A Rite of Passage Approach Designed to Preserve the Families of Substance-Abusing African American Women

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This article approaches the treatment of addicted African American women in ways drawn from traditional African culture. While the modern African American woman is clearly not the same as her continental African foremother, the reality of her life is still predicated on the basis of her culture and her material wealth or lack of it. The approach recommended here, a rite of passage, derives from the belief that the value orientations drawn from the African wisdom of the ages offers the best way to work with families to recover both sobriety and a powerful understanding and repossess of culture that will help to ensure not only sobriety but also ways of holding together and rebuilding the families of today and the future.

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Historically, drug treatment programs have been less than sensitive to women and to the cultural considerations that affect them, and women, as a whole, have seldom received adequate treatment. Although opportunities for women to receive treatment have recently begun to expand, in many cases, treatment for drug addiction alone is insufficient. For women to receive adequate care with sustainable results, it is critical that they and their children be involved in the recovery process. With the establishment in 1992 of the Women and Children’s Branch of the Center for Substance Abuse Treatment (CSAT), a federal agency, it became apparent that the family is the most powerful resource for the survival of its own members [Amen 1992].

To be effective, the treatment approach must explore uncharted waters: family preservation as a primary factor in the treatment of substance-abusing women. The inclusion of family members and the understanding of the family’s cultural context, when taken together, can be major deterrents to the protracted use of drugs. The withdrawal of destructive substances can reduce the negative forces that have the overall effect of disassembling the lives of women and their families.

The rite of passage is an innovative approach to treatment for African American women and their children whose existence has been marked by family dysfunction and substance abuse. It is designed to assist families recovering from addiction and addictive ways of living. It offers a balanced approach, rich in African culture and tradition, that empowers families to achieve the level of functioning necessary for sustenance of individuals and the families that individuals make together. The aim is to make families self-sustaining.

The rite of passage approach integrates four basic principles for a full human life, beyond mere existence: (1) Restraint, (2) Respect, (3) Responsibility, and (4) Reciprocity. If incorporated into an overall recovery program, these principles can inspire participants and their family members to make personal life changes and to grow mentally, spiritually, and physically healthy.
Since the family is the most powerful interpersonal resource for the survival of its members, effective treatment depends upon family preservation as a primary factor in the treatment process [Amen 1992]. This article expounds upon the thesis that an adequate prototype/model for the treatment of African American drug-abusing women and their families must proceed from a knowledge base of both cultural and gender-specific treatment modalities, and offers such a model.

Family and Culture

Drug use/abuse attacks, at its core, the families of African Americans. Not only does drug abuse lead to a suspension of attention to the life-preserving mandates implicit in every culture (those learned from history and the life-in-context of a living culture) but it also undercuts drastically a family’s attention to the rudiments of communal life that can preserve it as a unit. A number of studies [Mondanaro 1989; Chasnoff 1988; Nobels 1985] report that the quality of family life and familial relationships are the victims of the plague of drug addiction.

According to Mondanaro [1989], the substance-abusing family is "characterized by chaos, unpredictability, and inconsistency." She also states that children from drug-dependent families tend to learn to accept and expect the unexpected. Thus, one can deduce that children exposed to drug abuse and other self-abusing behaviors will themselves mimic what they see, thereby continuing the cycle of destruction.

The obverse is also true: Positive role-modeling, mirroring [Comer & Poussaint 1976; Miller & Dollard 1941], empathic nurturing, parental interactions, and appropriate expectations [Bavolek & Comstock 1985] are essential elements in the nurturing and rearing of children and can lead to healthy, self-sufficient, and responsible adults.

Supporting this belief is one of the core tenets of African philosophy: the individual does not exist alone but rather cooperatively and collectively [Mbiti 1969]. Thus, whatever
happens to the individual happens to the whole group, and whatever happens to the group has an impact on the individual [Mbiti 1969]. This core belief is stated in the adage: "I am because we are, therefore, I am."

To treat addiction in the African American community, and especially among African American women with children, we must understand the spiritual context of African life. Addiction is a pattern of behaviors that undermine the physical and psychosocial well-being of the primary addict. It also creates a correlative and respondent secondary addiction that seizes and corrupts the entire family unit, as well as a tertiary addiction that multiplies itself in all the interactions that the addict and her family members have with the world in which they live. We must, therefore, look at "family" in a much larger context.

