

HEALING HISTORY

Where History Meets Behavioral
Health Equity for African Americans



A Self-Study and Discussion Guide

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Healing History

Where History Meets Behavioral Health Equity for African Americans

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Where History Meets Behavioral Health Equity for African Americans

Using the Self-Study and Discussion Guide

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

—James Baldwin
*Remember This House*¹

The pages that follow were begun in February, 2021, just as Black History Month was coming to a close. Here at the newly formed African American Behavioral Health Center of Excellence, we consider this work the first installment toward our commitment to tell the truth about history all year long.

Designed for people who work or volunteer in behavioral health and allied service and justice fields, *Healing History* can be used as:

- A self-study course, with or without continuing education credit; or
- A discussion guide for a class, a reading group, or a learning community.

This guide is equally appropriate for people who are just beginning their exploration of history and health equity and people who have already traveled far down this path. It is not about how much you know, but about your willingness to use some of these ideas as a new lens for looking at your experience, your work, your field, and the people you serve.

In each of the four chapters are several sections, each followed by questions to provoke thought and discussion. Each question has a space for writing answers, notes, or ideas to bring up in discussion sessions. This process is designed to:

- expand and sharpen the field’s perspective on behavioral health disparities;
- deepen our hunger for knowledge about the historical and systemic factors that have contributed to these disparities; and
- inspire us all to join the growing community of change agents who are working to improve behavioral health equity, effectiveness, and inclusion.

For information about obtaining continuing education credit for completing the self-study guide, please contact info@africanamericanbehavioralhealth.org.

Healing History

Where History Meets Behavioral Health Equity for African Americans

1. Introduction

“...the social and economic disparities that shape contemporary Black life are all legacies of slavery and colonialism.”

—Keisha N. Bain

400 Souls: A Community History of African America, 1619 to 2019²

There is no cure for history. It happened. It is happening.

The oppression that has scarred the history of African Americans did not die with slavery or the Jim Crow era. It was not defeated by Reconstruction or the heroes of the mid-20th-century Black Freedom Movement. Racism is not a relic, and inequitable policies and practices are not fading away on their own. Racial inequity is the water we all swim in—polluted in ways that do deep and lasting harm—and we have been swimming here for 400 years.

Health disparities are differences in health linked with social, economic, and/or environmental disadvantage, often affecting groups that are “historically tied to discrimination or exclusion.”³ In the behavioral health field, addressing health disparities among African Americans is vitally important to the success of our work and the survival of the individuals, families, and communities we serve. There are a number of reasons for this:

- the adversity caused by widespread social, economic, and environmental disadvantage leads to increased burden of illness, often far beyond our field’s capacity to address;
- the historical momentum behind these disparities makes them more deeply entrenched and more difficult to repair;
- elements of cultural history can place enormous psychosocial stress on individuals, families, and communities; and
- Many important disparities still exist within our own systems, institutions, and policies.

In the behavioral health field, addressing health disparities among African Americans is vitally important to the success of our work and the survival of the individuals, families, and communities we serve.

Even if we succeed in correcting inequitable policies and practices toward African Americans, the long history of brutality, betrayal, and inequity that African Americans have faced for the past 400 years will still live on. Human beings carry history around with us:

- in the genetic codes that influence our strengths and vulnerabilities,
- in the conscious and unconscious beliefs that shape our thoughts and behaviors, and
- in the policies that shape our environments and experiences.⁴

“...the country cannot become whole until it confronts what was not a chapter in its history, but the basis of its economic and social order.”

—Isabel Wilkerson

History cannot be “cured,” but human bodies, minds, and spirits can experience healing. So can families, communities, systems, and cultures. And those of us who are called to root out behavioral health disparities know where many of those roots are firmly planted: in history.

Looking at History

At this writing (April, 2021), we look at history from a particularly interesting vantage point. America has spent the past year steeped in what some scholars are calling a “syndemic”—the combination of a global pandemic, political upheaval marked by issues of racism and nativism, and the mushrooming consequences of economic, health, and justice disparities that have plagued people of color for centuries.⁵ If we look, we can find the fingerprints of history all over these interlocking crises.

