An Adlerian Approach to Counseling African Americans Impacted by Mass Incarceration

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Abstract

African American communities have experienced a disproportionate rate of incarceration and engagement with the criminal justice system. The African American experience with the criminal justice system has been detrimental to their psychological and physical health. Mental health problems among African Americans derive from conditions such as low socio-economic status, high unemployment rates and lack of resources. The project outlines the trends and approaches critical to the development, and sustained system of mass incarceration reviews the psychological harm caused by mass incarceration on the African American community and offered Adler’s Individual Psychological as a culturally competent approach to effectively treating African Americans who have experienced incarceration.
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MASS INCARCERATION

An Adlerian Approach to Counseling African Americans Impacted by Mass Incarceration

The United States is the world’s leader in incarceration rates. As of 2012, approximately 7 million of American adults were on probation, parole, or under some other form of community supervision, which means that nearly 3% of the American adult population is currently involved in correctional supervision (Hatzenbuehler, Keyes, Hamilton, Galea, & Uddin, 2015). The burden of incarceration in the United States is not equally distributed in the population, as African American communities have experienced a disproportionate rate of incarceration and engagement with the criminal justice system. The Bureau of Justice Statistics indicates that about 33% of African American men will serve time in prison in their lifetime.

Research has documented the increase in imprisonment of African American men and women over the past forty years. The growing mass incarceration of African American men and women has a negative impact on the life course of African American individuals, families and communities (Lee, McCormick, Hicken, & Wildeman, 2015). Lee et al.(2015) note 44% of African American women and 32% African American men have a family member imprisoned. The statistics demonstrate a high rate of connection to prison among Americans and a vast racial inequality.

Problem Statement

Racial discrimination is a harmful experience for African Americans and other people of color (Pieterse, Carter, & Ray 2013). The historic disparities in the American imprisonment rates, combined with racism and disenfranchisement have radically altered the lives of the African American community, with imprisonment now a common experience for African American men, women, and adolescents (Lee et al., 2015). The racial injustices of the criminal justice system contribute to the oppression and have a profound human cost leading to psychological harm for
African Americans (Coates, 2015). African Americans are increasingly imprisoned and detained at higher rates than other ethnicities. The incidence of incarceration among African Americans has negatively affected their quality of life, in particular, their mental health (Massoglia, 2008). This higher rate of incarceration has adversely affected African American communities by the absence of male figures. The mass incarceration of African American men and women has also adversely affected the lifestyle and development of some African Americans (Coates, 2015; Massoglia, 2008; Pieterse et al., 2013).

Psychological harm needs to be addressed by a therapist to reduce the symptoms associated with repeated exposure to oppression and discrimination. African Americans need a therapist with multicultural counseling, advocacy and social justice competence along with an acute understanding of their experience (Flaskerud, 2009). Many African Americans lack resources and assess to psychological treatment. Treatment for African American must include the cultural competence component to facilitate positive outcomes. Poor understanding of the societal and cultural barriers African Americans encounter lead to inadequate care and potentially does more harm than the injustice they experience (Arredondo & Perez, 2013).

**Purpose Statement**

Research on the consequences of mass imprisonment has focussed mainly on the crime-fighting benefits (Johnson & Raphael, 2012). The second wave of research has focused on the various forms of inequality birthed from the experience of incarceration. However, research has not fully explored the implications of mass incarceration on the mental health of African Americans. The project outlines the trends and approaches critical to the development, and sustained system of mass incarceration reviews the psychological harm caused by mass incarceration on the African American community and offered Adler’s Individual Psychological
as a culturally competent approach to effectively treating African Americans who have experienced incarceration.

**Unequal Justice in the Criminal Justice System**

**Race and the Law**

Although minorities do not commit the majority of crimes, they represent a significant percentage of the prison population. According to Simon (2016), the proliferation of the practice of detaining African Americans at the street level in addition to other segments of the criminal justice system has contributed to the racial inequities in the criminal justice system. Three out of ten African Americans will serve time in prison. Two million Americans are currently imprisoned, which two-thirds of them are black or Hispanic (Simon, 2016). In state prisons, African Americans are incarcerated at 5.1 times rate of whites. Statistical evidence has shown the audacious practice of criminal justice system unjustly sentencing and incarcerating minorities at overwhelming rates. African Americans have saturated the criminal justice system from policing practices that have been discriminatory (Dunnaville, 2000). The majority of crimes are committed by other races, although African Americans represent the vast majority of prison population. White counterparts do not experience the level of incarceration rates as African Americans, suggesting that treatment at the street level is far more aggressive than it is for whites. African Americans being stopped in their vehicles has been their introduction to the criminal justice system. These street stops are prejudiced by the presumptive dispositions of patrolling officers, thinking that African Americans are predisposed to committing crimes (Dunnaville, 2000). Furthermore, an encounter with the police for African Americans causes degradation, mortification and personal assault on one’s privacy. Many of these encounters are justified by unwarranted suspicions under the objective of investigation and interrogation to
solve crimes. This autonomy gives officers the freedom to indiscriminately select African Americans to detain in their vehicle for investigation purposes (Nellis, 2016).

Unequal treatment of minorities characterizes every stage of the process. Racial and ethnic minorities are victimized by disproportionate targeting and unfair treatment by police and law enforcement officials. This victimization occurs in the form of racially biased criminal charges, plea bargaining decisions of prosecutors; and by the failure of judges, elected officials and other criminal justice policymakers to redress the inequities that become glaring every day (Dunnaville, 2000). The inequities at every level of the criminal justice system play a substantial role in the demise of African Americans’ stress levels. The exposure to these discriminatory factors is a significant contributor to anxiety and depression in African Americans. Furthermore, political officials develop an assessment that people of color are more likely to commit crimes, subsequently increasing resources to detain people of color. The logical response to these statistics creates a prophetic reaction by the criminal justice system to focus on detaining people of color (Simon, 2016; Pew Research Center, 2013).

The process of arrest to incarceration is perforated with racial bias and injustice. The stages of the criminal justice system show minority’s exposure and opportunity to be discriminated against increases substantially. As a result, African Americans are seven times more likely to be sentenced to prison than whites. Hispanics are three times more likely. Between 1980 and 2003 the US incarceration rate more than tripled, from 139 to 482 per 100,000, and the number of prisoners increased from 320,000 to 1.39 million (New Century Foundation, 2003). In their 2001 World Report, Human Rights Watch using the Department of Justice Statistics argued that the War on Drugs disproportionately affect Blacks, with some 46 percent of state
prisoners and another 40 percent of federal prisoners being sentenced for drug crimes (Browning, Miller & Spruance, 2001).

**Who Goes to Jail and Prison**

The term mass imprisonment was coined by (Garland, 2001) to describe the atypically high rate of imprisonment (Martensen, 2012). Wacquant (2008, as cited by Martensen, 2012) argued for the use of the term “hyper-incarceration” because, “Mass incarceration suggests that confinement concerns large swaths of the citizenry but in reality only one group is being affected” (p. 211); suggesting this is an epidemic largely isolated to African Americans and other racial and ethnic minorities. According to Nellis, (2016), meaningful reform to the criminal justice system cannot be accomplished without acknowledgment of racial and ethnic disparities in the prison system and focused attention on reduction of disparities. The perception of incarceration rates is significantly influenced by the media impressions and the negative perceptions towards minorities. The substantial amount of images one sees from various forms of the media, as well as firsthand accounts of impudent behaviors by minorities, forms indelible pessimistic dispositions toward minorities further contributing to the acceptance of the inequities of injustice against people of color. Focusing on the disparities in the criminal justice system is the beginning of the solution to modifying and restructuring the inequities (Nellis, 2016).

Socio-economic and cultural factors have a direct influence on the behavior patterns of minorities. Employment prospects are limited for minorities for a variety of reasons. Minorities are subject to housing instability, family disruption, stigma, and disenfranchisement (Nellis, 2016). These conditions expose them to increased potential to criminal behaviors as means of survival or escaping the fatal condition.
Some suggest that racism is a contributing factor in the area of employment as well. More importantly, if minorities lack educational opportunities, suitable living conditions, and the satisfaction of basic psychological needs, their propensity to commit crimes would be increased. It is the opinion of community leaders that impoverished individuals act out of desperation, which inspires criminal behavior. Keep in mind that the human condition is not only a contributing factor to committing a crime (Nellis, 2016). Some individuals have developed lifestyles and mistaken beliefs that allow them to function outside jurisdictions and legal precedence. Incarceration creates a multitude of guaranteed consequences that consist of restricted employment prospects and family disturbances. These consequences further inflict hardships by imposing new punishments after completion of their sentences. Collateral consequences are felt disproportionately by people of color, and because of concentrations of poverty and imprisonment in certain jurisdictions, it is now the case that entire communities experience these negative effects (Nellis, 2016).

