critical because it enhances therapists' abilities to guide their clients through the dysfunctional dimensions of rage, which is essential to making the transition toward managing and channeling rage constructively.

### **Identifying and Expressing Other Emotions Associated with Rage**

If rage is to be addressed effectively in therapy, it is essential for therapists to persist until they can help clients access other related emotions. For instance, pain and grief are two primary emotions inevitably linked to rage. However, they often are obscured by the intensity of rage. Expressing rage while neglecting these other related emotions undermines a salient dimension of the emotional process necessary for healing to occur. Because rage is accompanied often by pain and grief, it is

necessary to promote ample opportunities for acknowledging and expressing all of these emotions. As Scurfield (1985) explained:

Primary to the treatment and recovery process of survivors of human-induced trauma is the interplay that occurs and should be facilitated, between rage or anger and grief or sadness (and/or other strong emotions, especially fear). (p. 245)

Similarly, for African Americans, who are victims of racially based trauma, it also is important to experience the complex interrelationships between rage, pain, and grief that constitute the nucleus of the crucible that ultimately is necessary for healing.

### **Developing Constructive Ways of Channeling Rage**

After an initial release of rage, therapy should help clients to develop long-term coping strategies that facilitate the constructive expression of rage. Because African Americans live within the context of a racially oppressive society and are continually exposed to racial assaults, therapy must go beyond encouraging a release of the rage associated with former experiences. It also must assist clients in discovering and developing constructive ways to manage and channel the rage associated with present and future experiences. The goal is to help clients manage their rage, rather than allowing it to manage them.

The most useful way to help clients adopt and nurture constructive channeling mechanisms is by identifying and encouraging the development of their existing strengths and resources. For instance, film director Spike Lee and author poet Maya Angelou, both African Americans, personify the positive rechanneling of rage. By capitalizing on their cinematic and literary talents, respectively, they have effectively used their creative strengths to constructively channel racially based rage. Many other less visible, publicly acclaimed, African Americans also have accomplished this task through a variety of socially sanctioned mediums.

### **CASE ILLUSTRATION**

The following description details a case where rage was an integral component of the presenting problem, and where a sociocultural approach to working with it was used effectively.

#### **Presenting Problem and Case Formulation**

The Randalls, an upper-middle-class African American family consisting of Vivian, Charles, their son Tray, 12, and their daughter Roberta, 20, were referred to family therapy by their family physician. Vivian initiated family therapy with Dr. Achebe, an African American therapist, because of concerns she had about Tray's emotional stability. During the intake telephone call with Dr. Achebe, Vivian indicated that she, her husband, and Tray would all be attending therapy. Roberta would not be able to join them because she was away at college.

During the first session, Dr. Achebe devoted a significant portion of time ascertaining what each member of the family defined as the presenting problem.

Vivian began by explaining that she was worried about Tray because he seemed emotionally withdrawn and depressed. She blamed Tray's emotional state on the strained relationship between Tray and his father. Vivian described Charles as a man with an unreasonable and volatile temper who frequently blew up and lashed out verbally at his family. She felt he was particularly unreasonable and harsh in his interactions with Tray. As a result, Charles and Tray, according to Vivian, had never been able to bond fully as father and son. Vivian described various instances when she felt Charles had expressed unnecessary anger toward Tray and said "it's enough to make anyone become depressed."

Tray agreed with his mother's description of his father. He also described his father as a man with an explosive temper who frequently berated him for minor incidents. Tray felt his father was mean and cold and as a result he was not sure he wanted to have a relationship with him. Throughout the first session he worked assiduously to avoid any direct interaction with his father.

Charles disagreed with his family's characterization of him. He agreed that Tray seemed to be struggling emotionally but felt this was due primarily to his mother's coddling. Charles noted that Tray was "undisciplined and spoiled" and rather than being required to take responsibility for himself, was frequently pampered by his mother. As a result, Charles felt Tray was emotionally withdrawn because his mother overwhelmed him. Charles also said that he resented the characterization of him as an angry man. He maintained that his family tried to use his anger as a way of sidestepping valid opinions he had.

Vivian agreed that her husband often made valid points regarding Tray's behavior, and that Tray often needed to be held more accountable for his actions. However, she believed it was the way Charles communicated with Tray that was problematic. She wondered why he could not make his valid points without being so angry and rejecting. She also felt that what he referred to as "coddling" was merely her attempt to compensate for his harshness.

