The Experiences of African American Marriage and Family Therapists: Their Contributions to the Marriage and Family Therapy Field

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THE EXPERIENCES OF AFRICAN AMERICAN MARRIAGE AND FAMILY THERAPISTS:
THEIR CONTRIBUTIONS TO THE MARRIAGE AND FAMILY THERAPY FIELD

A Dissertation Presented to
The Faculty of the Applied Psychology Department
Antioch University New England

In Partial Fulfillment
Of the Requirements of the Degree
Doctor of Philosophy in Marriage and Family Therapy

Leila Linntoya R. James, M.A., LMFT

August, 2019
Abstract

In this dissertation, I seek to understand the factors that play a role in the success of African American Scholars in the Marriage and Family Therapy field, by conducting an extensive literature review of factors that may affect matriculation and retention through lived experiences. In the study, I use narrative inquiry, research questions and Husserlian Phenomenological methodology to explore the challenges important to the African American journeys toward success. In the first chapter, I introduced the criteria in which the study focused which highlighted four areas of accomplishments including clinical, teaching, supervision, and research. dissertation that follows. The second chapter presents a critical review of the literature, discussing factors of theoretical orientation, critical race theory and the five tenets that are essential factors within the study. In the third chapter, I discuss the biography of each African American scholar as it relates to the underlined accomplishments overtime including, research, publications, teaching and therapy. Chapter four describes the methodology used to determine the impact of the experiences and how they were interpreted as results. In Chapter five, I discuss the results and common themes found within the African American scholar experiences. Finally, in Chapter six I summarize the results in its entirety and discuss the studies overall impact on the field of Marriage and Family Therapy. Moreover, I discuss the limitations, and future research directions. The electronic version of this dissertation is available in open access OhioLink ETD Center, www.ohiolic.edu/etd

Keywords: African American Marriage and Family Therapists, Husserlian Phenomenological, tokenism, critical race theory, marginalization, institutional racism, counter storytelling, permanence and intersectionality, color blindness, interest convergence
Antioch University New England

Keene, New Hampshire

Applied Psychology Department

August 16th 2019

WE HEREBY RECOMMEND THAT THE DISSERTATION BY

Leila Linntoya R. James Entitled

THE EXPERIENCES OF AFRICAN AMERICAN MARRIAGE AND FAMILY

THERAPISTS:

THEIR CONTRIBUTIONS TO THE MARRIAGE AND FAMILY THERAPY FIELD

BE ACCEPTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR

OF PHILOSOPHY

IN MARRIAGE AND FAMILY THERAPY

APPROVED BY:

DISSERTATION CHAIR

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Walter Lowe, Ph. D.

COMMITTEE MEMBER

______________________________________________________________
Nicholas Jordan, Ph. D.
Dedication

I dedicate my dissertation work to my family and many friends. A special feeling of gratitude to my loving parents, Leila and Charles Evans whose words of encouragement and push for tenacity ring in my ears. I would also like give a special thanks and dedicate this work to my husband Dr. Eric N. James Sr., who’s unwavering support, inspiration and reassurance has stood the test of time. I would also like to dedicate this work to my wonderful children Eric Jr. and Yara Linn James, they are the apples of my eye. I dedicate this work and give special thanks to my best friends and sisters Amanda Cannada, Brittani, Alicia, Precious, Velma and Shioban, whom have never left my side and are very special. Lastly, I would like to thank my late Father, Dr. Emerson Washington, who helped me see my dream through.
Acknowledgments

I would like to express my utmost gratitude to the scholars who shared their time, energy, experience and wisdom with me and with the world. You have given such a gift, and I hope it returns to you many times over. Thank you, as well, to all of the people who reached out to those they knew in order for me to get connected with the generous scholars who participated in this study.

I would also like to thank my dissertation chair, Dr. Kevin Lyness, for all of his advice, support and encouragement. Additionally, my gratitude also goes to my committee members, Dr. Walter Lowe and Dr. Nicholas Jordan, for their support, feedback, and availability.
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Introduction:

The Experiences of African American Marriage and Family Therapists:

Their Contributions to the Marriage and Family Therapy Field

This qualitative research study analyzes the experiences and contributions of several African American Marriage and Family Therapy (MFT) scholars. Their experiences as ethnic minority scholars in the MFT field, and their contributions, were framed within the contexts of supervision, education, research and clinical practice. This study details each scholar’s influence on the MFT field over a 40-year span, from 1975 to 2019. Phenomenology was used as the theoretical framework to guide this research study. I conducted several in-depth interviews as a part of the research design (Seidman, 2006). The recommendations for educational institutions that wish to increase matriculation and retention of African American students and educators at their institutions are as follows: (a) Create a culture of belongingness by increasing visibility of African Americans at all levels; (b) Develop partnerships with Historically Black Colleges and Universities (HBCU’s) to further recruitment efforts of African American students; (c) Diversify literature taught in MFT programs to demonstrate value of all cultures and demographics; (d) Mandate ongoing cultural trainings and cultural immersion within communities of color for faculty and students; (e) Create space for open and honest dialogue without penalty between students and faculty about racial experiences; and (f) Increase student and faculty exposure to positive examples of Black Families. The goal of this study is to inform the way African American scholars feel appreciated as well as marginalized.
Chapter 1: Matriculation and Retention of African American Scholars

Esteemed Marriage and Family Therapy Scholars

Each of the Marriage and Family therapists described in this study has contributed to the advancement of the field of MFT. They have published in several broad areas of MFT. Undergraduate and graduate teaching programs have used scholarly articles and research findings from the scholars as training tools for new therapists. Each scholar’s works have added to the collection of research in the MFT Field. The MFT scholars whose work is detailed in this research study were chosen based on their longevity, visibility, and reputation within the field. Of the scholars selected, emphasis is placed on four areas of accomplishment: clinical, teaching, supervision, and research. Significant African American scholars’ in this study self-identified as being African American or Black and met a minimum of three of the following five criteria:

1. Published a minimum of five scholarly works in an MFT journal.
2. Published at least one article in a high impact journal associated with the MFT field (high impact journal is defined as having an impact factor of 1.5 or above).
3. Have a minimum of 20 citations related to MFT listed in the EBSCOhost/SOC index database including psychINFO.
4. Were highly visible within the MFT field as demonstrated by multiple citations of their articles by their colleagues.
5. There was enough information published about them in the areas of clinical, teaching, supervision, and research to develop a narrative about their contributions to the MFT field.
Although several scholars met the criteria for this study, I was unable to reach some professionals, some were deceased, and others were eligible but declined to participate. The scholars were selected based on the number of articles they have had published, their ability to publish in high impact journals, their citations of other MFT scholarly works, the number of times their articles have been cited by their colleagues, their longevity in the MFT field, and lastly their visibility, and reputation within the field. I initially wanted to interview more scholars, however, only five persons were available to participate in my study.

**Purpose of the study**

The purpose of this phenomenological research study was to describe the lived experiences of several African American MFT scholars as those experiences relate to being an ethnic minority working in a predominately White hegemonic field. The participants in this study have been long term members in the MFT field. This study evaluates these African American scholars’ experiences as well as their contributions to the MFT field during the last 40 years. *Lived experience* refers to the day-to-day experiences as understood by someone who has lived through an event (Garko, 1999).

**Problem Statement**

Despite demographic variations in the United States, including the surge of African Americans as one of the largest ethnic groups in the nation (Rastogi, Johnson, Hoeffel & Drewery, 2011), there is a persistent achievement gap between African American scholars and their Caucasian counterparts. Data has shown that African American students made moderate progress in narrowing the achievement gap that separates them from their Caucasian peers (Dee & Jacob, 2011). Nonetheless numerous research articles continue to focus solely on disparities experienced by African Americans as opposed to their ability to thrive and be major
contributors to the success of American society (Boyd-Franklin & Karkgar, 2012; Cleek, Wofsy, Boyd-Franklin, Mundy, & Howell, 2012; Hines, 2008). Moreover, the scholarly contributions and positive impacts made by African Americans in the MFT field are hardly highlighted. There is a substantial need to fill this gap by highlighting the contributions of individuals unrecognized in the literature (Creswell, 2007).

**Significance of the Problem**

Much of the literature as it relates to African Americans in the MFT field, extracted from citation databases, including PsycINFO, tend to refer solely to the training of MFT students working with those who are disadvantaged and impoverished. Based on the literature, one might infer that most, if not all, African Americans are poor and disadvantaged (Boyd-Franklin & Karkgar, 2012; Cleek et al., 2012; Dee & Jacob, 2011; Hardy & Laszloffy, 1995). The most published African American MFT scholars have written about a vast array of subjects affecting both the African American communities and society as a whole. The socially constructed and politically situated concepts of race, culture, and ethnicity have been seriously under-addressed in the clinical and scientific literature (Turner, 2003). When these concepts have been used, and when ethnic minorities have been included in research studies, it has often been to further denigrate and negatively portray communities of color in comparative studies of White versus “Other” families that consistently report deficits and poorer outcomes for populations of color (Turner, Wieling, & Allen, 2004).
Chapter 2: Theoretical Orientation

Critical Race Theory

In the MFT field African American faculty continue to experience disparities of social justice while teaching at Predominately Caucasian/White Institutes, or PWI’s (Griffin, Meghan, Humphrey, & Hazelwood, 2011). The five tenets of Critical Race Theory (CRT) closely identify experiences reported by African American faculty and furthermore provide oversight to address injustices experienced at PWI’s among African American instructors (Choi, 2008; Daniel, 2007; Taylor, Gillborn, & Ladson-Billings, 2009).

The overarching goal of CRT is to address racism and White hegemonic societal practices that silence the voices of marginalized ethnic and racial groups (Castagno, 2008). In academia many faculty report experiencing racism and marginalization while teaching at a PWI. There is an underrepresentation and distribution of African American faculty at many PWI’s (Pittman, 2012). Only 4.9% of tenured faculty (otherwise known as permanently appointed professors) in the United States are African American (National Association of Social Workers, 2009).

The five major tenets of CRT can be used to provide insight into the injustices experienced by many African American faculty members. The tenets can also be used to transform pedagogy and to identify areas that promote and maintain marginalization of African American faculty (Ladson-Billings, 1995; Solórzano, 1997). The first tenet, the permanence and intersectionality of race and racism, posits that racism is deeply ingrained legally, culturally, and psychologically and intersects with sex, class, national origin, and sexual orientation (Crenshaw, 2005; Solórzano, 1997). The second tenet of CRT is the critique of liberalism and color blindness. This tenet challenges traditional claims of color blindness and also of meritocracy
(Delgado & Stefancic, 2001; Taylor et al., 2009), which is defined as opportunity granted based on individual merit and is inaccessible to certain individuals (DeCuir & Dixson, 2004; Gotanda, 1991). The third tenet, counterstorytelling, allows individuals to challenge claims of meritocracy and color blindness, as well as the dominant culture’s discourse, which “aims to cast doubt on the validity of accepted premises or myths, especially ones held by the majority” (Delgado & Stefancic, 2001, p. 144). The fourth CRT tenet, interest convergence, encourages individuals to be cautious in examining and interpreting the civil rights victories for individuals from marginalized populations (Bell, 1980). The last CRT tenet, Whiteness as property, indicates that social, educational, and economic value is associated with being White (Harris, 1993). These will be explored in more depth in the following sections.

The First Tenet

The significance of the first tenet—the permanence and intersectionality of race and racism, posits that racism is deeply ingrained legally, culturally, and psychologically and intersects with sex, class, national origin, and sexual orientation (Crenshaw, 2005; Solórzano, 1997); is the assertion of intersectionality of multiple marginalized identities that further create systems of privilege (Andersen & Collins, 2017) and feelings of isolation and hopelessness throughout the educational experience (Delgado & Stefancic, 2001; Solórzano, 1997). CRT can be applied in many situations. However, for the purpose of this study I am referring to CRT as it relates to education. This being stated, racism is deeply entrenched within several institutions including larger systems such as education, corporations, politics, and in financial institutions. Furthermore, the first tenet posits that racism is deeply ingrained legally, culturally, and psychologically, and intersects with sex, class, national origin, and sexual orientation (Crenshaw, 2005; Solórzano, 1997).
Racism is deeply fixed within our culture. Intersectionality of one’s identity with race also fuels marginalization of many African American faculty members. Marginalization is further complicated with intersecting identities including gender, physical disabilities, religion, age, sexual orientation, ethnicity, social class, and mental and physical illnesses to name a few. Intersecting identities coupled with institutional racism can make it difficult for African American faculty to navigate and advance at PWI’s and in agencies with predominately Caucasian leadership.

Institutional racism is defined as privileged access to information that results in loss of power and voice (Castagno, 2008). It is a form of discrimination found in the practice of social and political institutions. Institutional racism is also racism perpetuated by individuals or and different social groups, governed by behavioral and social norms that support racist thinking and foment active racism. Discrimination and racism are best categorized by disparities such as income, financial gains, criminal justice, access to such things as clean food and water, nutrition, employment, information, housing, health care, community resources, political power and higher education, among other things (Institutional racism, n.d.). Whether implicitly or explicitly expressed, institutional racism occurs when a certain group is targeted and discriminated against based upon race.

Institutional racism can go unnoticed as it is not always explicit and can be overlooked (Carmichael & Hamilton, 1967). While troubling in isolation, experiences with discrimination and racism can be indicators of larger issues that speak to the nature of the institutional context, or climate, where a professor is employed. An institution’s campus racial climate captures the beliefs, perceptions, and expectations within the institutional community around issues of race, ethnicity, and diversity (Hurtado, Milem, Clayton-Pederson, & Allen, 1998). Racial climate can
have an influence on faculty members’ experiences in and perceptions of the institution, potentially affecting their productivity, engagement, and satisfaction (Jayakumar, Howard, Allen & Han, 2009; Ponjuan, 2005; Turner & Myers, 2000). African American faculty reported being exposed to several racial microaggressions (Pittman, 2012). Racial microaggressions are “subtle, stunning, often automatic exchanges which are ‘put downs’ of Blacks by offenders” (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977).

The MFT field reflects a bias toward the dominant, Caucasian culture in its history, theories, and membership (McDowell et al., 2003). In the past, the American Association for Marriage and Family Therapy (AAMFT) has been criticized for failing to take effective action to increase the racial diversity of its members (Killian & Hardy, 1998). African American faculty and students alike in the MFT field have experienced racial bias (Haskins et al., 2013; Pittman, 2012). It is evident that the goal of the five major tenets of CRT is to address issues of racism including those experienced through institutional racism. Even though programs such as the Minority Fellowship Program have been instituted within the MFT field to address issues of racism, racism is still prominent within MFT education (Decuir & Dixson, 2004).

The Second Tenet

CRT challenges the beliefs of colorblindness (Delgado & Stefancic, 2001; Taylor et al., 2009), which is defined as opportunity granted based on individual merit and is inaccessible to certain individuals (Decuir & Dixson, 2004; Gotanda, 1991). When reviewing teaching evaluations used for retention and promotion purposes, students rated African American faculty teaching unfavorably compared to White faculty (DiPietro & Faye, 2005; Hamermesh & Parker, 2005; Rubin, 2001; Vargas, 2002). Students also rated African American faculty as less intelligent than White faculty (Hendrix, 1998; Rubin, 2001; Williams, Garza, Hodge, & Breaux
These factors have been posited as contributing to the unsuccessful granting of tenure and promotion to African American faculty (Fields, 2000; Turner, 2003). African American faculty are often assigned high numbers of African American advisees, diversity-related committee work in addition to other required service obligations, and larger teaching loads than their White peers (Agathangelou & Ling, 2002; Aguirre, 2000; Allen et. al., 2002; Balderrama, Teixeira, & Valdez, 2004; Kuykendall, Johnson, Nelson, & Laird, 2006; Turner, 2003).

