

# Narrative Approaches to Counseling Immigrants of African Descent Living in Multi-generational Families

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***Abstract- The rapid growth of African immigrant families in the U.S. has raised questions for therapists on how best to work with these diverse communities. The multicultural literature has grown to address concerns related to African Americans in the U.S., however, a paucity of literature exists on working with African immigrants and their second generation, African American children. This article presents a case study of an African immigrant family grappling with the challenges of acculturation in the U.S. Drawing from a narrative therapy lens, we present a case of two African parents—each with different nationalities, languages, and tribal histories—and their African American daughter. Topics in the case study explore the continuities and discontinuities of African and African American cultures, family dynamics within a multi-generational immigrant home, the impact of African culture in a multigenerational family, the challenges of African American children who must traverse the borderlands of African and African American social codes, and the implications of U.S. dominant discourses for these families.***

## I. INTRODUCTION

African immigrant families face many challenges as they go through their unique journeys of acculturation, and at the same time, work to retain their cultural identities, traditions, and family dynamics. The multicultural literature on African Americans has grown significantly in the past twenty-five years, however, the complexities of working with African immigrant parents and their African American children are rarely cited. In this discussion we look at the effective use of narrative therapy as a social justice intervention for African immigrant families that can assist them in navigating the dominant discourses of U.S. legal, educational, and social service systems. From a social constructionist perspective, it is fundamental to begin by pointing out that culture is

never static and is ever changing. Culture continues to evolve over time through its interaction with different systems and the meanings that a people draw from their experiences. African nations and tribes have worked to preserve their culture in the post-colonial era against the odds of the difficult political transitions they have had to make over the past centuries (from tribal to colonial to national governments), and the current complexities and challenges of modern development (Kamya, 2005; Olupona, 2004).

In contemporary African societies, the influence of colonial rule and globalization is creating hybrid cultures that Isiguzo (2005) describes as an admixture of colonial and neo-colonial cultures and identities. African family dynamics in particular have been influenced to some degree by these external western influences. There are growing signs of what can be described as an amalgam of traditional African family structures with traces of western family dynamics, but the core elements of African family value systems endures (Gage-Brandon & Meekers, 1993). These changes notwithstanding, African cultures generally continue to esteem hierarchical family systems as an essential element of their societies.

In light of the changing demographics in the U.S. it is essential for therapists to have a working understanding of the traditional dynamics of African families at the core of a majority of African communities. These dynamics may play a crucial role in a variety of cultural expressions and in the struggle to adapt to a new host culture. What we will explore here are the experiences of a transnational family of African ancestry in transition and bear witness to the complex layers of the West's interactions with people of African descent. Due to the diversity of experiences of African immigrants and their African American children, working systemically from a perspective that supports a tailored view of the family is timely. We draw on narrative therapy as we believe this approach

best highlights how to work with the differing worldviews and levels of acculturation that became apparent in our case study.

Arthur (2000) notes that for most tribes and people from traditional African communities membership in an African family is generally determined by blood and marriage. Kanya (2005) and Arthur (2000) agree that African definitions of family generally include extended kin relationships that go beyond ties of blood or marriage. African individual and family identity may also include members of the same tribe or clan and a mix of paternal and maternal ancestry. For many African worldviews, the existential nature of the individual is ineluctably connected to that of the family (Lassister, 2000) and the spiritual approach to all aspects of life (Isiguzo, 2005; Kanya, 2005; Nwokocha, 2005). Many African nations and tribes place such great importance on community that they view the individual's life as meaningful only in the context of the community and its rituals (Agulanna, 2010). This is a different worldview than the dominant Western narrative of family characterized by independence, individuality, and the highly contested concept of individuation.

Many Africans are raised with clearly defined generational as well as gender roles that tend to be hierarchical in nature. Grandparents are respected for their wisdom and age, while young men, uncles, and other male kin generally dominate family affairs (Heitritter, 1999; Arthur, 2000). Women typically hold very strong influence in the coordination of family and domestic affairs (Kasongo, 2010). Many African women in the U.S. still identify with traditional domestic roles in the family and hold a subordinate position in the nuclear family. These traditional gender roles are increasingly conflicting in some contexts with the privileges and rights enjoyed by women in the U.S. (Arthur, 2000). Such conflict may be exacerbated by the fact that African immigrant women often work in strenuous jobs for long hours outside of the home to boost the family income, and at the same time are expected to maintain their traditional domestic roles. Arthur (2000) concluded from a survey of African immigrants in the U.S. that the dominance of African men over women in many cases is in great flux and may be diminishing. The economic earning power of African immigrant women and laws

protecting them in the U.S. may further enhance a sense of liberation and empowerment among African immigrant women.

