

The Psycho-educational Application of Hip-Hop Music to Bridge the Cultural-Competence Gap: Young Black Males and Juvenile Delinquency

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Introduction

There is growing concern among policy makers, social scientists, and educators in the United States about the plight of young Black males, so many of whom are falling behind in education and employment, and to a greater degree than has been previously recognized. Eckholm (2006) reported on the dire situation faced by young Black males in the United States: “The huge pool of poorly educated Black men is becoming even more disconnected from the mainstream society, and to a far greater degree than comparable White or Hispanic males. Especially in the country’s inner cities, the studies show that finishing high school is the exception . . . and prison is almost routine, with incarceration rates climbing for Blacks even as urban crime rates have declined” (1). More specifically, this report provided the following data regarding educational disparities and their relation to joblessness and imprisonment: the share of young Black males without jobs has climbed relentlessly. In 2000, 65 percent of Black male high school dropouts in their twenties were jobless—that is, unable to find work, not seeking it, or incarcerated. By 2004 the share had grown to 72 percent, compared with 34 percent of White and 19 percent of Hispanic dropouts. Even when high school graduates were included, half of Black males in their twenties were jobless in 2004, up from 46 percent in 2000. In 1995, 16 percent of Black men in their twenties who did not attend college were in jail or prison; by 2004, 21 percent were incarcerated. By their mid-thirties, six in ten Black men who had dropped out of school had spent time in prison. Hundreds of intervention and prevention measures have been attempted, but little improvement seems to be evident for Black men. The above statistics suggest that there may be a need for the development and implementation of interventions that are culturally relevant—not generic, but instead, specific to the needs and circumstances of Black males.

Recognizing the seriousness of social, educational, and health care disparities along with the possible role of culture and cultural misunderstandings in supporting these disparities, some social, health care, and educational communities have begun to study cultural competence as a tool or strategy to help address educational, social, and health-related problems.

The purpose of this chapter is to address some of the psycho-educational factors that may contribute to the development or the destruction of a healthy and mature masculine identity as it relates to social skills in African American urban adolescent males. Of particular interest is the social skill of using aggression appropriately and effectively. In the study described herein, it was hypothesized that many of the urban youth who have been involved with the legal system have undiscovered communications disorders that are contributing to the inappropriate and self-defeating use of aggression and to maladaptive behaviors that, in turn, may contribute to the educational and health care systems’ misinterpretation of their issues and needs. This study will also examine the

prevalence of expressive language disorders and receptive language disorders in urban youth who have some history of involvement with the legal system and who may have mental illness. In addition, the question of whether there is a correlation between these disorders and problems of masculine identity, as reflected in inappropriate aggressive expressions and delinquent behavior, is of interest. The question regarding whether the introduction of new and more psychologically sophisticated means of communication can result in a decrease in aggressive behavior is addressed. In particular, the study relies on hip-hop music as a method of intervention that seems appropriate for Black youth (Stephens, Braithwaite, and Taylor 1998). That is, can the introduction of a “Nonviolent Conflict Resolution through Hip-Hop Music” paradigm result in an increase of mature masculine identity that is reflected in the appropriate and effective use of aggression? Finally, it is argued that intervention programs with African American males must be culturally sensitive.

The Psychological Effects of Incarceration on the Development of Perceptions of Masculinity

Although characteristics of masculine identity vary across different cultures, some themes are common and could be considered cardinal features in some definitions of masculinity. These common features generally include the following: A man, as the head of the household, is expected to be decisive and to be competent to carry out his decisions; a man is expected to be strong, aggressive, and able to protect his family; a man is expected to be caring and to be in a reciprocal emotional relationship with members of his family, even though he may not be expected to give affective or verbal indications of his feelings to the rest of the world.

For adolescent males in jail or long-term detention, these cardinal features of masculinity may be in a state of arrested development because of the psychological effects of jailing an adolescent. It is well known in the mental health community that the human brain continues to develop and to lay down new pathways beyond the adolescent years; and that the frontal lobe—the part of the brain primarily responsible for executive functioning (e.g., planning, decision making, organization, and speech)—is the last to develop. Therefore, the incarceration of an adolescent during this critical period could potentially impede development and have long-term negative effects on maturity (e.g., the ability to develop and execute long-term plans, and to exhibit both high levels of communication and expressions of aggression). As such, a young man entering the detention/jail system may experience the following psychological effects on masculine identity and development: depression and emotional instability, inability to sustain interpersonal attachment, regression to lower levels of expression of aggression, and lapses in cognitive development due to the breakdown of the formal educational process. These experiences, in turn, can result in the following failures of adolescent growth and development: a failure of development of abstract thinking, impulse control, and judgment; a failure of development in interpersonal relationships; and a failure of development of a pro-social value system. The extent of the damage to the adolescent’s psychological development will be mediated by the strengths and weaknesses of the

child, the level of family or community support available, and the services provided to him.