The Third Tenet

Within the third tenet of CRT, counterstorytelling, marginalized individuals are able to challenge claims of meritocracy and color blindness, as well as the dominant culture’s discourse, which “aims to cast doubt on the validity of accepted premises or myths, especially ones held by the majority” (Delgado & Stefancic, 2001). By counterstorytelling marginalized persons can also tell their own story from their point of view. One could surmise that practicing the tenets of CRT could promote social justice within many training programs and among program faculty. CRT as it pertains to the experiences of African American faculty will be further analyzed within this study.

The Fourth Tenet

The fourth CRT tenet, interest convergence, encourages individuals to be cautious in examining and interpreting the civil rights victories for individuals from marginalized populations (Bell, 1980). CRT scholars suggest that legislation provided only basic rights and that these rights often came with significant losses for people of color (Haskins et al., 2013). For example, during school integration in the 1960’s, many African American teachers and administrators were displaced from their jobs, many African American neighborhood schools closed, and African American children were tracked into substandard curricula (Decuir &
Dixson, 2004; Ladson-Billings, 1995). Subsequently, many African American children did not have the opportunity to be educated by African American scholars and administrators who look like them. Historically, changes in educational systems’ policies and procedures related to discrimination seemed to consistently coincide with improving the image of White society and furthering the agenda of dominant White culture (Delgado & Stefancic, 2001).

**The Fifth Tenet**

In the last tenet “Whiteness as property, indicates that social, educational, and economic value is associated with being White” (Harris, 1993); it reinforces exclusionary practices that affect individuals of color (McDonald, 2009). In education, Whiteness functions to provide White students with (a) rights of disposition (reward for conforming to White society norms), (b) rights to use and enjoy applications of privileges without concern for others or the impact of this freedom on others, (c) reputation and status property labeling of a school or program as of equity and social justice in the classroom as well as within student-faculty relationships (Closson, 2010; Ladson-Billings, 1995).

Understanding CRT as it relates to African American faculty and MFT’s provides insight into the African American experiences of oppression and marginalization. Information from the perspective of the oppressed is necessary to understand and disrupt oppression (Pittman, 2012). A significant area of racism experienced by African American faculty is racial microaggressions (Pittman, 2012). In a 2008 study (Constantine, Smith, Redington, & Owens, 2008) seven themes of racial microaggressions experienced by African American faculty were identified. The themes were (a) African American faculty felt invisible; (b) they reported feeling as though their credentials were challenged; (c) they believed they received inadequate mentoring; (d) they also expressed believing that they were assigned raced-based service assignments; (e) other
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ambiguities about if microaggressions were due to race or gender; (f) faculty reported feeling self-consciousness about self-presentation (e.g., hair, attire, speech); lastly, (g) faculty described a wide range of coping strategies for dealing with microaggressions. I believe that the interviews with selected participants will help to both inform and reduce microaggressions experienced by African American scholars. The participants will be asked questions about whether they experienced racial microaggressions while working as a professor. Additionally, the scholars will be asked if they believe their scholarly works during their career have affected the MFT field in the areas of supervision, research, therapy, and teaching. The goal of this study will be to look at the subjective experiences of each participant. This study will be framed through a constructivist perspective with the hope of understanding how each participant constructed their own reality relative to their experiences within a predominantly Caucasian field.

**Literature Review**

The marriage and family therapy (MFT) field reflects a bias toward the dominant, Caucasian culture in its history, theories, and membership (Mcdowell et al., 2003). It is clearly problematic for a profession that strives to serve all members of society to inadequately include members reflective of the entire society, or to inadequately prepare culturally competent therapists (Mcdowell et al., 2003). Several articles have detailed the experiences of minority and specifically African American students matriculating at Predominantly White Institutions (PWI). However, there are very few articles that describe the experiences of African American faculty teaching at PWI’s.

The experiences of African American students and faculty differ vastly from those of their Non-African American peers. Mcdowell et al., (2003) authored an article in which an African American student detailed her experience of being in a MFT program as being similar to
her experiences as an African American in society. She reported that she learned how to assimilate into a White-dominated culture, which included not talking about race outside her African American peer group (Mcdowell, 2003). In another study, African American scholars reported that, for the most part, their clinical training had been inadequate in the areas of teaching, exposing students to multicultural diversity and creating a diverse learning environment (Wieling & Rastogi, 2003).

MFT educators’ focus on multiculturalism is typically designed to help either White students develop a greater awareness of their privilege or to encourage trainees to examine social and racial constructs in society at large (Pieterse, 2009; Rothman, Malott, & Paone, 2012). Unfortunately, there has been less attention paid to the multicultural and social justice inequities of marginalized students or faculty (e.g., African Americans) within MFT training programs (Hernández, Carranza, & Almeida, 2010; Barcus & Crowley, 2012; Christiansen et al., 2011; Dickson, Argus-Calvo, & Tafoya, 2010; Haskins et al., 2013). In the MFT literature, there has been limited discussion regarding the ethnicity of therapists, particularly in the case of the ethnic minority therapist (Wieling & Rastogi, 2003). Furthermore, there have been even fewer articles published acknowledging the experiences of African American faculty in MFT training programs. According to an article written by Harris-McKoy, Guterrez, Stracha, and Winley (2017), beyond being underrepresented, African American faculty are concentrated in lower faculty ranks. This is also true of women within the MFT field (Harris-McKoy et al., 2017).

Several African American Faculty stated that they were expected by their department chairs to teach and research instead of participating in other activities that could potentially enhance their academic portfolios (Moses, 1997). Moreover, African American faculty were often assigned high numbers of African American students as advisees, diversity-related
committee work in addition to required service obligations, and teaching loads higher than those of their White counterparts (Agathangelou & Ling, 2002; Aguirre, 2000; Balderrama et al., 2004; Kuykendall et al., 2006).

Research conducted by (Constantine et al., 2008) identified seven themes of racial microaggressions experienced by African American faculty in general. These themes included that African American faculty felt invisible, as though their credentials were challenged, and that they received inadequate mentoring. They also expressed believing that they were assigned raced-based service assignments, an ambiguity about if microaggressions were due to race or gender, and feeling self-consciousness about self-presentation (e.g., hair, attire, speech). A final theme was that the faculty described a wide range of coping strategies for dealing with racial microaggressions (Pittman, 2012). Additionally, it was reported that African American faculty members felt excluded from social networks necessary for them to do well in their jobs, including resources to gain research funds (Agathangelou & Ling, 2002; Meyers, 2002; Smith & Calasanti, 2005).

African American faculty expressed experiencing racial microaggressions from their peers and microinsults from White students matriculating at their universities (Pittman, 2010). African American faculty have reported that their authority and their credibility were challenged by White students (Harlow, 2003; McGowan, 2000; Pittman, 2010). African American faculty also reported being both harassed and threatened by White students (Pittman, 2010; Pope, & Joseph, 1997). It is evident that race plays a role in the experiences of both faculty and students. It is important for students and faculty alike to be aware of racism. Critical Race Theory (CRT) is one method of understanding race from the oppressed persons point of view.

**Summary**
Much of the literature published about the experiences of African American MFT faculty has been too limited. Although literature exposed the inequities experienced by African American faculty, there is little, if any, published information on how to remedy the problem. The social inequities experienced by these faculty members while teaching and working in PWI’s are not highlighted in the literature. Furthermore, some of these studies did not focus on the diverse experiences of African American faculties and how their experiences differ from their non-African American counterparts. Several studies have highlighted the experiences of African American students or placed emphasis on ways for all students and faculty to become more culturally competent. By completing a phenomenological research study, I hope to gain an in depth understanding of how African American faculty experience teaching in the predominantly Caucasian hegemonic field of MFT.
Chapter 3: Extended Biography of African American Scholars

Prior research conducted on the experiences of African Americans in the MFT field has predominantly focused on a student or supervisees point of view of their experiences of racism in their training/MFT program (Christiansen et al., 2011; Hernández et al., 2010; Mitchell, Patterson, & Boyd-Franklin, 2011; Turner et al., 2004). Despite a strong commitment to promoting social change and liberation, there are few models for creating systems change to address oppression. Given how embedded racism is in institutions such as healthcare and education, a significant shift in the system’s policies, practices, and procedures is required to address institutional racism and create organizational and institutional change (Griffith et al., 2007).

Several African American scholars are listed below. It was important to detail their contributions to the MFT field, as several of them have been contributing for the span of forty years or longer. The following section details the participants, research interest, current employment positions, academic interest, publications, and honors.

Extended Biography of Notable African American scholars

African American scholars, including Kenneth V. Hardy, Nancy Boyd-Franklin, and David Baptiste, are highly visible Black pioneers and publishers of MFT literature. Several of Hardy’s articles highlight multicultural education and key areas of MFT in supervision and in clinical training programs. Similar to Hardy, Boyd-Franklin, Baptiste and several other notable African American Marriage and Family Therapists have published numerous articles that highlight race within the MFT field.

Other distinguished African American contributors to the MFT field include Paulette Moore Hines, Elaine Pinderhughes, Dee Watts and William Turner. The aforementioned
scholar’s contributions have influenced the integration of African American culture and ethnicity into clinical training programs increasing the visibility of African Americans in areas such as teaching, supervision, research, and therapy. This section will discuss the overall accomplishment of selected highly accomplished contributors to the MFT field of study.

David Baptiste

David A. Baptiste, Ph.D., is a senior psychologist in the New Mexico corrections department, and in private practice as a Marriage and Family Therapist (Baptiste, 2005). Although not much information is published about David Baptiste, in conducting a literature search via PsychINFO from 1975-2015, he wrote a total of 18 academic journal articles, six book chapters, six review articles, two magazines articles and one dissertation during that time. Baptiste writes about several themes, including same-sex relationships, adolescents, acculturation, and immigration. Immigration appears to be the most dominant topic; of his twenty-four publications, six focus on immigration.

According to EBSCOhost database, Baptiste’s most cited article is titled “Immigrant Families, Adolescents, and Acculturation: Insights for Therapist” (Baptiste, 1993). This article examines some of the specific effects of cultural transition on immigrant families and the issues faced by their adolescent members because of the differential rates of parent–adolescent adaptation to a new culture. Baptiste provides suggestions for therapists, who work with immigrant families, such as how to adapt to new paradigms that combine the best practice of professional training with an understanding of the richness of the immigrants’ culture (Baptiste, 1993).

Nancy Boyd-Franklin
Rutgers Graduate School of Applied and Professional Psychology in New Jersey posted a faculty profile of Boyd-Franklin’s academic interest, publications, and honors. Within the profile her special interests are listed as marital and couples’ therapy, multicultural issues, ethnicity and family therapy, home-based family therapy, the multi-systems approach to the treatment of poor inner-city families, treatment of African American families, issues for women of color, the development of a model of therapeutic support groups for African American families living with AIDS, and issues in working with African American children and adolescents. Upon completing a literature search of works by Boyd-Franklin via PsychINFO between the years of 1975-2015, there were thirty-five book chapters and fourteen academic journal articles identified. She often writes about several themes including African American families and the supervisory relationship.

Boyd-Franklin has published several articles in high impact journals such as *Family Process*, which, as of July 2015, held an impact factor of 3.0. Boyd-Franklin’s scholarly works have certainly influenced the MFT field. Some of the topics she has written about include evidenced-based practices, mental health, substance abuse, psychotherapy, race, gender, sexuality, physical health, spirituality, acculturation, couple therapy, trauma, class, multicultural counseling, and family therapy.

In 1989, Boyd-Franklin authored the book *Black Families In Therapy: A Multi-systems Approach*. Her stated goal was to forge the link between the cultural history of Black families and the clinical experiences of family therapists who have worked with these families (Boyd-Franklin, 1989). *Black Families In Therapy: A Multi-systems Approach* is considered to be a pioneering work on Black families in therapy (Franklin, Boyd-Franklin & Kelly, 2006). It is unprecedented in its attention to the cultural diversity application of the concept of clinical
empowerment. Highlighting the diversity among African American families, Boyd-Franklin’s first five chapters explore a number of cultural issues including racism, racial identification, skin color, role flexibility, boundary confusion, extended family patterns, informal adoptions, as well as, religion and spirituality. Numerous case examples provide rich illustrations of these topics (Boyd-Franklin, 1989). The latter part of the book further explores socioeconomic differences with specific chapters on the poor inner city, single parent, and middle-class families. An important contribution of this work is its elaboration of the multi-systems model. The multi-systems model allows family therapists to intervene with families at multiple levels including the individual, family, extended family, church and community networks, and the social service system (Boyd-Franklin, 1989).

Several scholars have supported her findings by citing her in their own writing. Much of her literature has highlighted ethnic minority families and the need for marriage and family therapist to interact with them more consciously at multiple levels, even beyond that of their nuclear family unit.

Boyd-Franklin has authored numerous articles and chapters on the aforementioned topics. She has contributed chapters and authored several books including: *Black Families in Therapy: A Multisystem Approach* (Boyd-Franklin, 1989); *Children, Families, and HIV/AIDS: Psychosocial and Therapeutic Issues* (Boyd-Franklin, Steiner, & Boland, 1995); *Reaching Out in Family Therapy: Home-Based, School and Community Interventions* (Williams, 2003); and *Boys Into Men: Raising Our African American Teenage Sons* (Franklin & Boyd-Franklin, 2000). Her contributions are viewed as both relevant and innovative by her peers. This is evident by her article highlight featured in the *Thematic Review of Family Therapy Journals* 2012 (Carr, 2013).
Her contributions to the MFT field have earned her several honors. In 2001, she was the recipient of the Outstanding Contributions to the Field of Ethnic Minority Psychology and to the Mentoring of Students from Division 45 of the American Psychological Association. In 1996, she received the award for Outstanding Contributions to the Theory, Practice and Research on Psychotherapy with Women from Division 35 of the APA, as well as the Distinguished Psychologist of the Year Award from the Association of Black Psychologists and the Pioneering Contribution to the Field of Family Therapy Award from the American Family therapy Academy in 1994 (Rutgers University, 2015a).

Kenneth V. Hardy

Hardy is a well-published author. Upon completing a review of his contributions via PsycINFO between the years of 1975-2015 using Hardy’s name in the search field, a list detailing 48 Academic Journal articles, 16 book chapters, and 6 magazine articles emerged. Additionally, Hardy authored several books. Based on a review of Hardy’s publications, his primary focus is on racial and ethnic issues and how those issues intersect with children and/or adolescents. Seven of his sixteen books/chapters focus on child and adolescent issues while twelve books focus and or intersect with race and ethnicity. Hardy has published alongside several other academicians including Haley, Baptiste, McGoldrick, and Laszloffy.

Hardy served as the first program director of the Minority Fellowship Program at the AAMFT. In this role he worked to expand the delivery of culturally competent mental health and substance abuse services to underserved minority populations; and increased the number of doctoral level culturally competent marriage and family therapists (Rastogi, 2013).

His most cited journal article according to EBSCOhost was published in 1995 (Hardy & Laszloffy, 1995). This article provides a framework for using the cultural genogram as an
effective training tool to promote both cultural awareness and sensitivity as a means to develop culturally competent therapist. The goal of the cultural genogram is to promote insight into the therapist’s own cultural background and to explore one’s personal cultural issues (Hardy & Laszloffy, 1995).

