DOCUMENT RESUME

ED 367 917   CG 025 259

AUTHOR   Jones, Pamela
TITLE   African-American Women: The Psychotherapeutic Process
              as a Coping Style.
PUB DATE   18 Aug 92
NOTE   27p.; Paper presented at the American Psychological
              Association Conference (Washington, DC, August 14-18,
              1992).
PUB TYPE   Information Analyses (070) -- Reports -
              Evaluative/Feasibility (142) -- Speeches/Conference
              Papers (150)

EDRS PRICE   MF01/PC02 Plus Postage.
DESCRIPTORS   Adjustment (to Environment); Adults; *Blacks; Client
              Characteristics (Human Services); *Coping; Counseling
              Techniques; *Females; Personality Traits;
              *Psychotherapy; Religious Factors
IDENTIFIERS   *African Americans

ABSTRACT
        This comprehensive literature review examines the
issues involved in practicing psychotherapy with African-American
women, and explores the adaptive coping styles utilized by black
women in a antagonistic environment. Attention is given to the
exploration of traditional resources utilized by the black woman in
coping with her environment, such as kin and family support, as well
as the exploration of new coping styles to be utilized by
African-American women in an effort to deal with their daily
environmental stresses. The key to effective coping for the
African-American woman may be flexibility. Spirituality is an
important construct and coping strategy within the African-American
culture. Religious consciousness and spirituality may serve as
important coping mechanisms for African-American women. Because
current research on the African-American woman and mental health
services suggests that the nature of the African-American woman's
life lends itself to implementation of psychotherapeutic strategies,
this paper focuses on ways in which traditional therapeutic processes
can be adaptive in relation to the culture and ethnicity of the
African-American woman. In conclusion, this paper identifies possible
therapeutic interventions that will enhance the clinician's work with
African-American women. (NB)

ED 367 917

African-American Women:

The Psychotherapeutic Process as a Coping Style

Presentation to

The American Psychological Association

Dr. Leslie Jackson

Chairperson

Pamela Jones

Student Member

Running Head: AFRICAN-AMERICAN WOMEN AND COPING

Draft: This paper is in the process of being submitted
for publication and may not be used in part or
whole without written permission of the author.

Abstract

African-American Women:

Psychotherapeutic Process as a Coping Style

This comprehensive literature review will examine
the issues involved in practicing psychotherapy with
African-American women. In addition, an examination of
adaptive coping styles utilized by black women in an
antagonistic environment will be explored. Attention
will be given to the exploration of traditional
resources utilized by the black woman in coping with
her environment, such as kin and family support, as well
as the exploration of new coping styles to be utilized
by African-American women in an effort to deal with
their daily environmental stressors. This paper will
focus on ways in which traditional therapeutic processes
can be adaptive in relation to the culture and ethnicity
of the African-American woman. In conclusion, this
presentation will identify possible therapeutic
interventions that will enhance the clinician's work
with African-American women.

Statement of the Problem

The purpose of this paper is to examine the psychotherapeutic process as a possible coping strategy for African-American women in coping with an antagonistic environment.

The Impact of Historical Issues on the

African-American Woman

History of the African American Woman

"The quest for knowledge concerning the experiences and contributions of African-American women has been characterized by a long and difficult struggle to capture the essence of what it means to be African-American and female" (p. 1). Collins and Sussewell (1986) suggest that "the complexity of such a search lies in understanding the historical past of African-American women, the impact of their culture on sex role development as well as their socialization as females" (p. 1).

According to sociologist Cheryl Gilkes (1983), there are several factors that have formulated the African-American female's experience in the United States. First, we must be aware of her historical evaluation as a woman. Second, Gilkes (1983) suggests that acknowledgement must be given to the important role of African-American women as educators. Third, it

is important to examine the African-American woman's
role as worker and provider in the African-American
family, community, and society at large, which has
contributed to her independence and self-reliance.
According to Collins and Sussewell (1986), equally
important is the fact that African-American women in
history "saw themselves as a part of the collective
whole of the African-American community; they could not
and do not separate themselves from their children nor
their men (p. 3).