Dr. Achebe suggested that they take a 10-min break so he could reflect on what he had observed thus far. During this time he pondered over the coalition between Vivian and Tray against Charles. He also wondered what would have to happen for Tray and his father to bridge the emotional gap between them. Additionally, Dr. Achebe was aware that Charles had directed several hostile comments toward him, which seemed consistent with the anger his family had referred to so frequently. Charles repeatedly asked Dr. Achebe in a sharp and rather crisp tone: "What do you mean?" Dr. Achebe wondered about the anger: If in fact Charles was so angry, what might he be angry about? Was it possible that what was being labeled as anger was really rage? And who else in the family was feeling anger or rage that was not being expressed directly, and why?

Dr. Achebe believed that rage was tied to the Randalls' presenting problem. It seemed that the family's developmental struggles were laced with race-related rage. Whereas each member appeared to suffer with rage, each expressed it differently. Much of Tray's depression and despondency, like his father's cycles of emotional withdrawal and volatility, were connected to rage. Vivian's periodic bouts with sadness and depression were indicative of a deep sense of rage. She frequently talked about how difficult it was to raise Black children—especially boys—in this society.

When the session resumed, Dr. Achebe spoke with Tray about his feelings concerning his father while his parents sat quietly and listened.

TRAY: I hate the way my father lashes out at me. I guess because of how he treats me, I don't like him very much.

DR. ACHEBE: Is there anything you like about your father?

TRAY: *(After a long pause)* I like it when he talks about his family's history.

DR. ACHEBE: Could you turn to your father and ask him something about his family's history right now?

TRAY: *(Hesitating for a moment and then turning to his father)* Can you tell some more stories about your family?

CHARLES: *(After a moment of dead silence)* You know, I don't believe you really care about hearing any of this! This is just more of your manipulation.

Suddenly the fragile hand that Tray had extended to his father was retracted. He pulled back into his shell and turned away. Charles seemed to realize instantly what he had just done and, in an effort to compensate, he began to talk to Tray about his childhood.

Vivian and Dr. Achebe sat quietly and observed for about 10 minutes and then both left the room so that father and son could be alone together. Charles spoke to Tray for over a half-hour. Tray eventually began to express more warmth toward his father by responding to some of what Charles was sharing with him. When Dr. Achebe and Vivian returned, Dr. Achebe concluded the session by asking Charles and Tray to have dinner alone together that night. Vivian seemed concerned momentarily about the suggestion, but later felt reassured after father and son agreed.

### Course of Treatment

At the beginning of the second session, Dr. Achebe checked with Tray and Charles to see how the homework had fared. After hearing that dinner was uneventful, Dr. Achebe first asked to meet with Tray alone. He spent the first half of the session trying to "get past the front door" with Tray. The adolescent seemed extremely reluctant to talk. After a half hour or so Dr. Achebe started to break through. Tray began to settle into his chair and appeared more willing to participate verbally. He agreed to answer Dr. Achebe's questions honestly. They shook hands on this promise and Dr. Achebe asked Tray to tell him about the ways in which he felt trapped, enslaved. Tray laughed at first and then his face became sullen as he began to speak about feeling trapped in his family.

Tray spoke of feeling responsible for his mother because she always seemed so sad. He felt angry with his father because he could never seem to do anything to please him. He felt trapped by his father's commitment to seeing the worst in him. He also spoke of feeling trapped because he was not free to be who he was. When Dr. Achebe pursued this point further, Tray explained that he had grown up in an all-White community and had attended an all-White school. As the only Black kid, he felt trapped because he never felt free to be a Black person. At school he had to pretend to be White to be accepted. But no matter how much he pretended, he knew he was Black because he recalled the fear he felt when he saw the Ku Klux Klan on television and he knew it was him whom they hated, and him whom they would kill if they could.

DR. ACHEBE: Tray, have you ever told anyone about these feelings?

TRAY: No. No one would understand how I feel.

DR. ACHEBE: Wouldn't your parents understand?

TRAY: (*With a laugh*) Well I wouldn't tell my mother because she would worry. Anyway, what could she do? And I couldn't tell my dad how I feel because he wouldn't understand. He'd just criticize me.