African women generally play a great role in the nurturing and molding of a child's comportment. However, they may defer to men when it comes to making decisions about the child's life and the code of discipline. An authoritarian and collectivist approach, which entails involving extended family members and community members, is often used in the upbringing of children (Renzaho & Vignjevic, 2011). Discipline often operates under the traditional principle of "spare the rod and spoil the child" which is increasingly at odds with contemporary U.S. norms related to corporal discipline. Across many African households the child is brought up to always have the highest respect for the father, uncles, older siblings, and community elders (Arthur, 2000). This communal hierarchical approach to African domestic life can get lost in translation by therapists and social service workers steeped in received discourses on individual freedom and liberty.

The traditional African worldviews discussed above are qualitatively different from mainstream dominant Western views on family, independence, and individuality. By operating from a social constructionist framework, a multiculturally attuned therapist would be less inclined to force their personal understanding about life situations on clients; even when family roles seem oppressive to us as Westerners, they may be a source of meaning, dignity, and pride to people from traditional communities. This openness to traditional modes of relating can help create a space for clients to feel welcomed and accepted regardless of differing worldviews. Taking an informed, not knowing stance, takes on greater importance in the face of shifting cultural terrains, especially when family members are unable to communicate with a therapist in their home, or preferred language.

## II. ABEBA AND HER FAMILY

Our case illustration is a composite involving a family system in which the parents are from different African countries (and tribal backgrounds) and identify themselves as Africans. In contrast their teenage

daughter was born and raised in the U.S. and more closely defines herself as African American. The referred client, whom we will refer to as Abeba, is an African American female high school student who was recommended for in-home therapy services by her school. She is bilingual in English as well as in her mother's native language. Her mother, whom we will call Yenee, emigrated from an African country as an adult. Abeba's father, whom we refer to as Kola, is from a different country in Africa than Yenee's. Kola's primary language is different from Yenee's, however, like Yenee, he also speaks English. Kola is the primary provider for the family. Pseudonyms were used in this case, and the nationalities of the parents were changed, to protect the identities of the family members.

The family identified the major source of discord and conflict as being derived from the clash of "American ways" and "traditional African values." This conflict was intensified by the insertion of outside social service systems that intersected with the family system, specifically, a previous incident involving Child Protective Services (CPS). The case and transcript presented below are composites based on the collective experiences of the authors. The case presented is situated within the context of in-home therapy. We will first discuss some features of narrative therapy to prepare the reader for the transcript and discussion that follows.

### III. NARRATIVE THERAPY

Grounded in social constructionist and poststructuralist thinking, narrative therapy is an ideal fit for working with families living in transition, and in translation. Drawing on their experiences with clients—as well as on earlier systemic theorists, cultural anthropologists such as Clifford Geertz, French historian Michel Foucault, and other poststructuralist thinkers—narrative theorists Michael White and David Epston conceptualized client issues as the result of identification with problem saturated narratives (Besley, 2002; White & Epston, 1990). Problem-saturated narratives occur when individuals define themselves by their problems in living. Individuals who have been oppressed by dominant cultural or societal discourses may define their narrative as problematic simply because they do not

operate under the same worldview(s) as the dominant culture(s). Consequently, when an individual has difficulty seeing past the problem or finding exceptions to that problem (saturated narrative), they have a tendency to view the problem as consonant with themselves.

Narrative therapists begin to gather information or put together a story that is guided by the client's understanding of how the problem has come to saturate their life narrative (White, 2007). The focus of therapy is on the interactional process surrounding the saturated narrative—not on finding psychopathology or a root cause for the problem—and on the possibilities that lie beyond the saturated narrative. This approach to therapy is ideal for working with people whose cultures do not mirror Western worldviews as it celebrates a non-normative approach to people's experiences. A major goal of narrative therapy is focused on helping individuals liberate themselves from these problem-saturated narratives (White, 2007). A process used by narrative theorists to begin deconstructing the problem is known as externalization of the presenting concern. One way to externalize the saturated narrative is to have the client name the problem. By naming the problem as an entity external to the client, she or he can begin to talk about the problem as separate from the totality of their being (White, 2007).