Today, more recent research by Nobles (1973; 1980)
suggests that the African-American woman perceives her
notion of self in relationship to her people, and that
the African-American woman's African self includes a
strong notion of self in relationship to people.
According to Collins and Sussewell (1986), this theory
emphasizes the strong sense of connectedness that
African-American women feel towards their people.
Greene (1990) suggests that this theory contradicts
the disparaging social science literature which
traditionally has blamed the African-American woman
for the family ills and stresses which are in fact
caused by institutional racism. It is important to
note that as a result of the African-American woman's
strong sense of correctness toward her family and her

5

people, it is the author's opinion that the African-
American woman often places her children, spouse,
family, and community before herself, often to the
detriment of personal freedom to exercise options both
in her career and academically, thus denying her
opportunities that would lead to her reaching her full
potential in life.

It is not uncommon to hear the African-American
woman talk about her goals and aspirations as secondary
to her responsibilities of raising her children and
seeing them through completion of their educational or
career goals. It is also common to find the African-
American woman providing for her spouse, family, and
community in a selfless manner, placing her own needs
as secondary to others. This selflessness and
correctness that the African-American woman feels
toward her family, her people, and the community may
manifest itself in many ways. The African-American
woman may not be consciously aware of her own feelings
of being overwhelmed and frustrated as a result of her
responsibilities. In addition, the African-American
woman may also experience feelings of inadequacy which
in turn affect her self-esteem, because her work within
the family and the community is often thwarted by
systematic racial oppression which, as a result,

regardless of her selfless efforts to educate, maintain harmony, and provide for her family, her work is often fruitless. These are important issues which may surface throughout the psychotherapeutic process with the African-American woman.

According to Greene (1990), social science researchers have measured African-American family structures against an idealized white mythology with the view that as a result of the African-American woman's alleged domineering and matriarchal nature, the African-American family can be viewed as a tangled web of pathology. Greene (1990) further suggests that "this need to pathologize African-American persons, in this case African-American women, has resulted in a line of distorted research inquiry which focuses on deficits" (p. 213).

According to Greene (1990) the deficit-oriented literature generated about African-American women in particular has been designed to reaffirm and perpetuate popularly held beliefs and stereotypes about African-American women, and in the process has overlooked the African-American woman's adaptive strengths, resources and resiliency.

African-American Women and Coping

The history of the African-American woman is one of a struggle to survive against great odds and injustices. Cope and Hall (1985) suggest that African-American women are often faced with multiple stressors in their lives, to include the stress of dual minority membership and the African-American woman's historically low socioeconomic status. According to Staples (1973), the dual constraints of racism and sexism often exacerbate the processes of growth and development of the adult African-American woman.

Ladner (1971) suggests that African-American women share with all women the restricting effects of sex role stereotyping on their lives. However, institutional racism, which is expressed through prejudicial attitudes and discriminatory practices, exerts the more pervasive and debilitating impact on all facets of the African-American woman's life. One might then ask the question: How do African-American women cope? What are the strategies they have employed that allow them to remain resilient and adaptive over 300 years, through slavery, racism and sexual oppression? It is important to acknowledge that despite these sometimes debilitating stressors, African-American women are able to overcome these negative consequences with a strong sense of

adaptive strengths, resources, and resiliency. This
then brings us back to the question of "How do
African-American women cope and what are those adaptive
strengths that African-American women have employed in
coping with an antagonistic environment?"

Therapeutic Goals and Coping

Myers (1980), in her research with African-American
women who were the heads of households, found that
African-American women cope with the emotional
degradation of racism, oppression as well as sexism
by maintaining an image of themselves that is based on
how well they do whatever they do and on how others
whose opinion are important to them view their
successes in what they are doing. According to Myers
(1980), there is a causal relationship between what the
African-American woman thinks of herself and coping.
Myers (1990) contends that feelings of self-worth lead
to a greater ability to cope.

Lykes (1983) suggests that it is difficult to
compare the various coping strategies of African-American
women. According to Lykes (1983), the African-American
woman is "constrained by the reality of the giveness of
her social existence." "The experience of double
jeopardy is one such example of the giveness of the
African-American woman's social reality" (p. 84).

Lykes (1983) contends that as a result of these situational constraints the key to effective coping and the African-American woman is flexibility. Lykes (1983) further suggests that the wider range of strategies that the African-American woman has at her command, the greater her potential will be for coping effectively in diverse contexts with diverse goals.