In the behavioral health field, we also find many effects of this syndemic landing squarely on Black bodies, minds, and spirits, including:

- the physical and psychological burden of chronic and infectious illnesses—taking, as usual, a significantly higher toll on people of color, particularly African Americans;⁶
- rising rates of loneliness, grief, anxiety, depression, domestic violence, suicide, substance use disorders, and overdoses, with particularly troubling effects on children;⁷
- the specter of social, emotional, and learning challenges for children whose education has been disrupted and may have to be disrupted further, exacerbated by technology and broadband issues in rural and disadvantaged communities;⁸
- rising fear, frustration, and feelings of hopelessness, as police killings of African Americans continue and the ranks of White supremacists and conspiracy theorists continue to grow larger, more active, and more visible;⁹ and
- rising waves of discouragement and disillusionment among youth and young adults who are watching their dreams of a secure and stable future disappear.¹⁰

Some of this is new, but much of it is what the late African American poet and activist Amiri Baraka called “the changing same,” described by historian Eddie S. Glaude, Jr. as:

...that sense of alienation rooted in terror and trauma, which remains no matter the shifts and permutations in our lives, and is exacerbated by the country's forgetfulness.”¹¹

Unless we acknowledge and address the impact of history, we risk diminishing its role in the pain of the present—an insult to those who suffer. In the words of historian Isabel Wilkerson, author of *Caste: The Origins of Our Discontents* and *The Warmth of Other Suns: The Epic Story of America's Great Migration*:

...in the same way that individuals cannot move forward, become whole and healthy, unless they examine the domestic violence they witnessed as children or the alcoholism that runs in their family, the country cannot become whole until it confronts what was not a chapter in its history, but the basis of its economic and social order. For a quarter millennium, slavery was the country.¹²

And in the words of James Baldwin, novelist, playwright, essayist, and loving critic of our society's errors and inequities:

To accept one's past—one's history—is not the same thing as drowning in it; it is learning how to use it.¹³

At the African American Behavioral Health Center of Excellence, our work is focused on identifying and addressing the forces that lead to inequity and health disparities affecting African Americans. So the influence of race on history, and the influence of history on race, are always somewhere within our lens.

Even defining the term “race”—a purely political and social construct first invented to justify the kidnapping, enslavement, trading, and oppression of human beings—seems to give the word too much weight. But when millions of people have suffered and died because of a purely fabricated distinction, their deaths deserve some clarity.

Historian, activist, and author Ibram X. Kendi's definition of race is particularly useful, because he emphasizes the use of this construct to create “new forms of power: the power to categorize and judge, elevate and downgrade, include and exclude” and the power to declare the existence of a “monolithic race” that replaces the identities of “distinct individuals, ethnicities, and nationalities.”¹⁴ Prof. Kendi defines “racism” as “A marriage of racist policies and racist ideas that produces and normalizes racial inequities.”

In behavioral health, we have collected and used information about race and race-related experiences, often within the context of more universal neurological, psychological, social, and behavioral experiences. This self-study and discussion guide follows that tradition, but it places historical and contemporary race-related experiences at center stage, focusing on:

- the effects of history on the psychological well-being of African Americans and
- the disparities that continue to exacerbate those effects.

Three more sections follow, touching on:

- some of the burdens of history and opportunities for addressing them;
- some of the gifts that early African Americans developed, often in response to the same painful history; and
- some challenges, opportunities, and resources to consider in our desire to transform history.

Questions for “Looking at History”
<p>1. How would you describe your early education about the history of African Americans? What effects did that level of understanding have on you?</p>
<p>2. Describe one or more African American individuals you have served whose experiences or circumstances seem to reflect challenges rooted in history.</p>
<p>3. What challenges and benefits do you think might come out of greater exploration and discussion of history in the behavioral health field?</p>

Healing History

Where History Meets Behavioral Health Equity for African Americans

2. Burdens of History

People are trapped in history and history is trapped in them.

—James Baldwin
*Notes of a Native Son*¹⁵

American history has saddled current generations of African Americans with many burdens. Four of these—trauma, loss, betrayal, and inequitable policies and practices—are of particular importance to the behavioral health field. For each of these burdens, this chapter presents a very brief overview, followed by discussion of opportunities for behavioral health responses.

The harmful side of history can attach to the body in many powerful ways.