Hardy’s second most-cited work was published in 2008 and is an edited book titled *Revisioning Family Therapy: Race, Culture, and Gender in Clinical Practice* (McGoldrick & Hardy, 2008). Within this book, Hardy and other authors detail the experience of multiculturalism through the eyes of immigrants and ethnic minorities. The significance of this chapter is the narrative is told from the view of immigrants instead of the European majority. According to McGoldrick and Hardy (2008), we need to redefine the boundaries of our field to include a cultural viewpoint that considers the diversity within our society and the way that societal oppression has silenced the voices and constrained the lives of individuals, families, and whole communities since our nation was founded. In this book, McGoldrick and Hardy also cite the need to broaden the view of family units. According to McGoldrick and Hardy (2008), our entire society is organized to accommodate a type of family structure that represents less than 6% of U.S. households.

Hardy is highly regarded in the MFT field by his peers as someone who is knowledgeable and is expert in several areas including that of research and therapy. This is evident by his role with several editorial boards of high impact journals, his number of published peer-reviewed articles, and his high visibility within the MFT Field and within mainstream media.

Hardy’s faculty profile on the Drexel University website describes him as an internationally recognized clinician, author, and trainer. Separate from Drexel University, Hardy is employed as a Director of the Eikenberg Institute for Relationships in New York City. There
he maintains a private practice specializing in working with traumatized and oppressed populations. Hardy is the former Director of the Center for Children, Families, and Trauma at the Ackerman Institute in New York City, and formerly served on the faculty at Syracuse University where he held numerous positions including Director of Clinical Training and Research, as well as Chairperson of the Department of Child and Family Studies.

According to Hardy’s faculty profile published on the Drexel University website, Hardy won considerable acclaim for his publications and videotapes that challenge society to think critically about the hidden but significant connections that often exist between trauma and issues of oppression (Drexel University, 2015) in addition to his own writing, Hardy serves on the editorial boards of six publications including the *Journal of Marital and Family Therapy*, the *Journal of Family Psychotherapy*, the *Journal of Divorce*, the *Journal of Couples Therapy*, the *Psychotherapy Networker*, and the *Journal of Family Counseling*.

Hardy, along with a colleague, developed the training manual and curriculum that has been used in New York City to train licensed clinicians in Trauma Based Family Therapy (n.d.). Retrieved from Drexel University College of Health and Nursing Page- Faculty Kenneth Hardy. This program was funded by the September 11th Fund of New York and was co-sponsored by the NYC Mental Health Association. Additionally, he has provided training and consultation to an extensive list of human services agencies devoted to providing trauma-based, culturally competent care to children, couples and families (Drexel University, 2015).

Overall, Hardy has been influential in several areas. His work is highly visible in human service disciplines including Psychology, Social Work, Counseling, and MFT. Although the bulk of his work has focused on adolescence and multiculturalism he has also made significant contributions in the areas of trauma, therapy and, multicultural education. His works have been
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featured in the academic arena and in mainstream media on the Oprah Winfrey show, Dateline NBC, 20/20 PBS, and on the Discovery Health Channel.

Paulette Moore Hines

Upon completing a review of Moore Hines contributions via PsycINFO between the years 1975-2015, a list detailing four articles, 10 book chapters, and two magazine articles emerged. One of her most notable articles was titled “The Theory of Planned Behavior as a Model for Intentions for Fighting Among African American and Latino Adolescents” (Jemmott, Jemmott, & Fong, 2001).

Hines views about social justice and the need for culturally sensitive therapists are supported by several of her peers. This is evident by multiple citations of her work and her consistent publications throughout high impact MFT Journals such as the Journal of Marriage and Family. Lastly, because she is published in high impact journals it is likely that several of her scholarly publications are used in clinical training programs to educate students about social justice issues and the need for cultural sensitivity. This is evident by her multiple publications in high impact journals.

Hines most notable contribution to the MFT field is a chapter she co-authored with (Hines & Boyd-Franklin, 2005) in the book Ethnicity and family therapy titled “African American families”. This book offers short sketches of a few ethnic groups to highlight some of the patterns of common cultural stereotypes. These characterizations are to suggest the range of questions any MFT may need to keep in mind in working when working with clients. One of the objectives is to highlight appropriate questions that might be asked by clinicians. Hines and her co-authors make several suggestions for therapists working with diverse families. In addition to this book chapter, Hines has published alongside several other significant authors including
Boyd-Franklin, McGoldrick, and Garcia-Preto, who have all had a significant impact on the MFT field. This is evidenced by their publications in high impact family therapy journals as well.

Much of her literature shared the common themes of hope, culture, ethnicity and psychotherapy. Hines, like several other intellectuals in this study, has operated in many roles in the MFT field. To date Hines maintains a private practice in the State of New Jersey while serving as the Executive Director of the Center for Healthy Schools Families & Communities and the Director of the Office of Prevention Services & Research at the University of Medicine and Dentistry of New Jersey (UMDNJ)- University Behavioral Healthcare; Chief Psychologist for University Behavioral Healthcare; and Clinical Assistant Professor at UMDNJ-Robert Wood Johnson Medical School. Her portfolio includes: Making Better Choices - an intensive life skills training program for middle-aged youth that focuses on STD’s, violence, pregnancy, and SANKOFA-an innovative conflict-resolution and violence prevention training program for adolescents and their parents.

Hines was a founding faculty member of the Multicultural Family Institute of New Jersey (MFINJ). MFINJ is committed to social justice, and countering societal forces that undermine people because of race, gender, culture, class, sexual orientation, religion, or disability. Retrieved from (Multicultural Family Institute, 2015). Hines research interests include preventive intervention research on issues such as youth interpersonal violence, HIV, unwanted/unplanned pregnancies, school dropouts, and cultural competency promotion.

From July 2005 to June 2007 Hines served as the President of the American Family Therapy Academy (AFTA). She has several publications in high impact journals including the
Journal of Marital and Family Therapy (JMFT), which currently holds an impact factor of 2.528.

In 1997 Hines joined the staff of UMDNJ. Within this role she has brought extensive experience in research, clinical practice, prevention-oriented program administration, program design, program implementation, training, consultation, program evaluation, family therapy training, and supervision. She is the principal or co-investigator on numerous federal and state grants concerned with a host of issues including AIDS, violence against the young, unwanted/unplanned pregnancies, and school drop-outs. In addition, Hines is also a Clinical Assistant Professor at the University of Medicine and Dentistry of New Jersey (UMDNJ)-Robert Wood Johnson Medical School and is on the faculty of the Family Institute of New Jersey.

Hines has a Ph.D. in Clinical Psychology from the University of Delaware. She has been a licensed psychologist in the State of New Jersey since 1979 where she maintains a private practice. Hines also serves as Chief Psychologist for University Behavioral HealthCare (Rutgers University, 2015b).

Her academic focus is intergenerational patterns, culture, and ethnicity. In her book titled Climbing Up the Rough Side of The Mountain: Hope, Culture, and Therapy she advances premise that every culture has means of preserving the lessons that have been learned over generations about psychological survival (Hines, 2008).

Scott Johnson

Johnson has held a license in MFT since 1998 and has been an AAMFT Approved Supervisor since 1995. Much of his clinical work has focused on adult suicidality, bereavement, adolescence, and divorce (Trauma Based Family Therapy, n.d.) Upon completing a review of the
literature via PsycINFO with full text, using Scott Johnson’s name between the years of 1975-2015 over two hundred results emerged.

However, after a PsycINFO search and a review of his vita I found nine book chapters/monographs, 31 papers in refereed journals, thirty-three papers and presentations to professional meetings, nine Op-ed articles, four review articles and other articles, and several other literary works. It is clear that Johnson has specific interest and expertise in the areas of family systems, relational dynamics; families and couples in the arts and literature; professional association governance, and systems effects of family-related violence.

Johnson served as treasurer of and later president of the AAMFT. His professional activities have included serving as the Director of MFT in the Department of Human Development at Virginia Tech; Pro-Bono Therapist at the Family Therapy Center of Virginia Tech, Associate Director in the Office of Recovery and Support at Virginia Tech, and Director of Clinical Training in the MFT PhD program at Virginia Tech (Virginia Tech, 2015).

Elaine Pinderhughes

Upon completing a search via PsycINFO between the years of 1975-2015, 10 academic journal articles, and 10 books chapters emerged. Pinderhughes has published in *Family Process*, which holds a current impact factor of 3.0. She has written about various themes including African American families, and culture and ethnicity. In 2012, The Council on Social Work Education (CSWE) named Pinderhughes the recipient of the Significant Lifetime Achievement in Social Work Education Award. Pinderhughes (1989) *Understanding Race, Ethnicity and Power: The Key to Efficiency in Clinical Practice*, substantially changed the language of multiculturalism and human behavior in the practice arena and provided the rubric of culturally competent practice across human services disciplines (Boston College, 2015).
Although her status is Emeritus, she continues to associate herself with the Boston College Graduate School of Social Work (GSSW). Additionally, she serves as member of their advisory board in which she helped to launch the Pinderhughes diversity lecture series. This series has been running approximately 10 years.

Pinderhughes (1989) *Understanding Race, Ethnicity and Power: The Key to Efficiency in Clinical Practice* was cited over 160 times in the PsycINFO database. This book helped practitioners to develop a blueprint for delivering culturally competent services to clients. Pinderhughes (1989) emphasized the primary role of power in the dynamics of cross-cultural communication and examines how power and lack of power, which are inherent in the roles of clinician and client and in their cultural group statuses can, affect clinical processes and outcome.

Marriage and Family Therapist work in many venues including healthcare, mental health, private practices, and education. For this reason, it is important for therapists to be aware of their power and how it plays a role in the therapeutic relationship.

**William Turner**

According to William Turner’s LinkedIn biography (Turner, 2019) he holds the Betts Chair of Education and Human Development and is Professor of Human and Organizational Development, Professor of Human Development Counseling, and Professor of Community Research and Action at Vanderbilt University in Nashville, TN. He also serves as Director of Vanderbilt’s undergraduate track in Health and Human Services (Robert Wood Johnson Foundation, 2007). During 2007-2008, he was a Robert Wood Johnson Health Policy Fellow in the office of then-Senator, now President, Barack Obama. From 2001-2009, he was Professor of Family Therapy in the Department of Family Social Science at the University of Minnesota.
Prior to that, he was Professor of Family Therapy at the University of Kentucky. He has received fellowships and grants from the American Association for MFT, the National Institute on Drug Abuse, the Michigan State University Institute for Children, Youth, and Families, and the University of North Carolina Center for Family and Human Development.

His program of research is conceptually grounded in systems theory and other ecological perspectives, and his research and writings have centered on themes related to African American family strengths, physical health, mental health prevention, and intervention. Turner focused specifically in the areas of substance abuse, clinical family therapy, adolescent development, rehabilitation, and family-based end-of-life care. The methodological approaches he uses to explore these issues are comparative, longitudinal, and multi-method.

He has served on scientific study sections at the National Institutes of Health (NIH), the National Institute on Drug Abuse (NIDA), and the National Institute of Mental Health (NIMH). He received the award for economic and cultural diversity from the American Family Therapy Academy and the Sussman Award from the National Council on Family Relations. He was associate editor of the \textit{JMFT} as well as guest editor for two special issues addressing the translation of basic research on ethnically diverse families to clinical practice.

Due to several listings of scholars named William Turner, who published articles within the PsycINFO database, it is unclear if Turner published more works than are listed in this study. A copy of his curriculum vita was found online however it did not detail a list of his completed works. A search of his work from 1975 to 2015 was conducted with PsycINFO database. According to the search fields applied to PsycINFO Turner has published at least thirteen articles and one dissertation. The areas that Turner has most frequently published according to the above search include African Americans, cultural diversity, and disability and adaptations. His most
cited article is titled “A Family Strengths Model of Adjustment to Disability for African American Clients” (Alston & Turner, 1994). This article was cited twenty-three times in the PsycINFO database.

The above article describes the inherent strengths of the African American family system. The authors present a family strengths model of adjustment to disability for African American clients (Alston & Turner, 1994). Alston and Turner’s stated purpose of their model are to support psychotherapists to think about the function of extended and nuclear family strengths as a way to better assist disabled African American clients. The onset of a disability can result in complications that affect family functioning. The implications of disability (e.g., mobility limitations, dietary regiments) often necessitate a recalibration of the family system (Alston, & Turner, 1994). This article assists providers with identifying and engaging family supports unique to some African American families. Additionally, it gives greater insight into how some African American familial systems work. This information can be helpful to those in training programs as well as to practitioners seeking to improve the wellbeing of their patients.

Marlene F. Watson

According to PsycINFO Watson has published several scholarly works. These works include six academic journal articles, four book chapters, and one dissertation between the years of 1975-2015. Watson primarily publishes in the areas of persons of the therapist, African Americans, and adolescents (Watson, n.d.).

Watson is the former chair and associate professor in the couple and family therapy Department at Drexel University in Philadelphia. A licensed Marriage and Family Therapist with a private practice; she was the first couple and family therapist to receive the prestigious Robert Wood Johnson Health Policy Fellowship. As a former columnist for Heart & Soul Magazine, she
was raised in the Philadelphia area, where she still lives. Watson is a collector of African and African American art and she reportedly delights in mentoring African American and multi-racial young adults. She tries to live by the words of Rev. Martin Luther King Jr., “If I can help somebody as I pass along then my living will not be in vain” (Watson, n.d.).

**Dee Watts-Jones**

Although Watts-Jones is a clinical psychologist by training, she has made significant contributions to the MFT Field. Watts-Jones studied family therapy training at the Family Institute of Westchester. She earned her Ph.D. at Duke University in clinical psychology. Over the years she acquired several accolades. Her accolades include her teaching fellowship, American Psychological Association Minority Fellow, and an American Association of University Women Fellowship. She is currently employed as a faculty member at the Ackerman Institute for the Family.

Watts-Jones is employed in many roles. In addition to her being a faculty member at the Ackerman Institute for the Family she is employed as a Health and Hospitals Corporation Psychologist II in the Bronx Family Court, she maintains a private practice in New Rochelle, NY, and is affiliated with the Women of Color Family Therapists’ Group, whose primary role is to focus on difficult conversations about various forms of oppression.

Watts-Jones has published several articles in peer-reviewed journals. Many of her articles have detailed themes about race including *Healing Internalized Racism: The Role of a Within-Group Sanctuary Among People of African Decent* and *The Evidence of Things Seen and not Seen: The Legacy of Race and Racism*. If one were to judge her interest based on the articles she has published one might surmise that she is a social justice activist. The list of journals she has
published in includes *Psychology of Women Quarterly*, and *Family Process*. Both Journals hold a high impact factor.

**Contribution to MFT supervision**

Publications of the selected intellectual’s articles have focused on supervision, as well as the intersection of race and other social factors (Hardy & Laszloffy, 1995). Several of the academics have written about how to better train therapists to work with diverse families (Hines & Boyd-Franklin, 2005). The participant’s experiences are paramount as training incoming and current therapist about diversity and working with diverse families encourages the field to serve a broader population within the United States.

Several of the after mentioned authors have contributed to the MFT field in the area of supervision. Collectively the scholars’ have written about supervision as it relates to MFT, feminism, live supervision, supervision training, and increasing self-awareness and competence among training therapist. These articles serve as training tools for current therapists, MFT supervisees, and training supervisors. It is believed that the academics’ lived experiences also influence each participant’s supervision philosophy.

**Kenneth Hardy**

Supervision is a necessary component of MFT. It promotes confidence, develops insight into one’s own biases, and creates a safe place to discuss clinical cases. Hardy details a systematic and epistemological shift in the MFT field. He asserts that there is a shift from structuralism and positivism to postmodernism and relativism (Hardy, 1993). Hardy cites the confluence of such movements including constructivism/constructionism, feminism and cultural relativism as the push behind this shift. Additionally, he examines live supervision within the context of this transformation with a discussion of implications for the future.
Nancy Boyd-Franklin, Paulette Moore-Hines, and Dee Watts-Jones

Boyd-Franklin, Moore-Hines, and Watts-Jones have each published supervision articles that intersect with race and social justice (Kelly & Boyd-Franklin, 2005; McGoldrick et al., 1999; Watts-Jones, Ali, Alfaro & Frederick, 2007). Other common themes among academics include feminism. Both Hardy and Johnson have written about supervision and Feminism (Hardy, 1993; Prouty, Thomas, Johnson, & Long, 2001).

