# Beats, Rhymes and Life: Rap Therapy in an Urban Setting By T. Tomás Alvarez III, M.S.W., A.C.S.W.

Author Note: T. Tomás Alvarez III, A.C.S.W. received his Masters degree in social work from Smith College School for Social Work and Bachelors degree in social work from San Francisco State University. He is the founder and executive director of Beats, Rhymes and Life (BRL), a clinically-based community organization that aims to promote mental health and wellness among youth and young adults by utilizing Hip Hop and other forms of popular culture. Tomas lives and practices social work in Oakland, California where he specializes in culturally responsive strength-based therapeutic group work with adolescents of color. In 2009, his performance-based Rap Therapy group became the focus of a feature film entitled, Beats, Rhymes and Life Film Project set to premier in 2011. In addition to his work with BRL, Tomas serves as a transitional age youth advocate and consultant for Alameda County. In 2010, he was selected to serve as an advisory committee member for the California Institute for Mental Health Center for Multicultural Development (CMD), an entity designed to promote the cultural competence of publicly funded behavioral health systems.

#### Introduction

My work using rap music in a therapeutic setting first began in 2004. Since that time, I've focused my social work career on developing a community-driven model for treatment for urban youth of color resistant to traditional therapy by using Hip Hop as a catalyst for change and development. This journey has been both enlightening and rewarding. Over the years, I have observed the efficacy of Rap Therapy among youth of color in need of therapeutic intervention. These youth come from communities where stigma to mental health services and negative experiences with therapy discourage many young people from pursuing services. Especially noteworthy has been the impact of Rap Therapy in a group work setting for African American young men, a population that exhibits some of the most unfortunate social, mental, and academic outcomes throughout the nation including in Oakland, California, where I live and work as a social worker.

My goal in writing this chapter is to document and share my work using Rap Therapy to provide strength-based, culturally responsive therapeutic services to at-risk youth of color in Oakland, California. My hope is that readers will develop a better understanding of the unique challenges that many young men of color face and how innovative models like Rap Therapy can be utilized as a tool for engagement and to help promote healthier mental health and social outcomes. In addition, I hope to offer a strength-based lens through which mental health providers can more fully comprehend

youth behavior in the context in which it occurs, instead of subjecting youth to a system of pathology.

# Mental Health and Social Outcomes for Young Men of Color

One is likely to encounter a large majority of youth of color when visiting any correctional youth facility, group home, teen run-away shelter or continuation high school in an urban setting in California. Numerous studies focusing on outcomes for youth in California indicate poor results in multiple domains for youth of color, compared to their white counterparts. Most disturbing are the rates for African American and Latino male children and teens.

According to an executive summary combining research efforts by the RAND Corporation, PolicyLink, The Charles Hamilton Houston Institute for Race and Justice at Harvard Law School and the Center for Nonviolence and Social Justice at Drexel University<sup>1</sup>, African-American and Latino youth are more likely to:

- Grow up in poverty;
- Not graduate from high school;
- Experience a greater likelihood of going to prison;
- Have a parent in prison;
- Be born to teenage mothers;
- Encounter higher mortality rates from homicide;
- Be exposed to violence; and
- Suffer from post-traumatic stress disorder

The research mentioned above determined that these negative outcomes were the result of growing up in communities of concentrated disadvantage. In other words, there is a direct correlation between where a young person lives and the health and social outcomes they are likely to experience. Evidence of this can been observed in Oakland where according

<sup>&</sup>lt;sup>1</sup> Brooks, J., et al. (2010, June). Executive Summary. Healthy Communities, Healthy Boys of Color. Retrieved from the California Endowment Foundation.

to the Kids Count Data Center<sup>2</sup>, in 2007 approximately one-fourth of all children and youth under 18 lived below the federal poverty line and sixty-one percent of children lived in low- income households.

# Oakland, A City Plagued by Violence

Rates for youth exposure to community violence are especially staggering in Oakland. In 2008, the city ranked fourth in the nation for its homicide rate. According a report issued by Urban Strategies Council<sup>3</sup>, of the 125 people murdered in Oakland in 2008:

- 9 out of every 10 were male;
- 8 out of every 10 were African American;
- 2 out of every 3 were under the age of 30; and
- 9 out of 10 were shot by a fire arm

While homicide in Oakland impacts all ethnic communities, it has had an especially devastating effect on the African American community when considering the fact that African Americans account for only thirty-seven percent of the city's population, but account for eighty percent of all homicides. Another shocking fact is the rate of teen homicide.