Family in the African American context does not necessarily carry a solely nuclear meaning; it may refer to whoever resides in the "household" as well as those who share an extended relationship within a given community. Family may include a number of fictive relatives—persons who are or become very close to a person or blood family and, to all intents and purposes, are viewed as family and treated as such even in essential features of family life.

Relationships within the nuclear and extended families are guided by ethical principles recognized by Sudarkasa [1980] and others in their research into African kinship groups, discussed below. Here it is important, however, to make the point that in the African context, the meaning of family follows a design that, when overlooked, undermines the attempt to treat addicted women who come from this community.

Aphorisms such as "It takes a village to raise a child" and "If relatives help each other, what evil can hurt them" are not taken casually in the African context. They are indeed a constant reaffirmation of all belonging to all [Leslau & Leslau 1962]. Kuhn [1970] describes a natural family as an observed cluster of similar objects, sufficiently important and sufficiently discrete to command a generic name, that is, family. Comparatively,
Akbar [1976] likens the African family to a spider web in that one cannot touch the least element of the web without causing a vibration of the whole.

The separation and the mutual exclusion between the "drug addict" and the significant others in close proximity is indicative of the lack of understanding of the true meaning of key concepts like kinship and collectivity in African philosophy. Many drug treatment programs are based upon intervention strategies that continuously treat the addicted mother as a monad, a single, singular being whose disease and cure are located solely in the ability of the program to clean her up and refocus her energies on the elements of life that bring her least obtrusively to the attention of society, its mores, and its norms. This orientation to treatment is inadequate to the needs of any person dealt with outside of her or his culture. Its inadequacy and misplacement are dramatic when applied to persons whose cultural orientation and instrumentalities derive from the collective.

Unfortunately, the intervention strategies of many drug treatment programs continue to compartmentalize interventions into separate boxes marked "addict," "family," "society," and "underlying spiritual values." These atomized notions are clearly not empowering for women coming from a cultural context in which strength, loyalty, oneness, and union are basic values. These women are apt to resist the sorts of notions that come out of the perspectives in which the African family is characterized as "weak, disorganized, and vulnerable" [Moynihan 1965; Frazier 1932].

Family is that entity in which the individual personality is nurtured and developed. It is the place where responsibility to the group is learned through observation and practice; where self-esteem/self-worth is developed; and where respect, restraint and reciprocity are observed and learned. These qualities, in addition to reverence and humility before elders, are internalized through observation and practice. Family is the place where obedience is learned and group expectations of the
individual are continually clarified as the individual’s mission within the family and response to the family are made evident.

Family is also that place where children learn important life skills, such as compromise, negotiation, styles of showing belonging, and building intimacy. Family is that living organism in which are enshrined the vital teachings of the elders, whose wisdom and experience are the living endowment of the ages.

Familial relationships within the extended family must, therefore, be understood and made a part of the healing process called recovery. It cannot be emphasized enough that it is not the individual alone who must recover. It is that total world, in which the individual addicted mother has lived out the pathologies of addiction, that must be brought into the recovery process.

Culture is the way people are in the world. It brings together all things into what becomes for them “reality.” Amen [1992] defined culture as a set of ideas used to influence and change behaviors in people into refined social qualities necessary to bring about a harmonious, stable, and prosperous society. Hence, it is only with a firm grasp on the living, moving, and motivating power of African culture that the addicted mother and her family can be moved to choose sobriety and ultimately familial, communal health.

It is to culture then that we should look for those healing elements that can be applied in the process of recovery for African American women and their families. These processes must be carried out in tandem and they must be animated and guided by a set of principles that are an age-old value articulation of African soul.

Relationships within the extended family are guided by ethical principles recognized by Sudarkasa [1980] and others in their research into African kin groups in indigenous African societies. These principles are consistently identified from group to group and found among the seven principles of Maat [T’Shaka 1995]. They are “principles of wholeness” from ancient Kemet...
(Egypt) to which many African historians trace the roots of more contemporary African indigenous groups. These principles are, as noted earlier, restraint, respect, responsibility, and reciprocity.