Policies suggest that prosecutors are more likely to charge black defendants in the guidelines of habitual offender law than comparable white defendants (Nellis, 2016). Structural disadvantage refers to the relationship with poverty, employment, housing and family differences (Nellis, 2016). These situations are contributors in advance of exposure to the criminal justice system. African Americans who reside in inner cities encounter greater exposure to crime than their white counterparts. When African Americans experience contrasting lifestyles, their experience with the criminal justice system will be contrasting as well. Having an uneven playing field from the beginning plays a considerable role in chances of exposing individuals to crime. The youth of color are more likely to have volatile family systems (Nellis, 2016).
The New Jim Crow-Mass Incarceration

Jim Crow, the racial caste system that operated primarily in southern states originated by southern Whites to stay dominant over previously enslaved Blacks (Pilgrim, 2012). Jim Crow was designed to demoralize and persecute blacks with the purpose of preventing blacks from experiencing the same freedoms and opportunities as whites. It was a way of life. African Americans were deemed as inferior to the dominant culture of white Americans. They were subjugated to practices of being demeaned and ridiculed by whites. Jim Crow’s very existence was intended to make African Americans second rate citizens. This practice was accomplished by segregating African Americans in every aspect of their lives. The following Jim Crow etiquette norms demonstrate how inclusive and pervasive these norms were:

- A black male could not offer his hand (to shake hands) with a white male because it implied being socially equal (Pilgrim, 2012).
- Blacks and whites were not supposed to eat together. If they did eat together, whites were to be served first, and some partition was to be placed between them.
- Blacks were not allowed to show public affection toward one another in public, especially kissing, because it offended whites.

Jim Crow etiquette prescribed that blacks be introduced to whites, never whites to blacks. Whites did not use courtesy titles of respect when referring to blacks; instead, blacks were called by their first names. Blacks had to use courtesy titles when referring to whites and were not allowed to call them by their first names (Pilgrim, 2012, paras. 3-8).

These primary policies were designed to reinforce the thought processes of whites being superior to blacks in all aspects of life, not to exclude biological superiority that whites were naturally more intelligent. Lynching, similar to the incarceration disparities of the 21st century,
where primarily performed against Blacks. Between 1882, when the first data were collected, and 1968, when lynching became rare, there were 4,730 known lynchings including 3,440 black men and women (Pilgrim, 2012). The disparity started from the beginning without criminal justice involvement. It continues today. Furthermore, the system was initially set up to keep African Americans detained and restrained to ensure the superiority of the White race (Martensen, 2012). This attitude and disposition take generations to dissolve, especially in southern states where discrimination was celebrated and encouraged. Today, battles continue with the attempted elimination of memorabilia from the civil war that’s primary purpose was to keep African Americans psychologically enslaved and celebrate white dominance (Pilgrim, 2012). Presently individuals from the south resist the notion of eradicating symbols of the Confederate flag and statues of racial oppressors. This constitutes evidence that racism and oppression continue to be active today. It is often suggested that it manifests itself in the prison population: the new Jim Crow (Martensen, 2012).

There has been nearly a 600% increase in incarceration rate within the past four decades (Alexander, 2010). That suggests the correctional institutions are retributive and not interested in correcting. The primary focus is to detain and punish, keeping individuals away from their families and communities. Mass incarceration has replaced the obsolete old Jim Crow practices and penalizes African Americans at similar rates (Martensen, 2012). The criminal justice system by design can segregate individuals unconsciously. If one has the belief system that blacks are inferior and prone to commit crimes just based on their biological inferiority, they will be the police and justice systems’ primary targets (Alexander, 2010).

The perception of the public is that Black men are violent and practice criminal behaviors. The system practices prophetic detaining by using the same inferences from old Jim
Crow customs. These practices of mass incarceration show no signs of changing or slowing down. This insular routine practice of the criminal justice system perpetuates stereotypes toward African American males in particular.

The consequences of detaining and incarcerating African American males have historically been overlooked and suggest racial control. If we are incarcerating a significant portion of African American males, this reduces and eliminates their attempt to experience the same liberties as their White counterparts. This is a principal step into debasing the character of those striving for equality. Not to mention what happens to individuals incarcerated that are farmed out as free labor. States constructed convict-lease systems that allowed the (mostly black) prisoners to be leased out to plantations and private companies for labor (Alexander, 2010; Martensen, 2012). Keep in mind that this practice takes place even after the passing of the Thirteenth Amendment. The system has found unique and prodigious ways to continue oppressing minorities. Although the system is not as bold as original Jim Crow Laws, the oppressive results are similar but not as immediate, which allows the public to deceive themselves into thinking that everyone functions under equal and just laws (Alexander, 2010).

**Impact of Mass Incarceration on African Americans**

The purpose of the criminal justice system is to maintain and ameliorate the safety and security of society. The method of accomplishing this task is often excessive and unreasonable. The consequences of this unjust and unreasonable practice typically come at the expense of minorities or people of color. The changes in drug laws and sentencing guidelines have been tyrannical to communities of color. Perhaps the best example of this is the initial federal sentences for crack cocaine offenses (Martensen, 2012). A conviction for crack selling, which is more heavily sold and used by people of color. Results in a sentence 100 times more severe than
for selling the same amount of powder cocaine, more heavily sold and used by whites (Crutchfield & Weeks, 2015).

Pundits profess that the majority of incarcerations are the result of criminal behaviors in place of a racist criminal justice system. Minorities are predisposed to environments that often require criminal behavior for purposes of survival. There is a corollary relationship between socio-economic conditions and causation of crimes. There is an overrepresentation of minority group members among those engaging in crime, but even after this is taken into account, people of color are overrepresented in U.S. prisons and jails (Crutchfield & Weeks, 2015). Studies have shown that usage and selling of drugs is proportionate to the size of the population. Consequently, Black men are convicted of drug offenses 13 times greater than White men. Crutchfield suggested that the reason for this disparity is the way black men conduct their lives, dealing drug in public format, whereas their white counterparts conduct drug deals in more private settings.

The nature of how arrests are conducted is a facilitator of fear in communities of color. They are stopped and detained in proximity to their residence; therefore, experiencing the same disrespect as individuals who commit crimes. People living in these communities have no escape and experience this scrutiny around the clock. Also, the cultural practice of not snitching is a concerning factor for individuals in the community, not to engage with the police. On the other hand, when criminals are removed from the community, each person benefits from their detention by a reduction of fear. When people live in fear of personal or property victimization, they view their environment as a threatening, scary place (Crutchfield & Weeks, 2015).

Conversely, locking up too many individuals from the community has an adverse effect as well. The effect incarceration has on families with possible loss of income, emotional support,
provider of safety and security; help to raise infants and negative social stigmas depending on the crime. Specifically, a breakdown in the fabric of the family and furthermore the community as a whole, so two countervailing forces or arguments removing problem criminal people improves the life of neighborhoods and that removing too many people and then returning them can be criminogenic (Crutchfield & Weeks, 2015). Crutchfield suggested that the solution for communities of color is to eliminate the heavy concentration of segregation. Communities that are not segregated experience less negative consequences related to evolving types of crime. Also, at some point, individuals will be released from jails and prisons to return to the same communities that trigger criminogenic practices. Therefore individuals can continue the destruction of the community.

It is suggested that having a concrete family foundation diminishes the probability of individuals to commit crimes (Adler, 1930). This strong foundation, by the same token, is compromised when primary members of the family are incarcerated, i.e., mother or father. Other members of the family have to compensate for their absence and fill that role of the incarcerated member. Often the family member filling that role may not be qualified or prepared to sustain the responsibility. Studies have shown that individuals who become incarcerated are less likely to be engaged in a stable relationship or to have been employed in a high-quality job before their incarceration (Crutchfield & Weeks, 2015). Granted their low socio-economic situation does not necessarily culminate into criminogenic behaviors, but the probability substantially increases when one does not have the basic necessities for survival. Crutchfield and Weeks (2015) implied that crime and incarceration are concentrated geographically, indicating that racial and ethnic neighborhoods generate the highest rates of crime. This finding appears to be representative of
segregation, the concentration of the disadvantaged, with circumstances that support criminogenic behavior.

Communities with a high incidence of incarceration negatively affect their family structure and increase generational incarceration. For communities, this elevated occurrence of incarceration makes breaking the cycle extremely challenging if not impossible. Indeed, poverty, unemployment, lack of suitable education, limited opportunity for progression, the absence of parental guidance, and poor nutrition keeps people of color at a deficit for recuperating from this pernicious existence.

Financial burdens are intensified, forcing family members to seek assistance from state agencies or to become involved in illegal activities (Christian & Thomas, 2009). This economic intersection with the incarceration of family members created difficult decision for family members, especially for African American women. They are challenged with making the most of the resources available to them for the survival of the family. These available but dangerous resources include returning to an abused family for the assistance of performing ‘sexual favors” for financial reimbursement (Christian & Thomas, 2009). The impacts of financial hardships can affect extent into a wide range of psychological implications. Children from low-income households are less motivated have lower aspirations and expectations. They are less oriented toward concerns of the future. Financial hardships contribute to children becoming sensitive to how they perceive themselves and alter what they value. For example, social status becomes extremely important to children that experience poverty. Social status gives the improvised child value and significance. What type car someone drives becomes more significant than a person’s character (Orr, 2003). Achieving social acceptance can become a primary motivator for children that lack resources and basic survival needs.
The frequency of incarnation among African American males has negatively affected the rate of single mother households. The number has tripled since 1970, rising to approximately 10 million single-parent households. (Wilson, Henriksen Jr., Bustamante & Irby, 2016). This social crisis has affected the moral development of young African American males. Additionally, fatherless children have been linked to substance abuse, a tendency towards violence, truancy, unwed pregnancies, and psychological disorders in contrast to children whose fathers play an active role in their lives. Furthermore, these adverse conditions exacerbate the childhood experience and contribute to additional mental health challenges.

**The Criminalization of Drug Abuse and Mental Illness**

The United States of America has the highest incarceration figures in the world at 2.2 million individuals currently detained. This mass incarceration began with the presidential campaigns of Richard Nixon (1960) and Barry Goldwater (1964), which ran on law and order platforms. President Johnson turned the War on Poverty into the War on Crime. Nixon enhanced the War on Crime established by President Johnson with increasing the funding to the Law Enforcement Assistance Administration (LEAA). During the Nixon administration, LEAA’s budget increased from $63 million in 1969 to $871 million in 1974. Nixon resisted any community-based law enforcement programs, especially in black communities. “There has never been in history an adequate black nation” Nixon opined to his chief of staff H.R. Haldeman, “and they are the only race of which this is true” (Forman, 2016, p. 36).