Narrative therapists place the client as the expert throughout the therapy process and work with clients to help them re-author their narratives to include exceptions, or sparkling moments, when the problem did not dominate them. Re-authorization can help clients put into perspective the role of dominant discourses in shaping their perceptions; it can empower them to personally reject these dominant discourses in defining or governing their perception of themselves. Attention is paid to understanding, but emphasis can also be placed on how clients plan to respond or comport themselves in the face of this new understanding. We now turn to the first interview with Abeba and her mother.

#### IV. NARRATIVE THERAPY WITH ABEBA AND HER FAMILY

##### First Session

During the first interview, a home visit, the therapist completed paperwork with Abeba and her mother. Given the bureaucratic nature of the agency much paperwork was required. Yenee was very reluctant to respond to questions. In order to connect with the family, the therapist decided she would only have releases signed based on what was absolutely needed in order to open the case with the agency, as opposed to obtaining a complete biopsychosocial history as was generally required. Abeba was present for the session but mainly watched television and remained relatively quiet.

##### Part of initial conversation:

Therapist: (Therapist begins with Abeba's mother.) What made you want to participate in the program? What would you like to gain from it?

Mother: I want my daughter to go to school, get a good education, and do something. I worry about her. She is hanging out with the wrong crowd. She does not sleep and is always watching television. She does not help around the house.

Therapist: It sounds like you have concerns over several things, if you had to give a name to the problem that brought us together today, what would you call it?

Mother: Call it? Well, I'm not sure. Maybe... Abeba's "drifting away?"

Therapist: So, Abeba seems to be struggling against this drifting away? (Mother nods in agreement and Therapist looks at daughter, Abeba) What do you think about what your mom just said? What would you name the problem?

Daughter: I guess I would call it the same thing, but I don't see why I have to be focused right now, I'm not an adult or anything yet. I do stuff. She just doesn't understand.

At this point, the therapist began to seek out how she might best help the family in a manner that respected the family's unique interactions as they pertain to the understanding of the "drifting away." They discussed how the drifting away had caused Abeba and her mother to go to truancy court. The therapist remained curious about the family's understanding of the events and the outcome most desired.

##### Second session

Daughter: I did not go to some of my classes. (Mother began to speak her home language to Abeba...they began to argue.)

Therapist: (Looking at Abeba) What is getting in the way of you attending your classes?

Daughter: Well I like to hang out with my friends so I just don't go to class. We walk around the halls of school and just hang out.

Therapist: So you like to spend time with your friends. What role do you think the drifting away we talked about last time plays in this? How does it influence your choices?

Daughter: I don't know. I don't really think about not drifting when I skip class.

Therapist: Help me understand how you feel about school? What do you want from school?

Daughter: I don't know. I am so behind. I do want to graduate and get a job.

Mother: (Laughs. Looking at therapist she says) That is what she tells you. You don't know what it is like when you're not here. She does not do anything. She does not go to her classes. She does not sleep and then can't get up in the morning. She just sits around on the phone all the time and watches TV. Then she gets mad and leaves because I ask her to do something around the house. She hangs out with the wrong group of Black people in a bad part of the city. They were born here. Their parents are not from Africa. I want her to spend time with our African friends so she can learn the right way to behave. I call her and she won't pick up the phone. (Mother and daughter began to argue in English then in another language.)

Therapist: So what I am hearing is as her mother, you want your daughter to go to school and to be on a better schedule with sleep? And Abeba, you want the freedom to do what you want?

Daughter: Yes

Therapist: What do you think would be different if the drifting away wasn't getting in the way?

Daughter: I would be able to do what I want, maybe. I know there are things I'm supposed to do in my family and things that are expected of me, but it's not fair that my mom keeps trying to get in the way and tell me what to do.

Therapist: I'm curious Abeba, you said you know what your mom expects of you as a daughter. Sometimes it can help to know how one describes their role. How do you define mom?