In addition to the above issues, another important point should be made. In theory, the juvenile legal system has understood that jail is not appropriate for children and adolescents, and, therefore, they are supposed to be placed in rehabilitation or treatment programs rather than jails. In court, juveniles are not even found to be “guilty” of a crime; they are found to be “involved” in a crime. However, in practice, many juvenile detention facilities hold children for extended periods of time without rehabilitation or treatment, for a number of reasons, one of which is the high number of children that are being locked up. Thus, the effects of detention will be mediated by the extent to which the community has provided detention and jail versus rehabilitation and treatment.

The problems of masculine identity and incarceration are complex, and their relationship is in need of further study. A four-part conceptual model for these effects is set forth below.

Assertion 1: Masculine aggression is promoted and assertiveness is hindered. Failures in the development of mood regulation and impulse control, which should take place during normal adolescence, may correlate with failures in the development of effective aggression and assertiveness in contemporary society. Aggression and assertiveness for males in contemporary America is a complex matter; these constructs become even more complex when race and ethnicity are added to the discussion. Generally, males are expected to engage in higher-level, sophisticated aggression assertion, in addition to some forms of physical aggression when deemed necessary (e.g., to help a loved one, to help a child, to help an innocent victim, to save his own life). However, life in incarcerated settings may be characterized by lower-level forms of aggression with the effect that adolescent males may fail to develop higher levels, such as effective debate, conflict resolution, anger management, and effective financial and political skills. Too often biting, spitting, and throwing feces are forms of aggression reported in detention settings. These are lower-level forms of aggression.

Assertion 2: Masculine decisiveness and planning are hindered. Failures in abstract thinking may correlate with failures in the development of masculine decisiveness and the skills and ability to develop and carry out a plan. The movement from concrete thinking to abstract thinking is an essential event in adolescent development, as shown by Piaget’s theory of cognitive development. Abstract thinking is a critical skill in life. It is evaluated repeatedly on tests for college admission and for employment and hiring. Abstract thinking is also essential to the development of the core masculine characteristic of males; namely, the ability to make decisions and to carry them out (Mansfield, 2006).

The development of abstract thinking can be arrested or seriously delayed in detention. After just a few days of incarceration (jail or prison experience), even a free person (e.g., employee at the jail) may develop the habit of walking up to the threshold of an open door and simply standing there. The door is open, making access available, but the detention experience immediately teaches that the decision about crossing a threshold is not up to the individual. It is up to whoever is in charge that day, and usually that person is not even seen. He or she is in a booth somewhere with an electronic buzzer. The expectation is that the detained individual will stand still until prompted to proceed or turn back. Furthermore, those detained do not decide when to eat or sleep. Even decisions

about primary body functions, such as urination, are left to the powers that be. This almost complete lack of decision making is likely to impede the development of adolescent thinking skills and abstraction skills.

Assertion 3: Masculine attachment and the responsibility to care for one's family are hindered. In an incarceration setting, the developing male adolescent is physically and psychologically cut off from his family. This is likely to inhibit the development of his ability to truly love and care for another adult, and his ability to develop a realistic plan, including vocational skills, to take care of his family

In adolescence, the psychological ability to attach and care for others is being solidified, as shown from the work of Kohlberg on moral development. The youth works through ambivalent feelings about dependence on a maternal or caring figure and learns how to relate emotionally and positively to others, including females, teachers, and peers. As already noted, incarceration can be a critical event in the life of a young male who has had a history of some problem behaviors. If the parent or a caring figure does not give up on the child, the forced, unplanned separation can have a negative effect on the youth's ability to attach. Not surprisingly, depression is a possible symptom among incarcerated youth.