Marlene Watson

Although the Person of the Therapist (POT) model is most famously attributed to Harry Aponte, it is important to note that Watson has also contributed to this model. Watson (1993) discussed professionalization of the MFT discipline where the focus of the MFT field in the 1990’s was to develop POT. The central tenet of the Person-of-the-Therapist Training Model (POTT) is to help clinicians to intentionally use the depth of their human experience to promote deeper and more genuine connections with their clients by helping them to maximize their effectiveness in all aspects of their clinical work, including the assessment and intervention processes (Niño, Kissil, & Aponte, 2014). Although she is not recognized as the founder of POTTM she is recognized as a contributor to its development.

MFT educators have long debated the importance of the supervisory process as a model for personal growth versus skill development (Watson, 1993). This being said, tools such as the genogram and cultural genogram, developed in part by Hardy, have been integrated into training supervisions as a means to identify learned behaviors derived from one’s family of origin (FOO). Moreover, the focus on the trainee’s family of origin was thought to enhance the trainee’s
development as a marriage and family therapist. While the trainee was encouraged to get in touch with her or his “emotional triggers” through her own family of origin work, the family of origin (Watson, 1993). Watson (1993) surmised that the POT was crucial to establishing professional identity in MFT, as well as the integration of issues such as gender, race, culture, and stage of life. This article was a significant contribution to the MFT field as it also speaks to the significance of being inclusive of all types of families and FOH issues.

**Contribution to MFT Teaching**

Each of the scholars detailed within this study has contributed to teaching MFT. Their journal articles and book chapters have had a significant impact on the information shared with students and graduates in the Human Services fields including MFT, psychology, social work, counseling, and pastoral counseling. Although several of these scholars do not write exclusively about culture and diversity, upon completing this literature review, ethnicity and culture emerged as a reoccurring topic. More specifically, several scholarly works highlighted the need for cultural consciousness within the MFT field for both incoming and seasoned therapists.

The contributions of these African American scholars have influenced the ways professors and supervisors are teaching student/trainees how to implement clinical services. Their works help to fill a gap in social justice and cultural inclusion of ethnically diverse persons and families. The Commission on Accreditation for MFT Education COAMFTE has incorporated cultural diversity in the required educational outcomes as a requirement for (re) accrediting Masters and Doctoral level, MFT training programs. Hence, all students are required to receive training on diversity. Within MFT training programs, diversity is emerging as a mandatory requirement of the course curriculum. The cultural inclusion of minority sub-groups not typically studied within mainstream teaching. The mandate by COAMFTE that programs
require cultural diversity has added a component of social justice in MFT programs; even in those programs that do not have a social justice focus.

The AAMFT acknowledges that societal power structures, tensions, and complexities related to diversity contribute to disparities in power, control, influence, status, privilege, and opportunities among individuals and groups. It is seemingly plausible that the works published by the above-mentioned scholars have helped to identify the need for cultural diversity in the training of Marriage and Family Therapist. The stated need for cultural diversity and cultural competency is not exclusive to MFT training programs. The desire to incorporate cultural diversity training has permeated several settings including within the human services field (Hardy & Laszloffy, 1995).

In a paper titled “Efforts to Incorporate Social Justice Perspectives into a Family Training Program” (McGoldrick et al., 1999), Hines and her colleagues discuss their efforts to complete a total restructuring of their MFT training program to be inclusive of minorities as opposed to maintaining the status quo of skewing their program towards the dominant culture of heterosexual males of European decent. The authors also detailed how they incorporated diversity into their training by providing a setting where students and supervisors can expand their context to consider the inequities of race, gender class, culture, sexual orientation, as well as discuss presenting problems (McGoldrick et al., 1999). Boyd-Franklin, Hines, and Turner published similar articles in regard to training programs (Boyd-Franklin, Wofsy, & Mundy, 2013; Hines & Boyd-Franklin, 2005; Turner, 2003). Several of the abovementioned scholars have not published articles directly related to teaching, however it is understood that their works are used as teaching tools in many colleges and universities (Hines & Boyd-Franklin, 2005; McGoldrick & Hardy, 2008; Pinderhughes, 2008).
David Baptiste

David Baptiste authored a compilation of sixteen case reports detailing clinical epiphanies in MFT. The compilation described 32 observations on case reports. Skilled marriage and family therapists who detailed their observations provided commentaries and alternative perspectives of how to approach treatment. Baptiste’s goal was to afford readers an opportunity to view therapy techniques of sixteen marriage and family therapists by giving them the opportunity to see diverse views from dissimilar theoretical perspectives (Baptiste, 2015). Work like this can certainly be used as a teaching tool for both masters/PhD level students and seasoned therapists. Case studies such as this one give students insight into the many ways they may therapeutically address a problem using multiple therapeutic modalities.

Nancy Boyd-Franklin

Boyd-Franklin co-authored a book in which she sought to help both experienced and novice therapist face the many challenges of working in hospitals, private practices, clinics and in agencies. Within the book and in her chapter practitioners receive an outline of strategies for working with clients and helping practitioners to avoid burnout. Students are also given a clear outline of several methods they can use in clinical practice no matter what setting they are placed in. The volume also presents specific guidelines for risk assessment and crisis intervention in situations of sudden loss, violence, suicide, and homicide. Emphasis is given to overcoming obstacles likely to arise in real-world settings, which often entail daunting time pressures and productivity requirements (Boyd-Franklin et al., 2013).

Kenneth Hardy
Hardy has authored several books and articles in regard to training programs. The majority of his articles focus on multiculturalism and training culturally competent therapists. Additionally, his articles provide a blueprint for university faculty and students about how to best deliver culturally sensitive supervision. One of his most notable articles “The Cultural Genogram” has been cited within the EBSCOhost database over 222 times (Hardy & Laszlof, 1995).

The cultural genogram has been used in several MFT training programs as an effective tool to encourage cultural awareness and cultural sensitivity in programs that are committed to developing socially just and culturally competent family therapists (Hardy & Laszlof, 1995).

Paulette Moore-Hines

Of the several book chapters and articles Moore-Hines has authored one in particular focuses specifically on training programs. Within her paper, she and several of her co-authors describe ways in which faculty members associated with the Family Institute of New Jersey could develop a collaborative family training program that supports issues related to race, gender, class, culture, and sexual orientation. It was noted that the faculty came to realize how strongly traditional approaches have been skewed in the direction of the dominant culture—White, male, heterosexist, and prioritizing the needs and experience of the middle and upper classes (McGoldrick et al., 1999).

Scott Johnson

Johnson authored several papers and was a major contributor to several books. Of his many works the one that is most significant in regard to teaching was his guidebook geared towards assisting college students with exploring the many opportunities within the social and human services fields. Within this guidebook Johnson along with several other authors provided
information for those who are seeking to go into human services fields. As a contributor Johnson addressed 10 aspects related to human service professionals and the MFT field (Emener & Bosworth, 2003).

**Elaine Pinderhughes**

Pinderhughes has made contributions to the MFT field in the area of teaching via several articles. One of the most notable articles speaks to social structures that impede minority group’s power within society. According to Pinderhughes (1997) the dynamics of difference and power constitute an essential element in the social/cultural processes that affect people’s behavior. Additionally, Pinderhughes (1997) stated that racial and other differences between people make them vulnerable to anxiety and negative responses when they interact with others. In regard to teaching Pinderhughes lays out three intervention strategies that can be implemented to encourage empowering behaviors for clients.

**William Turner**

Several of Turner’s articles have influenced the human services field. Most notably his desire has been to reverse the negative portrayal of African American families especially when they are compared to other races specifically Caucasian families. Turner’s stated objective was to underscore the complexities involved in conducting mental health research that demonstrates effectiveness and efficacy for different subgroups in a highly multicultural society (Turner et al., 2004). The impetus of many of his studies include implications for training institutions and practitioners to conduct ethically responsible research especially as it relates to communities of color, specifically the African American community.

**Marlene F. Watson**
Watson talks passionately about using Person-of-the-Therapist (POTT) training with first year MFT students in the Drexel program to promote self-knowledge and self-awareness in Clinical practice (Aponte et al., 2009). In her article there is a strong focus on ensuring that students understood the POTT model. Within her article she and her colleagues developed a clear outline for teaching students the POTT model. Within the article Watson also developed recommendations for program faculty. The faculty had to learn to prioritize not how difficult were students’ personal issues, but how well they were able to responsibly work with and through their issues for the benefit of their clients (Aponte et al., 2009).

**Dee Watts-Jones**

Watts-Jones approached teaching MFT students through the use of a mentoring group. More specifically, a mentoring group comprised of marriage and family therapist of color (Watts-Jones et al., 2007). Within the mentoring group, Watts-Jones et al., (2007) developed a within-group process for trainees of color in a predominantly White institution with the goal of providing support, validation, empowerment, and collective action for the group members. In summarizing her article, she offered both reflections and recommendations including a personal narrative of group member’s experience of finding her voice in the group.

**Contribution to MFT Research**

Each of the scholars detailed in this review has contributed to MFT research. Peer reviewed journal articles published in high impact MFT journals certainly further elucidates the contributions of the researcher and provides a means to utilize the findings set forth by the contributors in a platform visualized by all interested in the research studies conducted in the MFT field. Due to much of the information duplicating what has already been detailed in other
sections, this section is significantly shorter. Below I will share a brief statement about several scholars’ research interests:

According to an article written by Turner (2004) and several of his colleagues some family scholars have developed greater sensitivity to the negative neglect of families of color in clinical and empirical research. Consequently, a proliferation of research elucidating many nuances of ethnic families has come to the forefront, containing a wealth of knowledge with useful implications for family therapists and other mental health providers. (Turner, 2004, p. 257)

**David Baptiste**

Several of Baptiste’s articles focused on immigrant families and on intergenerational relations. Baptiste also had a strong focus on the adolescent age group and their transition from their home countries to the United States. Moreover he made recommendations on how to address immigrant families experiencing transitional conflict after moving to the United States.

**Nancy Boyd-**

Many of Boyd-Franklin’s research articles focus specifically on the areas of cultural diversity, race, and therapy with the Black family. One of her most significant articles was cited 45 times in the EBSCOhost database (Franklin et al., 2006). In this particular article the authors discuss the psychological implications of race-related stress and the ability to develop psychological trauma as a result of the stress.

**Kenneth Hardy**

Hardy has researched several diverse topics. Many of his articles highlighted race. One of his most popular articles was cited over 200 times in EBSCOhost (Hardy & Laszloffy, 1995). This
article covered a vast array of topics including cultural sensitivity; family therapy; psychotherapy training; teaching methods; and therapist trainees.

**Paulette Moore-Hines**

Many of Moore-Hines research focused on hope and on social justice. She has published chapters in several books and in high impact journals. One of her articles was cited 40 times in the EBSCOhost database (McGoldrick et al., 1999).

**Scott Johnson**

Johnson researched several topics. Several topics he has researched include feminism, civil rights, and family therapy. One article in the EBSCOhost database was cited 19 times (Johnson, 2001).

**Elaine Pinderhughes**

Pinderhughes has researched several different topics including male-female relationships, sociocultural factors, and minority groups. Her most cited article was cited in the EBSCOhost database about 60 times (Pinderhughes, 2002).

**William Turner**

Turner has completed research in the areas of adolescents, HIV, and African American clients. His most cited work in the EBSCOhost database was cited over 50 times (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003). Additionally, Turner also provided several implications and interventions for caregivers, communities, and family therapist who are experiencing or treating trauma.

**Marlene F. Watson**

Many of Watson’s articles focus on family therapy. Her most frequently cited article was cited in EBSCOhost over 30 times (Aponte et al., 2009). This research article is significant in the
MFT field as it provides a training model for Person-Of-The-Therapist. The POTT model calls for mastery of self to meet the personal challenges clients present to us in both the technical venue and the therapeutic relationship (Aponte et al., 2009).

**Dee Watts-Jones**

Watts-Jones has authored two articles in the area of racism (Watts-Jones, 2002; Watts-Jones, 2004). Her most cited article in EBSCOhost was cited over 20 times (Watts-Jones, 2002). This is evidence that her peers view her research as valuable. Within her research she gives suggestions for how universities can provide support to persons of color matriculating through their programs.

**Contribution to Clinical Therapy**

Each of the aforementioned authors inform how clinical therapy is delivered in a multitude of settings though their published articles. The significant African American scholars have written about several topics encountered in therapeutic settings. Of the articles written, race, ethnicity, and marginalized groups emerged as common themes in clinical/psychotherapeutic articles published by Boyd-Franklin, Pinderhughes, Hines, Hardy, Watson, and Turner; Johnson’s focus was more so related to politics, among other things, and family therapy; Baptiste published clinical articles linked to clinical/psychotherapeutic treatment as it relates to adolescents, families, immigrants and reconstituted families; lastly, Watts-Jones takes a more global perspective on clinical practice and focused her literature on social justice and diversity as it reflects on the unique experiences of minority students matriculating at PWI’s.

**Nancy Boyd-Franklin**

In her articles, Boyd-Franklin highlights the everyday experiences of racism, classism, poverty, violence, and drug use experienced by a family that hindered their very survival
Many clinicians who have no framework to view these complex realities may become overwhelmed (Hines & Boyd-Franklin, 2005). One of Boyd-Franklin’s articles was featured in an annual thematic review (Carr, 2013). Several authors referenced this article in support of using evidence-based treatments to work with urban families. Similar ideas in regard to developing blueprints/practitioner guides for therapist have been expressed by Pinderhughes (1990).

**Elaine Pinderhughes**

Pinderhughes (1990) helped to create a practitioner guide to Marriage and Family Therapy. Within the guide she, along with several other authors, sought to expand knowledge in the MFT field by fostering discussions about the several constraints and oppressions experienced by minority communities. Moreover, the goal was to provide space for individuals and cultures that have typically been silenced using inclusion of diverse races, specifically ethnic minorities, low-income families, culturally diverse families, families struggling with pathology and health, and members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) community. This guide helped to provide a reference for practitioners to reach much larger demographics including couples, and families who are representative of many ethnically diverse individuals, couples and families in American culture.

**Paulette Moore-Hines**

Similarly, a common thread that read through Hines clinical articles was the need to train culturally competent therapists. In one article in particular Hines sought to expose a problem in hopes of developing treatment interventions for therapists working with urban African American and Latino youth (Jemmott et al., 2001). Many of her articles provide an overview of ethnic and cultural issues in MFT clinical work with African American, Hispanic, Irish, Asian American,
and Jewish clients. Furthermore, she discusses the differences among cultural groups with regard to intergenerational connections and the need for these differences to be integrated into family therapy practice.

**Kenneth Hardy**

Much like Boyd-Franklin, several authors referenced Hardy’s article in support of using evidence-based treatments (Hardy & Laszloffy, 1995). Hardy has made significant contributions to MFT in the area of clinical therapy. Of his 44 scholarly works, 33 focus on clinical practice or therapy. Several of his works detail multiculturalism as they relate to clinical practice/therapy. His most cited work according to PsychINFO is “The Cultural Genogram: Key to Training Culturally Competent Family Therapists” (Hardy & Laszloffy, 1995). The purpose of the cultural genogram is to encourage sensitivity and cultural awareness in efforts to promote culturally competent Marriage and Family therapists. Hardy & Laszloffy (1995) describes awareness as gaining knowledge of various cultural groups. Hardy further defines sensitivity as having experiences that challenge individuals to explore their personal cultural issues.