# Community Violence Impact on Teens

In 2009, eight of the Oakland's homicides were teenagers that attended Oakland public schools. At Oakland High, where I have been working for the last three years, between 2009 and 2010 two students died as a result of being shot. Several other students have survived shootings or lost close friends and family members to gun violence. The

<sup>&</sup>lt;sup>2</sup> Tsoi-A-Fatt, R. (2009, May). Focus on Oakland. In *Keeping Youth Connected*. Retrieved December 1, 2010, from <a href="http://www.clasp.org/admin/site/publications/files/Oakland-profile.pdf">http://www.clasp.org/admin/site/publications/files/Oakland-profile.pdf</a>

<sup>&</sup>lt;sup>3</sup> Spiker, S., et al. (2009, March). Homicides in Oakland. 2008 Homicide Report: An Analysis of Homicides in Oakland from January through December 2008. Retrieved December 2, 2010, from <a href="http://www.cjgsu.net/initiatives/HomRates-2010A-01-21-City.pdf">http://www.cjgsu.net/initiatives/HomRates-2010A-01-21-City.pdf</a>

psychological and social ramifications resulting from community violence can be devastating. Children and youth that experience loss due to community violence demonstrate impairments in their emotional well-being, and academic and social functioning. Community violence also impacts school staff and the school climate. Supporting youth affected by this type of violence can be extremely challenging and requires a collective effort and fundamental understanding of how trauma influences youth development and behavior. Unfortunately, many schools in Oakland are not always prepared to respond in a therapeutic manner that helps students cope and make sense of such tragedies. Instead, the common response from many adults has focused on the adverse behaviors exhibited by youth struggling with grief, loss, and trauma. In many cases, youth who withdraw or act out aggressively are dealt with punitively. Examples of this can be seen in rates for suspension in schools throughout Oakland among African American males.

In 2006, African American youth represent roughly forty percent of Oakland Unified School District's K-12 population, but account for seventy-four percent of all suspensions. The top three reasons that African American youth were suspended in included injuring another person, classroom disruption/defiance of authority, and violence not in self-defense. These three incidents for suspension constitute over seventy-five percent of all suspensions for African American students. No data exists on how many of these youth suspended for the above behaviors have experienced some level of trauma in their life, or are have been exposed to violence.

The majority of the youth referred to me over the years for aggression or oppositional/defiant behaviors have been exposed to some level of violence and trauma. However, little discussion has taken place in the high schools in which I have worked about how exposure to violence impacts a student's behavior and emotional wellness. In recent years, mental health professionals have begun to look at the prevalence of post-traumatic stress disorder (PTSD) among urban youth with high exposure to violence. Research shows that PTSD among this population is often under diagnosed and untreated<sup>4</sup>. Some symptoms of PTSD include inability to concentrate, outbursts of anger,

<sup>&</sup>lt;sup>4</sup> Schwartz, A., et al. (2005, February) Posttraumatic Stress Disorder Among African Americans in an Inner City Mental Health Clinic, Psychiatric Services, v. 56 No. 2

heightened anxiety, avoidance, and trouble sleeping. Youth suffering from these symptoms have a hard time dealing with the demands of school, including daily functioning.

Despite the prevalence of community violence in Oakland, there exists a lack of awareness of the impact of trauma on youth. The level of advocacy required to help parents, teachers, and school administrators understand the effects of trauma always surprises me. Sadly, I have encountered numerous skeptics that believe I am simply making excuses for a student's behavior. In their opinion, students who act out or become defiant are simply resistant to learning. Needless to say, these types of accusatory unsympathetic attitudes are not well received by youth who, in many ways, already feel misunderstood and marginalized.

These sorts of blaming practices have a multi-layer effect. They verify beliefs held by many youth of color that the people in charge who are supposed to help them cannot be trusted, which in turn has a profound impact on a student's connectedness to school, the types of interactions they have with teachers and administrators, and ultimately how they perform academically. Blaming practices also perpetuate a system of institutional oppression that adds to the trauma experienced by these youth. For youth of color struggling with the issue of community violence, empathetic failures like these create additional hurdles to academic achievement and prevent youth from receiving the help they need to heal and develop healthy coping skills.

#### **Barriers to Mental Health Treatment**

For decades mental health professionals have searched for ways to engage diverse youth populations in therapeutically based services, which can be particularly challenging in urban settings. Over the last ten years, I have noticed how certain barriers prevent youth of color from accessing services. These barriers include: stigma towards mental illness, racial and cultural disparities among service providers and their youth consumers, and lack of strength-based and youth-friendly options for therapy.

