

# Azibo Interviews Dr. Kumea Shorter-Gooden on Shifting and the Sisterella Complex



In January 2012, Dr. Kumea Shorter-Gooden was appointed the first Chief Diversity Officer & Associate Vice President at the University of Maryland, College Park. Formerly, she served as Associate Provost for International-Multicultural Initiatives at Alliant International University and as a Professor at the California School of Professional Psychology. A Licensed Psychologist and a Fellow of the American Psychological Association; she is the co-author of *Shifting: The Double Lives of Black Women in America*, which is a winner of the 2004 American Book Awards.

**DAA** (Daudi Ajani ya Azibo): Jambo Dr. Shorter-Gooden. Asante sana (thank you very much) for answering a few questions. You have a stellar background to include your current appointment as the first Chief Diversity Officer & Associate Vice President at the University of Maryland, College Park, Associate Provost for International-Multicultural Initiatives at Alliant International University, Professor at the California School of Professional Psychology, and Director of the student counseling center at The Claremont Colleges. Specifically, with your background in mental health training and scholarship and as co-author of the “shifting and sisterella complex” construct your thoughts about it as discussed in the Azibo Nosology II are of interest.

**KSG** (Kumea Shorter-Gooden): Dr. Azibo, I appreciate the opportunity to comment on and participate in the expansion and refinement of the Azibo nosology. I see the nosology as an important and useful framework and tool, augmenting our understanding of psychopathology and healing for people of African descent.

**DAA**: What is your perception of my treatment of shifting and the sisterella complex as a disorder included in the Azibo Nosology II? Is the construct represented consistent or harmonious with the presentation in your book? Do you perceive any shortcomings or problems in this regard?

**KSG**: I think that your treatment is generally good, but I want to offer some refinements: First, I think that it's important to distinguish between "shifting" and the "Sisterella complex". "Shifting" is a broad term that refers to the wide array of ways that African American women react to and respond to racial and gender bias -- sometimes consciously, sometimes unconsciously, sometimes behaviorally (with or without ease), sometimes cognitively and/or affectively. Sometimes shifting takes the form of fighting back, as in standing up for social justice. Shifting can be adaptive, but it can also be maladaptive. Thus, shifting is not usually indicative of a psychological disorder, but it can be, depending on whether the shifting compromises the woman's sense of self.

The Sisterella Complex is an example of shifting gone awry. Sisterella -- a form of depression -- can emerge when the African American woman subsumes her own needs to those of others and/or when she internalizes negative stereotypes and myths about Black women. The Sisterella Complex often, though not always, appears in the form of classic depressive symptoms, including chronic sadness, hopelessness, difficulty sleeping, loss of interest in people and activities, and low energy. The number and severity of these symptoms may or may not warrant a DSM diagnosis of dysthymia or major depressive disorder. But sometimes these traditional symptoms are not evident, but are masked by culture-specific manifestations, as in the Stoic Overachiever persona, the Angry Black Woman persona, somatization, and emotional overeating. What is unique about the Sisterella Complex is the role of internalized racism and/or sexism on the African American woman's psyche and functioning.

Re diagnosing, I would say that the following are needed:

1. Depreciated sense of self and/or self-deprecatory behavior; and
2. Classic depressive symptoms, for ex., difficulty sleeping, low energy, loss of appetite, and/or signs of masked depression, for ex., Stoic Overachiever persona, Angry Black woman persona, somatization, emotional overeating, compulsive over-spending, compulsive drive to make oneself over.

I agree with your comment about shifting as strategic dissemblance and the "slippery slope".

**DAA:** Is there a feature or property of shifting and sisterella complex that you would like to make special mention of given its presentation in the Azibo Nosology II?

**KSG:** Although the term "shifting" was coined to capture the experience of African American women in a society where they are marginalized based on their racial and gender identities, African American men also shift in the context of racism. Thus, "shifting" as a construct has relevance for both women and men, though it may manifest somewhat differently in Black men.

**DAA:** Should shifting and sisterella complex be part of a practitioner's standard diagnostic repertoire? If yes, how can that be brought about?

**KSG:** Yes, I definitely think that practitioners should be knowledgeable about "shifting" and that the "Sisterella Complex" should be part of a practitioner's standard diagnostic repertoire.

**DAA:** Is shifting and the sisterella complex a global phenomenon affecting Africana women or just in the United States?

**KSG:** Shifting occurs whenever people experience marginalization or oppression. When there is political, economic, cultural or psychological oppression, people shift in order to handle, manage, cope with and overcome the problematic messages and behavior that they encounter. In settings that are predominantly Black and where Black people have political, economic and cultural control, there is likely minimal shifting based on race, though there may be substantial shifting based on gender. Thus, in parts of Africa and the Caribbean, racial "shifting" may not be as relevant or salient as it is for Black women who live in the US and Europe. That said, given the dominance of Euro-America in the world and the penetration of negative cultural messages about AFD throughout much of the world, shifting by women of African descent is likely visible almost anywhere on the globe.

**DAA:** How has the mental health establishment—both Euro-centered and Africana—responded to your construct? What would you like to see in terms of training? Funding? Practice?

**KSG:** The response to "shifting" and the "Sisterella Complex" have been very positive, not only by the mental health establishment, but also by African American women, who have spoken about how resonant these constructs are for them. Many have expressed relief in hearing that "they're not crazy" -- that what they have experienced is shared by many other sisters. One of my hopes is that this information serves a preventive function, enabling women to reclaim their voice and become more empowered.

**DAA:** How should the fields of Africana Studies and women's studies respond to shifting and the sisterella complex idea?

**KSG:** Continued research and clinical investigations need to be conducted. We need to develop tools, for example, to assess the Sisterella Complex. More broadly, continued work needs to focus on intersectionality -- what it means to be both Black and a woman and how women of African descent navigate these two identities.

**DAA:** For those established mental health professionals who are skeptical of culture-focused concepts, what comments or recommendations might you have in general and specifically regarding shifting and the sisterella complex? What about new, emerging professionals?

**KSG:** As mentioned, shifting is a construct that has value for understanding the experience of any group that is marginalized, including, for example, sexual orientation and religious minorities. The degree, specific manifestations and impact of shifting will vary from group to group, but it is a broad construct that speaks to the impact of domination and privilege on those who are relatively disempowered.

The Sisterella Complex addresses a culture-specific form of depression. Terms like "dysthymia" and "major depressive disorder" are still relevant to Black women; however, to better understand the experiences of Black women and how to help them to heal, it's important to attend to the socio-cultural context. The Sisterella Complex focuses our attention on this.

**DAA:** Any other comments or thoughts on the Azibo Nosology II's (a) incorporation of shifting and the sisterella complex? What might this imply or portend for assessment and treatment of women of African descent?

**KSG:** (no response)