**Marlene F. Watson**

Watson views the experiences of African Americans in clinical therapy through a transgenerational lens. She discusses negative effects of slavery on the African American community. She further asserts that failure to consider the ways in which slavery, and various other historical traumas, affects aspects of clients’ experiences may lead therapists to conceptualize cases from the default perspective of the dominant discourse, ultimately resulting in ineffective treatment (Wilkins, Whiting, Watson, Russon, & Moncrief, 2013). The idea that the effects of slavery continue to shape societal dynamics is not a new concept (Loury, 2002; Pinderhughes, 1990; Price et al., 2008).
Watson presents several implications for how therapists can best address the residual effects of slavery in the African American community. She begins with suggesting that interventions occur at multiple levels to address the multigenerational problems faced by African American families. Hardy (2001) stresses that relationships cannot thrive amongst oppression or voicelessness. Hardy and Laszloffy (1995) further state that it is necessary for MFTs to move from a stance of racial awareness to a stance of racial sensitivity, which is an acknowledgement, that race exists. This can be defined as racial sensitivity, which involves actively challenging racial injustice. Watson’s goal is to raise awareness of racial inequalities experienced by African Americans in therapy (Wilkins et al., 2013).

Baptiste, Johnson, and Watts-Jones clinical focuses are on areas much different than the other notable African American scholars. Many of Johnson’s clinical therapy articles focus on politics, civil rights, and Christianity whereas Baptiste focus is on immigration and reconstituted families. Baptiste recommends that therapists embrace new theories that combine therapeutic best practices and rich knowledge of immigrants’ culture. Each of his articles about immigrant families is relevant to acculturation. Additionally, much like Hardy, Baptiste also has a strong focus on adolescents. However, his reasoning he states is due to the differential rates of parent-adolescent adaptation to a new culture (Baptiste, 1993). Lastly, Watts-Jones published one article in the area of clinical therapy in which she discussed social justice and reflected on the unique experiences of minority students matriculating at a PWI (Watts-Jones et al., 2007). Baptiste has a strong focus on culture, immigration, and assimilation (Baptiste, 1993). Watts-Jones focus is on prescribing steps to maintain and potentially recruit minority students at a predominantly Western European university (Watts-Jones et al., 2007). Both authors provide a clear plan for
how to positively engage clients and students in an arena that was not historically open for them to engage in.

**William Turner**

Turner also makes several recommendations for how to work with multicultural families. His ideas are expanded in his articles about developing culturally based research programs (Turner et al., 2004).

**Summary of Significant Contributions**

Each of the aforementioned scholars has made significant contributions to the MFT field in the areas of therapy, supervision, research, and teaching. The articles published focused on topics which analyzed a multicultural variety of individuals, couples, and families treated by Marriage and Family Therapists. The work covered a multitude of topics, including same-sex relationships, adolescents, acculturation, bereavement, immigration, supervisory relationships, African American families, person of the therapist, and the intersection of race with children and/or adolescents. Much of the literature has been shared in social science programs at public and private universities and within social service agencies.

**Kenneth Hardy**

Hardy served as the first program director of the Minority Fellowship Program at the American Association For Marriage and Family Therapy (AAMFT). Their goals include expanding the delivery of culturally competent mental health and substance abuse services to underserved minority populations. In addition, Hardy worked on increasing the number of culturally competent Marriage and Family therapists (AAMFT, n.d.-a). Lastly, Hardy served on
several editorial boards including the Journal of Marital and Family Therapy (JMFT). His holding of high ranking positions within the MFT field has created change and opportunities to further support the needs of the diverse African American community and other minority communities. His contributions have also been featured on several major television networks.

Scott Johnson

Johnson is another potential participant who has held significant roles with the AAMFT. He previously served as the director of clinical training in the MFT PhD program at Virginia Tech and also held office as a former president of the American Association for MFT. (Virginia Tech, 2015). While operating in both roles he worked to maintain the values of the AAMFT while ensuring that the MFT core competencies were upheld. In his role as president, he was required to attend several meetings per year, as well as board and promotional association meetings (American Association for Marriage and Family Therapy, n.d.-b).

Elaine Pinderhughes

Other African American scholars have made significant contributions to both the MFT field and the humanities field in the areas of race and multiculturalism. In 2012, Boston College Graduate School of Social Work (GSSW) created the Pinderhughes diversity lecture series to honor Pinderhughes’s contributions, longevity, and achievements as a social worker. The series has covered a plethora of topics spanning across the humanities. The lecture series in itself has gained notoriety and has undoubtedly contributed to the field of MFT, further adding to the contributions of Pinderhughes.

William Turner and Marlene Watson

Both Turner and Watson received the Robert Wood Johnson Health Policy fellowship, which is stated by the National Academy of Medicine to be the nation’s most prestigious
learning experience at the nexus of health, science, and policy in Washington, D.C. (Robert Wood Johnson Foundation, 2007). Watson was the first couple and family therapist to receive this prestigious honor. Watts-Jones also received several fellowships including a teaching fellowship, the American Psychological Association Minority Fellow, and the American Association of University Women (AAUW) Fellowship, which supports women scholars who are completing dissertations, planning research leave from accredited institutions, or preparing research for publication (American Association of University Women, 2016). While the review set out to focus on work conducted within the last 40 years, it cannot truly demonstrate the collective or individual precedence. The majority of the scholars who were interviewed received prestigious awards, whereas others have held high positions on boards within, but not limited to Family Therapy programs. Many of the academics continue to be active in the MFT field by serving as professors within educational and clinical training MFT programs, working in private practice, supervising students, and continuing to publish relevant research articles. Although it is clear that the contributions discussed varied considerably across individuals and modalities in its quantity and methodological quality, it is clear that the lifelong work of each individual is undeniably essential toward the principles and foundation of the MFT field.

**Paulette Moore-Hines**

Hines is a founding faculty member of the Multicultural Family Institute of New Jersey and has worked with several other Marriage and Family therapist to create an institute that focuses on promoting social justice and countering societal forces that undermine people based on race, gender, culture, class, sexual orientation, religion, or disability (Multicultural Family Institute, 2015).
Overall Summary of Contribution:

The abovementioned work presented has demonstrated an immeasurable personification of the scholastic influences of the contributors toward the vast majority of students and practitioners in the humanities. MFT students, trainees, and practitioners use the information derived from articles written by African American scholars to formulate treatment and to actualize change with clients. African American scholars have made significant contributions to the MFT field in general as well as specifically by addressing issues of race and multiculturalism.
Chapter 4: Methodology

Research Question

The goal of my study is to inform the way African American scholars feel appreciated as well as marginalized. In conducting the study, I wanted to know what the lived experiences of African American MFT scholars have been, as it relates to being an ethnic minority working in a predominately White hegemonic field.

Sample

Participants in this study have demonstrated impact in the MFT field. Although several persons were contacted there were a total of five scholars who participated in this research study. This was mainly due to difficulty identifying and contacting African American MFT’s who met the below criteria. Difficulty came about with some scholars who were emeritus, on sabbatical, unreachable via phone/email, or simply chose not to participate. Each participant self-identified as being African American, and met a minimum of two of the three criterion including:

1. Published a minimum of five scholarly works in an MFT journal.
2. Published at least one article in a high impact journal associated with the MFT field (high impact journal is defined as having an impact factor of 1.5 or above.
3. Have a minimum of 20 citations related to MFT listed in the EBSCOhost/SOC index database including psychINFO.

Exclusion of other qualifying scholars is due to recommendations that researchers interview from five to 25 individuals who have all experienced the same phenomenon (Polkinghorne, 1989). Participants were chosen based on their longevity, visibility, and reputation within the field. Other scholars were left out of the participant pool due to difficulty locating information about
them on EBSCOhost and on MFT school websites. I was unable to identify other scholars even though they may have met the requirements to participate in my study.

Design

Husserlian phenomenological research methods were employed for the purpose of exploring and interpreting the lived experiences of African American scholars in MFT (Creswell, 2007). The goal of this study was to look at the subjective experiences of each participant. This study was framed through a constructivist perspective with the hope of understanding how each participant constructed their own reality relative to their experiences within a predominantly Caucasian field. Four steps that were used included bracketing, intuiting, analyzing, and describing. After completing each of these steps and interviewing the participants, I coded each participant’s responses and grouped them into themes. Through the themes I identified ways in which each potential participant’s experiences have impacted the MFT field in the areas of clinical application, teaching methods, research interest, and/or supervisory tactics.

Procedures

The researcher sought approval to complete the proposed research from the Antioch University New England Institutional Review Board (IRB). When approval was granted by the IRB, interviews with selected participants commenced. Interviews were conducted over a series of weeks via telephone and were recorded. All phone calls were recorded using the “Tape a call” application through the Apple iPhone. Rev.com then transcribed the interviews verbatim. Interviews lasted approximately 15 to 45 minutes (Creswell, 2007).

I contacted each of the participants by email to invite them to join in the study. I asked each of the participants the same questions after obtaining their Informed Consent. Six questions and six sub-questions were asked including: How do you believe your scholarly works during
your career have affected the MFT field including, supervision, research, therapy and teaching? How has your work been impactful? Has your experience as an African American student differed from your experience as an African American Professor, therapist, researcher? How have you experienced being an African American scholar matriculating in a predominantly Caucasian field? Did you experience any form of racial microagressions?

**Data Analysis**

After engaging the participants in telephone interviews and gathering data through the telephone transcriptions, statements of significance were highlighted (Creswell, 2007). I then coded each of the participant’s statements identifying clusters of meaning by grouping statements into themes and removing overlapping repetitive statements (Creswell, 2007; Moustaka, 1994). Next I developed a textural description based on significant statements made by the participants and themes that arose through the interviews. Textural description refers to a written description of what was experienced; a description of the meanings individuals have experienced (Moustaka, 1994).

The textural description was used to write a structural description of the culture that contributes to how the participants experienced working in a predominantly Caucasian field. As an additional step I positioned myself within the research context by detailing situations that have contributed to my own experiences as an African American scholar in the MFT field (Moustakas, 1994). Lastly, I developed a composite description of each of the participants experiences in the MFT field to capture the essential, invariant structure of how they perceived being African American in the MFT field. The essential, invariant structure refers to the actual essence of participant’s experience. Moreover, there was a reduction to the textural (what) and
structural (how) meanings of experiences to a brief description that typifies the experiences of all the participants in a study (Moustakas, 1994).
Chapter 5: Results

Participants

In efforts to distinguish between the research participants, I have assigned each of them a number from one to five. Anonymity was an important factor due to many of the participants worrying about possible retaliation against them by their own academic departments and within MFT professional organizations. For this reason, non-gendered pronouns were used to conceal their identities. Each of the participants have been members of the MFT field for a minimum of 30 plus years; they have each been cited a minimum of 19 times up to 220 + times in EBSCOhost database; and discussed issues pertaining to race in their writings. Their experiences in the field are extremely diverse, as some have worked exclusively in academia while others have worked in several settings including administration and private practice.

Participant (1) has spent the majority of their time in the MFT field working in academia while maintaining their private practice. The vast majority of their work has focused on the “recognition and realization of multiculturalism and the importance of teaching and training.” Participant (1) has published in high impact journals and has been a member of several professional organizations that have promoted the mission of the AAMFT.

Participant (2) spent a large quantity of their time teaching in academia and worked in community-based treatment. This person also published in high impact journals. In their interview they talked about trying to reduce the stigma around therapy in the African American community.

Participant (3) reported that they entered into the MFT field because of their interest in how systems affect people. This participant spent a large portion of their career in academia, private practice, and working in community-based services. They cited their ability to reach a
wide array of academicians and professionals through publishing in high impact journals as a method to create discussions about oppressed persons of color.

Participant (4) spent the majority of their professional career working in administration and conducting research. This participant believes that through their publishing they have been successful in creating “equity of opportunity, and access to quality services” within the healthcare field primarily for persons of color.

Participant (5) has worked in academia, clinical practice, and administration. Much of their impact was visible through their work with professional boards associated with MFT. Additionally, this person was able to reach a large number of people through their professional publications.

Central Themes

The phenomenon of being an African American scholar in the MFT field can be characterized by first reflecting on the central themes that were brought forth during interviews with the research participants. I will begin with the essence followed by sharing the meaning structure of the phenomenon.

The essence of the phenomenon encompasses a culture of racism in the MFT field that closely mirrors racism in the larger American society. Many of the participants believed their work was impactful, especially their research published in high impact journals. However they also felt minimized by the field of MFT. A general belief among the participants is that the MFT field does not truly value them or their work. This statement is supported by Participant (1)’s accounts of feeling marginalized despite their longevity, accomplishments, accolades, and significant contributions to the MFT field.
Participant (3) spoke about how much of their research was reactionary to their experiences within the MFT field. As a result of these racial incidents several of the participants developed a connection based on their shared experiences of racism in the MFT institution. There was a shared belief among the participants that their belongingness to the field and knowledge about systems theory was always in question by their non-African American colleagues and sometimes their students. Participant (2) recalled a student’s statements about initially believing they were (Participant 2) an “affirmative action hire.” Their statement that despite the student’s intent likely not being malicious, the statement, a microaggression, was still painful.

I asked two questions pertaining to the participant’s experiences of microaggressions and tokenism within the field:

- Have you experienced a culture of tokenism in the MFT field?
- Have you experienced racial microaggressions and/or social justice inequalities while teaching at a PWI? If so how?

It was notable that within each of the participant’s responses, despite some of their beliefs about their department, university, or agency’s intentions for hiring them, they made decisions to rebel against the idea of being a token and to “not toe the line:”

What happens sometimes is, that people intend—they hire you with the idea and whether it’s explicit or not that you’re going to be a token. I think this is part of the institutional problem that people hire you but when they bring you there you’re different. Like they’re different but of course because it’s a predominately white institution you’re different from them. But they remain different from you. That’s just a piece that never gets articulated as much. But the point is they’re increasing the diversity but if you’re not
open to what people are bringing that is a different way of thinking or a different way from doing you’re really not really having diversity. Then you are having a token, like just a face. I think for so many that is what these institutions don’t grapple with, that if you really want diversity then you have to be open and be willing to value and really entertain different ideas and approaches. But I think ultimately, I and we determine whether we’re a token by how we respond to that. I think what can happen is, and this has certainly been part of my experience depending on where I am, people have a hard time because you’re expected to toe the line and what do you mean? So, when they find out that you’re not willing to just go along then there becomes tension, there becomes people find ways to get rid of you or make your life hard there or whatever but to the extent that they just don’t want to absorb it at all. Participant (3)

This participant’s statements of feeling isolated further included beliefs that agencies/academic departments that they were a member of would not include them in activities that would promote their professional growth. In reviewing the data, tokenism and microaggressions included:

• Being left off of emails received by many of their non-African American co-workers;
• Not being asked to attend professional activities;
• Being penalized/retaliated against for speaking out against social injustices.

Despite ones intention, “microaggressions could still be infuriating and harmful,” Participant (2). This statement speaks to the participant’s experiences of racism regardless of if the offender’s intent was to be malicious or not. Participant (1) recalled one of her White colleagues telling her he missed another one of their African American colleagues presence at an event so that he, the African American colleague could make him smile. Participant (1) took great offense to their Caucasian colleague’s statement. They believed that this colleague’s
declaration, which is written above, disregarded their African American colleagues’ accomplishments.

Several of the participants reported experiencing racial bias in their professional lives. In reviewing the data there were reports specifically from participants who worked in academia that persons in their departments, including students, minimized or disregarded their accomplishments, clinical skills, and ability to perform their duties. Several participants made statements about believing they were viewed as less knowledgeable about the information they were presenting and to having their statements totally glossed over when participating in a group conversation with their peers. It was stated that faculty of color are generally not respected.