# Stigma Towards Mental Illness

In many communities there exists a common notion that mental illness is shameful. This stigma is especially detrimental in African American and Latino communities where people are less likely to access mental health services due to cultural norms, gender expectations, and a general distrust of the mental health system. From a very young age African American and Latino boys are thought to be tough, conceal pain, hide emotion and deal with problems on their own. These expectations discourage many young men from acknowledging when there is a problem and seeking help. Many youth in Oakland turn to marijuana and alcohol for relief, which contributes to additional health and social risks.

# Racial and Cultural Disparities Amongst Service Providers and Youth

A large percentage of the youth referred to me are opposed to traditional talk therapy. For many of these youth, the idea of talking to a stranger about their problems is a foreign and threatening concept, especially when the person on the other end does not look like them, share their values, or understand their cultural background. The mental health profession has its roots in the white middle class. There exist huge ethnic and cultural disparities amongst service providers and their consumers. In many clinical settings the racial composition of service providers does not match the populations being served. Agencies with staff shortages of people of color may experience a harder time engaging ethnically diverse youth. However race alone is not the only barrier, a lack of culturally competent practices also makes it difficult for mental health agencies to effectively engage diverse populations. These racial and cultural barriers influence whether or not people of color utilize and continue services as summarized by Gelso and Fretz (2001):

Numerous researchers agree that the single most important reason both for the underutilization of mental health services by ethnic minority clients and for the high dropout rates is the inability of psychotherapists and counselors to provide culturally sensitive/responsive therapy for the ethnic minority client. (p.153)

For service providers to be effective at engaging and treating diverse populations, they must be willing to explore their own biases, as well as be open to learning about the customs, culture, and worldview of those they serve. Futhermore, agencies that provide mental health services must learn how to adapt formal services to be culturally appropriate for diverse youth populations.

Lack of Strength-based and Youth-centered Options for Therapy

More often than not a young person's entry into the mental health system begins with pathology. For example, youth that present with certain acting out behaviors are often labeled as oppositional defiant. Too frequently they are punished with suspension, mandated counseling, and, in some cases, expulsion. Unfortunately, this course of action makes it difficult to work from a strength-based perspective because it pathologizes youth from the onset, leaving many feeling guarded and turned off from therapy. Youth who do choose traditional forms of treatment are given few choices. In most cases, talk therapy and case management are offered. Both options present challenges to engaging the whole person. Once in treatment emphasis is often placed on deficits and problem solving which make it hard to embrace the interests and talents of youth.

In order to better serve youth, alternative models for treatment are needed. Treatment models that take into consideration the barriers mentioned above, appeal to diverse youth, and challenge notions about what therapy is and how it is offered, can have a profound impact on youth engagement. One such model is Rap Therapy.

#### The Use of Rap Therapy with Youth of Color

Rap Therapy, also referred to as Hip Hop Therapy, can be summarized as the purposeful integration of elements of Hip Hop culture in a therapeutic setting to achieve catharsis and facilitate psychosocial development. Since the early 2000's mental health practitioners have experimented with various applications of Rap Therapy and examined its efficacy in a variety of milieus and through different modalities. Numerous empirical studies have found Rap Therapy to be highly effective in improving therapeutic

experience and mental health outcomes particularly among urban and minority youth (Allen, 2005; Alvarez, 2006; DeCarlo and Hockman 2003; Gann, 2010; Tyson 2003).

# The Origins of Rap Therapy

In 2000, Don Elligan, a Clinical Psychologist coined the term Rap Therapy in a landmark article documenting his use of rap music in a clinical setting<sup>5</sup>. Although this may have been one of the first times Rap Therapy as a theoretical foundation for providing therapy was introduced to the mental health community, the notion of rap as a form of catharsis dates back to the early begins of rap music and Hip Hop culture. In the 1970's African American and Latino youth began using rap and other elements of Hip Hop (i.e., break dancing, graffiti and dj-ing) as cathartic and social outlets to deal with harsh conditions found in their neighborhoods. Through rap, disenfranchised youth were able to cope with stress, build support groups, speak out about the conditions in the neighborhood and gain a sense of identity.

## Rap Music Through a Culturally Sensitive and Contextual Lens

Much has changed since the birth of Hip Hop. Rap music is now a multi-billion dollar industry and critics of the genre argue that it reinforces misogyny, glorifies drug culture, and advocates violence. Some believe that it contributes to self-destructive behaviors for its youth consumers who try to mimic the attitudes and lifestyles of their favorite rap icons. However, for many youth of color, rap music is not seen as a destructive force, it's seen as an asset. It provides an outlet for expression and offers possibilities. Many of the youth I have encountered who rap, have dreams of becoming the next rap star. However far fetch or absurd these dreams may seem, they represent a hope for a better future. Hope is critical for a young person surrounded by despair and constant reminders of failure. Without hope, youth from communities of concentrated disadvantage are more

<sup>&</sup>lt;sup>5</sup> Elligan, D., (2000) Rap therapy: A culturally sensitive approach to psychotherapy with young African American men. Journal of African American Studies v. 5, Issue 2, 327-36

likely to become discouraged and as a result more vulnerable to the risks factors that surround them.