Trauma

According to the Substance Abuse and Mental Health Services Administration (2014):

- “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹⁶
- “Historical trauma, known also as generational trauma, refers to events that are so widespread as to affect an entire culture; such events also have effects intense enough to influence generations of the culture beyond those who experienced them directly...[including] The enslavement, torture, and lynching of African Americans...”¹⁷

When the behavioral health field considers historical trauma, we must not conflate it with posttraumatic stress disorder (PTSD), an illness with a narrow and specific set of diagnostic criteria that often fail to capture the effects of historical trauma. Historical trauma, and effective responses to it, may also differ from traditional concepts and treatment of PTSD in many ways.

When we speak of historical trauma, we may be speaking, not of discrete memories to be processed, but of complex combinations of memory, sense memory, physical stress reactions, and images from history and family customs and folklore. The nearly unimaginable nature of

much of the history of African Americans surely adds to this complexity. In Baldwin's words: "For the horrors of the American Negro's life there has been almost no language."¹⁸

The harmful side of history can attach to the body in many powerful ways:

- in epigenetic changes that alter the way DNA expresses itself in generations to come;¹⁹
- in chronic fear-based interaction patterns that can instill parents' fears in their children and affect children's attachment and relationship patterns;²⁰
- in the physical and psychological effects of lifelong patterns of environmental threat, deprivation, injustice, and "othering";²¹
- in automatic bodily reactions to stress (e.g., "fight," "flight," "freeze," or "fawn" responses; chronic high levels of stress hormones and immune chemicals) passed down through the generations;²² and
- in the high levels of vulnerability to infectious illness and chronic physical and behavioral health conditions that these kinds of experiences and physical reactions often produce.²³

in *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Hearts and Bodies*, author and trauma specialist Resmaa Menakem wrote that:

*Unhealed trauma acts like a rock thrown into a pond. It causes ripples that move outward, affecting many other bodies over time. After months or years, unhealed trauma can appear to become part of someone's personality. Over even longer periods of time, as it is passed on and gets compounded through other bodies in a household, it can become a family norm. And if it gets transmitted and compounded through multiple families and generations, it can start to look like culture. But it isn't culture. It's a traumatic retention that has lost its context over time. Though without context, it has not lost its power.*²⁴

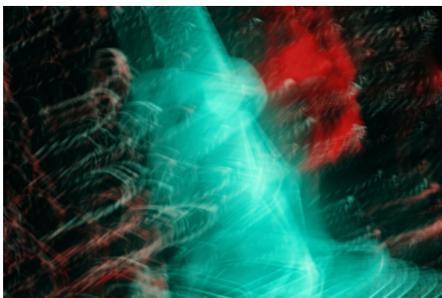


Photo courtesy Jr Korpa on Unsplash.

Opportunities for Addressing Trauma

As Menakem and many other experts in trauma have been telling us, the body is both the center of trauma's impact and our greatest hope for its management and healing.²⁵ Effective responses to racialized and historical trauma start with safe, body-based methods of training people to calm their bodies and minds and lower the intensity of their stress responses. In Menakem's words:

*These practices help our bodies to slow down and settle. They help us have fewer and less intense reflexive responses. And they help us give more energy to love, compassion, and regard.*²⁶

Among the many grounding and “settling” practices that can help people build these skills are Menakem’s “Five Anchors”:

“Anchor 1: Soothe yourself to quiet your mind, calm your heart, and settle your body.

Anchor 2: Simply notice the sensations, vibrations, and emotions in your body instead of reacting to them.

Anchor 3: Accept the discomfort—and notice when it changes—instead of trying to flee from it.

Anchor 4: Stay present and in your body as you move through the unfolding experience, with all its ambiguity and uncertainty, and respond from the best parts of yourself.

Anchor 5: Safely discharge any energy that remains.”²⁷



Photo courtesy Andrae Ricketts on Unsplash.

While culture has often been a target of racialized aggression, According to Menakem, culture can also be a source of great resilience and a potent instrument of healing.