Participant (2) talked about how they were deeply affected by an incident in which they submitted a paper based on their research and was told that because the focus of their paper was the “Black family” that their paper was racist. Additionally, Participant (2) could “remember turning to my Black colleagues in the field and just realizing how much racism existed in our field.”

Participants (3) and (5) detailed their struggles with both being a minority in a growing field and trying to convince other human service professionals that looking at a family system as opposed to only the individual to create change was worth while. The most common reason participants reported entering the MFT field was their desire to learn and practice systems theory. At the time several of these professionals entered the field, MFT was not as large of an entity as it is currently. Hence, it was not just being a systems thinker but also being a minority that led several participants to feel isolated within their roles as sometimes the only African American scholar.
Feeling isolated as one of a few or the only Black persons was a common theme. Also, the desire to create change through systems theory was a common theme. Through each of the interviews the participants shared their personal experiences as a minority working in the MFT field. It was interesting to see how several of the themes overlapped yet how each participant’s interpretation of their experiences varied.

**Themes**

Using the textural descriptions derived from each participant’s interview I created a structural description of the culture that contributes to how the participants experienced working in a predominantly Caucasian field. Based on the hermeneutical phenomenology interpretive processes three major themes emerged from the data (Moustakas, 1994). The three major themes include: *Desire to change negative stereotypes of African Americans in the MFT field; Marginalization and microaggressions by non-African Americans; and the need to create a space for African American oppressed voices.* See Table 1 for a listing of all the major themes and subthemes.

**Desire to change negative stereotypes of African Americans in the MFT field.** The participants in this study had a shared goal of changing the system of institutional racism in the MFT field. Several of the participants stated that they reached out to large circles of scholars through publishing in high impact journals. The goal of publishing in high impact journals was to create multifaceted views of African Americans, to dispel negative stereotypes about Black families, and to draw attention to areas of concern in African American communities. The data reflected that there were very few African Americans, if any, in positions that made decisions concerning funding and research within the MFT community. One of the major complaints made by the participants was that grants typically stipulate what types of research can be done in the
African American community. As a result, issues that are important to the African American community can sometimes be overlooked by the agencies supplying the grant money.

The first major theme, desire to change negative stereotypes of African Americans in the MFT field has four subthemes: *Lack of African Americans in decision making positions, Racism and social justice within the MFT field, providing quality care to African American clients and families, and Race informing relationships.* These sub-themes emerged secondary to a series of questions including “How do you believe your scholarly works during your career affected the Marriage and Family Therapy field in the areas of supervision, research, therapy, and teaching?” and “How has your work been impactful?”

The first sub theme, titled Lack of African Americans in decision-making positions, was a common thread throughout many of the participant’s responses to the abovementioned interview questions. Participant (1) stated, “to my knowledge there has not been any person of color as editor of a mainstream family therapy journal.” This statement holds great significance, as a journal editor’s primary role is to make decisions about what gets published in the field. The journal editor ultimately holds the responsibility for making the final decision on whether to accept or reject an article for publication. Participant (1) further stated that “people who comprise those boards (MFT boards) and who are at the head of it, it is their knowledge that traditionally legitimizes what is knowledge.”

Participant (5) spoke candidly about the AAMFT and how they “were” making strides towards inclusion of African Americans but seemingly have regressed. “If you look at the board, it’s primarily White.” Moreover, participant (2) compared their experience in graduate school to a book titled “Even the Rat was White” (Mays, 1988).
Participant (2) discussed their experiences of racism in their graduate program. The experience they mentioned as being most significant was about a professor sharing “inaccurate” and “outrageous” information about an African ritual and “rites of passage ceremony.” This participant stated there was “no context for the possible meaning” of what was being taught from “an African point of view.” Participant (2) took issue with this professor sharing and promoting inaccurate information about persons of color to a group of students who were studying to become treatment providers. This was partly because the information shared had the potential to foster and cultivate false narratives and stereotypes of Africans participating in the ritual:

What had been written on black families was negative, it was pejorative. So, we remain (referring to African Americans), I think, a group that’s underrepresented in the field of study that relates to couples and family therapy and system and thinking. That’s a challenge because it means that the perspective that one advances as it relates to ethnicity, class, race, gender, spirituality, sexual orientation, those issues have been, I think, undervalued and not focused on consistently as the field has developed.

( Participant 2)

The second subtheme, titled Racism and social justice within the marriage and family therapy field, captured the participants’ abilities to affect the MFT field through their research. Nonetheless, despite the participant’s abilities to become published in wide circles, many of them believed they were still viewed as less knowledgeable than their colleagues by their peers and even sometimes by students.

Several of the participants listed specific incidents of how they believed the AAMFT and field as a whole were attempting to make strides towards being socially just but somehow continue to miss the mark.
• I don’t think that as a field we have a common definition of social justice. To be a minority in this field and then to witness how that fellowship (Minority fellowship program) is given to as many White students and perhaps even more White students than it is to students of color and wondering what commitment and what follow up is the association doing to ensure that all people of color as well as White people are doing what the fellowship is supposed to do. As a field do I think that we are socially just? No, I do not. I think that we attempt to be and have social justice in our thinking, and try to be guided by it, but I don’t think that as a field we have a common definition of social justice. The field mostly despite all of our talk about social justice has achieved diversity and inclusion without really understanding that we continue to be racist in many ways. Despite the attempts of the program (MFT) to be socially just, etcetera, you still have to deal with other entities. Participant (1)

• Thinking about social justice issues and how to translate values on social justice, and equity of opportunity, and access to quality services. The questions on how to translate those values to action in both the clinical setting and in community-based settings has been my passion and what I have attempted to attend to in both my clinical and my community-based and my scholarly workings. Participant (2)

• A reviewer said that because I had focused on black families that my paper was racist, and I remember turning to my black colleagues in the field and just realizing how much racism existed in our field and that was very important. Participant (2)

• I do believe that for all the problems, for all the denials, racism, it’s still very much alive and well in the Marriage and Family field. Participant (2)
• I think that people on the other side of the table are still growing in their awareness, again, about how to translate their value on social justice and inclusion and to action, and thinking about how to be inclusive in ways that are respectful and responsive to the needs and circumstances. Those are responses even to the needs and concerns of those of us who represent the unrepresented, and those whose forces are generally not at the table. Folks are still developing, I think, the necessary, the awareness to pursue this agenda without doing harm so to speak. Participant (3)

• I think that people on the other side (non-African Americans) of the table are still growing in their awareness, again, about how to translate their value on social justice and inclusion and to action, and thinking about how to be inclusive, that are responsive even to the needs and concerns of those of us who represent the unrepresented, and those whose forces are generally not at the table. Folks are still developing; I think the necessary, the awareness to pursue this agenda without doing harm so to speak. Participant (4)

An overall belief by the participants was that in order for the MFT field to provide quality care specifically to African American clients and families it is necessary to first develop socially just practices as well as checks and balances to ensure those practices are being followed.

The third subtheme, providing quality care to African American clients and families, captured the perceived barriers to providing quality care for members of the African American community. Participants discussed possible agendas that fuel the services delivered in the African American community. Lastly, the participants explored the external factors that influence the prioritized areas of study as opposed to the cultural and community needs. Quotes from their narratives are listed below.
• Having to witness things like that where it’s more about follow the money, you might have a person of color as the face of it (MFP), but then who’s pulling the strings, who are the people behind it? Participant (1)

• Maybe if you talk about AIDS or HIV in the black community that will be. But let’s not talk about these other things. You’re not going to get any money for that, so where’s your support in terms of those things. Participant (1)

• Some people have talked about because of the different grants, things that they saw as being important were not really put to the front because that wasn’t what grants were asking for. Participant (3)

• I feel like I’m not a spokesperson for the community that I’m a part of, but I bring to the table a perspective that again is underrepresented. There’s an opportunity to at least bring attention to those voices and bodies and whose agenda and concerns are missing from the conversations that happen. Participant (4)

• The theory that gets promoted, the clinical practices and prevention that gets disseminated, definitely how resources are distributed, the policies and the decisions that affect people’s lives on an everyday basis. Participant (2)

Participant (2) talked about “the stigma” of therapy in the African American community. This participant further cited the need for marriage and family therapists to reach out and understand the culture, so that the field could, join and connect with people who didn’t believe in therapy. Whether it was feeling minimized by their institution or being made to feel like they were viewed as the spokesperson for the African American race, it was clear that the participants felt there needed to be big changes in regard to how institutions incorporate social justice into their programs.
The fourth subtheme, titled Race informing relationships, was most prevalent in the narrative responses of Participant (3). This participant, when compared to other participants, spoke most passionately about this subtheme. Participant (3) recalled their experience in a class they took in their graduate program. This participant reported while enrolled in this class the professor inaccurately made assumptions about a group of people from an African culture. This assumption had potential to promote inaccurate truths about a group of people to incoming students. The below quotes detail Participant (3)’s experience in relation to this subtheme and their experience in the abovementioned graduate class:

- The lack of understanding about how race informs people’s relationships, how people feel about themselves, how people feel about the lack of awareness.
- This quote speaks to how opinions can be formed about African Americans due to preconceived racial biases.
- Rituals around rites of passage around manhood and womanhood that the scarring of the skin, he said was because the elders are hostile toward the youth because they’re young. I was just like [...] so I raised my hand and like really challenged that. What is this based on? This is your speculation? There was just no context for the possible meaning of that from an African point of view and I walked out of his class because I thought it was just so outrageous. So I think those are the things that in the training, the things that were missing. Participant (3)

The concept of Race informing relationships was explicitly mentioned as a factor for each of the participant’s professional growth from the time they matriculated in graduate school up through their training and beyond to becoming licensed Marriage and Family therapists. Race
informing relationships affected how the participants felt they were treated at all levels of their careers.

**Marginalization and microaggressions by non-African Americans.** The second major theme, Marginalization and microaggressions by non-African Americans, was a common thread throughout the data in each of the participant’s responses. This theme emerged after I asked the question “Have you experienced racial microaggressions and/or social justice inequalities while teaching at a PWI? If so how?” When asked the abovementioned question, the answer was unanimously, “Yes.”

Participant (2) stated that microaggressions based solely on ones race are “Both infuriating and painful.” Participant (3) further stated there is a need to “Hold folks accountable for what they don’t see, and what they do, and the impact regardless of the intention.” This speaks to people and organizations understanding that microaggressions can be harmful to the person experiencing it regardless of the aggressor’s intention. The first subtheme, *experiencing microaggressions at all levels*, is best captured through the series of quotes listed below:

- Well it exists at all levels. Questioning your knowledge, that’s a racial microaggression for if you’re questioning my knowledge as an African American, questioning clinical skills as that having White skills to question or tell you what their White, male supervisor said. Those are all forms of microaggression. Participant (1)

- Looking at the evaluations and reading what some of the students have said, which I can pretty much tell who the students are, but faculty of color generally aren’t as respected, in those kinds of ways. It’s about questioning your knowledge, your competence. I’ve had students go to the dean, tell them that I was racist or whatever if I didn’t do what they wanted me to do, White students. Sadly, sometimes students of
color, because they want to be model minorities or be accepted by White folks, end up doing that same thing. It didn’t work in that way, but the things that faculty say. Participant (1)

• Once at a dean’s retreat one of the other faculty or colleagues, another African American faculty member wasn’t present that particular day and so he said to me he wished he were there because she smiled more, et cetera. To me, that’s a racial microaggression. As a black person I’m supposed to comfort you or be smiling. You haven’t said anything funny, humorous. That said to me you have a certain expectation of how I should behave, what I need to do around you to make you feel more comfortable. Participant (1)

The above microaggressions can be dangerous, as they are covert. The example of reducing a professor to their smile automatically minimizes their intelligence and their academic accomplishments. It was important to highlight this microaggression, as it is common, dangerous, and the most difficult to identify.

• It’s a racial microaggression when you see say something and they just gloss over it when you’re the only minority person in the room at a meeting or something, and they act like you haven’t said a word, and move on. Participant (1)

• The one that my friends and colleagues will recognize and remember is that when I first started teaching in the doctoral program, I had my students do journals in the diversity class. But many of them had never studied any of this stuff before and I had a young white man who wrote in his journal. He thought he was praising me, and he wrote this microaggression in his journal. He wrote, “I was really surprised to see that
you’re such a good lecturer and teacher, when I first heard you were hired I thought you were an Affirmative Action hire.” Participant (2)

• Now, that type of microaggression is common. What was striking to me about that was the White privilege that a student would say that to a professor. Participant (2)

• It’s the lack of understanding about how race informs people’s relationships, how people feel about themselves, how people feel about other people, the lack of awareness. That is across both privileged and marginalized identities. The whole absence of that as a way of understanding human behavior and therapy. Participant (3)

• To name some of those microagressions. I think one of the most challenging are people who say they don’t know, that they’re caring, and they want to know, but then they don’t take the position of questioning and challenging. That’s sometimes saying to come from a place from White superiority. That happens in many different ways. At times, some seem to be conscious of what they’re doing, and other times, not so aware. Participant (4)

• Part of the microaggression was that the state and the university were not very open and accepting to African Americans. While I was at the university, I would say there were no more than two African Americans on either the staff or the faculty. To this day, it’s no better. Participant (5)

The second subtheme, *The desire to increase diversity without changing the status quo*, was evident in several narratives. There was an overall belief by some of the participants that even if an institution wanted to increase diversity the expectation would be for persons of color to assimilate to the dominant culture without the dominate culture making any changes to
accommodate persons of color. Participant (1) took specific issue with a large institution stating they “Couldn’t find qualified minorities to come and teach in our programs.” This statement was made in regard to programs not being able to find qualified minorities in cities with primarily large minority population. It’s things like that when it comes to really appreciating and valuing, giving credit to people of color.”

Four of the five participants believed there was a desire by the dominant culture for them to assimilate or to act as a face of an institution without a true desire to change the status quo. Participant (1) is stated, “I think that when you speak up, give voice to issues such as racism, etcetera, that you then become a target oftentimes in this field.” Participant (1) further stated “I also think that the field mostly despite all of our talk about social justice, has achieved diversity and inclusion without really understanding that we continue to be racist in many ways.” There has been a consistent lack of inclusion and focus on African Americans in the literature and in training programs. Although institutions strive to be socially just, because attention is not being given to the intersectionality of how race, power, and oppression maintain the status quo of White privilege, these institutions remain socially unjust.

- I think for so many that is what these institutions don’t grapple with, that if you really want diversity then you have to be open and willing to value and really entertain different ideas and approaches. Participant (2)

- But the point is they’re increasing the diversity but if you’re not open to what people are bringing that is a different way of thinking or a different way from doing you’re really not really having diversity. Participant (3)

- I think that people on the other side of the table are still growing in their awareness, again, about how to translate their value on social justice and inclusion and to action
and thinking about how to be inclusive in ways that are respectful and responsive to
the needs and circumstances of others. Participant (4)

- The needs and concerns of those of us who represent the unrepresented, and those
whose forces are generally not at the table. Folks are still developing, I think, the
necessary, the awareness to pursue this agenda without doing harm so to speak.
Participant (4)

- Over the years, we’ve really had a number of people, a number of African Americans,
but in recent times, I’m seeing that numbers that are really falling off. When I see
people sometimes, and they said, “Well, things went back the way they were. If you
look at the board, it’s primarily a White board and many things like that. Participant
(5)

Several participants made statements concerning not having a safe space or even a space
where they felt valued within their programs or departments. For this reason, many of the
participants formed a professional family comprised of other African Americans and non-
Whites. Some participants believed that their academic departments wanted to increase diversity
but were not sure how, or their departments would like to increase diversity without making
changes within their institution, or they believe their departments stated they wanted to make
changes but truly didn’t.