Much of the current research emphasizes the importance of kin and social support networks as an integral part of the African-American woman's coping strategies (Lykes, 1983; Myers, 1980). Myers (1980) suggests that African-American women realize that there are alternatives for coping with life stressors and for developing and maintaining a positive sense of self. Myers (1980) further suggests that African-American women utilize social support networks such as family friends, church, and clergymen to deal with basic social, emotional, and financial problems.

In addition, both historically and to date, Jackson (1983) suggests that the concept of spirituality is viewed as an important construct and coping strategy within the African-American culture. Martin and Martin (1985) suggest that religious consciousness and spirituality serve as an important coping mechanism for African-American women. The literature suggests that

these variables may lead to more adaptive coping. Thus, when developing therapeutic goals with the African-American woman, it may be important to explore these variables further with the client.

Dilemma in Coping Research

In reviewing the history of research on what could be considered mainstream literature, "coping is a widely used but poorly defined construct, frequently invoked to explain individual differences in response to stressful situations" (Stone & Neale, 1984, p. 892). Despite the frequency with which coping is used in the literature, there is not an agreed-upon typology of coping, strategies or adequate measures to assess coping (Stone & Neale, 1984). The basic distinction that has been made in coping research is between problem-focused coping and emotion-focused coping (Folkman & Lazarus, 1980, 1984). Research studies on coping have often relied on self-report measures which are not without their own methodological problems, such as lack of empirical support for the validity of the subscales, and weak internal consistencies (Endler & Parker, 1990). Slavin, Ranier, McCreary & Gowda (1991), in their research, have given explicit attention to expanding a standard model of the stress process offered by Folkman and Lazarus (1984) to include

culturally relevant dimensions. Slavin et al. (1991)
suggest cultural factors that impact each component of
the stress model such as "a) the types and frequency of
events experienced, b) appraisals of the stressfulness
of events, c) appraisals of available coping resources,
d) selection of coping strategies, and e) manifestations
of adaptational difficulties" (p. 156).

One of the major limitations of the mainstream
research on coping is that the studies are based on
behavior and responses of white, middle-class subjects.
There is a void of cultural diversity in the inclusion
of subjects for research in the arena of coping. This
is particularly evident in the lack of research
available on coping strategies of African-Americans, in
particular, African-American women.

It appears that coping among African-American
women is a very complex and dynamic process that
involves a number of variables including a positive
self-concept, flexibility, and kin and family support,
as well as religion and spirituality. There is very
little research available on the coping strategies
utilized by African-American women, and what little
research is available consists primarily of
generalizations on how well African-American cope
without delineating specific strategies utilized. The

current research available on African-American women

and coping is often fragmented and does an inadequate

job of integrating cultural specific coping strategies

with the more mainstream research on coping.

Psychotherapy as an

Alternative Coping Strategy

When looking at the dilemma in research on coping

styles exercised by African-American women, it is clear

that as mental health professionals, clinicians and

researchers working with African-American women in

clinical settings, there is a need to investigate and

assist African-American women in exercising alternative

coping strategies in dealing with an often antagonistic

environment. One such alternative might be the

psychotherapeutic process. Current research on the

African-American woman and mental health services

suggests that the complex and diverse nature of the

African-American woman's life lends itself to

implementation of a variety of psychotherapeutic

strategies (Copeland, 1977; Jackson, 1973).

McCombs (1986) suggests that the African-American

woman who has a high degree of contact with others

outside of her historically traditional segregated

environment is the woman who would be more likely to

seek psychological services, as opposed to the African-

American woman who experiences a low level of contact
with those outside the traditional segregated
community. McCombs (1986) suggests that it is less
likely that the African-American woman who has less
contact with the mainstream culture will seek help from
the mental health profession.

According to McCombs (1986), as a result of the
increased diversity of lifestyle possibilities for the
African-American woman, this increased diversity has
been accompanied by increased responsibilities.
McCombs (1986) contends that many of the adjustment
difficulties that lead African-American women to
psychotherapy and present difficulties in their work in
therapy are critically linked with traditional societal
and familial structures, and that these difficulties
are often associated with the increasing range of
lifestyle possibilities for the African-American woman
in today's society. McCombs (1986) suggests that
"these opportunities and responsibilities are sources
of individual and collective psychological tension in
the lives of African-American women" (p.71). One such
etiology of this collective psychological tension
suggests that there are subtle yet pervasive effects of
child sexual abuse upon African-American women (Wyatt,
1990). Wyatt suggests that although the initial effects

of the traumatic experience of childhood sexual abuse

of African-American women are similar to their

Caucasian counterparts, the cumulative effects of these

early stressors in childhood may be manifested in

relationship problems, however, the root of distrustful

feelings toward men may also be associated with other

psychological stressors.