Assertion 4: Masculine identity development is inhibited in all spheres. Interrupted masculine identity development can inhibit formal education because the adolescent is no longer in school. This is the time for the development of complex academic skills and for identifying and beginning to acquire the skills to care for one's family and oneself. According to an analysis of 2000 Census data by Steven Raphael of the University of California, Berkeley, in the inner cities more than half of all Black males do not finish high school. Studies have shown that all the negative trends that are associated with poor schooling and progress have been slight in recent years. Federal data tend to understate and underestimate dropout rates among the poor, in part because imprisoned youths are not counted. Further among Black dropouts in their late twenties, more are in prison on a given day (34 percent) than are working (30 percent). Raphael's report also noted that in response to the worsening situation for young Black men, a growing number of programs are placing as much importance on teaching life skills—like parenting, conflict resolution, and character building—as they are on teaching job skills (e.g., the Fathers and Families Resource/Research Center in Indianapolis, Indiana). These efforts appear promising. Also promising is the need for intervention programs to be culturally competent, as described next.

Cultural Competence and Mental Health: An Overview

Suh (2004) reviewed the development of the cultural competence model. She noted that although cultural competence is beginning to be considered essential in nursing, the concept has not been well defined. It has, in fact, been defined in different ways, and the phrase has been used interchangeably with other terms, such as transcultural care, culturally sensitive care, and culturally congruent care. Several disciplines have been involved in developing this concept, including medicine, psychology, education, and social work. Suh (2004) identified the attributes of cultural competence as noted in table 1 .

Table 1: Attributes and Antecedents of Cultural Competence

Attributes	• Ability to care for ethnically and culturally diverse populations • Openness to diversity • Flexibility
Affective antecedents	• Cultural sensitivity • Environmental sensitivity

The first attribute is the ability and skills to care for populations that are ethnically and culturally diverse. This attribute includes technical abilities to understand the illness and to communicate and understand regarding symptoms and treatment in ways that are culturally sensitive and responsive. Thus, this is not simply a generic ability to care for others; rather, such caring is within a cultural context or framework. The second attribute of cultural competence is an openness to cultural diversity. This includes having an open mind, acceptance and respect for diversity, and being nonjudgmental and objective about cultural issues or concerns. An open-minded professional is willing, for example, to acknowledge that social injustices (e.g., racism, discrimination, and other inequities) exist; that social injustices cannot be trivialized, ignored, or denied when working with ethnically and culturally diverse populations. The third attribute is flexibility, which includes being able to adapt to different situations, being able to see things in relative terms, and being able to appreciate other cultures. Thus, a culturally competent professional does not have a one-size-fits-all approach; instead, he/she has many options for addressing clients' issues, concerns, and needs.

Suh (2004) proposed that in order to develop cultural competence, certain cognitive, affective, and environmental antecedents must be present. Cognitive antecedents include cultural awareness and cultural knowledge. Affective antecedents include cultural sensitivity, respecting other cultures, and accepting other cultures. The concept of environmental antecedents was broadly defined. This concept referred to creating an environment in which a cultural encounter can occur. In such situations, there may be some type of conflict or mismatch between the culture of the client and the culture of the professional or helper.

The work of Suh (2004) is relevant to the current study because Suh has conceptualized and summarized factors that need to be considered in measuring cultural competence. These findings can be used to validate a cultural competence assessment tool.

Culturally Competent Psycho-education

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human

behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (adapted from Cross 1991). In effect, culture defines how health care information is received:

- How rights and protections are exercised
- What is considered to be a health problem
- How symptoms and concerns about the problem are expressed
- Who should provide treatment for the problem
- What type of treatment should be given

At a treatment center for emotionally disturbed youth who are involved with the juvenile justice system, a program was developed by the author using a culturally competent approach to help these young males rejoin the educational system and the larger community. In the current program, a range of culturally competent psycho-educational services are offered, and we are continually evaluating and revising what we offer. With that said, the program drew heavily from a counseling protocol developed by Stephens, Braithwaite, and Taylor (1998), which used hip-hop music as the culturally relevant material to teach HIV/AIDS prevention. They cited the high rate of AIDS cases among African American male and female adolescents between the ages of thirteen and twenty-four. (In this 1998 study, the rate was 4 percent for Black adolescent males and 7 percent for Black adolescent females.) They noted that adolescents have serial short relationships, that condom use is inconsistent, and that often there is a negative view of the use of condoms in this group. The importance of consistent condom use was emphasized as one well-understood means of preventing the spread of HIV. These investigators noted that there is consistent support in the HIV-prevention community for the use of educational materials to target behavior from a cultural point of view. Some approaches that have been tried include the use of video technology, community-based intervention, and talking computers. In a review of the literature, they found that there had been no preventive efforts that had presented a protocol based on hip-hop music in small groups to reduce the risk of HIV/AIDS.