One observation made by Participant (1) was that African Americans and other minorities
are not valued especially. This was explained in a way that African Americans are not given
credit for their contributions when compared to their peers. For this reason, several of the
participants alluded to finding comfort within groups of other non-White professionals.
The need to create a space for African American oppressed voices. The third major theme is an area where African American therapists feel they need to create a space for oppressed voices. Two subthemes that fall under this major theme are: Feeling lonely as the only African American or one of a few and A need for within group space. In regard to the subtheme Feeling lonely as the only African American, there were several relevant quotes within the data:

- Just in my city to begin with, as far as I know, I’ve been the only mental health, whether it’s the counselor, psychologist, marriage and family therapy, the only African American. There weren’t many African Americans who were within the high echelon of AMFT. Everybody was trying to make it sound like you don’t belong there. Well, one of the things that most of my experience as an African American person in this field is that for many years, it was a lonely existence. As I said, there weren’t too many of us around that you could lean on. And it was a very tough time for those of us in the field, because we were really pepper in the saltshaker. There was very few of us. Participant (5)

- Unfortunately, I don’t find that there has been any significant increase in the numbers of people of color who enter the field of marriage, and couples, and family therapy. And I won’t say just the marriage, the couples, and family therapy, but who are focused on marriage, and couples, and family therapy, regardless of their degrees are in. Participant (4)

- To my knowledge there has not been any person of color as editor of a mainstream family therapy journal. If there has been I’m not aware of who that is. Those are the kinds of things that still impact you even though you may not be aware of any direct impact. Participant (1)
Participant (1)'s quote in particular is very important as it speaks to the direct impact felt by African Americans matriculating, teaching, and receiving services from providers in the MFT field.

The second subtheme, A need for within group space, was additionally discussed by several participants throughout the data. This subtheme is best captured by participants feeling like they needed support from other minorities to discuss and receive advice about how to handle racial aggressions they were experiencing in their roles. There were feelings about the need for African Americans to have a smaller group within the larger group of MFT. Participant (5) previously detailed feeling lonely as sometimes the only person of color in their department. Participant (2) shared their experience about feeling isolated in the MFT field. They are quoted as stating:

- We were really pepper in the saltshaker. There was very few of us and so, I remember my first paper that I submitted to a journal. One of the reviewers said that because I had focused on black families that my paper was racist, and I remember turning to my black colleagues in the field and just realizing how much racism existed in our field and that was very important. One of the things I tell my students and my mentees all the time is that what really helped us in the early days, was that we developed a professional extended family. Participant (2)

Participants (3) and (5) further detailed their experiences and responses from non-African Americans when they have attempted to form a professional family with other persons of color.

- In general, they don’t want a whole group of people of color really coming out and saying hey this is not working. Participant (3)
• What it means about how whites deal with people of color getting together, I don’t think that was as interesting or as digestible in that institute. Participant (3)

• That created a lot of problems with people, in the sense that, one they didn’t think that there should be a separate group for minorities. Participant (5)

There is a consistent struggle by institutions to accept diversity without becoming more oppressive to people of color (POC). There is an overall lack of understanding of how to incorporate POC into the MFT field. The root of the problem as presented in the data appears to be the desire of institutions to create diversity without shifting their system to accommodate POC, their ideas and their contributions. As a result, institutions have minimally increased diversity, which even in low numbers has proven to not be sustainable.

As stated above, a general belief among the participants is that the MFT field does not truly value African Americans or their work. The three major themes, Desire to change negative stereotypes of African Americans in the MFT field; Marginalization and microaggressions by non-African Americans; and The need to create a space for African American oppressed voices, emerged through interviews with the participants. It is clear that there is a shared belief that in order to retain and incorporate more African Americans into the MFT field that the above themes must first be addressed by members holding power within the field. Furthermore, the textural descriptions as described in the discussion section provide more insight into the participant’s experiences as well as potential recommendations to the MFT field.
Chapter 6: Discussion

The final step in this study is putting together a composite description of the participant’s experiences. Through the textural descriptions I have captured the essential, invariant structure of how the participants perceived being African American in the MFT field. The essential, invariant structure refers to the actual essence of participant’s experiences (Moustaka, 1994). Although several of the participants reported having similar experiences in the field it was interesting how each of their experiences varied based on their own perceptions and what point they were at in their career. Examples include, some participants reflecting on their experiences in a graduate program, while others reflected on time spent as a professor in an academic department. Some participants chose to use encounters they defined as racist to fuel their studies while others thought it best to speak out about the injustices they were experiencing. The results that emerged from the data, as discussed below, are based on my interpretation of the participant’s accounts. My goal was to understand the essence of each participant’s experiences in the MFT field. I have categorized the findings into the three major themes: Desire to change negative stereotypes of African Americans in the MFT field; Marginalization and microaggressions by non-African Americans; and The need to create a space for African American oppressed voices.

Several of the participants stated the need for education in institutions concerning race and power, especially in regard to how systems maintain the status quo of racist practices that creates uncomfortable spaces. This is closely related to the last CRT tenet 5, Whiteness as property, which indicates that social, educational, and economic value is associated with being White (Harris, 1993). One participant reflected on her experience of racism in the MFT field as mirroring her experiences of racism in society. Furthermore, the shared belief among the participants was despite that a program’s desire or attempts to increase diversity, if the institution
remains racist in its practices the program will struggle with increasing and maintaining diversity.

**Discussion of Themes**

**Desire to change negative stereotypes of African Americans in the MFT field.** The first major theme, desire to change negative stereotypes of African Americans in the MFT field, has four subthemes: Lack of African Americans in decision making positions, Racism and social justice within the MFT field, Providing quality care to African American clients and families, and Race informing relationships. Several of the participants felt that their treatment, and treatment of African American clients, specifically families, was impacted by negative stereotypes reinforced and promoted by members of the MFT field. The African American community has had several negative experiences with the healthcare system that cause distrust. Mistrust of the health care system by African Americans is a major problem that has to be addressed and corrected (Kennedy, Mathis & Woods, 2007).

The above belief that African Americans are impacted by negative stereotypes is further supported by CRT tenant two and five which challenges the beliefs of “color blindness” and “Whiteness as a property.” Negative stereotyping has certainly served to reduce the amount of opportunities within the MFT field afforded to African American scholars despite merit. This has been demonstrated by their limited access to professional growth enhancing opportunities afforded to their non-African American colleagues. Furthermore, tenant five “Whiteness as property” has served to promote unfair stereotyping of African American Faculty. Tenant five allowed students to participate in challenging credentials and authority of African American faculty without fear of reprimand by the department or institution.
Stereotypes are harmful. They promote racism, and several other discriminatory practices. Furthermore, they lead the oppressor to unfairly categorizing the receiver and may determine the services rendered (Boyd-Franklin et al., 2013; Turner et al., 2004). Several of the participants stated they experienced racism spanning from the time they were enrolled in graduate programs up through and continuing in their professional careers. Many of the responses to questions about if they experienced racism in the MFT field were precipitated with statements similar to “Yes, absolutely.” In reviewing the data, it was clear that racism in the MFT field was common and to be expected. Participant (1), (2), and (4) spoke passionately about their experiences in the field and the challenges of trying to change the system. What was most inspiring was their belief that their work was impactful in a way that new clinicians are being trained to now do effective work with Black families.

Black students in particular have challenged PWIs’ historically race neutral ideologies, noting that these ideologies and discourses continue to mask the unequal distribution of power in institutions and society (Gusa, 2010; Patel, 2015). As mentioned above in the results section, experiencing racial discrimination and contending with race neutral ideologies was commonplace even amongst the participant’s experiences in graduate programs (Mcdowell et al., 2003). Black graduate students from the beginning of their career whether they enter administration, therapy, or teaching at some point will likely experience some form of racism in the MFT field. Therefore, there must be a paradigm shift at minimum in graduate programs and within universities to address racial discrimination experienced by African Americans. Furthermore, the MFT field as a whole must strive to value and incorporate different voices in efforts to not isolate members and make positive transitions towards inclusion as opposed to remaining stagnant.
It is imperative that MFT programs begin to incorporate Persons of Color (POC) at all levels spanning from students, to professors, to administrators, board members, journal editors, and beyond. There is a significant problem in the MFT field that has to do specifically with training and promoting racial biases and social injustice against persons of color.

Participant (1) stated the MFT field has “mirrored my experience in the larger society being a Black person.” African Americans report experiencing discrimination on a frequent basis, and these experiences have been linked to psychological distress (Smith, Stewart, Myers, & Latu, 2008). It is no wonder that African American professors would strive to ameliorate the negative stereotypes taught about persons of color, specifically those in the African American community. Psychological distress caused by racism was thought to be a motivator by some of the participants to inspire their research. Both Participant (1) and Participant (2) discussed using their experiences of discrimination and racism in the MFT to further fuel their studies and to inspire new studies.

There were two thoughts in regard to how African Americans interact with racism and social injustice. One thought was to keep their “heads down” and to go with the flow. The other thought was to speak out against the injustices, as it would not seemingly make a difference anyway in regard to their professional advancement. Moreover, Participant (1) “made a conscious decision to not be fearful about promotions.” One thing that was clear was the need for the participants to feel valued and to have their work recognized in the larger circle of their colleagues.

Fisher and Hartmann (1995), found that half of their African American college student participants in predominantly White universities reported having been the target of some form of racial discrimination over the past year. Unfortunately, discrimination, racism, tokenism, and
microaggressions seemed to be commonplace among the participant’s experiences in the MFT field. It was significant that several of the participants could recall their experiences of racism in the MFT field beginning in graduate school up until now.

As stated above the marriage and family therapy (MFT) field reflects a bias toward the dominant, Caucasian culture in its history, theories, and membership (Mcdowell et al., 2003). Several articles support the participant’s experiences of racism experienced by African American students matriculating at PWI’s (Killian & Hardy, 1998; Mcdowell et al., 2003; Wilkins et al., 2013). Furthermore, the African American experience differs vastly from their Non-African American peers. As mentioned prior it is unfortunate that there has been less attention to the multicultural and social justice inequities of marginalized students or faculty (e.g., African Americans) within MFT training programs (Barcus & Crowley, 2012; Christiansen et al., 2011; Dickson et al., 2010; Haizlip, 2012; Haskins et al., 2013; Hernández et al., 2010; West-Olatunji, Goodman, Mehta, & Templeton, 2011). The literature has provided only limited discussion of the experiences of African American faculty and those working in the MFT field. The participants shared several examples of how race-based incidents have shaped their experiences in the MFT field. The participants shared the common belief that there needs to be a total shift in the MFT field towards inclusion.

Through their research many of them have already reached a large circle of institutions. However, it was noted by Participant (5) that a few years ago the AAMFT was doing a better job with racial inclusion but is now struggling in that area. When students of color and Black students attempt to engage in efforts to improve campus climate or challenge structural racism at PWIs, they often encounter backlash from the majority community (Harper et al., 2011). This
may be due to the desire to maintain the status quo and there being few persons of color in the upper echelon of MFT where decisions are made.

Several of the participants narratives detailed the lack of African Americans in decision-making positions, especially in senior leadership that is nearly always White, is reported below. Despite leadership teams being primarily if not solely White being an obvious and prominent fact in most organizations, there is a tendency in both everyday and academic discourse to be blind to this reality and even worse to discuss, teach and reflect ‘seriously’ on organizations and leadership without reference to race or ethnicity (Aguirre, 2000).

Several of the participants stated they did not see other African Americans in places of power in the field (i.e., as presidents, deans, editors, etc.). It was mentioned that the leadership in AAMFT in particular is primarily White. There continue to be a struggle with engaging, incorporating, and maintaining African Americans in the MFT field. Participant (1) found it hard to believe that members of the MFT field were finding it difficult to identify non-Whites to teach in their programs. Several universities and MFT programs are located in areas with high Black and Brown populations. Furthermore, several institutions with MFT training programs are located in areas in close proximity to historically Black colleges and universities (HBCU). Examples include Mercer College, Nova Southeastern University, Pfeiffer University, University of Georgia, the University of Maryland, and several other Colleges and Universities. Certainly, there would be a large pool of potential students to train from those populations.

It is difficult to believe that some departments have done their due diligence in seeking out non-Whites to attend studies or to work in their departments. Denial has been a common defense against the painful and anxiety-provoking reality of race in organizations. Furthermore, denial of race seeks to obscure the continued existence of a racial hierarchy. Denial is a defense
mechanism by which some painful aspect of oneself or experience is pushed away or not owned (Walter et al., 2017).

Research that supports the subtheme titled racism and social justice within the MFT field is summarized below. Hughey (2009) suggests that antiracist work among White people who strive to view the world in color-conscious ways may still allow the reproduction of racism. It is difficult to remain socially just and anti racist in a society that has racism built into the very fabric of its workings. This statement certainly speaks to the participant’s beliefs that their experience in the MFT field mirrors their experiences in larger society. Several of the participants believed that there were allies in their places of work that truly wanted to incorporate social justice thinking and practices. However, the struggle continues to be denial of racist practices and how to incorporate social justice. It is important to remember that most departments are embedded within larger institutions that may not share the same desires to incorporate social justice into their practices. The discussion of MFT’s faculty of color is extremely scarce (Wieling & Rastogi, 2003).

Version 12 of the accreditation standards set by the Commission on Accreditation for Marriage and Family Therapy Education (2014) states:

Programs must strive for diversity and inclusion. Programs strive for a diverse faculty and student body in terms of race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language, with regard for the rights of religiously affiliated institutions (American Psychological Association, 2014).
While MFT programs may adopt the language of diversity, social justice, and inclusion, they fall short in demonstrating equity (McDowell & Hernández-Wolfe, 2010).

There are several barriers to increasing social justice in the workplace for African Americans. One barrier is the denial that racism is happening. This can be linked to the second tenet of CRT, which is the critique of liberalism and color blindness. As stated above, this tenet challenges traditional claims of color blindness and also of meritocracy (Delgado & Stefancic, 2001; Taylor et al., 2009). Another barrier is that it is beneficial to some to maintain the status quo. Where some participants stated they were tired of trying to “bring White people up to speed” in regard to what was socially just, other participants thought it to be a welcome challenge. Because racism is sewn into the fabric of American society, non-African American people who embrace antiracist values must guard against their unconscious bias.

More covert, institutional racism continues to produce and maintain racial disparities within many areas, including the child welfare, public welfare, and mental health service systems. Therefore, the values and culture of the dominant group identity often shape policy and practice (Kolivoski, Weaver, & Constance-Huggins, 2014). This is extremely significant as these policies are being taught and implemented by current and training professionals in the MFT field. The culture of racism significantly affects members of the African American community.

It would suffice to say that now the United States is said to have transformed to a color-blind society, where methods of maintaining privilege cannot overtly appear racially constructed (Bonilla-Silva, 2006). “Color blindness is associated with the liberal 1970’s ideal of learning not to see race or color in an attempt to eliminate personal prejudices and to promote a level playing field” (Abrams & Moio, 2009, p. 250). However, as CRT theorists explain, color-blindness as a form of equality forgoes the salience of racism as an ordinary occurrence in American society.
According to Walter et al. (2017), today’s organizational leaders face challenges of 21st century management with an outdated tool kit that is no longer adequate. Continuing to be hampered by institutional racism, many of our institutions do not work as intended. Leaders have been unable to navigate a way out of the chaos of an outdated value structure. The normalization of racism in daily life involves the internalization of the dominant group’s values, norms, and ideas. The unconscious acceptance of the privilege and supremacy of the dominant group is especially insidious as marginalized groups adapt to the negative and critical beliefs about one’s position in society (Decuir & Dixson, 2004; The National Association of Social Workers, 2019).