Daughter: I don't know? I guess someone that takes care of their kids. Someone that cooks for them and wants what is best for them. Someone who thinks about their kid's future.

Therapist: Does your mom meet that definition for you?

Daughter: (Smiles shyly and says) Yeah.

The therapist continued to discuss with Abeba and Yeneé the way they viewed their family roles. Yeneé shared with Abeba and the therapist what it was like growing up in Africa and also described what she was like as a teenager in Africa. The many cultural differences between African teenage ways and African American teenagers were illuminated.

During these first weeks of therapy Abeba's father was in Africa. The therapist, Yeneé, and Abeba briefly talked about their relationship with him and his willingness to participate in sessions when he came back. They both agreed they each had strained relationships with him and did not think he would want to participate. They explained that Abeba had previously gone to school with a bruise caused by her father and that CPS had been notified by school personnel.

#### V. DISCUSSION OF SESSIONS WITH YENEÉ AND ABEBA

In the sessions the therapist empowered the Yeneé and Abeba to be the experts in their therapy. The therapist recognized the need to build rapport before completing the required paperwork and assumed a non-expert role simply by asking what the clients wanted from therapy. These actions validated the family's experience as they showed the therapist's respect towards the family and their priorities. The opportunity to lay the groundwork for re-authoring the family story and externalizing the problem was elicited by asking Yeneé and Abeba for their understanding of the problem and what they would name it. Through this description it became clear that Yeneé and Abeba had differing opinions about Abeba's behavior and choice in friends.

Because the narrative therapy approach encourages cultural understanding the therapist remained curious about the family's culture and its influence on the way Yeneé and Abeba perceived their concerns. One such

cultural factor relevant to Abeba's behavior is that children in traditional African cultures are often expected to defer to adults without questioning them (Arthur, 2000). Therefore, the therapist worked to gain Yeneé's trust and to understand her worldview by attending to her concerns first.

Even though African parents in the United States may be closely connected to their respective cultures and traditions their African American children may not share their views (Clark, 2008), as was the case with Abeba. Throughout the sessions it became clear to the therapist that Abeba was unhappy with her mother "interfering" in her life. Additionally, the mother's surprise at her daughter's emboldened desire for independence emphasizes the importance of considering the family's respective acculturation experiences in therapy. In narrative therapy, it is essential to work with the entire system in mind and gain insight into each individual's understanding in efforts to seek shared family meanings and experiences. In this case, clarity in each family member's understanding was paramount because of many confounding cultural and intergenerational factors present between Yeneé and her daughter. Abeba, who was born in the U.S., expressed herself as a typically independent American adolescent. Abeba was not familiar with Yeneé's experiences of adolescence in Africa and did not have her mother's point of reference on child rearing norms in her mother's home country. The differences between Abeba's and Yeneé's levels of acculturation created impasses in their relationship that took re-authoring in order to find common ground.

African immigrants may reject identifying with, or as, African Americans to avoid racism and the implications that troubling U.S. history holds (Clark, 2008). The issues facing Africans in acculturating into U.S. communities and in cultural self-identification and self-determination highlight the unique experiences of African immigrants and the need for a counseling approach that can account for the diversity and complexity among African immigrant communities. The struggle to find a sense of community, both in African American communities as well as in the dominant culture, can at times create discord within the family, especially with regards to

homes containing first and second generation members of a family (Clark, 2008).

Narrative therapy helps bridge the acculturation gaps mentioned in the literature and present in this case by allowing Abeba and Yeneé to talk about their respective life experiences without privileging one narrative over another. The therapist in the case asked Abeba to define the term mother. This question began a conversation about how each understood their expectations and roles in the family. Yeneé talked about her experiences growing up in Africa and Abeba talked about her experiences as a Black teenager in America. During both of these conversations, both mother and daughter enlightened each other about how these socially constructed experiences shaped them. These shared narratives were discussed in great detail in subsequent sessions and helped Abeba and Yeneé strengthen their bond as mother and daughter.

#### VI. SESSION WITH KOLA PRESENT

The therapist walked through the door and greeted Kola (Abeba's father), Yeneé, and Abeba. The father motioned for the therapist to sit down and they began to discuss Abeba's progress at school.