In the 1970’s under the Nixon administration, funding was given to aggressive policing programs and massive prison building including more maximum-security facilities. In 1984 the Comprehensive Crime Control Act allowed local police precincts to keep 90% of money and property seized from drug dealers, creating mass arrests. The concentration of arrests primarily
in predominately black neighborhoods was the beginning of mass incarceration of African Americans. Ninety percent of prisoners are housed in state and local jails giving states the authority to legislate sentencing guidelines; this does not preclude the influence of federal influences and contributions as well (Forman, 2016).

From the mid-1980’s through 1996, sentencing guidelines increased the length of incarceration with mandatory minimum sentences, three strikes, and life without possibility of parole. Mandatory minimums were designed for crimes regardless of their severity. Three strikes required minimum 25-year sentences for offenders with three felonies (Balthazar & King, 2001). These sentencing guidelines exacerbated the incarceration rate for African Americans who were the most affected by disparities in sentencing and arrest rates. African Americans are arrested for drug crimes at a much higher rate because of policing practices at street level (Pieterse, Todd, Neville & Carter, 2012). The significant pressure of high possibility of being arrested for African Americans has created elevated levels of anxiety and depression (Pieterse et al., 2012). Having to focus on survival skills and coping mechanisms creates persistent stress for African Americans where it manifests itself in many areas of their lives, not excluding a lower mortality rate created from stress, the silent killer. The quality of life associated with this stress is greatly diminished for African Americans at all levels of the socio-economic scale.

**Correctional Facilities: The New Psychiatric Facilities**

The number of adults with serious mental illnesses booked into jails every year approaches one million (Constantine, et al., 2010). Incarceration is a primary solution to managing symptoms of mental illness. In the 1960s and 1970s, there was surge throughout America to deinstitutionalize the mentally ill. During this period, the deinstitutionalization began when the American Civil Liberties Union (ACLU) advocated changing the standard for
being mentally ill. The birthplace for this change was San Francisco under then Governor Reagan (Swanson, 2015). The problem with his strategy was it did not have an alternative strategy to care for the mentally ill population once they were released to the community. Consequently, the mentally ill once discharged were not able to care for themselves and became homeless street people. Ronald Reagan was given the untenable task of being labeled the responsible party for discharging the mentally ill into the streets (Thomas, 1998). In fact, it was the ACLU who provided legal representation to force the VA to release these patients. This tyrannical decision put the mentally ill at risk and subjected them to manage their own psychological needs. Illustrated by the number of incarcerated mentally ill to ensure that the public remained safe, a study of 132 suicide attempts in a county jail in Washington found that 77% of them had a "chronic psychiatric problem," compared with 15% among the rest of the population (Swanson, 2015). The U.S. is a country where the mentally ill are frequently incarcerated as an alternative to treatment. According to a report by the Treatment Advocacy Center, American prisons and jails housed an estimated 356,268 inmates with severe mental illness in 2012 (Swanson, 2015). On the other hand, state psychiatric hospitals housed 35,000 individuals with severe mental illness; this rate is 10 times lower than prisons and jail.

This movement of the mentally ill individual from psychiatric hospitals to the streets then ultimately into jails and prisons has been recalcitrant for the criminal justice system (Constantine et al., 2010). The tremendous surge of the mentally ill on the criminal justice system has unfortunately contributed to the unjust handling of those with a mental illness. Many correctional facilities do not have the psychiatric services to manage severe and persistent mentally ill (SPMI). Some often lack resources to manage even mild levels of mental illness.
When deinstitutionalization began with the intention of placing this individual in non-residential, community-based situations, they subsequently found themselves incarcerated. The initial concept was flawed, and the system was not equipped to manage severe mentally ill individuals who are now functioning among the public. This shifting of clientele from the mental health to the criminal justice system is sometimes referred to as transinstitutionalization (Adams, n.d.).

In addition to the changing demands on the criminal justice system with infiltration of the mentally ill, an attempt to cut costs was instituted. The eliminated positions included drug counselors and teachers. In the following year, 155 additional positions were eliminated (Adams, n.d.). Politicians believed that their constituents wanted a prison system that included fewer amenities and more punitive structure supporting these cutbacks. Under those circumstances, the SPMI individuals suffered greatly since it culminated into a reduction in services. Administrators in the criminal justice system took the approach that if programs cannot show a direct benefit to ensuring public safety, they were not necessary. This disposition had no regards for the treatment, care, or stabilization of mentally ill inmates (Constantine et al., 2010). Keep in mind that all policies begin with the concept of the cost involved, first and foremost. How efficacious a program is, takes a backseat to the operating cost. The axiom continues to be protecting the public, although the approach to protecting the public does not take into consideration that at some point untreated mentally ill individuals will be back on the streets (Constantine et al., 2010).

Inmates with mental disorders enter the system of DOC with slight disadvantages since DOC classifies all inmates, placing inmates in correctional facilities based on their offenses only. Once an inmate is deemed mentally ill, the DOC intends to place them in facilities
commensurate with their illness. Mentally disordered offenders may find themselves in management units or in a maximum-security facility because of their disorders (for the treatment required to control their disorders) in 20 states (Miller & Metzner, 1994). This policy is predicated on the misunderstanding and the stigma associated with mental illness. In addition to the lack of proper treatment programs and facilities suitable from the improvement of mentally ill, the injustice toward the mentally ill begins at the first point of contact, from police officers, judicial process, sentencing, placement and finally the correctional officers that have the same prejudicial attitudes as a society. The public and politician are lobbying for protection of the public with limited resources allocated to confining the mentally ill. This method of retention is a short-term solution for securing the mentally ill, instead of treatment. With the increasing proportion of inmates who suffer from severe mental disorders, the result is a decrease in the mental health resources available per inmate (Miller & Metzner, 1994).

The Conditions for Inmates with Mental Illness

The amount of adult individuals with mental illness over age 18 is estimated at 4.1%. Society has replaced hospital beds with jail boats (beds). By contrast “studies and clinical experience indicate that somewhere between 8 and 19% of prisoners have significant psychiatric or functional disabilities and another 15 to 20% will require some form of psychiatric intervention during their incarceration” (Gage, 2015). During the intake process, inmates are asked if they have been treated for mental illness or feel that they experience mental illness. In an earlier federal survey, over a third of the state and jail prisoners reported major depressive or manic symptoms and approximately 24% of state inmates, 15% of federal inmates, and 24% of jail inmates reported symptoms of psychosis, delusion, or hallucinations (Gage, 2015).
Mental health symptoms are enumerated for statistical purposes in the criminal justice system. For instance, bipolar (manic episode), schizophrenia, and major depression are the primary mental disabilities. Other mental disabilities include disturbances that include cognitive disorders, emotional regulation, and issues associated with the developmental process impairing their basic functionality. Each of these maladies can be accompanied with different manners of presentations. The amount of co-morbidity can make it challenging for untrained staff members to address the condition properly. Often biological and genetic factors combined with the individual’s socio-economic circumstances contribute to their mental illness. The lack of support received from family and communities are contributing elements as well (Gage, 2015, p. 10). Furthermore, symptoms of some individuals with mental health challenges can be very subtle and determined only by professionals. The conditions of incarceration can exacerbate the mental illness and cause additional harm to already compromised individuals. Incarceration, in itself, can be difficult without mental health symptoms. Being restricted and absent of free will and choice can accelerate dormant symptoms in borderline individuals. Individuals who come into the criminal justice system undiagnosed and never treated can become agitated and aggressive.

They are frequently the most challenging for correctional officers since they are not prepared for their aggressive behaviors. They may not meet the criteria for being mentally ill during intake and progressively increase the lack of impulse control from their inability to emotionally regulate, thus compromising the safety of other inmates and staff. Correctional institutions can be challenging for healthy individuals. Conditions at facilities can be filthy with extreme temperatures, both hot and cold, rodents and foods that are lacking taste that is palatable. These conditions can irritate those with the strongest minds over an extended period.
Individuals with mental illness attempt to manage these conditions differently. Not being capable of managing these conditions successfully results in solitary confinement. Anxious, depressed, psychotic, and suicidal inmates are at increased risk of deteriorating emotionally and of having impaired judgment in such settings (Gage, 2015).

Consequently, the penal system is a challenging environment for mentally ill individuals. The decision to close the number of psychiatric hospitals was severely detrimental to those experiencing mental health issues. Once exposed to the criminal justice system, the condition of one’s mental health is secondary to the rules and regulation of the facility. Prison policies may permit practices such as solitary confinement and the use of force that directly threaten prisoners’ mental health above and beyond the toxic prison environment itself (Gage, 2015, p. 12).

Inmates with mental illness are put in disciplinary constraints, which accelerate the psychosis mentally ill inmates are experiencing. Correctional officers are trained to subdue inmates who are out of control or exhibiting behaviors that are detrimental to the facility. Inmates should at all times behave in a manner that supports safety for staff and other inmates. When inmates refused to comply with orders from correctional officers, some force has to be administered. In the case of inmates with mental illness, there needs to be the use of force tactics that consider the special circumstances. Typically, physical force is used to gain control over the inmate. Force is undertaken with or without weaponry, but the use by correctional staff of weaponry, such as chemical agents (e.g., pepper spray) and electronic stun devices, such as Tasers and stun shields, appears to be growing (Gage, 2015, p. 31). Obviously, the mass incarceration rates with growing populations in prison have placed a greater amount of emphasis on maintaining safety in the facility and neglecting the individual needs of inmates.
with impairments, i.e., mental illness, diminished physicality. The majority of attention is given to aggressive and violent inmates regardless of their impairment or lack thereof.