DR. ACHEBE: But your dad is a Black man. Don't you think he would relate to what you feel?

TRAY: (*Shaking his head negatively*) I might pretend to be White, but my dad really thinks he is. Why else do you think we live where we do? Why else doesn't he ever want to talk about being Black, or where he grew up?

During the next session, Dr. Achebe met alone with the couple. After chatting briefly with each spouse, he focused on Charles as he engaged him in an exploration of his life history. What emerged was a portrait of a man struggling to accept himself. Charles spoke about the pain of growing up poor, Black, and fatherless in a small southern town. He exhibited great sadness about not having his father while he was growing up. Dr. Achebe, having noticed Charles's rapidly changing affect, pursued this issue more deeply.

DR. ACHEBE: What do you think you lost by not having your father when you were a child?

CHARLES: (*Appearing to be struggling with himself inwardly*) I didn't learn how to be tall.

DR. ACHEBE: (*Appearing puzzled*) Tall? What do you mean by tall?

CHARLES: (*With some reluctance*) I felt deprived of the guidance I needed from my father to learn how to be a Black man in this society. Every day the world has a painful way of reminding me that I'm Black, but I don't know how to connect with that part of myself. I don't fit in with Whites, although I'm forced to tolerate them on a daily basis . . . and I don't know how to relate to other Blacks. (*Fighting back tears*) Going to get a haircut is a painful experience for me. Whenever I'm at the barber shop I watch Black guys talking and joking with each other in this way that I can't relate to. I want to relate. I want so desperately to fit, but I don't. I just never learned the racially based code that they all understand, and so I never feel comfortable around them. I'm an outsider.

Charles was a man who was at odds both with the world around him and with himself, and yet all of this remained locked deep inside. Before this moment Charles, like Tray, had never shared these private racial thoughts with another person.

VIVIAN: (*With a stunned expression*) I never knew any of this! I never knew he felt these things.

DR. ACHEBE: (*To Charles*) Can you say more about the painful ways the world has of reminding you of your Blackness?

Tears of pain gradually began mixing with tears of fury as Charles recounted various incidents of discrimination perpetrated against him as a Black person. His eyes burned with rage and hurt as he released the stories he had buried deep within for so many years. At one point, the emotional intensity in the room was explo-

sive, and although Dr. Achebe could see Vivian was uncomfortable with the rage, he sat calmly. He knew this was an important moment for Charles and he did not want to squelch his expression. He waited until there was a natural pause and then he validated what Charles had shared.

DR. ACHEBE: You've been through a great deal. You've really been hurt. You have a lot to be angry about. I suspect your family does not know about all the pain and rage you've been carrying with you for so many years. Can you share with your family how you survived these terrible experiences?

CHARLES: (*Screaming*) I had to try to overcome being Black. I had to play along with Whites and try to not allow my past to hold me down . . . . For all practical purposes I have essentially sold out!

DR. ACHEBE: (*Nodding his head*) You tried as hard as you could to outrun growing up poor and Black in the deep South.

CHARLES: (*With tears streaming down his face as he shouted*) Yes! I've spent my life denying who I am . . . it hurts too much . . . I don't know how to be who I am . . . and I've resented everyone for it . . . my mother for driving my father away, White people for all their arrogance and cruelty, my wife because she doesn't understand, and Tray because he's so much like me that it hurts and I don't know how to help him.

As a result of what had transpired thus far, several themes began to emerge. Charles grew up without his father, which he believed contributed largely to his insecurity regarding his identity, particularly his racial identity. In the context of a racially oppressive society, Charles had numerous painful experiences that constantly reminded him he was a Black person, and yet he felt unable to embrace his race and to connect with other Black people. Rather than working through these feelings, he had suppressed them for years and as a result, he carried within him a great deal of pain and rage.

Tray, like his father, also felt he grew up deprived of a father. Although his father was physically present, Tray felt he was emotionally unavailable. As a result, Tray experienced a similar sense of confusion about his identity, particularly his racial identity. Because of messages he received from his father, Tray did not feel free to talk with him about his struggles, although it seemed like he secretly wished to do so. Even after being subjected to experiences that threatened and humiliated him racially, Tray felt unable to share his feelings with anyone. As a result he, like his father, kept his pain and rage locked deep within himself.