# Beats, Rhymes and Life

For the last seven years I have utilized Rap Therapy in my social work practice with youth in Oakland. In 2004, I pioneered a performance-based Rap Therapy program called Beats, Rhymes and Life (BRL) to engage young men of color in therapy. This unique model for Rap Therapy utilizes the process of creating rap music to facilitate a therapeutic process and foster resiliency in a social work group setting. To date, I have operated over ten Rap Therapy programs in schools throughout San Francisco, Berkeley, and Oakland. The model has been particularly popular and useful among African American young men, which comprise the majority of the program's users. Through the BRL Rap Therapy program, participants learn to use rap as a springboard for discussion and as a conduit for positive peer interaction. Youth also learn to use the program to talk about their struggles, seek advice from peers, problem solve and re-author their narratives from a strength-based perspective. For these youth, Rap Therapy makes mental health services more attractive and useful because it offers the possibility to receive psychosocial support and build life skills through a medium congruent with their worldview and culture. To date, two empirical studies have been conducted on the BRL Rap Therapy program (Alvarez, 2006; Gann, 2010). Both studies found the group to have utility in engaging youth in therapy and facilitating positive change and youth development.

#### Co-Creating Efficacy

Over the years the BRL program has attracted much interest and support from youth in the community, mental health practitioners, educators, policy makers, and community artists. Many have volunteered their time and donate resources to help develop the program. As a result, BRL has transitioned from a single therapeutic program into a budding community-based organization with programs in Oakland, San Francisco and the

South Bronx, New York. Although the basic principles behind every BRL program remain the same, individual programs are refined with feedback from youth participants. Undergirding this process is a belief that youth consumers deserve a seat at the table when it comes to deciding what mental health and youth development services should look like. Such a process empowers youth to advocate for their needs and co-construct the interventions necessary to bring about individual and community change through a community-driven approach that embraces youth culture and emphasizes strengths.

#### In Their Own Words

In order to illustrate the efficacy of such a culturally congruent strength based method, I will allow the words and lyrics of youth in the BRL program to speak for themselves.

Beats, Rhymes & Life is a program for youth who are interested in music or rapping.

We wrote a lot of lyrics on topics we all agree on, that we all feel about.

There's a lot of bad things in Oakland, but there's also a lot of good things in Oakland that people don't know about that the news probably don't talk about.

It's not as bad as people say it is. If you'd grown up in Oakland you'd probably say it too.

It's my home town, I love Oakland. Oakland's where I'm from, born and raised.

When you hear about Oakland you just hear somebody got shot here or somebody got shot here.

Any one of those kids could be me right now. And as a young person, especially because there are more of us dying out here, it's always a worry, you just never

know, like what's gonna happen to you.

Lyrics: Too many tears have been shedded from frustration,

Discrimination, and segregation

See brutality on the TV, I hurry up and change the station

I've seen a lot of things in here, but I still love it. Like seein' a lot of bad things makes me crumble down, but I still love it.

It just sucks that like people don't hear about the good things that happen in Oakland. You don't hear about how many honor roll students we had or how many people graduated or stuff like that. You don't hear that. You just hear somebody got shot.

Lyrics: I done seen a lot of things (I done seen a lot of things)

I done heard a lot of things (I done heard a lot of things)

I done felt a lot of things, I done been through a lot of things

I still love a lot of things....

I done seen a lot of things out here in Oakland, California
I done lost a lot of people that's why I bang this for my loved ones
They done trapped us in this mess, got us afraid and all confused, bro
I done seen a lot of things that's why my eyes is bleedin'

And I been through hell and shit, that's why I always be leanin'

Yeah I bet that's why it always be seemin'

Like I got an attitude, no that's just me bein'

That PG FTP RIP to all my peeps

Seeing things and just hearing a lot of things really affects you. And like it can just stay in your heart for a long time.

Being young and seeing people around me being killed, it traumatizes us, it makes us depressed and it makes our brains just really like distorted because you never know what's going to happen to you.

Sometimes if I be stressin', and just missin' my daddy... I just get a notebook and a pen and I just write. One day I was just goin' through it and I had wrote a whole song and we recorded it. It was called "Keep Your Head Up."