*More than anything, culture creates a sense of belonging, and belonging makes our bodies feel safe. This is why culture matters to us so deeply. We humans want to belong. We experience belonging—or the lack of it—in our bodies. We experience it deeply. When we belong, we feel that our life has some value and meaning.*²⁸

And, although Menakem recommends that African Americans learn and teach their children about history:

*It’s common for African Americans to trace back our bloodline only as far as our ancestors’ arrival in America. When we do this, though, we may unconsciously equate our entire history as Black human beings with oppression and violation. Let’s enlarge our history to include those times and places in which our ancestors’ bodies were free of racialized trauma. This means teaching our children about the art, stories, and histories of African cultures.*²⁹

Individuals, families, and communities in need of calming and healing should be the ones to design and direct the use of culture—as they define it—in this process. Sources of support from other cultures, approaching in a spirit of humility, might be able to help make opportunities available, but should not lead these efforts.

Questions for “Trauma”

1. What thoughts, images, or metaphors come into your mind when you hear the term “historical trauma”?

2. Of the effects of historical trauma on the body described starting at the top of Page 10, which effects have you seen in the African Americans you have served?

3. Please describe how you and your organization currently—or might someday—train the people you serve to use body-based methods of calming, grounding, and settling. How might you encourage and reinforce their using these methods in their everyday lives?

4. Please describe how you and your organization use—or might someday use—African American culture to promote healing and belonging.

Loss

In *Begin Again: James Baldwin’s America and its Urgent Lessons for Our Own*, historian Eddie S. Glaude Jr. described his first visit to the Legacy Museum and the National Memorial for Peace and Justice in Montgomery, Alabama:

As I walked into the memorial, I saw walls featuring text blocks that told the story of the violence, but no one lingered as they did in the museum. The words weren’t the story here. Instead, my eyes turned to the Nkyinkyim Installation by Ghanaian artist Kwame Akoto-Bamfo, a haunting sculptural representation of slaves chained together in agony, defiance, and unimaginable grief.³⁰



Photo courtesy The National Memorial for Peace and Justice.

Experts tell us that trauma is often accompanied by loss,³¹ and the history of African Americans has been, among other things, a deep well of losses. In many cases this has included loss of home, of land, of culture, of body integrity, of belonging, of opportunity, of education, of livelihood, of freedom, of agency, of safety, of health, of comfort, of family and friends, of spouses and children sold or killed, of status, of opportunity, of youth, of promise, of dignity—and more.

The loss must have been, as Prof. Glaude wrote, unimaginable. We may never know how much loss has been passed down through the generations. For some people, just knowing it is back there, in their bloodline, might be enough to haunt them.

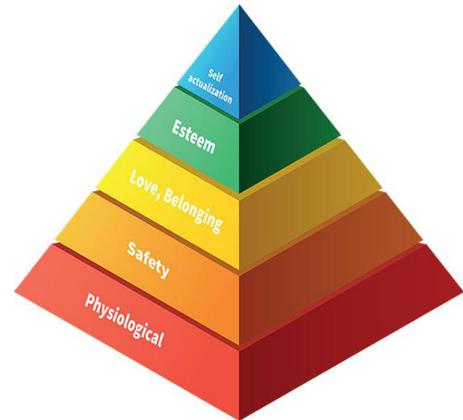
Another area of heavy loss has to do with the basic life circumstances and experiences that all human beings need if we are to develop health and well-being. Take, for example, Abraham Maslow’s original Hierarchy of Needs:

1. *Physiology (food, water, warmth, rest)*: Although the most widespread and devastating deprivation of these basic survival needs may be in the distant past, many African Americans are still experiencing food insecurity, losing their homes, drinking contaminated water, and suffering many more forms of deprivation and indignity.
2. *Safety (security, safety)*: Earlier eras of American history may have held more frequent danger for African Americans, but for many individuals living today—particularly young Black men and the people who love them—there is no reliable safety.
3. *Belongingness and love (intimate relationships, friends)*: For many enslaved African Americans, the loss of homeland and culture, the loss of loved ones, and the “othering” and lack of belonging often codified in formal and informal policy must have

dug a gaping hole at this point on Maslow's hierarchy. But how many people of color today are still plagued by othering and a sense of unbelonging in White spaces—perhaps even in many behavioral health programs?

4. *Esteem (prestige and feeling of accomplishment):*

Widely stereotyped as sub-human, denied even basic opportunities, and cheated out of chances for financial solvency or security, many African Americans have suffered greatly in this area. Many are still being taught to see themselves through “white eyes,” a sort of “double consciousness” (first noted in the works of historian W.E.B. DuBois) that judges and finds them lacking.³² As Ibram X. Kendi wrote in *How to Be an Antiracist*, “Internalized racism is the real Black on Black crime.”³³



5. *Self-actualization (achieving one's full potential, including creative activities):*

With significant restrictions in the areas of freedom and agency, and with the “self” the target of punitive laws, customs, and practices, it is hard to see how any in early generations of African Americans achieved this level—but many people did, against all odds. History tells of many extraordinary achievements. If people can go so far carrying such burdens, how far could they have gone without those burdens?