Dr. Achebe decided that the next step was to help Charles work through the depth of his rage and pain more fully so he would be in a position to help his son do the same. This was important for two reasons: (a) it would help liberate and heal Tray and Charles individually; and (b) it would facilitate a healing within the father-son relationship. Thus, during the next few weeks, Dr. Achebe met alone with Charles, encouraging and validating him around releasing and processing his years of suppressed experiences and emotions. Dr. Achebe also met with Charles and Tray together and facilitated a process whereby Charles helped his son in the same way Dr. Achebe was helping him.

After several weeks, Dr. Achebe invited Vivian to a session to ask about her perceptions of the last few weeks. She reported a noticeable difference in Tray

affect, and the quality of the relationship between him and his father. She felt Tray was more animated, and Charles was less harsh and explosive. She reported seeing a more gentle and serene side of her husband and was amazed that he and Tray were actually spending time together.

**DR. ACHEBE:** So tell me about your private suffering as a mother, wife, and African American woman.

**VIVIAN:** (*With anger and pain as she begins to cry immediately*) I'm tired . . . I'm so tired . . . I'm tired of being strong . . . tired of worrying about my family . . . you know, whether Charles will die of a heart attack or something. And my children, I just want what any other mother wants . . . to know that they will be okay. As a Black mother I don't have the peace of mind that Whites have. I don't want to see my children hurt . . . sometimes I feel helpless.

This session provided a corrective emotional experience for Vivian. After several sessions, and perhaps years of holding it all together for her family, she finally expressed her despair, fears, and indeed her rage. Vivian reported that she had never expressed her feelings to Charles because she did not believe he would understand.

**VIVIAN:** How could he hear me when he's been so wrapped up in his own anger . . . I now understand from coming here that we share many of the same fears and feelings . . . I think I could probably risk talking to him now.

The next session was devoted to exploring further Vivian's private rage, with a focus toward rechanneling it. Vivian, an attorney, had stopped working years ago to devote full-time attention to parenting. She believed that it was in her son's best interests to remain at home until Tray graduated from high school. She was eager to return to work but did not want to do so prematurely. Dr. Achebe strongly supported her desire to return to work and assured her that Tray would benefit, rather than suffer, from this decision. Dr. Achebe further posited that Tray would worry less about her.

Vivian also was encouraged to explore the ways her work could serve as a constructive channel for rage. She also was reminded that reentry into the workforce would serve as a daily reminder of the inequities that contributed to all of her worries about her children. Dr. Achebe encouraged Vivian to consider the small but significant ways she might be able to initiate changes that could impact the futures of her children or grandchildren. Vivian seemed encouraged by this session. She indicated that she was eager to talk with Charles and Tray about her possible reentry into the professional workforce.

### Outcome

Dr. Achebe conducted the final session with the family. Charles and Tray were doing well in their efforts to develop a more substantive father-son relationship.

**TRAY:** Dad doesn't seem as uptight as he used to be. He still yells at times, but nothing like before.

CHARLES: I think we're doing much better. I still have to stay on Tray sometimes to behave more responsibly, but at least Vivian and I are singing from the same sheet now. For once, I believe she really does understand and so do I. (*Turning to Vivian*) I know my anger . . . rage . . . has frightened you . . . and I want you to know that for the first time in my life, I feel I really understand it, and I feel understood . . . I will continue to work hard to listen to you and be more supportive of you, Tray, and Roberta.

VIVIAN: (*Crying profusely*) I love you . . . and I want you to know that you can come to me when you feel like you're being lynched out there . . . I understand . . . and I'm happy that you'll be there for me . . . I need you too . . . sometimes I think you think I'm stronger than I feel.

DR. ACHEBE: (*After a pause*) Is there anything else you want to say to each other?

CHARLES: (*With tears in his eyes, extended his hand to Dr. Achebe*) There were times I hated you for your persistence to have me discuss the painful parts of myself . . . you really pissed me off . . . but I want to say . . . thank you for saving my life . . . this is the first time in my life I ever felt understood.

Dr. Achebe thanked the family and encouraged Vivian and Charles to continue talking to each other. He also encouraged them to continue to seek opportunities to teach other African American people about how to cope and survive in a world that often appears unjust and hostile. He reminded the Randalls again that they had discovered ways to survive and that their wisdom should be passed on to others.