Lyrics: I've gotta keep my head up so I can stand on my feet,

Yeah, so I can stand on my feet

I've gotta keep my head up so I can stand on my feet,

Yeah, so I can stand on my feet

Never look down coz all that'll do'll just make me weak

Yeah, it just make me weak

Writing rap helps me a lot with stress. Whenever I get mad or anything like that I just write and then it really just helps me release everything ... like I can say anything I want on a piece of paper.

Lyrics: Each town (?) has a definition of the word B I T C H

And then I pray til the day that that word will be erased

And replaced with beautiful queen

Ya'll know what I mean

I'm still a teen

And I've got plenty of dreams

Music is like my heart really. It's like the only thing that really keeps me moving. When I come here I just forget about everything that is happening. It keeps me level. It keeps me wanting to come every day. I'm more than grateful for it. Coz it helps me communicate with other people. And it kind of showed me a different side I didn't know I had.

Lyrics: Nobody got shot, no cops

No sweat, not even no stress

Call today a god day

Because today was blessed

Fitted Mitchell & Ness

No bulletproof vest

Nobody trying to test

And I'm really lovin the weather

Today's a good day

And it can only get better

I had great days

But never mind the rest

Because if days get better

Today will still be labeled my best

In a way, we all have something in common—a lot in common—and we need to put our voices together and help each other out.

Lyrics: And everybody's cheerful, nobody with a mug

And there ain't no hate

I only feel love,

Oh... (sings) What a day, what a lovely da- ay.

At some time in your life you will have to sit down, you will have to bring your abilities to the table to help other people get their abilities out and once you reach it, nothing that you do can stop it.

#### Conclusion

In 1999, the Surgeon General issued a report on mental health that stated that in order for mental health services to be more useful and meaningful to diverse populations, formal services must be adapted to include the daily lives of the client. Yet, more than ten years later, mental health agencies and systems of care continue to struggle with adapting services. In Oakland, the costs of failing to engage at-risk youth carries a high price tag, especially for young men of color. The negative effects on youth are clear. Youth that don't receive services are more likely to drop out of school, end up in the juvenile justice system, and experience poor mental health outcomes, all of which perpetuate a destructive system of inequality.

To bridge the opportunity gap and improve outcomes for young men of color, a shift must occur in how mental health services are packaged and offered. Innovative programs are needed that draw directly from the culture and lives of young people. In Oakland, and other urban settings, this means incorporating rap music and other aspects of Hip Hop. Incorporating rap music into therapy, in the form of Rap Therapy or Hip Hop Therapy, represents a community-driven approach to mental health and signifies a much needed paradigm shift in the way services are offered to youth.

#### REFERENCES

Allen, N.T (2005). Exploring Hip Hop Therapy with High-Risk Youth. Praxis: *School of Social Work Journal*, 5, 30-36 Johnson, L.C., Yanca, S.J., (2001) Social Work Practice: A Generalist Approach.

Alvarez III, T. T (2006). *Beats, Rhymes and Life: Exploring the Use of Rap Therapy with Urban Adolescents*. Unpsublished master's thesis, Smith College School for Social Work, Northampton, Massachusetts.

Brooks, J., et al. (2010, June). Executive Summary. Healthly Communities, Healthly Boys of Color. Retrieved from the California Endowment Foundation.

DeCarlo, A., Hockman, E., (2003). Rap Therapy: A group work intervention method for urban adolescents. Social Work with Groups, 26, 45-59

Elligan, D. (2004) Rap Therapy: A Practical Guide for Communicating with Youth and Young Adults Through Rap music. New York: Kensington Publishing Corp.

Gann, E. (2010). The effects of Therapeutic Hip Hop activity groups on perception of self and social supports in at-risk urban adolescents. Unpublished doctoral dissertation, The Wright Institue, Berkeley, California.

Gelso, C. J., & Fretz, B. R. (2001). Counseling psychology (2nd ed.). California: Wadsworth/Thomson Learn- ing.

Schwartz, A., et al. (2005, February) Posttraumatic Stress Disorder Among African Americans in an Inner City Mental Health Clinic, Psychiatric Services, v. 56 No. 2

Tsoi-A-Fatt, R. (2009, May). Focus on Oakland. In *Keeping Youth Connected*. Retrieved December 1, 2010, from http://www.clasp.org/admin/site/publications/files/Oakland-profile.pdf

Tyson, E. (2003). Rap Music in Social Work Practice with African American and Latino Youth: A Conceptual Model with Practical Applications. Journal of Human Behavior in the Social Environment, 8(4), 9-21.

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