Father: How are you going to help my daughter? She has been this way for a long time and we have tried everything to get her to change. She refuses to go to school and pass her classes. She has brought shame to the family. I have given up on her. What makes your involvement in her life you so different that she will change? Do you work for those people?

Therapist: What people?

Father: The people that came to my door.

Therapist: I am still unclear as to whom you are speaking about?

Father: The people that told me I could not discipline my own child.

Therapist: Oh, your daughter told me about that. I do not work for CPS. Can you tell me a little bit about your culture in terms of how children are raised in your country?

Father: In my country, children do not talk back like she does. Children obey their parents and do not talk back. If they do not obey then we make them. We use discipline that I cannot use here. So, I give up. I cannot control her here. She will not listen and then I have people knocking on the door threatening jail for

me. (Kola continued to repeat himself, his voice became very loud, and appeared to the therapist to become increasingly angry while he continued to speak.) I still don't understand. Do you work for those people?

Therapist: No, I don't work for them. I'm thinking that it must be hard for you to come to a different country and be told how you can and can't raise your child...(Interrupted by Kola)

Father: (Still yelling and standing up at his point) You just don't know. I am done with her (pointing to daughter). I don't know how you think you are going to fix her but I won't be part of it. If you people are here then I will be in the basement.

At that point Kola left the room and went to the basement. During the conversation above Yeneé and Abeba were both present but neither spoke. After Kola left both mother and Abeba rolled their eyes and sighed loudly. They expressed there was no hope trying to get him involved. Abeba did express in a later session that she wanted very badly to have a "normal" relationship with her dad. She respected him as a parent but he did not understand American teenage ways. Yeneé expressed in confidence that marriages in her country are not like what she had with him. She stated he was always angry and that their relationship was constantly strained. She did not ever bring up leaving Kola. Kola never attended another session.

In subsequent sessions Yeneé worked to understand more about American teenagers and African American culture as she listened to her daughter's experience. Abeba worked to build a more positive relationship with her mother by engaging in activities that her mother felt were important and held cultural value to her (cooking, talking more with mother, and a card game). Yeneé reported to the therapist during one session that she looked forward to their meetings and felt that the therapist could relate her messages to her daughter in "American lingo."

#### VII. DISCUSSION OF SESSION WITH KOLA PRESENT

The therapist worked to validate Kola's experience in North America and his frustrations with the adjustments in child rearing he was forced to undergo by CPS. Hassan and Rousseau (2009) conveyed that there is limited research that puts within a meaningful

context cross-cultural perceptions and definitions of physical discipline versus physical abuse. They further stated that social service professionals can mistakenly perceive a family's intentions based on social service professionals' own definitions of physical discipline. Hassan and Rousseau (2009) interviewed North African and Latin American immigrant parents as well as their children to understand the differences in perceptions concerning physical discipline as opposed to physical abuse. North African immigrants reported various cultural norms surrounding the acceptability of physical discipline. For example, physical abuse was generally described in terms of frequency, as repeatedly hitting a child rather than whether or not corporal punishment was acceptable. The interviews revealed the need for clinicians and caseworkers to develop methods of understanding and working with clients of other cultures in a manner that respects their cultural beliefs. Given narrative therapy's non-normative stance, it was equipped to assist Abeba and her family in identifying the oppressive discourses around them and in finding a way to navigate the inescapable frameworks (e.g., U.S. laws) to which they must comply.

Rivaux, James, Wittenstrom, Baumann, Sheets, Henry, and Jeffries (2008) conducted a study to determine what factors have a role in case workers' risk assessments when investigating reports made about child abuse and neglect. The authors found that African American children were more often removed from their homes despite having lower scores on a predetermined risk assessment when compared to Anglo Americans. To explain these findings, Rivaux et al. (2008) suggested that a caseworker possesses an internal norm or "decision threshold" (p. 163) that differs for Anglo vs. African American clients. In other words, case workers may have difficulty in not letting their received cultural biases influence their decision making independent of a criterion-based risk assessment. Although the article did not distinguish between African immigrants and African Americans our case illustrates the possibility of these same concerns for Blacks living in the U.S. regardless of their immigration or citizenship status.