Stephens, Braithwaite, and Taylor (1998) reviewed studies that showed that music has been used along with other methods to assist in facilitating behavioral change. Music, along with other methods, has been shown to increase relaxation and decrease aggressive behavior, to help psychotic patients restructure their relations with others, and to reduce levels of personal anxiety. Hip-hop music was chosen by this group in order to enhance the learning process and the desired outcome of reducing HIV/AIDS risk behaviors. It was also chosen because it was culturally relevant in the African American youth population. According to Stephens et al., hip-hop music confronts and assists with the resolution and shaping of many of the youth’s concerns, issues, and values. In addition to its useful application in learning and instructional circles and its frequent use in media

commercials, Stephens et al. posit that hip-hop music is a focal point for self-expression. They note that hip-hop music has not been explored for its efficacy and utility in the counseling process and theorize that it is feasible that using hip-hop music may accentuate the active listener's ability to personalize risk-reduction messages attached to lyrics. This could then result in increased effectiveness of health promoting and risk reduction messages associated with hip hop music.

The investigators selected content and themes from 179 songs that had been created and marketed by 72 artists nationally. The songs contained themes about HIV-risk behaviors and concerns about health-related issues. The preselected songs were used in group-therapy interventions. Stephens et al. described a four-session small group-intervention format in which the content of preselected songs was used to open and frame the sessions and to provide content for discussion. For example, Raekwon's "Ice Cream" and Outkast's "Jazzybelle" were chosen as the selected songs for one session, where the objectives included: "Address personal fear to health-related concerns" and "increase awareness of one's vulnerability to HIV/AIDS." Risk-reduction strategies included a discussion of ways to communicate with sexual partners and education about risky behavior, such as tattooing and body piercing. These investigators noted that "it is important to acknowledge the social environment of Black youth when dealing with their mental and physical health needs."

Through the use of hip-hop music and a small group environment, helping professionals can create situations that facilitate cooperative learning. More studies are needed to evaluate the effectiveness of this model. That is to say, the overall implications for use of hip-hop music in health promotion are unlimited. First, this method uses culturally relevant materials to address the educational and health needs of the target community. Second, the method is grounded in an approach that stimulates social or cooperative learning based on peer-developed content. Moreover, this medium after a review of songs for appropriate content is applicable to other health-promotion activities, such as violence/harm reduction and substance-abuse prevention. However, additional testing of the intervention is warranted in the refinement of this innovative intervention.

In the current application, described next, we used a different technique to apply the concept of using hip-hop music to assist in the treatment of delinquent youth with aggressive behavior.

Intervention: The Enhancement of Black Masculinity through Hip-Hop Music

Participants

The participants were fourteen African American and two Caucasian males, ages thirteen to seventeen, in grades nine to eleven. They generally had charges for nonviolent crimes, such as drug possession and stealing automobiles.

The young males in the program have fallen behind academically and have often failed several grades. It is common to meet sixteen-year-old males in the ninth grade in this program who have reading skills at the third- or fourth-grade level. Often they had been suspended or expelled from school for disruptive or aggressive behavior.

Frequently, lack of access to intervention services, like special education, is because they have never been evaluated or tested to see if they have special educational needs. Having said this, a point of clarification is in order. It is important to recognize that Black males are overrepresented in special education at an alarming rate—many of them have been inappropriately labeled and placed in the areas of mental retardation, behavioral disorder, and developmental delay. Thus, professionals must always use caution when discussing Black males and special education. However, the young males in this program have fallen through the cracks—their special education and/or unique needs have not been recognized or met in their schools.

Considering their generally bad educational experiences, it is not surprising that these young males present to the educational and treatment program a hardened “game face.” They have reasonable skepticism about whether the program and the educational system at large can help them learn and get back on track to successfully reenter and successfully (productively) engage in society. In this situation, a culturally competent approach to these young males is especially necessary. Current programs include Manhood and Masculinity modules, dealing with issues such as societal expectations of young men, developing positive relationships with women, finding appropriate forms of aggression and self-assertion, fatherhood, and the special pressures placed on young Black men in contemporary society. Psycho-educational modules, dealing with issues such as gangs, thug behavior, and mood regulation, are taught. There is also Strategic Chess, which draws on nonverbal skills that often are better developed than the traditionally tested verbal skills. Hip-Hop Music as a Forum to Enhance Black Masculine Identity, as reflected in appropriate aggression and nonviolent conflict resolution, is also taught. The current program has worked by forming an effective and functional partnership at the career-management level.