There have been recent reports of inmates’ mistreatment in county jails and prisons. Two cases that were particularly egregious are cases of Anthony McManus who died in September 2005 in a Michigan prison after dropping from 140 pounds to 75 pounds. Three days before his death he was pepper sprayed and placed in solitary confinement. Mr. McManus’s mental illness prevented him from communicating coherently and correctional officers deemed his talk as babbling. It was later determined he was trying to ask for water. The court concluded that McManus received so little food and water that he finally succumbed to death by starvation (Gage, 2015, p. 13).

The second case involved inmate Christopher Lopez, a 35-year-old man who died in a Colorado prison on March 17, 2013 because of staff negligence and mistreatment. Lopez was kept isolated in his cell 22-24 hours a day. An autopsy revealed Lopez had died of a severe hyponatremia, a condition that can occur when too much psychotropic medication leads to abnormally low levels of sodium in a person’s blood. It is a condition that is easily diagnosed with a blood test and easily treatable with prompt and adequate medical attention (Gage, 2013, p. 14). Each of these cases involves practices where the inmate was abandoned and denied necessary care. The needs of the inmate were disregarded for extended periods of time, which resulted in death for both inmates. The only consequences the correctional officers and administration encountered were termination or suspension for an inmate’s loss of life.

Mental Healthcare in Prisons

The criminal justice system has changed over the years and evolved from government-operated criminal justice system to for-profit private prison industry. Currently, 30 states and the
federal government contract private companies to own and operate prison facilities (Ramirez, 2014). According to the Department of Justice Statistics, the number of inmates held in private facilities increased from approximately 7,700 in 1990 to almost 129,000 in 2012 (Austin & Coventry, 2006).

During this epoch period, the administration’s answer to inmate congestion from overcrowding was building additional prisons. There was no consideration for determining ways to keep African Americans from being arrested or staying out of the criminal justice system such as employment, changing their socio-economic status, augmenting their educational situation, and focusing on keeping the family structure whole. Private prisons became profit centers for the private corporations.

The financial savings for the government has served as the primary justification for the surge and expansion in private prisons. Although the government is pleased with the savings and fiscal responsibilities not much has been said related to prison rehabilitation. For instance, unlike public prisons, private companies are not required to disclose information regarding their practices and operations via the Freedom of Information Act (Casarez, 1995). The lack of accountability secures the capability for the criminal justice system to inundate the facilities with those who commit minor infractions and detain them for extended periods of time. In particular, African American males are extensively subjugated to incarceration, therefore feeding the need for privatized prisons.

The conditions and policies that private prisons operate diminish the remote possibilities of rehabilitation or release. African Americans often experience occurrences of unmitigated elongated prison stays for menial crimes (Casarez, 1995). Once in these private prisons, the policies are not governed by the criminal justice system and create environments that breed
further criminal behaviors within the system extending their sentence. This leads to greater political disenfranchisement for African Americans, which leads to less opportunity for employment, and deteriorates family and social organizations (Ramirez, 2014).

African Americans have to view this practice through specialized lenses. They are accustomed to being disenfranchised and suffer the consequences of greed and empowerment. Their experience continues to be a manifestation of 400 years of oppression and discrimination (Smith, 2010). History has provided evidence and support for why African Americans have such lack of trust for the government. They have been stripped of the opportunity to benefit from the rewards of hard work in this capitalistic society. Watching dominant cultures profit on the backs of African Americans has culminated into acute lack of trust (Smith, 2010).

When private prisons focus only on profiting and neglecting the care and wellbeing of inmates, this accelerates the lack of trust by the African American communities. In fact, private prisons engage in a great deal of lobbying for legislation that would increase the prison population and, consequently, their profit margin (Ramirez, 2014). When finances are involved, the potential for corruption increases substantially. Ironically, the system that exists to prevent and control crime has become crime infested as well. For instance, a Pennsylvania jury in 2011 convicted former Judge Mark Ciavarella of receiving payments from private prison contractors in return for imposing harsher sentences on juvenile offenders (Ramirez, 2014).

Consequently, African Americans have a negative perception of private prisons. This perception is reinforced by the massive amounts of negative personal experiences they have. Negative personal experiences with everyone from police officers to criminal justice administrators have contributed to lack of trust. The majority of African Americans experience
an astonishing amount of worry about crime and violence. This worry translates into the overwhelming amount of skepticism toward the criminal justice system overall.

**Re-Entry and Psychological Stressors**

It has been well established that mental illness has a direct connection with the criminal justice system. The overriding premise of much of this finding has been that mental illness has been criminalized in the wake of the restructuring of the mental health system away from hospital-based system to a community-based system of care (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005). During the closings of mental health facilities, the incidence of incarceration of the mentally ill being detained and incarcerated increased substantially. Draine et al. suggest that a significant portion of those returning from prison, perhaps 16% have serious mental illness.

There are complications associated with re-entry for prisoners with or without mental illnesses. Mental illness in addition to complexities related to being African American provides further barriers to success. There must be collaboration between the mental health providers and the community to serve the mentally ill inmates released from prison. Traditionally, the criminal justice system’s goals have been to reintegrate the individual into the community in ways that protect the community from future harm, hence the focus on re-entry planning initiatives for serious and violent offenders, sex offenders and offenders with mental illness (Draine et al., 2005)

A core component of effective transition planning and aftercare of inmates is the preparedness of the community to identify appropriately, stabilize and divert people with mental illness away from the justice system into coordinated, integrated and appropriate service in the community (Vogel, Noether & Steadman, 2007). If the community does not have the resources recommended by the mental health provider from the criminal justice system the re-entry will be
compromised. Re-entry requires support such as affordable low-income housing, public transportation, employment and relevant health care providers, which are critical for individuals’ success. Once back in their family relational context they seem to quickly slide back into all the old roles and patterns as if nothing they had experienced had mattered Sexton, (2016).

Yearby (2017) suggested that African Americans seeking employment have a harder time obtaining employment because non-African Americans managers tend to hire more Caucasians. The likelihood of successful re-entry may be influenced by an individuals’ criminal justice history, including the length of time incarcerated, and the particular ongoing involvement an individual has with the criminal justice system (Draine et al., 2005).

Some jurisdictions have established a re-entry court modeled after drug court where re-entry has specific guidelines to assist re-entry into the community. This re-entry program is called ACE, Accelerated Community Entry. Comparable to drug court, re-entry courts also need the collaboration of the community to promote a successful transformation. Through agency collaboration, the re-entry court model allows the court to implement swift, consistent and behaviorally relevant consequences for probation or supervised released violations (Knollenberg & Martin, 2008). Knollenberg and Martin proposed that employment be a key factor for success, stating that nine of ten employed offenders completed post-conviction supervision.

According to a recent report, by June 2008 there were 4,777 Black male inmates per 100,000 held in prisons and local jails. Compared to 1,760 Hispanic male inmates per 100,000 Hispanic males and 727 White male inmates per 100,000 (Chaney, 2011). Furthermore, there are substantial numbers of African American men who enter society as parolees. African American males find it difficult to secure stable employment (Chaney, 2011). There is a direct connection between the effect of incarceration and foundation of and family situation for African Americans,
which directly affects the community. Black families’ stability has been jeopardized by a number of Black men reentering communities as parolees.

The hidden victims in the correctional system are the family members of the incarcerated. Nearly 1.5 million U.S. children, 2% of the nation's minors had a parent in prison at the end of the twentieth century, and Black children are nearly nine times more likely to have a parent in prison (Browning, Miller & Spruance, 2001). According to Browning, Miller & Spruance 93% of imprisoned parents of these children are Black males, causing detrimental effects on the Black parent-child relationship. The majority of these children, some 58 percent, were younger than ten years old, with an average age of 8 years old (Browning, Miller & Spruance, 2001). The probability that children of incarcerated children experience the emotional and behavioral problem is high. The reintegration also is challenged by emotional adaptations and economic deficiencies. Browning, Miller, and Spruance suggest that once a parent is incarcerated the children experience feelings of shame, stigma, isolation, blame, guilt and anger. The child often feels that they somehow could have contributed to the incarceration or done something differently to prevent the situation. According to Brown, Bell, and Patterson (2016), there is a link between paternal incarceration and boys' and girls' behavior problems at age five. He found that paternal incarceration was predictive of increased physical aggression for boys (Brown, Bell & Patterson, 2016)

The Osborne Association found that children of an incarcerated parent have lower self-esteem, they were more likely to be depressed, and to withdraw from remaining family and friends (Browning, Miller & Spruance, 2001). This pattern of behavior is the catalyst for other antisocial behaviors, as well as poor academic achievement, substance abuse, and criminal behavior. Many of the Black males that commit crimes do so out of necessity, not from the urge
to participate in criminal lifestyle, ranging from the age of 21 to 30. In 1989 the federal government developed an agency called the Federation of Prisoner’s Families’ Support Group. Later renamed Action for Prisoners’ Families, this organization established itself as a significant resource for families.