It has also been suggested that "as African-

American girls grow up in a race-conscious society and

progress toward the developing stages of womanhood,

they have been described as consciously aware of

stereotypes and perceptions of the black female

character that our society has created about them.

Their heightened self-consciousness may also be

affected by developmental and race-related issues along

with having been victimized" (Wyatt, 1990, p. 77). In

addition, African-American women face issues that all

women must contend with, such as gender issues of rape,

sexual discrimination, and oppression, both within

their culture and in society at large. Additional

psychological tension in the lives of African-American

women include such issues as the impact of skin and

hair color in their own communities.

Iram and Redd (1985) suggest that, traditionally,

one of the primary sources of support for African-

American women has always been the family, yet Iram and

Redd suggest that as urbanization increases among

African-Americans, families are no longer within close

proximity geographically. According to Iram and Redd

(1986), many African-American women are sole caretakers

of their children, doing so without the economic and

social support that they need. Iram and Redd (1986)

suggest that many African-American cannot afford basic

support services such as child care that might alleviate

some of the pressure that they experience on a daily

basis. Iram and Redd (1986) contend that, instead, many

African-American women are left to struggle in isolation

without adequate support services. Iram and Redd (1986)

further suggest that "in African-American communities,

generally, there is still some stigma attached to

needing therapy, so it is not common for the African-

American woman to seek out preventive therapy before a

crisis occurs.

Iram and Redd (1986) suggest that when the African-

American woman does try to seek mental health services,

she encounters the inequalities of the existing health

care system in this country. It has been suggested

that in African-American communities, health care

centers are underfunded and overworked, and as a result

of lack of funding there is a shortage of mental health

professionals on staff to accommodate those individuals
who utilize the facilities. According to Iram and Redd
(1986), this then results in long waiting lists,
inadequate time to appropriately attend to the client's
needs, and very little follow-up.

Therapeutic Issues

When examining the most salient issues in
conducting psychotherapy with African-American women,
there are several traditional therapeutic issues to
consider such as transference and countertransference,
the therapeutic alliance between the client and
therapist, as well as the existence of racial bias and
discriminatory attitudes in mental health delivery
systems (Iram & Redd, 1985), along with the use of
culturally sensitive and appropriate techniques (Akbar,
1979; Sue & Zane, 1987; Jackson, 1983). However,
there are several other issues to consider when working
with African-American women in the psychotherapeutic
process, and those include racial and sexual oppression
(Myers, 1986), gender socialization (Davenport &
Yurich, 1991), the experiences of both sexual and
racial discrimination on a regular basis (Slavin,
Ranier, McCreary & Gowda (1991), ethnic identity
development (Cross, 1978), the impact of social class
on daily survival (De La Cancela, 1985), as well as the

role of skin color, hair and features in the African-American community and its impact on the self-esteem of African-American women (Neal & Wilson, 1989), as well as the debilitating effects of childhood sexual abuse (Wyatt, 1985, 1990).

In examining the therapeutic issues that are most salient when working with African-American women, it is important for the clinician to implement psychotherapeutic techniques that are culturally appropriate (Jackson, 1983). In addition, it is important that the clinician be aware that across the spectrum, African-American women are a diverse population, each with their own individual uniqueness, thus careful attention should be given to within-group differences.

<div align="center">Strategies for Mental Health Providers of

African-American Women</div>

The question then that needs to be asked is, "What can we do as mental health professionals to develop strategies to assist the African-American woman in utilizing the psychotherapeutic process as an alternative coping method?" The most important area to address, as mental health providers, is that those therapists who intend to work with diverse populations such as African-American women, become culturally

competent in working with that population. It has been
suggested that one of the most serious problems in
mental health service delivery is that there is a lack
of mental health professionals who are culturally
competent to work with diverse populations such as
African-American women (Jackson, 1973, 1983; Nobles,
1972, 1980); Sue & Zane, 1987). In addition, as a
result of this cultural incompetence among mental
health professionals, too often the social causes of
psychological distress in the African-American woman
are not taken into consideration (Iram & Redd, 1986).
"Consequently, an African-American woman's problems are
often seen solely as a product of her own psyche. If
an African-American woman makes statements such as 'I
feel ugly' or 'I am depressed because I don't have a
place to put my furniture,' instead of addressing her
feelings within the context of the social oppression of
racism and poverty, they are often taken as a sign of
her psychological disorder" (p. 66). As a result, the
individual is viewed as the problem rather than the
system, and typically the treatment is psychiatric
medication (Iram & Redd, 1986).