All of the young men in this program had problems with mood instability that often did not fit into a diagnostic category. They were angry, irritable, aggressive, and not communicative. Their anger was often the source of their trouble and their delinquent behavior. All were involved with illegal drugs. Some used drugs to self-medicate. These young men had been diagnosed with ADHD earlier in their life. However, medications and treatment for ADHD had not been effective. Several had been diagnosed with depression. In one case, antidepressant medication was quite effective. In the others, there was a problem with increased agitation, no benefit, or no clear indication for a medication trial. At the end of the program, all had made improvements in mood regulation.

In this program, the “Enhancement of Black Masculinity through Hip-Hop” paradigm was introduced. This was one of a series of psycho-educational modules that the youth participated in four days a week, focusing on Manhood Training and Conflict Resolution.

The goal of this paradigm was to use music as an emotionally safe forum through which these youth could resolve the intrapsychic conflicts that they were experiencing in their relationships with the adult world, with the world of authority (such as the courts and the school system), as well as with their peers. Many staff in the program felt that the males’ basic needs for nurturance and attachment had not been met in the past, and they were experiencing anxiety over whether and how they would be able to make it as males.

The fourteen Black males and two White males in this intervention program were encouraged to write psychologically significant songs about their lives, with the request

that they include, if possible, some of the conflict-resolution strategies they had learned in other psycho-educational modules. They were required to communicate respectfully and effectively during the process and were encouraged to produce songs that were emotionally meaningful to them. The songs they produced were remarkably relevant to their lives.

Results and Discussion

Some of the broad themes that have been identified to date are issues of sadness and loss, relationship problems, problems with trust, and problems of self-expression. Some of the common themes that have emerged can be summarized as follows:

1. Manhood: *"I had to teach myself how to be a man."* There was a recurring theme surrounding the concept of "manning up," that is, the expression of manhood under specific conditions. For the most part, the young men's experience with adult males had occurred in a corrective capacity (e.g., the juvenile justice system and/or the school detention system), and their notions of masculinity tended to correlate manhood with consequences. Most of the young men, during some point of the process, suggested that the men in their lives had always placed emphasis on punishment as opposed to guidance.
2. Abandonment and Loss: *"I'm all alone. I can't depend on anyone. I used to be a good child until something bad happened in my family."* This was usually the death of a father or mother; often the death of a grandmother who had held the family together.
3. Fear: Having to defend yourself in a world where people get shot outside your house is another theme. In one song, there was a description of a romanticized life of picnics, with a loving family and getting ice cream from the ice-cream truck on a hot summer's day, but now the neighborhood has become a dangerous place and the ice-cream truck has become the drug dealer's truck.
4. Anger and Resentment: This is one of the most common themes. Often the males expressed anger at an absent father and anger because *"nobody ever told me what I was supposed to do."* These young men often expressed resentment toward a father who does not help or advise them, but who does come around to criticize them when they get locked up or involved in the legal system.
5. Uncertainty and Confusion: *"I'm sixteen and I'm in the ninth grade. I can't read. Although not clearly articulated, the underlying question was, "What do you think I am going to do now; how do you expect me to become a man?"* This problem was demonstrated by many young men's resistance to traditional avenues for self improvement for youth. There was a feeling that it was too late for entry level service jobs, that they were expected to do much more than was possible. For example, some were expected to provide for their mother or girlfriend like a man but they did not have the legal resources to do this. This program was conducted in a small group format (four to six participants per group) that enhanced peer-to-peer education. We also found that social interaction skills were greatly enhanced through the process of producing songs together.