Opportunities for Addressing Loss

Once we recognize the role that loss might be playing in people's distress, there might appear many opportunities for:

- facilitating effective and culturally relevant grieving; and
- the building of new dreams after the losses have been witnessed, honored, and laid to rest.

In your work, you have undoubtedly served many individuals who carry past losses with them, so that the grief they experience over fresh losses may be mixed in with old grief they have never felt safe working through—or, in some cases, even experiencing. You might want to think of intergenerational or historical losses as one more layer of grief, to be approached with humility, compassion, and respect. This layer might not include tangible memories, and might take the form of wordless emotion or a powerful identification with the losses of earlier generations. However, whatever it is, it must be honored.

A truly effective behavioral health practitioner is a combination of teacher and student, follower and guide. We bring our education, our expertise, and our experience to the relationship, while the individuals we serve bring the vast universe of knowledge and experience that make up their own lives. In some of these relationships there are cultural

differences between us—and some of those differences have been used by others to harm the individual or the individual’s culture. That makes it critically important for behavioral health practitioners to become students, followers, and witnesses of the grieving process, rather than teachers and guides.

In *Caste*, Wilkerson recommends what she calls “radical empathy,” particularly among White people addressing the pain that people of color have suffered due to the demeaned status assigned to them.

*Radical empathy is not about you and what you think you would do in a situation you have never been in and perhaps never will. It is the kindred connection from a place of deep knowing that opens your spirit to the pain of another as they perceive it.*³⁴

She warns us, however, that “Empathy is no substitute for experience itself. We don’t get to tell a person with a broken leg or a bullet wound that they are or are not in pain.”³⁵

Questions for “Loss”
1. Please describe your own experience of empathy for or identification with the grief of others, perhaps even ancestors within your family or culture. Do you believe that loss might be a powerful element of historical trauma? Why or why not?
2. In terms of the basic human needs outlined in Maslow’s hierarchy, please describe some of the evidence you have seen of deprivation of those needs in African Americans you have served.
3. Please describe how you already work with individuals who are grieving heavy losses, and how your work or your relationship with them might be different if some of their losses are identified as historical or intergenerational.

Questions for “Loss”

Betrayal

One does not have to delve too deeply into the history of abduction from Africa, the Middle Passage, enslavement, the Black Codes, the failure of Restoration, Jim Crow, lynchings, rapes, massacres, medical experimentation on enslaved people and Black patients, segregation, “redlining” (denying mortgage loans for property in African American communities), usurious lending practices, mass incarceration, or police violence against Black men, women, and children to see the obvious: Many African Americans have seen basic human covenants and conventions betrayed over and over again by some of their White neighbors, fellow citizens, and public officials.

As Baldwin wrote in his 1963 classic, *The Fire Next Time*,



*Most Negroes cannot risk assuming that the humanity of white people is more real to them than their color. And this leads, imperceptibly but inevitably, to a state of mind in which, having long ago learned to expect the worst, one finds it very easy to believe the worst.*³⁶

In many cases, the betrayal has been frequent and severe, and fear of it has been passed down from generation to generation. Baldwin described the fear that his father carried:

*The fear that I heard in my father’s voice, for example, when he realized that I really believed I could do anything a white boy could do, and had every intention of proving it, was not at all like the fear I heard when one of us was ill or had fallen down the stairs or strayed too far from the house. It was another fear, a fear that the child, in challenging the white world’s assumptions, was putting himself in the path of destruction.*³⁷

Betrayal on a large scale can lead to a particularly troubling form of what is sometimes called “moral injury.” Here is one way of understanding it:

- Morality, goodness, or “what’s right” is something we do not all agree on or describe the same way, but it still seems to be one of our deepest common bonds and shared responsibilities as human beings.
- Because moral codes are concerned with how people treat one another, they may fulfill a core survival need, making them fundamentally important to our sense of basic safety and well-being.
- When life puts us in situations where we—or others—violate our deeply held moral expectations, we can lose our sense of moral, human, and spiritual connection and our underlying sense of well-being and trust.
- Betrayal of basic moral codes and connections—especially at the hands of people in authority or people who are who are supposed to be protecting our well-being—can be traumatic and can lead to profound loss of trust, loss of emotional regulation, and profound challenges in the way we relate to the people around us.³⁸ The bitterness and rage that Baldwin saw in his father may well have been a function of the betrayal his father had experienced for decades at the hands of White authority figures.³⁹



Photo courtesy Francois B. Arthanas on Unsplash.