Thus, before we can begin to look at the
psychotherapeutic process as an alternative coping
strategy for African-American women through our

professional organizations and affiliations, we must
not just give lip service to the need for cultural
competence in working with diverse populations, but we
must mandate that training institutions and develop
programs that are committed to training culturally-
competent clinicians to work with diverse populations.
In addition, practicing clinicians should be mandated
through licensing procedures to become culturally
competent when working with populations such as
African-American women.

It is also important that attention be focused on
the appropriateness of using psychotherapeutic
techniques developed for intervention with Caucasian
individuals treating African-American populations
(Jackson, 1983). Alternative modes of treatment must
be developed when working with diverse populations such
as African-American women that incorporate a quality
of empathy, concern, and sensitivity to both cultural
teachings and the uniqueness of the African-American
psyche (Akbar, 1979; Jackson, 1979, 1976). Jackson
(1979, 1976) suggests that there are distinctive
attributes of African-Americans' behavior such as
socialization, parenting, perception, cognition and
motivation that contribute to this uniqueness of the
African-American psyche.

Another possible alternative mcde for treatment of African-American women within the psychotherapeutic process includes outreach and preventive programs delivered by mental health professionals at African-American churches, with the support of interdenominational African-American minister alliances (Thomas & Darsby, 1985). Other possible alternatives may include working with African-American women and their children through school settings, by developing parenting groups which may also serve as an opportunity to treat entire families (Thomas & Darsby, 1985). It has been suggested that African-American families will often participate in family therapy out of concern for the child, if school administrators suggest that it will be of benefit to the child's well-being (Bagarozzi, 1980). A further possible alternative, in particular with lower socioeconomic African-American women, are home visiting programs designed to support and provide psychotherapy to African-American women with young children and adolescents (Thomas & Darsby, 1985). These are just a few of the countless creative, and culturally-sensitive alternatives that we, as mental health professionals, can provide to meet the needs of the diversity and varied lifestyles of the African-American woman within the psychotherapeutic process.

Ideas for Future Research

It is clear that there are several issues to consider in pursuing future research in the area of defining coping strategies among African-American women, as well as the possible utilization by African-American women of the psychotherapeutic process as an alternative coping style. Based on the current research available, there are five major issues to consider:

1) Researchers must begin to include culturally-diverse populations in studies designed to investigate specific coping styles and strategies. In addition, researchers need to begin to collect baseline data on coping strategies of African-American women which clearly delineate culturally-specific coping strategies as well as more traditional coping strategies.

2) There is also a need for development and funding for psychotherapy models and interventions in community health centers such as the T.H.E. Clinic for Women in Los Angeles, California, so that women can receive comprehensive medical services as well as psychological services in an environment that treats them with human dignity and cultural sensitivity.

3) Funding should be provided for both brief and long-term psychotherapy for all women of color,

regardless of their ability to pay.

4)   It is important for mental health professionals
to embrace the political process by talking and writing
to politicians who represent their communities, to
inform them of the urgency of more funding for
comprehensive medical and psychological services for
African-American women in these turbulent times.

5)   Finally, that African-American mental health
professionals, clinicians, and researchers make a
personal commitment to go out into our communities to
offer psychological services and research skills to
support community-based agencies, African-American
women, and their children, regardless of their ability
to pay.

References

Akbar, N. (1979). African roots of black personality.
In W. Smith, K. Burlew, M. Mosley, S. W. Whitney
(Eds.), Reflections on Black Psychology.
Washington, D. C.: University Press of America.

Collins, A., & Sussewell, D. (1986). The Afro-American
woman's emerging selves. Journal of Black
Psychology, 13, 1-11.