**African American Suicide**

African Americans have an exclusive history of experiencing a cruel and unusual punishment primarily from the malicious practice of slavery. Although previous generations have endured hopelessness and depression, their contemporaries have experienced higher rates of suicide. Suicide is the third leading cause of death for African Americans young adults ages 15-24, and over 2,500 African Americans have died by suicide since 2010 (Hollinsworth et al., 2017). Racial factors that differentially impact African American also influence their mental health and risk of suicide (Hollinsworth et al., 2017). Racism and oppression is a catalyst for suicidal outcomes for African Americans. Consequently, there is a substantial association between racism and suicidal ideation. Micro-aggression is a form of discrimination that contributes to negative mental health outcomes for African Americans. Microaggressions have a harmful and lasting psychological impact that may endure for days, weeks, months and even years (Sue et al., 2008). Repetitive exposure to microaggression is a contributory factor for African Americans attempting suicide.

African Americans cope with burdens such as health problems from high blood pressure, diabetes, and obesity. In addition to socio-economic factors, employment, education, lack of access to health care, previous incarcerations, and general lack of options contribute to suicidal ideation. African Americans have a higher mortality for most leading causes of death in the United States, including heart disease, stroke, and cancers, as well as homicide and HIV/ AIDS
Juon et al. (2014) suggested that for males, aggressive behavior in first grade was related to later mortality from homicide, drug use, suicide, and trauma.

Another contributing factor to stress is a reduction in benefits, one less wage, legal cost and financial demands from a family member in prison can all escalate a dire financial situation to the point of homelessness and deprivation (Light & Campbell, 2006). African America communities have historically been the primary resource for coping. Churches, barber shops, clubs and community centers serve as binding social connections for survival. African Americans have long been labeled strong, as evidenced by the endurance of slavery; lynching’s; Jim Crow; and, during contemporary times, more nuanced forms of racism, discrimination, and personal suffering (Day-Vines, 2007).

Social support can be broadly defined as those interpersonal social resources that involve either the presence or the implication of stable relationships (Matlin, Malock & Tebes, 2011). Heinz and Rowena Ansbacher, two of the foremost Adlerian scholars, wrote that “for Adler, the strongest motivating force for the human being is the desire to belong to the social world” (Griffith & Powers, 2007, p. 9). Being socially embedded is essential to feel significant and sense of belonging. Adler suggests that all of our problems are social problems, how we relate to each other (Ansbacher & Ansbacher, 1964). Family support has been found to function as a protective factor for suicidality among African adolescents (Matlin et al., 2011).

Racism and Mental Illness

Research conducted by Pieterse, Carter, and Ray (2013) suggested that experiences of racism and discrimination were negatively associated with physical and psychological health. The presence of race-related stress was an indicator that this type of stress was converse to stress
related to daily living. Pieterse et al., (2013) research also indicated that stress is the leading indicator of psychological and physical impairments. Experiences of racism have been associated with a range of negative psychological outcomes including decreased self-esteem, lower levels of personal mastery, and higher levels of psychological distress (Jones, Cross, & DeFour, 2007). Specifically, Jones et al. (2017) found evidence that Blacks are more vulnerable to race-related stress and likely to use passive coping styles and tend to traditionally internalize emotions to deal with racism. The cause of distress among Black’s furthermore comes from stress compounded by sexism (Pieterse et al., 2013). Several different considerations affect psychological outcomes such as gender, sexism, and general life stress. These considerations must be included into the equation with racial implications when factoring psychological outcomes, therefore making research difficult to conclude the outcomes of racism on mental health exclusively; however, race does play a significant part in contributing to mental illness and cannot be excluded. Individuals from dominant cultures do not perceive race-related stress as a contributor to their psychological condition (Pieterse, Todd, Neville & Carter, 2011).

Race-related stress comes primarily from oppression and discrimination. In addition to the prominent forms of oppression and discrimination from the dominant race, this experience can come from within the African American race. Studies that have assessed the impact of intragroup racism among African Americans have focused on skin tone variations (Clark, Anderson, Clark, & Williams, 1999). Many African Americans once endorsed the idea that darker-skinned African Americans were inherently inferior to lighter-skinned African Americans (Clark, Anderson, Clark, & Williams, 1999). This practice contributes to the pervasive attention that African Americans have to address regarding oppression and discrimination from dominant
cultural, as well as stigmatism from their race. This constant scrutiny plays a prominent role in contributing to race-related stress affecting their psychological outcomes.

Perceived racism influences the genesis of depression by posing transient threats to self-esteem, making the group's failure to receive normative returns more salient and contributing to a sense of helplessness (Brondolo, NG, Pierre & Lane, 2016; Fernando, 1984). Although studies explicating the long-term health effects of perceived racism remain limited, there is a growing body of research in the more general stress literature that documents the relationship between stress and health (Clark et al., 1999). Additional consequences to stressor for African Americans are anxiety, depression, and PTSD. The presences of PTSD can be attributed to symptomology in disadvantaged neighborhoods recognizing that mistrust is amplified in those neighborhoods, which are predominantly African American (Gapen et al., 2011). The lack of community cohesion is likely to exacerbate the fear that already present in individuals with PTSD. Individuals with lower socioeconomic status are more likely to experience traumatic events, and African American are more likely to be of lower socioeconomic status contributing to PTSD (Gapen et al., 2011).

The evidence linking racism to both depressive symptoms and diagnosis of the major depressive disorder is consistent with effects seen across ages and racial and ethnic groups (Brondolo, Pierre, & Lane, 2016). Studies suggested that there is a direct relationship between the social cognitive process that racial and ethnic discrimination leads to depression. Social cognitive models suggest that depression is a function of cognitive vulnerabilities within the individual, stress exposure, and their interaction in addition to underlying constellations of thoughts, attitudes, and affect about self, the world, and others (Beck, 2005). These cognitive
vulnerabilities can undermine effective responses to stress exposure and lead to a generation of new stressors, particularly interpersonal stressors (Brondolo et al., 2016).

**Racial Microaggression’s Impact on Everyday Life**

Racial microaggressions are brief and commonplace, daily verbal behavioral or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative racial slights and insults towards people of color (Sue et al, 2007). Racial micro aggression against minorities is a derivative of biases, prejudices, oppression, and stereotypes that have permeated through society forms centuries. Subtle forms of discrimination, overtures ambiguous countenance can be identified as the invisible of racism termed, micro racial aggression (Nadal, Griffin, Wong, Hamit & Rasmus, 2014). Although the civil rights movement had a significant effect on changing racial interaction in this society, racism continues to plague the United States (Thompson & Neville, 1999).

These subtle forms of racism have manifested itself over extended periods of time, consequently giving a false impression that racism is plummeting or at best maintaining its current acceptable levels to the dominant cultural. Micro aggression gives the general public an impression that we as a society have made strides that have overcome the overt countenance of racism, white supremacy, and hate crimes. Studies have suggested that if one were to ask the average individual, who is void of the cruelty of racism due to their ignorance or what is deemed as white privilege, they would most likely deny its presence. The majority of White America is oblivious to the opportunities available to them, which catalyzes discrimination and oppression towards people of color. This is especially problematic in the mental health profession because most graduates continue to be White and trained in Western European models of service delivery (Sue & Sue, 2013).
The general population, which includes therapists, has been groomed to believe that racism is on the decline. People of color have overcome obstacles and currently function at higher levels than their forefathers. Furthermore, regardless of this perceived form of gentrification, people of color continue to suffer from the tyrannical behaviors of those who participate in micro racial aggression with all of its skilled subtleties. Microaggression is identified in three different forms, microassaults, microinsults and microinvalidations (Sue et al., 2007). Microassaults are usually expressed in the form of verbal or nonverbal attacks and manifested by that oppression, which can fluctuate from one individual to the next.

A microinsult is characterized by communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity. People of color experience racial insults in the form of subtleties. Experiencing comments such as “how did you get that job” implying that people of color are less than qualified when securing employment. According to Hinton (2004) microinsults can also occur nonverbally, as when a White teacher fails to acknowledge students of color in the classroom or when a White supervisor seem distracted during a conversation with a Black employee by avoiding eye contact or turning away.

Microinvalidations are characterized by communications that exclude, negate or nullify the psychological thoughts, feelings, or experiential reality of a person of color (Sue et al., 2007). When individuals neglect to acknowledge the presence of race or cultural diversity, this lack of acknowledgment contributes to the practice of microaggression in innumerable ways. According to Helm, when Blacks are told “I do not see color” or “We are all human beings,” the effect is to negate their experiences as racial and cultural beings.
Added Consequences of Racial Discrimination

Physical health disparities for African Americans have been documented as high blood pressure, heart disease, cancer, HIV, diabetes, and homicide. Each of these health conditions occurs at higher rates than White or non-Hispanic Americans. The risk factors and incidence, morbidity, and mortality rates for these diseases and injuries are often more significant among African Americans than Whites (Center for Disease Control, 2005). Heart disease is the leading cause of death for African Americans followed by cancer then strokes the third leading cause of death (Center for Disease Control, 2005). Racism has played a significant part in the physical and psychological well-being of African Americans. African Americans have been known to have higher rates of hypertension, and hypertension has been associated with stress and depression (Pieterse et al., 2012).