Opportunities for Addressing Betrayal

I don't think we can be free...until we address this problem. But to get there we're going to have to be willing to tell the truth."

—Eddie S. Glaude Jr.

Among the many reactions that human beings tend to have when we have been wronged is a hunger for truth-telling about our injuries and our losses. We want to hear those three little words—“I was wrong”—backed up by an admission of the nature of the transgression and an honest effort to make it right.

As behavioral health practitioners, we cannot change history or replace what has been lost. However, we can become avid students of history and deepen our understanding of people who still carry the burdens of history. And we can think of ways to help make it right.

“I think there is a kind of smog in the air that’s created by the history of slavery and lynching and segregation,” said Equal Justice Initiative founder Bryan Stevenson in the documentary *True Justice*. “I don’t think we’re going to get healthy, I don’t think we can be free...until we address this problem. But to get there we’re going to have to be willing to tell the truth.”⁴⁰

Questions for “Betrayal”
<p>1. How would you describe your feelings and attitudes when you read about how African Americans have been treated in the U.S., historically and in the present day?</p>
<p>2. What is your sense of how the behavioral health field may have betrayed African Americans, or failed to help them heal from other betrayals?</p>
<p>3. As a behavioral health practitioner, what do you believe might be your appropriate role in helping the field and/or the people you serve repair any damage that has been done?</p>

Inequitable Policies and Practices

In the behavioral health field, we see policy inequities reflected in many conditions affecting the physical and behavioral health of individuals, families, and communities we serve, including:

- lower access to social, economic, educational, housing, and health-related resources;⁴¹
- higher levels of waste (including toxic waste) and other air and water pollutants in areas affecting African American communities;⁴²

- rates of police stops, police brutality, arrests, convictions, incarceration, and lengths of sentences for African Americans that are grossly disproportionate to actual crime rates and population distribution;⁴³
- cultural mistrust of physical and behavioral healthcare providers, often a legacy of the historical practice of experimentation on Black subjects and the past and present failure to provide consistently safe, effective, and inclusive services to African Americans;⁴⁴
- inadequate research attention to the strengths and needs of African Americans and the development and study of the effectiveness of specific practices for African Americans with behavioral health conditions;⁴⁵
- scarcity of African American staff, particularly in positions of leadership, in many behavioral health settings that serve African American participants—often resulting in failure to address important issues of fairness, effectiveness, and emotional safety;⁴⁶
- lack of standardized tools for assessing the safety and effectiveness of organizations’ behavioral health services for African Americans;⁴⁷ and
- behavioral health policies and practices that fail to invoke the strengths of, address the needs of, or create environments that are safe and welcoming for African Americans with behavioral health conditions.⁴⁸



Photo courtesy Gayatri Malhotra on Unsplash.

Beyond the inequities themselves, prominent Black and White authors have also begun to document the many ways in which traditionally racist attitudes (e.g., stereotypes of people of color as lazy “slackers” and “takers”; fear that success among African Americans will somehow diminish White success) have led to policies that have significantly diminished the health, wealth, success, and longevity of poor and middle-class White people, too.⁴⁹

Buying into the concept that opportunity is a “zero-sum game”—that raising the status, success, or belonging of one group automatically diminishes those assets for another—many White voters and lawmakers have repeatedly opted for policies that may have created more disadvantage for people of color, but have also devastated vast numbers of White families and communities.⁵⁰ Heather McGhee said it well in her powerful 2021 bestseller, *The Sum of Us: What Racism Costs Everyone*: “Racism is a poison first consumed by its concoctors.”⁵¹

Opportunities for Addressing Inequitable Policies and Practices

Clearly there are a number of policies and procedures that should be repaired or replaced. However, it might be safe to say that many behavioral health practitioners are “people-

people,” more likely to gravitate toward deep listening and intimate conversation and less likely to turn into “policy wonks” or activists. Given the health disparities that face our most vulnerable populations—and the role of inequitable policies in keeping these disparities in place—many of us may have to step out of our comfort zones.

