Why should we learn about history?

If you were an E.R. doctor or nurse and a patient was wheeled in—awake and alert but bruised and bleeding—where would you start? Would you say to yourself, “This guy looks complicated! I don’t want to mess with him,” or would you look through the eyes of compassion and start by asking, “What happened?”

In the behavioral health field (mental health conditions and substance use disorders), we face a similar choice when it comes to history, especially as it has affected the health and well-being of African Americans: To do our work effectively, we need to know what has happened, what is still happening, and what has brought resilience and healing.

The illnesses and injuries we treat are often invisible, detectible only in people’s words, actions, body language, and facial expressions. The experiences that have left people vulnerable to behavioral health conditions might have:

- happened at any time in their lives,
- been happening all or most of their lives, or
- been passed down through generations of family, community, and culture.

The individuals we serve might not understand the forces of pain, horror, fear, anger, and shame that drive their symptoms—or they might understand these forces perfectly and still find no relief. In either case, whether or not a deeper understanding will help the people we serve, we must try to understand.

Unlike the E.R. staff, we may have the luxury of a little more time to listen and learn from the individual. But our search process must start much earlier, long before we show up for work. Just as the E.R. staff spent years learning about the many forces that can batter and infect the human body, we must study the forces that can assault the human mind, spirit, and relationship—and learn about the forces of healing.
For African Americans, many of those forces—both the challenging and the healing forces—are deeply rooted in history. If we serve African Americans—or people of other cultures with a history and ongoing experience of oppression—it is our responsibility to learn all we can about:

- the history of these cultures,
- the strengths of these cultures,
- common negative experiences in the dominant society,
- the potential impact of these wounds, and
- how we can use this information to make our services safer and more effective.

_Pamela Woll, MA, CPS, Senior Consultant_  
_African American Behavioral Health Center of Excellence_