The traditional structure of African American families is obviously not what it was 40 years ago. Each decade within the past 40 years introduced some new challenge to the traditional family structure that persisted in some form through and since the Maafa² period [Richards 1989].

The 1980s and the 1990s have witnessed such a change in African American families that what were traditionally considered the family’s wealth, that is, the children, are now too frequently given over to the force of public assistance, which values neither the notion of family nor its need to endure as a self-sufficient, self-perpetuating articulation of African American humanity. We are witnessing the intergenerational transmission of antifamily values. We are witnessing two or more generations of families addicted to illegal substances. And we are witnessing two or more generations of families who, as a result of these addictions, are unable to pass down cultural wisdom. We are witnessing families that are so dysfunctional that disrespect between parents and children, between children and children, between both and the many articulations of an invasive social structure, are the norm rather than the minuscule variant.

The depth of dysfunction challenges, at its most profound level, the ability of significant numbers of African American people to pass on “core culture” or even to experience family in the manner ideally described above. It is balanced, perhaps, only by the powerful embodiments of African American values in culturally functional institutions in the community.

The call of Sankofa, an Adinkra symbol and proverb from the Ashanti people of Ghana, West Africa, has been sounded loud and clear, and responded to by many among Africans from every walk of life in the diaspora. Sankofa is represented visually as “a bird who wisely uses its beak, back turned, and picks for the present what is best [seen] from ancient eyes, then steps
forward, on ahead, to meet the future, undeterred.” [Kayper-Mensah 1978]. Sankofa tells one that it is not taboo to go back and fetch what one forgot. It tells Africans in the diaspora to look to their traditions to correct challenges that face them today. This concept is applicable to the development of programs for women (and their families) who are recovering from substance-abuse.

**Prototype for Family Preservation**

Walker et al. [1991] state that “parental drug abuse has led to a dramatic increase in the national foster care caseload in recent years.” They also note that an unprecedented number of African American children are entering care. The essential interconnection between these conditions is inescapable. Experts in the fields of child welfare and substance abuse are clear that services in each of the areas are “either unavailable, insufficiently brokered or uncoordinated” [Walker et al. 1991].

The literature suggests that if relevant services and programs are not implemented comprehensively, family preservation and reunification goals will not be achieved as intended. It has also been suggested that family preservation programs are basically ineffective intervention strategies for treating families characterized by extreme poverty, single parenthood, low educational attainment, and mental health problems [Dore 1993]. Furthermore, many of the reunification programs have been criticized for their inability to ensure the safety of children, leaving them vulnerable to abuse and neglect, and exposed to drugs and violence.

A number of authors have attempted to measure, in its totality, the influence of drug abuse on the quality of parent-child relationships. Some have offered prescriptions for change [Taylor 1991; Chasnoff 1988; Boykin et al. 1985; Edelman 1985]. Most often, they characterize these relationships as chaotic and lacking emotional warmth. The prescriptions applied, however, lack the characteristics of a reciprocal, interdependent, and evolv-
ing relationship between parent, child, and other family members, among whom are included all those relatives (blood or fictive) who constitute the extended family support network. The prescriptions also fail, on the whole, to discern what could have been missing culturally so that, despite the best intentions of workers, destructive familial behaviors remain.

The passage from destruction to self- and family reconstruction, regeneration, and resurrection, can be summed up in the phrase familial recovery. Familial recovery can best occur for African Americans when the recovery process is firmly and fully grounded in an African perspective, integrating fully and meaningfully the traditions from the African past, and also taking into full account the challenges that African people in America have experienced and continue to experience.

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**Program Design**

A rite is a formal, cultural, often religious, procedure/ceremony. It is placed at critical cultural junctures to mark passage, on the one hand, from one symbolic state to another, and, on the other hand, to grant power and permission for the "new journey and responsibilities" required of the person/s undergoing the rite. Five major rites of passage have been identified and ritualized in the traditional African setting: rites of birth, puberty, marriage/parenthood, eldership, and passage [Warfield-Coppock 1994]. In the Akan tradition, for example, the "Outdooring" ceremony marks the first time a newborn is formally introduced to the village and given a name. From this point on he or she is formally part of the people.