There was a significant reduction in aggressive posturing, jostling for positions in the male hierarchy of the unit, and verbally provocative or mean statements (“joning”). Stronger members of the cohort helped the weaker members, and individual differences, sometimes considered weaknesses (e.g., the inability to verbally express one’s thoughts), were tolerated rather than exploited. The less verbal members of the group were encouraged to “keep trying” to write their songs. The more musically gifted and talented members offered help to others or suggested roles for those with less musical talent. For example, Jackson (pseudonym) was a well-liked member of the group who unfortunately, at age sixteen, had never learned to read. He could not write a song. The other members of the group made him the “M.C.,” and the therapeutic music consultant gave him music parts that involved expressing emotion. After producing the songs, each youth received his own DVD documentary detailing the production process to play for his family. One additional benefit was that the youth acquired a higher standing in their families as the result of producing their CD. We theorize that this was a sign to the families, who had been close to giving up on these young males, that their children/teens had standing or importance in the community, which is a fundamental component in the healthy development of masculine identity. They began to feel that their children/teens’ futures were worth the reinvestment of their personal and emotional resources.

Results and Impact of Program

The participants were given a pre-test/post-test evaluation designed to assess the effect of the intervention on the level of development of a mature male identity and on attitudes toward aggression. This was done with a sixteen-item Likert scale called the Manhood Issues Scale, which was developed to assess perceptions of masculine identity, including aggression, with 5 being the highest item valued on the scale and 1 being the lowest. The small sample size (n=16) did not allow for a statistical analysis of overall response to the Manhood Issues Scale. Therefore, descriptive results are analyzed and presented. Changes and trends in some specific issues were noted.

For example, there was an increased expression of trust by the young men. The following item from the Manhood Issues Scale reflected distrust of others: *“If I tell someone how I really feel, they will use it to hurt me.”* Prior to the intervention, all members of the group strongly endorsed this at a level of 5. The group average was equal to 5.0, showing agreement with the item. After the intervention, the group average was reduced to 2.1, showing disagreement with the statement.

On two questions that reflected a belief in aggression toward others, there was a reduction in the level to which aggression was endorsed. On the item *“When a man decides to fight, there’s no turning back,”* the average group response was 3.3 before the intervention. It was reduced to 2.5 afterward. On the item *“If a man has been cheated, he deserves to get paid back any way he can, from anybody who has what he needs,”* the average group response before the intervention was 3.0. After the intervention, this average was reduced to 2.0.

Additionally, after this intervention, the young males became more involved in their treatment and were notably less aggressive. They began to use more high-level

psychological defenses, such as sublimation, as evidenced by more engagement in their schoolwork. There was less use of lower-level psychological defenses, such as denial, as evidenced by more frank discussions, even of the legal charges they had incurred in the past.

Staff observed that the young males demonstrated a more pleasant and fuller range of affect. There was a reduced frequency of cursing and physical aggression. They were more considerate to each other and engaged in more informal communication, without posturing. For example, a previously notable level of racial tension was noticeably reduced. Most (75 percent) of the participants made increased progress in family therapy and began to communicate more effectively with their parents/guardians. For many of these young men, home had ceased to be an option because of their delinquent and disruptive behaviors. In this program, they developed and demonstrated increased respect for their parents and grandparents and improved ability to relate to these important figures in their lives. They began to take on the masculine role of being a provider for one's family.

The initial group of participants in the program was small (n=16, evenly distributed into four cohorts of four); however, some observations can be made about individual participants. This was a multifaceted program and several components worked to help the young men involved, including intensive efforts to get them reengaged with their families. However, research supports the finding that culturally relevant approaches toward psycho-educational development, such as the implementation of Masculine Identity Training through pro-social hip-hop music, can contribute in meaningful ways to their progress and improvement.

Summary

Black males experience educational, economic, and social success less often than other groups. Frequently, when Black males have been incarcerated or face mental health challenges, they experience even greater failure. Hundreds of studies and numerous intervention programs have sought to improve the lives of Black males. Sadly, we have yet to see much improvement. It is possible that efforts have not been successful because they have not been culturally grounded. The program described in this essay can help rectify this situation by using a culturally responsive form of intervention. The sixteen male participants in the program developed a more positive and pro-social masculine identity, as measured with the Manhood Issues Scale and as observed by program staff. There was evidence of a broader and more pro-social view of the appropriate use of aggression. The young males also learned important social skills to support the further development of their masculine identity. Specifically, problems with mood instability, including anger and irritability, were improved. Participants' anger had frequently been the source of their trouble and their delinquent behavior. Through the forum of music production, feelings of aggression and anger were expressed and channeled through an artistic medium. The young males became less provocative and more respectful with peers through the process of collaborating on their music production. Just as important, relationships with their families began to improve.

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