The socio-economic disadvantages experienced by African Americans explains much of the difference in utilization of health services, reduced access to health care, poorer health status and higher rates of mortality (Mills & Edwards, 2002). According to Mills and Edwards, it was suggested that slavery also had a positive effect on the mental health of African Americans. Once was used to argue that the farther North African Americans lived, the greater incidence of mental illness, suggesting that freedom drove Blacks insane (Mills & Edwards, 2002). African Americans have struggled to maintain healthy mental health levels since slavery. The culture has relied on church and community resources for survival and well-being. African Americans may attribute depressive symptoms to a crisis of the spirit, so they seek help through prayer and the church instead of professional sources (Mills & Edwards, 2002). “The Black church” has been the primary sociocultural institution whereby African Americans have maintained psychological strength (Utsey, Giesbrecht, Hook, & Stanard, 2008).
ACE: Adverse Childhood Experiences

Adverse Childhood Experiences (ACE), such as witnessing physical abuse, being physically abused, and observing alcohol and drug abuse at a young age, has a significant, negative impact on child’s later life (Moore & Tatum, 2016). These childhood experiences manifest themselves into activities that support criminal or violent behaviors. The socio-economic situations that African Americans are exposed to, increase the probability of negative childhood experiences. Childhood maltreatment and neglect has also been linked to future recidivism (Moore & Tatum, 2016). There is a link between paternal incarceration to boys' and girls' behavior problems at age five. Childhood adversity is a common experience where more than half of children suffer from at least one adverse or traumatic experience (Perez, Jennings, Piquero, & Baglivio, 2016). Tools have been developed to assess levels of ACE where the assessment included measures of emotional abuse, physical abuse, sexual abuse, witnessing household violence, household substance abuse, household mental illness, and having an incarcerated member of the family (Perez et al.). Negative parenting practices, defined as harsh, hostile inconsistent, or coercive parental behaviors, as links in maltreatment and family dysfunction across generations (Narayan et al, 2017). Each of these experiences adds to the prospect of incarceration and mental illness.

Counseling Considerations

The African American community is diverse and consists of a variety of experiences that shape their view of the world. Experiences with employment, education, economic status, family structures, internal racism, and internal oppression differ among African Americans. African Americans exposure to oppression, racism, discrimination has created distrust toward Caucasians’. When counseling African Americans these factors have to be included in evaluation
and assessments while determining appropriate treatments. This may necessitate the counselor being able to use counseling skills that include both an environmental as well as an intrapsychic perspective (Priest, 1991). Intrapsychic is defined as being or occurring within the psyche, mind, or personality (Intrapsychic, n.d.).

Counselors who are trying to understand the stressors in Black’s should routinely inquire about the individuals’ experiences with racism. Cultural consideration is an integral part of understanding the pathology in people of color. Counselors usually work with clients to find a framework through which they can understand their life experiences, it is critical for counselors themselves to be familiar with the manner in which racism operates within American society (Pieterse et al., 2009). There continues to be stigmatization in the African American community, an implicit assumption of weakness assigned to an individual who enters counseling (Priest, 1991). African American clients are more likely to receive mental health treatment under emergency conditions and under coerced and mandated conditions rather than under preferred self voluntary conditions (Townes, Chavez-Korell & Cunningham, 2009). African Americans that have been exposed to the criminal justice system often are mandated to participate in mental health services. The mandate frequently is requested from criminal justice system, which lacks understanding for the need of culturally specific counseling. Black people who prefer Black counselors lack opportunities to choose the race of their counselor when 1.9% of American Psychological Association doctoral level psychologists self-identified as Black (Townes, et al., 2009).

African Americans prefer their peers as counselors; although they have limited access insufficient amount of African American counselors. Additional barriers to same race counselors for African Americans are segregation, geographic location where three-fifths of Black
population lives in 10 states with the primary concentration in New York, Georgia and Florida (Townes, et al., 2009).

Some African Americans have a hostile response to treatment related to the long period of anticipated inferior treatment in American society (Williams & Justice, 2010). This experience of mistrust, masculinity problems, and signs of weakness impacts each African American differently; they underlie African American psychosocial development and are important in establishing a cultural context for counseling interaction (William & Justice, 2010).

Consequences of racial disparities should be included in counselors’ assessment of African American clients. Discrimination has created challenges for African Americans with literacy problems, limited educational opportunities, poverty, malnutrition and domestic violence. Counselors need to be informed that these experiences can be prevalent with African American clients. For many years, the universal approach went unchallenged until research, clinical observation, and theoretical arguments indicated that certain cultural groups might not be benefiting from traditional counseling theories (Robinson & Morris, 2000). Counselors need to be aware of cultural differences of how African Americans express themselves. For example, many African American youths display an animated, persuasive, and confrontational communication style; while schools often have norms of quiet conformity, teacher-focused instructions (Sue & Sue, 2013).

The lack of understanding the difference in communication styles can present a problem for the therapeutic relationship. A therapist’s capacity to respond appropriately to a client is crucial in developing a good therapeutic relationship and fostering positive therapy outcomes (Lee & Horvath, 2014). Therapists have differential responses to their client’s issues. When African Americans have animated, persuasive and confrontation communications styles
therapists, have to respond accordingly. It is impossible to claim that therapists can be aware of and put aside their own culturally embedded bias and values (Lee & Horvath, 2014).

Therapist appropriate responsiveness in cross-cultural therapy refers to how the clients’ culturally embedded issues and struggles are explored, understood, respected and addressed; responsiveness involves creating a dialogue space (Lee & Horvath, 2014). Therapists have to be equipped with the ability to create conditions for mental health collaborations to occur. The cultural barriers can affect the therapeutic interaction and influence the therapy process. Therapists that are informed of the cultural responsiveness differential can make the necessary adjustments to facilitate the process.

Disparities in the mental health industry for African American are recorded to be based on the lack of cultural competency. Cultural competence is typically distinguished from a therapist’s general competence to provide quality care and is operationalized as the therapist’s effectiveness in treating racial minority clients (Imel, Baldwin, Atkin & Owen, 2011). Culturally appropriate interventions have to be acceptable to both the client and the therapist. There needs to be an understanding of cultural variations, where the therapist has a self-awareness of general multicultural counseling skills. The therapist who achieves better outcomes with minority clients compared with White clients is by definition culturally competent (Imel et al., 2011). When a therapist shows no disparity between White clients and minorities but is ineffective with both they are deemed incompetent. (Imel et al., 2011). A culturally competent therapist is one who achieves equivalent outcomes with White and minority clients while also meeting a standard of effectiveness.
Institutional Racism

Institutional racism is defined as an organization failing to provide proper and professional service to individuals due to their race, culture, or ethnic origins (Varga & Bastista, 2016). Although it is often difficult to detect, institutional racism is displayed in many facets of life. The insidious nature of institutionalized racism continues to be debated by those who use oppression and degradation against people of color and those who have been marginalized by the criminal justice system. Historically, disadvantaged people of color have been subject to both individualized and institutional racism (Varga & Bastista, 2016). The legacy of the criminal justice system is currently reflected in the policies and practices of American social institutions; it is not uncommon to hear allegations that institutional racism is practiced by educational, healthcare, criminal justice, and other social institutions (Williams, 2012).

The mass incarceration of African Americans has resulted because of institutional policies in the police and judicial systems. This includes aggressive enforcement of low-level drug crimes and mandatory harsh sentencing laws, which disproportionately affect African Americans (Garcia & Sharif, 2015). The ramifications to institutional racism are detrimental to the ability of these individuals to function in society after they have completed their sentencing. Once incarcerated, individuals lose access to social programs, benefits, employment opportunities, and the ability to vote (Garcia & Sharif, 2015).

Institutional racism goes beyond the criminal justice system. Prominent examples of structural racism include residential segregation and the *digital divide*. This divide results in a systematic disadvantage that primarily affects people of color (Garcia & Sharif, 2015). The result of digital divide occurs when there are disparities between individuals who have opportunities and skills (enabling them to benefit from digital resources such as the Internet) and
those who do not have the same opportunities to bridge the digital divide between advantaged and disadvantaged neighborhoods. This segregation permeates into educational opportunities, which affects the quality of educational institutions people of color can attend. Also, this leads to inferior health care, inadequate access to proper nutrition, and lacks a cultural diversity. Garcia and Sharif (2015) suggested that institutional racism is a primary cause of poor health and illness among people of color.

**Internalized Racism**

Racism is a byproduct of a system of structural advantages called *white privilege* for white people and their communities. Internalized racism results in the system of structural disadvantages called *internalized racism* for people and communities of color (Bivens, 2005). White privilege is so pervasive that typically white individuals do not recognize the benefits that will always be present when needed. In order to comprehend internalized racism, there must be a foundation of three important concepts:

First, African Americans’ experiences with racism are absorbed and translated in a support for developing behaviors, lifestyles, attitudes, and ways of thinking to protect themselves from the consequences of racism. Individuals, institutions, and communities of color are often unconsciously and habitually rewarded for supporting white privilege and power and punished and excluded when they do not (Bivens, 2005). This systemic occurrence for African Americans has been historically suppressive and keeps their resourcefulness contained and limited. This practice influences judgment and unconsciously develops a deception of one’s own reality. The nature of white privilege stifles the ability to develop creativity.

Secondly, the concept to internalized racism is a systemic oppression; it must be distinguished from human wounds such as self-hatred or “low self esteem” to which all people
are vulnerable (Bivens, 2005). Although everyone is subjected to experiencing low self-esteem, African Americans have to include the experiences of internalized racism when their self-concept is threatened. The concept of white privilege is a contributing factor to self-hatred and low self-esteem from the perception of what African Americans experience through limited access to privileges.

The third concept to internalized racism is the negative impact it has on people of color. Since race is a social and political construct that comes out of a particular history of domination, internalized racism often leads to a greater conflict as other concepts of power such as ethnicity, culture, nationality, and class is collapsed in misunderstanding (Bivens, 2005). Once this internal conflict becomes apparent, what remains is a divergence within the race and culture with a competition for remaining resources left over from the white privilege (Bivens, 2005). This phenomenon precludes society from implementing a system that satisfies all ethnic groups and mitigates the harm to any one particular race.