For our program, the rite of passage is preparation of the individual, within a collective framework, for the coming phases of life. In this context, collective means that children and other family members are included. This rite of passage approach responds to the profound African belief that humans are fully themselves only as part of the "people" (that is to say, the village, the tribe, the nation) and to the profound realization that
the essence of our existence as human beings is grounded in our connection to the Creator, the ancestors, the cosmos, one another within the construct of the family, and the community [Akoto 1994]. Some [1985] discusses the importance of the puberty rite among his people in Burkina Faso. Some had left his village at the age of four. Returning at the age of 20, he discovered that many of his family and friends would have little association with him because he had not participated in the ritual that would have prepared him for manhood. The council of elders, however, permitted him at the age of 20 to participate in this rite. The continental African section of Haley’s landmark work *Roots* [1976], is replete with examples of such rites in which Kunta Kinte participated among his Mandingo people in the Gambia.

The family rite of passage approach encompasses and is designed for four phases: genesis, initiation, passage/transformation, and Sande Society—with four ethical principles found within the extended family structure as enumerated above: restraint, respect, responsibility, and reciprocity. The phases and principles are linked as follows: Genesis (Restraint), Initiation (Respect), Passage/Transformation (Responsibility), and Sande Society (Reciprocity). These phases and principles are interrelated and overlapped.

The overall objective of family preservation using the four principles can best be achieved in an environment that fosters and promotes communal living. The ideal environment consists of individual apartments equipped with kitchens, communal group and meeting rooms, a fully equipped child care center, recreational and exercise gym, a vocational training room, a medical/health area, and staff offices. The surroundings promote positive social interactions between families and decrease the opportunity for isolation and functioning outside of the collective.

Upon acceptance and admission to the program, each woman is required to complete a seven-day orientation process
to acclimate her to her new surroundings, inform her of program expectations, and give her time to decide whether or not the program is for her.

**Phase One: Genesis**

The Genesis Phase is a four-month period during which the ethical principle of restraint is the primary focus. When a substance-abusing woman is able to declare, "I want to change my life. I cannot go on this way. I want to be a productive woman and mother!," she is ready to face the rigors of recovery. Each woman focuses on stabilizing herself in order to function, first, within her family; second, within the treatment center community; and, last, within the general community/society.

The participant is required to begin the process of dealing with those forces that led to her substance abuse. Only then can she learn to live without abusive substances, and, only then, can she learn what restraint means to a female individual within a family and within the larger communities of which she is a part.

According to Sudarkasa [1980], "restraint means that a person can't do...her own thing. That is, the rights of any person must always be balanced against the requirements of the group." This message is different from the one expressed by a do-your-own-thing society. Because of this tension, the principle requires discussion, examples, and a willingness on the part of the participant to embrace the metamorphic process.

Emphasis is placed on program requirements because group requirements and group standards must be adhered to by all members if they hope to meet their goals. This is true of all groups, be they familial, communal, or political. Parallels between all these various group contexts are consistently and persistently underscored in this approach.

In the case of family, adults must not only live up to standards and meet goals, they must also establish both standards and goals. They must, by example, resocialize their children by
living the reality that these standards and goals aim to structure and preserve. These standards and goals are, at their most profound level, nonnegotiable since the perdurability of the family-and-group as family-and-group depends upon their observance.

If the participant’s former emphasis has been, “It’s my thing, I do what I want!,” she may find that incorporating into her life principles of restraint and sacrifice for the good of the whole may be difficult. Hence, in the Genesis Phase there must be a focus on personal development within the context of group participation and group bonding. This is, after all, what happens in creatively functioning families.

During Genesis, in addition to attitudinal transformation, emphasis is also placed on detoxification, regular exercise, and nutrition. Individual psychotherapy, and training in parenting skills, daily living skills, problem-solving skills, and schedule-maintenance are all part of the Genesis Phase, during which women are paired with another participant until they are accepted into the Initiation Phase—the point at which they are reunited with their children. This process is approximately 120 days or four months in length.

Shared living in the Genesis Phase fosters group bonding, sharing, and “kinship building.” Within the communal environment, each woman assumes a specific role. She also follows a strict daily schedule that eliminates “idle” time and increases productivity.