Questions arise: how can therapists work within a culturally sensitive framework that allows for differences in child rearing and discipline while

remaining mindful of the dominant culture's laws? How can a family therapist gain the trust of African families after negative experiences with hegemonic social service systems? Kola was not a partner for change due to the rupture in trust with outside social service agencies. Questions remain about what might have helped him become engaged in the process. In-home therapy has been cited as a benefit for those who might not otherwise attend therapy (Charlés, 2009). It provided the opportunity for Kola to engage in therapy, however, he was unable to become invested in the process. At the same time Yeneé and her daughter were able to make use of therapy, which had a positive impact overall on the family system.

Shor (2004) recommends that immigrant parents and school professionals should both be aware of the cultural differences in discipline in addition to cultural differences related to the education of children. Barriers can be overcome by gaining a clearer understanding of social and educational systems across cultures, which can lay the groundwork for engaging a family on their terms. Cultural sensitivity and attunement requires that educators, caseworkers, and therapists remain aware that their received knowledge and beliefs are not immutable truths.

While the therapist was not present when CPS spoke with the family, based on Kola's description of the experience the CPS worker asserted her own American framework on child rearing into the assessment. We are reminded here of Foucault's position that power and knowledge are inseparable (Besley, 2002). The CPS worker was in a power position and therefore her knowledge of excessive punishment trumped Kola's self-determination as a father. Stripped of his cultural value system on child rearing and worried about the state of his daughter's upbringing, the humiliating experience with the CPS worker kept Kola from trusting other mental health professionals. We do not wish to imply that Kola's use of physical discipline should have remained unquestioned; we simply want to remind ourselves that child rearing, including corporal punishment, may look quite different across cultures.

The therapist worked to engage Kola in a conversation about his experience in the U.S. and its differences from his home culture. Kola readily spoke about child

rearing norms in Nigeria. He became upset when he talked about these norms as he was given the message to disregard his cherished traditional role as a parent in order to prevent legal consequences. Many might argue that the CPS worker only acted in the best interest of the child, however, from a narrative framework it is important to remain curious about what might have gotten lost in translation from Kola's home culture to the U.S.

The therapist was genuinely curious about Kola's culture and acculturation experiences. The therapist had wanted to open the space for Kola to be the expert of his own experience and entertain his critiques of the dominant discourse. The conversation might then have continued onto Kola exploring ways to retain the spirit of his preferred child rearing practices while remaining mindful of the constraints to which he was bound in the U.S. The opportunity to externalize his anger and frustration was not given an equal opportunity given the power imbalance he experienced in the host country. The therapist remained mindful of the power dynamics of working with an African immigrant family and being a therapist from the West, an issue to consider cited by McDowell, Brown, Kabura, Parker, and Alotaiby (2011) in their work with Ugandan clients. White and Epston (1990) applied Foucault's work about knowledge/power and deconstruction of notions of universal truth in their use of externalization. Externalization serves as a way to help client's break from the problematic dominant discourses by which they typically define themselves (Besley, 2002) or by which they typically are defined. Externalizing the issue with CPS and joining with this externalization could have opened up space for Kola to re-author his personal narrative as a caring and reasonable African immigrant father who wants the best for his family.

#### CONCLUSION

In working with Abeba and her family, there were many cultural, interpersonal, and external systemic elements to consider and of which to be aware. These topics include the exploration of African cultural traditions in relief to African American culture, family dynamics within a multi-generational African immigrant home, and the impact of outside hegemonic social systems on this family. Also explored was the

effective use of therapy and social justice interventions for families that assist them in navigating American legal, educational, and other social systems, while respecting and valuing their cultural values that may run counter to U.S. dominant discourses. Narrative therapy was presented as an ideal approach to use in such cases because it allows for discourses about these interactional systems to be brought into the room. It invites the role of divergent cultures and their particular social constructions to be incorporated. Narrative therapy sets the groundwork for empowering families in developing their own goals for therapy and encouraging them to advocate for themselves as a result their preferred visions for their future. As was shown in the work with Abeba and her mother, a great deal of space was opened up when cultural and other systemic factors were taken into consideration. This allowed the therapist to work within the family and cultural system to enact change. The flexibility of narrative therapy and its attention to power differentials provides an excellent means for engaging African immigrant families in achieving their preferred futures as they live their lives between two or more cultures.

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