Internal racism is not just low self-esteem, self-hatred, or stereotyping. These are symptoms or outcomes of internalized racism. Internalized racism is a situation that occurs when a one racial group, oppressed by racism, supports the supremacy and dominance of the larger group. This mindset of attitudes, behaviors, social structures, and ideologies undergird the dominating group’s power and privilege, which results in the limitation of the oppressed group’s own power of self-determination (Bivens, 2005).

Bivens (2005) described internalized racism - analogous to systemic racism as being comprised of four important areas of concentration that had the most significant impact on African Americans:
*Internalized Racism* described how people of color feel compromised by various methods of inferiority, in which the individual views oneself as a victim, having a limited identity, and to change the thought of white people toward then. This paradigm was stressful and complicated to manage on a daily basis. People and communities of color were temporarily paralyzed by the plethora of feelings they needed to navigate in their encounter with racism and white privilege (Bivens, 2005). According to Ansbacher and Ansbacher inferiority finally culminates in a never ceasing, always exaggerated the feeling of being slighted. Organ inferiority implies that people identify something about themselves that is inferior. Children who have organ inferiority, who are weak, clumsy, sickly, retarded in growth, ugly or deformed, or have retained infantile forms of behavior are very prone to acquire through their relationship to the environment a feeling of inferiority (Ansbacher & Ansbacher, 1964).

*Interpersonal internalized racism* described how people of color had to manage relationships with their symptoms of internalized racism. In relationships with people of color, internalized racism can manifest in a myriad of ways. First it included projecting one’s own sense of inferiority and inadequacy onto those of the same race (Bivens, 2005).

*Institutionalized Racism* described the process where the entire decision making was controlled by White individuals. This ownership by White individuals suggested that people of color lacked the resources and ability to make decisions affecting their own communities. This inequality is another consequence of internalized racism. With internalized racism, there is also a self-imposed barrier which made it difficult to easily access the resources of other people, particularly other people of color (Bivens, 2005).

*Systemic racism* decimates cultures, both the victims and the perpetrators of racism. This was because it ultimately violated cultural values and supplaned it with a false culture which
resulted in the creation of oppressor-oppressed identities (Bivens, 2005). People of color continued to struggle with the process of coordinating their culture with the ideals of the dominant culture: White America. This procedure created a struggle for people of color since it forced one to develop his or her own standard for what is acceptable to him or her. This internal conflict created stress and conflict with self-identity.

**Internalized Oppression**

Oppression is hatred of one group towards another group that is upheld by the public policy and private action. When one group of people is the object or target of systemic oppression over long periods of time, the mis-education, subjugation, and lies begin to be normal, routine, and acceptable to members of the group who are discriminated against. This is *normalized internalized oppression* (Westfield, 2016). According to Westfield (2016), internalized oppression is when the rumors and innuendos from members of the same race are the culprits of the oppression (Westfield, 2016).

The stigma of inferiority and low self-esteem is the catalyst for the self-indulged oppression. When African Americans continue to be exposed to this negative dialogue, they accept the narrative as truth, therefore contributing to their own internalized oppression. Internalized oppression consists of several constructs that support the oppression. Westfield (2016) proposed that oppression was described as:

1. Believing a lie.
2. Taking dishonesty as the truth.
3. Having faith that persons or institutions that did not trust worthy should be trusted.
4. Being betrayed but thinking the betrayal is deserved or swallowing poison as if it is nutritious food (Westfield, 2016).

The object to internalized oppression is to reduce African Americans into a state of acceptance that prevents them from believing they are capable of creating a better circumstance for themselves, in addition to instilling the indelible belief that they are inferior in all categories of their humanity (Bailey, Chung, Williams, Singh & Terrell, 2011).

The development of doubt in African Americans is supported by the cruel and harsh socio-economic deprivation African Americans suffer from with the lack of opportunities (Bailey et al., 2011). These stereotypes and myths are perpetuated from the repetitive messages the media projects. After repeated exposure to these inaccurate messages, acceptance takes place, and doubt sets in. This internalized oppression is its form of slavery which allows slavery to take on different forms, yet has the same results (Lynn, 2016). The oppressive nature of slavery continues to manifest itself at a psychological level that has a deleterious impact on African Americans. The shackles and irons of slavery currently are replaced by an acceptance that African Americans are not equal, lack worth, and are inferior and infringe on the African Americans’ civil rights (Lynn, 2016). Internalized oppression was also supported by falsified historical information to prevent the reemergence of an ethnic consciousness among African American people who could lead to mobilization and resistance to oppression (Bailey et al., 2016).

The fight for civil rights continues to this day associated with race, gender, sexuality, and class; many individuals are still being told that they are animals, undeserving of the same rights and protections granted to other citizens, and often this thought is believed (Lynn, 2016). Beliefs of their inadequacies prevent some African Americans from believing they can make a valuable
contribution to society and become free from the mental shackles that keep them from feelings of significance. The mental acknowledgment that an individual is inferior becomes internalized when he or she embraces the lies and stereotypes executed by those who have surrendered to the misleading messages (Lynn, 2016).

**Adlerian Psychology**

The principles and practices of Adler’s Individual Psychological theory can be used to address the situation, how the high propensity of arresting African Americans influences their mental health, treatment during incarceration, conditions for those incarcerated with mental illness, types of treatment, lack of treatment, re-entry, and how counselors engage with this population. Racial disparity is a problem which affects entire communities. These disparities force individuals out of the social communities, fracturing families, and place individuals outside of meaningful employment. Alfred Adler suggested that individuals are attached to their ability to be socially involved (Ansbacher & Ansbacher, 1964; Mosak & Maniacci, 1999). Adler was once an associate of Sigmund Freud, who practiced under the belief that humans functioned under forces based on ego, id and super ego (Ansbacher & Ansbacher, 1964). Adler separated himself from Freud’s theory and adopted his concept that individuals should be considered as the whole individual. This Adlerian philosophy was modified to become later what is now known as Individual (or Adlerian) Psychology. Adler prompted clients to use his or her resources to reinforce useful behaviors in striving for perfection and to identify behaviors that were not beneficial, which served to keep the individual from striving for perfection (Mosak & Maniacci, 1999).

Adler suggested that all our problems were social problems (Ansbacher & Ansbacher, 1964). To manage these problems, the critical goals would be to seek a place of significance or to
belong to the social group. Problems such as how we relate to each other, finding a place of meaning in the community or family structure. Individuals’ behavior is measurement for how successful they engage in society. The overall mental health of an individual is measured by how well they function in what Adler calls communal ties or life tasks (Ansbacher & Ansbacher, 1964; Griffith & Powers, 2007; Mosak & Maniacci, 1999).

Adler identified these communal ties or life tasks as community feelings, occupation, and love. Each of these tasks is connected to one another. When problems arise in one area of the life task, it can potentially affect the other areas. The life tasks are measurements on how individuals are successfully or unsuccessfully functioning in the world. How they contribute to society through work; how work affects our relationship with others; how they contribute to well-being of others; and how our sexual role contributed to society (Ansbacher & Ansbacher, 1964). Adler suggested that important ingredients to the life task are social interest and community feelings. When individuals progress in the area of social interest and connectedness with others, the less neurotic he or she became.

Individual Psychology sees human beings as socially embedded, sees the development of community feelings as essential and sees striving for perfection in both the useful and useless side (Dreikurs, 1953). Adler suggested that individual will not develop in isolation and require socialization to feel whole. It is an individual’s own ability to interpret information and draw certain conclusions that are most influential in the development of the personality or lifestyle (Ansbacher & Ansbacher, 1964). Perception becomes one’s reality, which we give meaning.

Adler believes in the body as a whole individual and not separated into parts. Many theories conceptually break the person into various parts, such as the conscious vs. the unconscious, the id, ego, and superego or various self-states. Adler termed this concept as Holism
viewing the individual as indivisible. In Adlerian therapy, an individual’s behavior thought
feelings and action are explained to the client as if it were a conclusion required by a private
logic, as client and therapist uncover the private meaning which the client has relied upon for
answer questions related to themselves (Griffith & Powers, 2007).

Griffith and Powers’ definitions would further explain Adlerian philosophies. Movement-is Adler’s term for what other theorists call behavior, meant to include all thoughts, feelings and
physical activities. Belonging- is the desire to feel belonging to others is the fundamental motive
in man. Felt minus and felt plus- is Adlerian shorthand terms for the inferiority feeling and its
compensation. Neurosis- is Adler’s description of neurotic operations expressed in words ‘‘yes-
but”. Safeguarding- is the mistaken movement of the discouraged person in thought, feeling and
action in response to perceived threat to his or her self-esteem. Teleology- is the finalism used by
those who study behavior as moving toward ends or goals (Griffith & Powers, 2007).

Lifestyle and Style of Living

African Americans have a greater risk for experiencing life stress and adversity in rela-
tionship to White individuals. The health consequences associated with this increased risk are in-
tensified by daily encounters with individuals, institutional and cultural racism (Utsey et al.,
2008). African American lifestyles are filled with inadequate coping resources that potentially
disrupt an individual’s psychological and physiological equilibrium (Utsey et al. 2008). Accord-
ing to Utsey, et al. (2008) African Americans are more vulnerable than other racial or ethnic
groups to racist experiences by their physical features. These racial experiences are dominant
contributing factors to stress.

When individuals experience a lower rate of psychological distress, their mental health
negative outcomes are reduced. The experience for many African Americans that are deprived of
socio-economic benefits results in negative physical and psychological conclusions. (Utsey, et al., 2008) Suggest that family environments characterized by caring and support, high expectation and encouragement promote resilience among African Americans. This represents confirmation to Alfred Adler’s theory on belonging and striving for significance.