A 6-month follow-up with the Randalls revealed that Vivian had returned to work and was practicing civil rights law. Charles and Tray continued to spend quality time with each other. Charles was also conducting a youth group at a local church devoted to helping young Black youth overcome the hardships of poverty and/or racism. Vivian and Charles reported that they had had some tense moments, but they had been successful in resolving their conflicts constructively.

## CONCLUSION

This case provides an illustration of how the four steps of the sociocultural approach are concretized. These are: (a) identifying rage and its connection to the presenting problem; (b) validating rage; (c) identifying and expressing other related emotions; and (d) developing constructive ways of channeling rage.

During the early phases of treatment, the therapist gradually and methodically searched for the connection between rage and the presenting problem. Because Charles's anger was presented as a component of the presenting problem, less than normal attention had to be devoted to identifying rage. By the end of the initial stage of therapy, it was obvious to the therapist that the confusion, powerlessness, and rage that Charles felt as an African American man in the world fueled the "anger" he so frequently expressed in his family. He was angry with his wife because "she didn't understand what he had to deal with in 'his world'." He was angry with Tray because he feared his son's life would replicate his life.

Vivian, on the other hand, feared for her children's well-being in a racially conscious world. Additionally, she felt rage toward society, social conditions, and "the people" she held responsible for her worries. She felt rage toward Charles

because she wanted him to express more compassion and understanding toward Tray, in lieu of anger and disapproval. She believed Tray would get responses such as these from most of the outside world: He certainly did not need to be treated this way by his family. Vivian, as an African American and as a woman, found little permission to express her rage, so she suppressed and internalized it. The more she internalized, the more Tray worried and appeared symptomatic. As Tray became more symptomatic, Vivian's sense of hopelessness (and rage) intensified.

Tray felt rage because he was a young Black man who did not know how to identify with his race. As a Black person, he felt alienated in the presence of Whites, but he also felt unable to fit in with other Blacks. He felt rage toward his peers regarding his sense of racial alienation, and he felt rage toward his father for not understanding and providing him with guidance and support. However, Tray did not feel permission to express these feelings, so he, like his mother, internalized his rage, gradually becoming more and more despondent.

The therapist consistently encouraged each member of the family to explore their rage and to express it in therapy, trusting that if he did not allow himself to be frightened or distracted by Charles's anger, he could eventually encourage his clients to explore their rage more fully. He also trusted that if he were persistent but respectful, eventually Vivian and Tray would be able to access and express the rage they had worked so assiduously to suppress.

Once the family members had identified the sources of their rage and expressed them, the therapist continued to make connections between their rage and injustice, pain, and grief. This was accomplished by validating their rage and sharing his observations regarding the ways they had been hurt. Vivian, for example, was encouraged to explore the relationship between her anxieties about her children, what it meant to be an African American woman and mother, her pervasive and recurring feelings of sadness, and her feelings of rage, pain, and grief. Charles was encouraged to explore the relationship between being a poor, Black, southern boy, a highly successful, well-polished professional in a White-dominated corporate world, and his feelings of rage, pain, and grief. The therapist helped Tray to explore the relationship between his typical adolescent struggles, the racial rejection he experienced from White and Black peers, his father's angry and rejecting demeanor, his mother's anxiety and sadness, and his feelings of rage, pain, and grief.

The therapist knew that the Randalls, as African Americans, would continue to be faced with experiences that would ignite rage. Therefore, he believed it was crucial to develop mechanisms that would allow each of them to channel their emotions constructively. He did this by encouraging Vivian to resume her career as a successful civil rights attorney, he supported Charles in his efforts to assume an active role in son's life, as well as in his formation of a youth group to support young Black men, and he supported Tray in his efforts to strengthen his peer network, while encouraging him to accept his father's initiatives to reach out and connect with him.

Race and rage often represent a complex set of dynamics in therapy. Widespread discomfort in addressing racial issues openly, coupled with the tendency to avoid strong affect, make therapy with some African Americans a difficult process for therapists and clients. The sociocultural perspective provides a framework for bridging the extant gaps between traditional models of therapy and models that are needed to engage African American clients effectively.

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