Several studies supported the participant’s claims in regard to providing quality care to African American clients and families. Mounting evidence indicates that there are mental health disparities in the United States that disadvantage racial/ethnic minorities in medical and mental health settings (Maura & Weisman de Mamani, 2017). Quality care is significantly affected by racism and the promotion of racial disparity. Research also suggests that racial/ethnic minorities that utilize mental health services may receive less than optimal care (Boyd-Franklin et al., 2013; Maura & Weisman de Mamani, 2017; Turner et al., 2004, Institutional racisim, n.d.).

The subtheme of race informing relationships discusses several ways in which persons are characterized and treated based solely on their race/ethnicity. Several studies show that racial/ethnic minority segregation can be devastating to health and functioning across the life course (Collins & Lightsey, 2001). One of the most egregious offenses is that non-Whites must assimilate to the dominant group’s practices. The unconscious acceptance of the privilege and supremacy of the dominant group is especially insidious as marginalized groups adapt to the
negative and critical beliefs about one’s position in society (Decuir & Dixson, 2004; The National Association of Social Workers, 2019).

In reviewing the responses to the questions, “Can you describe your experiences as it relates to being an Ethnic minority working in a predominately White hegemonic field?,” and “Have you experienced a culture of tokenism in the MFT field?,” it was overwhelmingly reported that most of the participants experienced some form of tokenism in their workplace. Hence, the participants anticipated tokenism and stereotyping while working in the MFT field. Several of the participants mentioned retaliation by their workplace or even other members in the MFT field as a possibility for participating in this study. For that reason, I ensured the participants that their anonymity would be kept. An example of workplace retaliation based on conversations concerning race include the Equal Employment Opportunity Commission (EEOC) suing Aloha Auto Group, Ltd. after the company fired an employee because he had allegedly advised other employees of their right to complain about racial harassment. Examples like this are very real and off-putting for persons who wish to discuss problems with race (EEOC, 2019).

Statements made by the participants throughout the interviews supported the idea that racism in the MFT field is a symptom of racism they’ve experienced in the larger society within America. Examples include unilateral depictions of African Americans in mainstream media as being poor or disadvantaged. Research conducted about African Americans will need to have a broader focus on African American culture. It is time that researchers begin to expand their view of African American individuals, couples and families. Publishers of high impact journals will need to include diverse pieces about the community highlighting areas of wealth and academic excellence. It was stated above by one of the participants that grants tend to fuel research in the African American community. There is a need for grants to focus on other areas in the African
American community aside from those that can be perceived as negative i.e. poverty, drugs, and low socioeconomic status.

Participant (3) felt they were impactful by having their articles published in wider circles. Their belief was, “As you widen the circle, you have the potential to have more people affected by what you’re saying than simply the job where you are at the teaching institute you are.” This statement is interpreted, as meaning is that students may read an article in a course and apply the information in this article to their work or even share the article with others. Assignments may be based on the published article, and it may become standard reading material for a course. Like several other persons who were interviewed, being published in high impact journals was the key to getting their voice and thoughts heard.

Upon completing interviews, when I inquired specifically about the impact of the participant’s work, several participants referred to publishing in high impact journals. Having their research accepted by a high impact journal enables the author to reach larger circles of human service students and professionals. On the other hand, some participants stated that there is limited visibility of African Americans on decision-making boards (Participants 1 & 5).

**Marginalization and microaggressions by non-African Americans.** The second major theme, marginalization and microaggressions by non-African Americans had two subthemes: experiencing microaggressions at all levels (student, mentor, faculty, coworkers), and the desire to increase diversity without changing the status quo.

Another common thread throughout the data was the idea of institutional racism. I asked about their experiences as they relate to being an ethnic minority working in a predominately white hegemonic field. I was surprised to hear about current experiences however it was clear that many of their experiences related to racial inequalities began from the time they themselves
matriculated in institutions. For many of the Participants their experiences of racism never changed however their responses to racism did. Participant (1) was clear to state that they decided not to be fearful about promotions, etc. As stated above racism is fixed within American culture.

The normalization of racism in daily life involves the internalization of the dominant group’s values, norms, and ideas. This statement is further supported by CRT tenant five “Whiteness as a property” in that exclusionary practices of being White are often supported. When I asked about the experiences of microaggressions in the MFT field it was interesting to hear Participant (4)’s response. Participant (4) talked about microaggressions in terms of whether the microaggression was intentional. However, Participant (4) was sure to state that regardless of intention the impact remains the same. It was clear that all of the participants viewed racism as hurtful. Racism is built upon the dominant groups values. Several of the participants stated that in order to develop socially just practices there must be a willingness of institutions to incorporate different thought processes.

An interesting point that was brought up was that even in cases where a program attempts to do its due diligence to be socially just, often times those programs are embedded within larger institutions, thus leaving students and faculty to navigate inequities and social injustices within the larger institution on their own. There was a distinct statement made by one of the participants concerning not feeling supported in the places they have worked. It was further stated that if they were to speak out about not feeling supported that they may also be retaliated against.

A strong example given concerning injustices was that of feeling both minimized and marginalized. Participant one stated that to her knowledge there had never been a POC selected as an editor of any mainstream family therapy journal. This statement is of great significance as
the role of the journal editor is to accept or reject an article for publication. To take this a step further, by not having a POC to ever act as an editor of a mainstream family therapy journal is to minimize their voice and the voices of an entire community.

There was specific mention of MFT field focusing more on money as opposed to areas that researchers found worthy of studying. Some participants cited the MFT field for only publishing articles in journals based on the grants were being given. An example would be a researcher being told they could publish on the Black family but only if the purpose of the article was to discuss HIV in the Black community. Additionally, programs such as the Minority Fellowship Program (MFP) were critiqued for being given to perhaps even more White students than to its students of color. Participant (1) wondered what commitment and what follow up the association was doing to make sure that all people of color as well as White people are doing what the fellowship is supposed to do.

There is a concept of ordinariness that suggests that racism is normal and widespread in society (Delgado & Stefancic, 2001). Hughey (2009) asserts that racism is pervasive no matter how “liberal” one’s background is. He states that White people all over the globe are socialized to a profound sense of superiority. Just about every institution has been affected by racism. The organizational environment reflects and protects the cultural assumptions of the dominant group, so that the practices of that group are seen as the norm to which all others should conform. The acceptance of this racialized system as normative has long conferred advantages for the White majority, including those who actively seek to eradicate racism (Feagin, 2010).

**The need to create a space for African American oppressed voices.** The third major theme, the need to create a space for African American oppressed voices has two subthemes:
Feeling lonely as the only African American or one of a few, and the need for within group space.

The subtheme Feeling lonely as the only African American or one of a few is best characterized by participants being the only African American in their role at their job. Participant (5) mentioned being African American in the MFT field as being lonely. I asked the question, “Have you experienced a culture of tokenism in the MFT field?” All but one participant stated, “Yes.” Overall there was a belief among the participants that despite the intentions of the institution for them to be a token/affirmative action hire they were noted determined to be more than just the “Black” face of that department. The participants shared several of their research interests and it is important that each of their careers span 40+ years in the human service/MFT field. Despite one participant stating they had not experienced tokenism, they did detail that in many instances they were usually one of or the only POC.

Furthermore, African Americans report experiencing racism across diverse social settings, ranging from employment to financial transactions to academia, indicating that there is a high probability of experiencing racial discrimination in many everyday activity domains (Farrell & Jones, 1988; Kirschenman, Neckerman, Jencks, & Peterson, 1991; Yinger, 1995).

As stated above, the five tenets of Critical Race Theory (CRT) closely identify experiences reported by African American faculty to address injustices experienced at PWI’s among African American instructors (Choi, 2008; Daniel, 2007; Taylor et al., 2009). Because there is an underrepresentation of African American faculty at many PWI’s, African American students and faculty continue to struggle with racist practices often with no recourse or persons to report these injustices (Pittman, 2012). Racism is deeply fixed within American society. Intersectionality of one’s identity with race also fuels marginalization of many African American
faculty members as well as African Americans working within the MFT field. Intersecting identities coupled with institutional racism can make it difficult for African American faculty to navigate and advance at PWI’s and in agencies with predominately Caucasian leadership.

The overarching goal of CRT is to address racism and White hegemonic societal practices that silence the voices of marginalized ethnic and racial groups (Castagno, 2008). Creating visibility and opportunities for the inclusion of African Americans would reduce marginalization of African American scholars and patrons of the MFT field. This can certainly be achieved by providing opportunities for work to be done on issues important to members of the African American community as opposed to issues prioritized by funders; especially in the areas of publications, administrative activities, and in leadership roles.

Limitations

Limitations of this study included the need for the readers to have at least some understanding of the broader philosophical assumptions (Creswell, 2007) as it relates to the racial composition of MFT programs (educators and students); and the trends of literature being published in the MFT field. Other limitations included the assumption that each of the participants has shared similar experiences in the MFT field (Creswell, 2007). Bracketing refers to the process of data analysis in which the researcher will set aside all preconceived experiences to best understand the experiences of participants in the study (Moustakas, 1994).

One of the challenges in recruiting participants for this study was that several people were unavailable. One person was deceased, and others declined to participate. Furthermore, it was difficult identifying the intended participants during the search due to several scholars having common names. Although the minimum number of participants needed to complete this phenomenological study was met, the intention was to interview several more.
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https://doi 10.2307/1341787


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Appendix A: Letter of Invitation

LETTER OF INVITATION TO PARTICIPATE IN A RESEARCH PROJECT ON The Experiences of African American Marriage and Family Therapists: Their Contributions to the Marriage and Family Therapy Field.

My name is Leila Linntoya James and I am a graduate student in the PhD Marriage and Family Therapy program at Antioch University-New England. I would like to invite you to participate in my research study. In my study I will be analyzing the experiences and contributions of African American Marriage and Family Therapy (MFT) scholars. If you choose to participate your experiences in the MFT field, and your contributions will be analyzed and framed within the contexts of supervision, education, research and clinical practice. This study will detail your experiences, contributions, and influence on the MFT field over your career. My goal is to inform the way African American scholars feel appreciated as well as marginalized within the field of MFT.

If you decide to participate in my study a telephone and or video chat interview would be arranged at your convenience. The interview would last about 15-45 minutes. During this interview some of the questions I would be asking you would include what prompted you to join the MFT field? If your feel your experiences have differed from your white counterparts? What area you have focused your career in (i.e teaching, private practice, research)? I will collect some personal data from you including information about your race, educational background, time spent in the field, and in what capacity you have matriculated in the field. When I have
completed the interview it is possible that I may contact you again at a later date to obtain further information. Your participation is completely voluntary.

The participant information form and consent form have been attached for your information. If you have any further questions about the research, you may contact me at xxxxxxx@antioch.edu or on my cellular phone at xxx-xxx-xxxx. If you have further questions about your rights as a participant, you may contact the Antioch University New England Institutional Review Board (IRB). Thank you for your time and consideration

Leila Linntoya R. James, LMFT
PhD Candidate
Antioch University-New England
Appendix B: Informed Consent Form

Researcher: Leila Linntoya R. James
Antioch University New England
Kevin Lyness, Dissertation Chair

The Experiences of African American Marriage and Family Therapist: Their Contributions to the Marriage and Family Therapy Field.

Part I: Information about the study

Introduction
My name is Leila Linntoya James and I am a graduate student in the PhD Marriage and Family Therapy program at Antioch University New England. I would like to invite you to participate in my research study. In my study I will be analyzing the experiences and contributions of African American Marriage and Family Therapy (MFT) scholars. If you choose to participate your experiences in the MFT field, and your contributions will be analyzed and framed within the contexts of supervision, education, research and clinical practice. If at any time you have any questions about the study, feel uncomfortable, or choose to withdraw from this study you may speak with me or with my dissertation chair Kevin Lyness.
Purpose of the research

The purpose of this phenomenological research study is to describe the experiences and accomplishments of several African American MFT scholars as it relates to being an ethnic minority working in a predominately White hegemonic field. This study will be evaluating the notable African American scholars’ experiences as well as their accomplishments and contributions to the MFT field during the last 40 years.

Type of Research Intervention

This research will involve your participation in a telephone and/or video chat interview. The interview would last about 15-45 minutes.

Participant Selection

You were selected to participate in this research due to your longevity, reputation, and visibility within the MFT community.

Voluntary Participation

Participation in this study is completely voluntary. You may choose to participate in this study or withdraw your participation at any time you wish.

Procedures

A. You will be asked several questions about your experiences and contributions within the MFT field. My goal is to identify how African American faculty feel both appreciated and marginalized within the MFT field.
For the interview, I will contact you via phone or video chat during a time that you select. I will ask you several questions concerning your experiences and contributions to the MFT field. If you choose to not answer a question during the interview, you may refuse and I will move on to the next question. I will be the only person asking questions. The entire interview will be recorded and transcribed. The recording will be kept electronically and will be discarded once the final results have been written. The information recorded is confidential, and no one else except myself, a transcriber, and my dissertation committee will have access to the recordings. These persons include, Kevin Lyness, Walter Lowe, Nicholas Jordan, and the transcriber. The recordings will be destroyed after the analysis is complete.

**Duration**

The interview will last approximately 15 to 45 minutes. There may be one additional follow up interview for further clarification of questions answered during the previous interview.

**Risks**

I will be asking you to share with me some personal and confidential information. You may feel uncomfortable discussing some of the topics. At any time you may elect to stop the interview. It is not my goal to make you feel uncomfortable.

**Benefits**

There may not be any direct benefit to you participating in this research study. However your participation will likely help to inform several institutions how to create an environment conducive to retaining and making African American MFT’s feel valued and appreciated.
Confidentiality

The information collected for this research study will be kept private. You will be assigned a number in place of your name. The only persons who will have access to your identity will be myself, the transcriber, and my dissertation committee. These persons include, Kevin Lyness, Walter Lowe, Nicholas Jordan, and a transcriber. Your information will be stored electronically in a password protected computer.

Sharing the Results

Once the interviews are completed, each participate will receive a personal copy of the results.

Right to Refuse or Withdraw

At anytime during this research you have the right to withdraw your participation.

Who to Contact

If you have any questions you may contact me Leila Linntoya James at xxx-xxx-xxxx or at ljames3@antioch.edu, or you may contact Kevin Lyness my Dissertation Chair/Chair Antioch New England IRB at xxx-xxx-xxxx or at xxxxxxxx@antioch.edu or Dr. Barbara Andrews, Interim Provost and CEO of Antioch University New England at xxxxxxxx@antioch.edu.

Part II: Certificate of Consent

I __________________ have had the opportunity to read and ask questions about the above research project. I am voluntarily consenting to be a participant in this study.
Print Name of Participant ____________________

Signature of Participant ____________________

Date ___________________________

    Day/month/year

A copy of this Informed Consent has been provided to the participant.

Print Name of Researcher/person taking the consent ____________________

Signature of Researcher /person taking the consent ____________________

Date ___________________________

    Day/month/year
Appendix C: Research Questions

• Why did you choose to enter the MFT field?

• Where have you spent the bulk of your time in the MFT field? Private practice? Teaching at a university? Working with an agency? Other?

• How do you believe your scholarly works during your career have affected the MFT field in the areas of supervision, research, therapy, and teaching? How has your work been impactful?

• Can you describe your experiences as it relates to being an Ethnic minority working in a predominately White hegemonic field? 4b. Have you experienced a culture of tokenism in the MFT field?

• Have you experienced racial microaggressions and/or social justice inequalities while teaching at a PWI? If so how?

• What else would you like me know about your experience?