From an Adlerian viewpoint, lifestyle is a gathering of one’s thoughts, feelings, and behaviors, past and present. It is the style in which we approach problems that discloses a person’s private logic. Private logic is his or her response to the question of who he or she is, what the world is like, and where he or she fits in the world (Del Corso, Rehfuss & Galvin, 2011). There is a direct relationship between lifestyle and private logic. Life experiences, feelings, behaviors, and self-talk or private logic in addition to individual perception, which forms the lens that individuals move through the world. The lens continues to be unconscious, where individual is not aware of their lifestyle. African Americans style of living has been documented to be filled with adversity and challenges that privileged individual seem to be exempt from.

Adler’s Life Tasks

Adler argued that to adapt and to cooperate with others, individuals must address certain life tasks set out by the community to ensure the community’s survival. These life tasks consist of work, friendship and love, also known as the work task, the social task, and the sexual task (Del Corso, Rehfuss & Galvin, 2011). According to Dreikurs and Mosak (as cited in Mansager & Gold, 2000). none of these problems can be solved separately; each of them demands the successful approach to the other two. African Americans continue to experience the highest rate of unemployment and lack of marketable skills, therefore diminishing the strength of the work task, which negatively affect friendship and love task.
Adler’s concept of social interest, having something in common with others and being one with them, could culminate into negative behaviors if the population is experiencing strife. African Americans struggle in area of Adler’s work task, since often employment is not available or out of reach. Adler understood the problems of life to involve task relative to survival (Mansager & Gold, 2000). This potentially could account for some of the criminogenic behaviors that result in individual’s propensity to commit crime through need for survival.

**Adlerian Answers**

Adler’s focus on individualism begins at birth and proceeds into the development of individuals during the formative years. According to Adler (Ansbacher & Ansbacher, 1964) Individualism is focusing on how individuals form their style of life, belief system, self-determined goals and person’s level of significance. Striving for these initiatives under discrimination, oppression and low socio-economic conditions interferes with their ability to move forward. Adler suggests that individuals perceive his or her level of significance reflects an ability to move toward a self-determined goal or preferred future that is influenced by an individual’s lifestyle (Ansbacher & Ansbacher, 1964). African Americans that are repeatedly exposed to the criminal justice system without sufficient representation, while encountering the bias injustices of incarceration have diminished goals or visions. In addition to the residual effects of being a diaspora of slaves, which by default obstructs their movement.

Alfred Adler states that all human beings are not so remarkably different from one another (Adler, 1930). Criminals have experienced some failure expressed as neuroses, psychoses, and suicidal ideation. Criminals fail in their approach to the problems of life. Every one of them fails at social interest. They are not concerned with their fellow beings (Adler, 1930). They are striving for security or striving for self-preservation. Adler believes that human
beings experience the struggle to rise from an inferior position to a superior position, from below to above (Adler, 1930).

Adler’s philosophy that all human beings are the same runs counter to the understanding of the African American plight related to the justice system and incarceration. According to Adler the criminal’s actions and attitudes, show he is struggling to be superior, to solve problems, to overcome difficulties (Adler, 1930). The struggle often is influenced by poverty and socio-economic conditions that African Americans experience at disproportionate rates. Poverty also offers opportunities for a mistaken interpretation of life (Adler, 1930). This impoverished condition frequently causes African American to experience social prejudice also, to find non-traditional ways to get money without working.

Adler suggests that during their development, an individual meets difficulties with which he cannot cope because they have not been appropriately prepared to meet them (Adler, 1935).

**Discussion and Implications for Counseling Practice**

The racial disparity in the high incidence of incarceration for African Americans has to lead to psychological effects on the African American population. The frequent occurrence of African Americans being detained or incarcerated has led to the belief that the criminal justice system unjustly treats African Americans. This treatment contributes too many African Americans anticipation of experiencing discrimination and oppression when encountering police officers as well as interactions with the criminal justice system. African Americans have an esoteric belief they will not be treated equally in the criminal justice system, which adds to individual stress levels. Perceived racism is an individualized experience and difficult to comprehend.

African Americans have experienced discrimination and oppression since the beginning of slavery in the Americas. The practices of the criminal justice system have exacerbated beliefs
of unequal justice and disparities toward African American. Incarceration rates are six times higher for African Americans than Non-Whites. Often the lack of resources and poverty has been a significant reason for the disparity against African Americans. Furthermore, the correctional facilities are not equipped to manage inmates with psychiatric problems. They attempt to sustain mentally ill inmates but, the primary goal is just to maintain the safety and security of the facility.

Racism makes a considerable contribution to mental illness and incarceration practices as well. These two factors when experienced at persistent rates become problematic for African Americans. Microaggression, when experienced repeatedly and daily, becomes troublesome and affects the psychological foundation for those who have to navigate through it. Consequently, when African Americans are exposed to institutional racism, internal racism and oppression the stress associated with these conditions is often too challenging to overcome, resulting in some form of mental illness. African Americans have to encounter various forms of opposition from those who are privileged and believe they are superior. Often that opposition comes from individuals in influential positions that can negatively affect their disposition.

The disparity among African Americans being incarcerated also puts a strain on African Americans re-entry into the community after they complete their sentence. They return to the communities that contributed to the socio-economic conditions which factor into becoming incarcerated. Lack of resources in the community limits the possibility of treatment and individual growth, therefore increasing the probability of recidivism. The conditions in jails and prisons often make the inmate become increasingly criminogenic and perpetuate behaviors that result in repeated detention.
The lifestyle associated with poverty, unemployment, discrimination, oppression and alleged harassment from criminal justice system are significant factors that create negative mental health outcomes for African Americans. A consequence of these factors is stress, depression, and anxiety, which plays a significant role in their harmful mental health conditions.

Counselors need to take into consideration the ramifications of challenging lifestyles that many African Americans encounter. Having cultural competence is critical to the understanding and treatment of African America clients. There must be an acceptance of challenges encountered by experiencing poverty, unemployment, discrimination, and oppression. The effects of these conditions on mental health, whether they have been exposed to the criminal justice system, microaggression or racism weighs heavy on African Americans disposition.

Alfred Adler speaks to the style of life, belief system, self-determined goals and level of significance. This Adlerian concept gives additional insight into how treatment and behaviors manifest’ themselves in practice of being treated inferior. Adler’s opinion that all human beings are equal applies to the innate concept of how humans behave under adversity. Adler will assist in developing an understanding of the response to adverse condition and directions for treatment in a counseling situation. Also, counselors will need to include cultural considerations for the conditions that African Americans are exposed to continually. Adler’s concept style of life and belief system are paramount for counselors to understand the origin of these principals to develop treatment plans and avoid harming African American clients.

**Conclusion and Implications for Future Research**

African Americans continue to suffer from the recalcitrant practices of the criminal justice system. The routine practice of oppression and discrimination by the criminal justice system
over extended periods of time, has led to adversarial physical and mental health outcomes. Combined with poverty, exposure to odious and arcane conditions in many African American communities, resulting in stress, which is a familiar experience for many. The condition is endemic within the Black communities and frequently contributes to anxiety and depression among African Americans.

Disproportionate rates of incarceration and detention from racial profiling practices by criminal justice professionals contribute to the daily occurrence of suspicion and preparing for adversity for African Americans. The constant need to stay aware of the egregious behaviors of the police and various professionals in the criminal justice system can be harmful to their mental health. The accumulation of institutional and internal racism combined with the justice systems systematic custom of unequal justice for African American leads to a slow deterioration of their mental health.

The drug laws continue to be a catalyst for incarcerating and detaining African Americans. The changes in the drug laws during the 1960s adversely affected the African American population. This could be deemed as institutional racism, where cocaine was primarily used by Caucasians having sentencing laws lower than crack cocaine that was sold predominantly in Black communities. This practice in addition to three strikes laws which originated in California negatively influenced the disproportionate rate of incarceration for African Americans.

When considering Adlerian Individual Psychology, the answer to managing these conditions is found in humanity, not the race. Adler believed that all humans are ubiquitous and function under the same basic concepts. Adlerian principles apply to all different cultures, where private logic, social interest, life task and self-determined goals influence the individual’s lifestyle.
Counselors must become cognizant of cultural practices and belief systems. Counseling is designed to alter individuals thinking in a manner that’s suitable for the individual to provide growth and provide comfort. This comfort is related to the individual’s lifestyle, belief system, and self-ideal. When counseling African American these theories must be recognized to reach a positive outcome. Also, more must be done to provide African Americans with access to counselors that are sensitive to their plight.

Additional research should be done to understand the adverse effects that media has such as, exposure to those of privilege and negative stereotypes. The repeated negative messaging that African Americans are inferior to the dominant culture can be harmful. The reduction of these practices potentially could mitigate some of the self-hate and hopelessness that some African Americans feel. Furthermore, there needs to be additional training and different hiring practices for criminal justice professionals. Many of the current police precincts hire former military individuals that were taught to be aggressive and rarely practice de-escalation. Often these ex-military individuals come from privilege and frequently have xenophobic tendencies. To correct the racial disparities in criminal justice the cultural change has to start with the decision makers, those in power that will not tolerate these discriminatory practices in the criminal justice system. There are four target areas that need to be addressed to reduce disparities that lead to negative mental health outcomes.

- First, the disparate racial impact of laws and policies.
- Second, racial bias in the discretion of criminal justice professionals.
- Third, resource allocations for disadvantaged low-income people.
- Finally, policies that exacerbate socio-economic inequities.
Reducing and eliminating implicit bias toward people of color in the criminal justice system would be a great start.
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