Rising each weekday morning at 6:00 A.M. (8:00 A.M. on weekends), the women participate in a guided group meditation from 6:30 A.M. to 7:00 A.M. After meditation, they return to their apartments, dress, prepare their own breakfasts, and clean up their living areas. Chores scheduled for community areas must be completed by 9:00 A.M., when group psychoeducational sessions begin. These extend to noon.

Afternoon sessions begin at 1:00 P.M. and last until 5:00 P.M., when individual therapy sessions and dinner preparation be-
gin. Evening psychoeducational sessions begin at 7:00 P.M. and end at 8:00 P.M. Lights go out at 10:00 P.M. weekdays and at midnight on weekends.

During the first two months of Genesis, the women are not directly involved with parenting considerations. Preparation, however, is continually being made for that time when the children will arrive. Until then (the second half of the Initiation Phase), arrangements are made for biweekly, supervised visits with the children, depending upon each woman's progress during the phase.

Biweekly case management meetings are held between each participant and the treatment staff to assist the participant with matters of personal development. At this time, progress is underscored and remaining challenges recognized.

Group meetings with the women in this phase are held twice weekly to enable them to discuss their development as a collective. These meetings are guided by the treatment staff, and together with reports from both the psychoeducational groups and individual therapy sessions, help the staff and participants to assess each woman's readiness for the next phase.

Evaluation of readiness for movement to each subsequent phase is conducted by designated staff members and Phase IV women. Phase IV women constitute the Sande Society Council. The process of movement from phase to phase is in the tradition of the secret societies found among many groups in Africa. The secrecy is expected to be maintained by each woman. If the secrecy is violated, the penalty/consequence is determined by the Sande Council. (For example, a woman found to have revealed information to a noninitiate may have to defer to a Sande Society sister by doing her laundry or cleaning her room/house for a period of time.)

Concomitant with the movement of women through the Genesis Phase is the movement of children through their Genesis Phase. Children of Genesis Phase women meet weekly as a group to prepare for their transition into community living.
Transition meeting topics include discussion of the mothers' recovery, approximate dates for mother-child reunification, child-centered discussions wherein children are able to articulate their personal trauma resulting from their mother's substance-abusing behavior, and sharing of coping strategies and techniques. The children also undergo comprehensive developmental assessments to determine their educational, social, psychological, and medical needs.

**Phase Two: Initiation**

The Initiation Phase is guided by the ethical principle of respect: respect for self, respect for family, respect for staff members, respect for rules, and respect for community. This phase, like Genesis, also lasts four months, with the continuation of a strict daily schedule, daily-living skills building, individual psychotherapy, communal living, and collective responsibility for cleanliness. Central to this phase are the concepts of womanhood, sisterhood, and motherhood.

Sessions are designed to increase the participants' awareness of their personal developmental needs. Hence, continuing emphasis is placed on spiritual counseling, academic testing, and the building of parental skills. In this phase, a woman's primary role as mother is rigorously studied in an effort to foster the understanding that a woman's needs and desires must be secondary to her children's development and nurturance needs. The program strives to bring participants along the path of understanding that a child's development depends on the guidance, nurturance, and direction provided by a mother. The mother must provide clear, concise standards that are aimed at the commonweal, the welfare of the whole: the individual, the family, the extended family, and the community.

The women are helped to identify and implement new methods aimed at changing the trinity of the "me-myself-I" attitude dictated by addiction. Emphasis is placed on building problem-solving skills such as those required to work out daily living
schedules for oneself and one's children. The collective living arrangements and community meetings all require honest, open interaction. This group interaction significantly advances the effort to change habitual attitudes. Attention is called to the effectiveness of communication engaged in between participants, and among participants and staff members. Special attention is directed to the women's interactions with, and responses, to their children.

What might be called the "diminution of frenzy" (the tendency to respond as if enraged), becomes a focus of parent-child interaction. Mothers are shown ways to diminish the intensity of negative reactions to their children, and to replace those negative reactions with purposeful responses. Since the negative habit is learned, the achievement of the positive habit of speaking to children must be preceded not only by unlearning the negative but also by a perceived amelioration of communication brought about by the positive. So important were the expressions of ideas through words among groups in Africa that many proverbs developed to remind everyone that words could be injurious and nonproductive as well as encouraging and empowering. Consider the following traditional African proverbs: "A harsh answer provokes strife, but one who speaks with gentleness is loved," and "Silence is better than useless chatter" [Leslau & Leslau 1985].