Cope, N., & Hall, R. (1985). The health status of black
women in the U.S. Implications for health
psychology and behavioral medicine. SAGE: A
Scholarly Journal on Black Women, 2, 20-22.

Copeland, F. J. (1977). Counseling black women with
negative self-concepts. Personnel and Guidance
Journal, 55, 397-400.

Cross, W. E. (1978). The Cross and Thomas models of
psychological nigresence. Journal of Black
Psychology, 5, 13-19.

Davenport, D., & Yurich, J. (1991). Multicultural
gender issues. Journal of Counseling & Development,
70, 64-71.

De La Cancela, V. (1985). Toward a sociocultural
psychotherapy for low income ethnic minorities.
Psychotherapy, 22, 427-435.

Endler, N. S., & Parker, J. D. (1990). Multidimensional

assessment of coping: A critical evaluation.

Journal of Personality and Social Psychology, 58,

844-854.

Folkman, S., & Lazarus, R. (1980). An analysis of

coping in a middle-aged community sample. Journal

of Health and Social Behavior, 21, 219-239.

Gilkes, C. (1983). Afro-American women's history as a

critique and counter culture, lecture. In the

Afro-American woman's emerging selves, A. Collins,

D. Sussewell. The Journal of Black Psychology,

13, 1-11.

Greene, B. (in press). Sturdy bridges: The role of

African American mothers in the socialization of

African American children. Women and Therapy.

Greene, B. (in press). What has gone before: The

legacy of racism and sexism in the lives of black

mothers and daughters. Women and Therapy.

Iram, H., & Redd, S. (1985). The Elizabeth stone house:

A residential program for women. SAGE: A

Scholarly Journal on Black Women, 2, 65-67.

Jackson, A. (1983). The black patient and traditional

psychotherapy: Implications and possible

extensions. Journal of Community Psychology, 11,

303-307.

Jackson, J. (1973). Black women in a racist society.

In C. V. Willis, B. R. Kramer, & B. S. Brown

(Eds.), Racism and mental health, Pittsburgh, PA:

University of Pittsburgh.

Jones, Arthur. (Summer 1985). Psychological functioning

in black Americans: A conceptual guide for use in

psychotherapy. Psychotherapy, 22, 363-369.

Ladner, J. (1971). Tomorrow's tomorrow: The black

woman. Garden City, New York: Doubleday.

Lazarus, R., & Folkman, S. (1984). Stress, apraisal

and coping. New York: Springer.

Lykes, R. (1983). Discrimination and coping in the

lives of black women: Analyses of oral history

data. Journal of Social Issues, 39, 79-100.

Martin, D., & Martin, E. (1985). The helping tradition

in the black family and community. Maryland:

National Association of Social Workers, Inc.

McCombs, H. (1986). The application of an individual/

collective model to the psychology of black women.

In Women and Therapy. New York: Haworth Press.

Meyer, L. J. (1986). Transpersonal psychology: The

role of the afrocentric paradigm. Journal of

Black Psychology, 12, 31-36.

Myers, L. W. (1980). Black women, do they cope better?

New Jersey: Englewood Cliffs.

Neal, A., & Wilson, R. (1989). The role of skin color

and features in the black community: Implications

for black women and therapy. Clinical Psychology

Review, 9, 323-333.

Nobles, W. (1980). African philosophy: Foundations

for black psychology. In R. L. Jones (Ed.), Black

Psychology, New York: Harper & Row.

Nobles, W. (1972). African philosophy: Foundations

for black psychology. In R. L. Jones (Ed.), Black

Psychology, New York: Harper & Row.

Slavin, L., Ranier, K., McCreary, M., & Gowda, K. (1991).

Toward a multicultural model of the stress process.

Journal of Counseling & Development, 70, 156-163.

Sue, S., & Zane, N. (1987). The role of culture and

cultural techniques in psychotherapy: A critique

and reformulation. American Psychologist, 42,

37-45.

Thomas, M., & Darsby, P. (1985). Black clients: Family

structures, therapeutic issues and strengths.

Psychotherapy, 22, 398-406.

Wyatt, G. (1990). The aftermath of child sexual abuse

of African American and white American women: The

victim's experience. Journal of Family Violence,

5, 61-81.

Wyatt, G. (1985). The sexual abuse of Afro American

and white American women in childhood. Child

Abuse & Neglect, 9, 507-519.