In preparation for reunification, women in the Initiation Phase are required to participate in mother-child bonding exercises in the second month. They are also scheduled to work in the child care facility with other women's children at various points during the day. The time spent in child care is a learning experience and develops the understanding that, although children can be very demanding, they can also bring great satisfaction. The benefit of this experience is that women grow in the awareness that they can learn or relearn the skills necessary for the positive rearing of children. Anticipation of a positive outcome and patience with the stumbles along the "growing way"
can help them reach the level of maturity demanded in the rearing of children.

The halfway point of the Initiation Phase is marked by the reunification of the women with as many as four of their children on a full-time basis. The female children must be between the ages of infancy and 13 and males from infancy to 10.

Preparations are made with great care. They range from the physical disposition of the living arrangements to the psychoemotional, sometimes hidden, expressions of anxiety on the part of "recovering" mothers and children. Examples of these preparations would include moving into a new apartment and buying toys and food items appropriate to the ages of the children.

The mothers must also be prepared to deal with their fears concerning the uncertainty of acceptance versus rejection by their children. It involves a reassessment of their desire for reunification. In many cases, there is also the intense, sometimes frightening joy at the prospect of the children's coming.

Staff sessions with individuals and groups in the Initiation Phase focus on self-help sessions, assisting the women to achieve some critical skills, such as how to arrange schedules for themselves and their children, how to make appointments with doctors and teachers, how to set up parent-teacher conferences, and how to access and maintain medical, academic, and social records. There is a possibility that some of the women will feel overwhelmed by a sense of having to master many tasks "seemingly overnight." At such a juncture, the benefit of the group is incalculable.

**Reunification of mothers and children.** Self-esteem considerations must be a major focus of reunification. Children may have developed the feeling that their mothers neither wanted them before their coming nor cared for them after they were here. They may have perceived the psychoemotional and physical absence of their mothers as abandonment. It is not uncommon for children to view their mothers' return with some degree of
skepticism. Reunion will require, among other elements, the following steps recommended both by the National PTA and the March of Dimes:
1. Learning to listen well;
2. Ability to get along by negotiation and compromise;
3. Establishment of fair and consistent discipline;
4. Making children responsible for doable tasks;
5. Keeping a sense of humor; and

These steps, followed consistently, can build self-esteem and pride in both parents and children. As the African proverbs remind us: "He who is taught by his mother is not taught by the world," "Children are the reward of life," "As you bring your child up, so will he grow," and "Without children, the world would come to an end" [Knappert 1989].

The children, depending upon results from previous testing, may continue their therapy and group sessions. They refer to each of the women in the program as "Mama" followed by a first name. This is intended to inculcate a sense of extended family. The older children, under the watchful eye of one of the mothers and a staff member, are given responsibilities for younger ones. The children attend school in the neighborhood and are escorted to school by their mothers. They also spend time among themselves, learning how to interact appropriately in a supervised, safe, and nurturing setting where redirection and relearning can take place when required.

**Phase Three: Passage/Transformation**

The third phase, Passage/Transformation, is guided by the ethical principle of responsibility. Much of what began in the Initiation Phase is continued, but with less direct supervision. During this third phase, the women must determine what assistance they need to meet their daily challenges. They must develop appropriate ways of asking for help. Seeking assistance is potentially one of the major downfalls of persons who feel that asking for help diminishes them in the eyes of themselves and/
or others. The fear of appearing foolish or of being refused can operate as major deterrents to seeking help.

Learning how to "pass over" into the core of psycho-emotional strength that enables one to assess one's strengths and needs is critical to independent living. It is during this phase, then, that the women are directly preparing for independent living with their children. The coming together of mothers and children to operate as functional families marks the real transformation.

Women are involved with their own academic development in this phase. Either in individual or small group tutoring, they prepare for the GED or college entrance examinations. Involvement in their children's educational development is accomplished through their participation in the PTA or other volunteer organizations at their children's schools. In addition to their work at school, the women may volunteer in a child care facility other than the one their child attends.

African history and culture field trips to places where the women's explicit knowledge of both can be enhanced are a major focus of this Passage/Transformation Phase. Much of the substance abuse that characterizes the lives of these women comes from a lack of self-knowledge and much of the self-directed violence by these women results from a sense of being without value. This is the result of ignorance of the culture and traditions of African Americans.

Historical-cultural sessions are conducted using videos and books that focus on the achievements of historical personalities such as Harriet Tubman, Ida B. Wells, and Marcus Garvey. These sessions serve as the starting point for discussions of issues pertinent to the self-esteem of the women and their children. In many cases, women are helped by appropriating history as a starting point for developing parallels to their continued enslavement by addiction. This may lead to the development of ideas about themselves that foster their esteem for themselves and their children, helping them to interweave their addiction in concepts of continued enslavement and modern-day racism.
**Volunteer employment.** Volunteer employment is the last part of the Passage/Transformation Phase. Volunteer employment enables the women to develop a good work ethic and appropriate skills. It is also an extraordinarily powerful way for women to prove, implicitly, to their children that they can be effective outside the home as well as inside the home. Responsibility and accountability, both to self and to groups, are developed in a setting/facility unrelated to the treatment center. That this can be a lesson to and for the children is indisputable. Mutual respect is one of its by-products, whose value cannot be overestimated.

**Phase Four: The Sande Society**

The Sande Society, as mentioned above, is the fourth and final phase of the program. The program relates this phase to the ethical principle of reciprocity. The title comes from the Bundu society in Sierra Leone, where it is one of the aspects of its people’s highly developed ritual for initiating adolescent females into full societal participation [Boone 1986]. Entrance into the Sande Society is determined in the same manner as entrance into the first three phases, with one major difference: a private ceremony attended by each initiate-woman’s mother and grandmother (if possible), female staff members, and the Sande Society Council members. This private ceremony is followed by a public ceremony attended by the women in phases one through three of the program, in addition to extended family and friends of each initiate.

During the private ritual, each woman receives an African name and Sande Society beads and is symbolically reminded of the challenges of life, while being received into the circle of womanhood. Each Sande Society member receives a new bead for each year in recovery and participation in the program. Sande Society members and women in the program’s other phases participate in the public ceremony for each woman. The atmosphere is festive, and the ceremony includes a short speech by each new Sande initiate, an African dance performed by the women,
and congratulatory speeches by family and friends who feel inspired to speak.

Becoming a member of the Sande Society is a great honor. As with every true honor, however, it carries a major responsibility. Each Sande Society member is expected to continue to work with the women in each of the other three phases of the program, as well as to provide their own and each other's children with support and love. As Sudarkasa [1980] states, "Reciprocity ties all together. Without the principle of reciprocity, the other principles would not stand."

The first four months of Sande Society membership are characterized by the participation of the Sande Society women in group activities held at the treatment facility, individual and group therapy, and parenting sessions. After this period, Sande Society members' independence increases and monitoring by the treatment center staff diminishes.

Officers are elected by members of the Society. These officers make up the Sande Society Council and preside over regular monthly "sharing sessions" during which members discuss their progress and challenges.

Sande Society members plan in several areas: social activities for themselves, their children, and their extended families; and quarterly empowerment dinners where successful women in varying phases of their recovery are featured speakers. These featured speakers are also invited to participate in the Sande Society: the circle is completed and shall remain unbroken.

Afterword

According to Richards [1989], "African culture is amazingly resilient." She is undoubtedly speaking of the core cultural content that underlies the many different specifics of African peoples. Despite the chaos of the present, therefore, that would tend to disperse African peoples and fragment their energies, African culture when attended to can be a powerful call of people back to their spiritual and creative core/centers.
Rediscovery and revitalization of that discipline is what must be sought to arrest the flight into patterns of intergenerational hopelessness and helplessness. A program design, holistic in nature, based on the traditions of African people, and inclusive of children, promises to shape order out of chaos and send people onward in the journey of healing for African American families, exposed to and affected by the debilitating effects of substance abuse.

Notes

1. Maat is the cosmic, earthly, ethical, and social law that invisibly guides the heavens and the earth, conceived by the ancients of Kemet (Egypt).

2. Maafa is a Kiswahili word that means disaster. Proposed by Richards [1989] to describe the African enslavement period.

References


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