Of course, policy exists on many levels, from the policies and procedures that can be changed at the organizational level to the laws that will have to be changed through advocacy, new legislation, litigation, and/or the electoral process. An excellent place to start is at home—in our own neighborhoods, organizations, and communities—having those uncomfortable conversations that influence informal policy and “grow” the political will for further action.

Policy change has been a key element of some of the systems-transformation initiatives that have been underway for several years in the behavioral health field. In many of the recovery-oriented initiatives, and in organizations such as the National Alliance on Mental Illness, people in stable recovery, family members, and other allies have become highly effective advocates. In general, the research shows that grassroots advocacy—a rally or a demonstration, for example—is most effective when it is tied to a specific policy change.⁵²

It can be helpful to combine people with different skill sets in these efforts. In *How to Be an Antiracist*, Prof. Kendi wrote that his research into the history of racism and antiracism showed that efforts to promote equitable policy would require the involvement of scholars, policy experts, journalists, and advocates.⁵³ He recommended that these collaborative groups take a number of steps:

- “Admit racial inequity is a problem of bad policy, not bad people.
- Identify racial inequity in all its intersections and manifestations.
- Investigate and uncover the racist policies causing racial inequity.
- Invent or find antiracist policy that can eliminate racial inequity.
- Figure out who or what group has the power to institute antiracist policy.
- Disseminate and educate about the uncovered racist policy and antiracist policy correctives.
- Work with sympathetic antiracist policymakers to institute the antiracist policy.
- Deploy antiracist power to compel or drive from power the unsympathetic racist policymakers in order to institute the antiracist policy.
- Monitor closely to ensure the antiracist policy reduces and eliminates racial inequity.
- When policies fail, do not blame the people.
- Start over and seek out new and more effective antiracist treatments until they work.
- Monitor closely to prevent new racist policies from being instituted.”⁵⁴

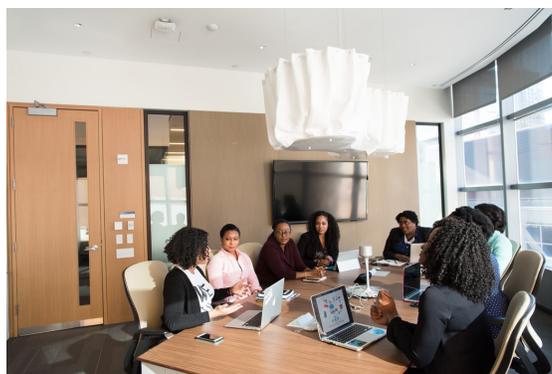


Photo courtesy [Christina @ wocintechchat.com](https://www.wocintechchat.com) on Unsplash.

In general, one reason social and economic disparities have been so hard to eliminate has been that African Americans have been shouldering the advocacy burden largely on their own. They have had help from White allies at various points in history, most notably during abolitionist movements and during the Black Freedom Movement of the 1950s and '60s, and during the demonstrations of 2020 after the police killings of George Floyd and Breonna Taylor.⁵⁵ On the whole, though, whenever White enthusiasm has waned and national attention has turned to other things, progress on policy change has slowed.⁵⁶ African Americans represent little more than 13 percent of the population, with much less political and economic power than European Americans.

According to Sanders (2021), African Americans who undertake visible advocacy against these inequities have ample historical and contemporary cause to fear retribution for speaking out, including:

- fear of “career suicide,”
- fear of being murdered, and
- fear of having their advocacy criminalized.⁵⁷

“The fact is that the bottom caste, though it bears much of the burden of the hierarchy, did not create the caste system, and the bottom caste alone cannot fix it.”

—Isabel Wilkerson

One sign of hope may be the explosion of interest in race and racism among some White Americans, as evidenced by the sales of books on antiracism, history, and “whiteness” and the proliferation of reading and discussion groups popping up in largely White faith communities and community groups, particularly in urban and suburban areas.⁵⁸ Wilkerson reminds us that accelerated and sustained White effort and involvement will be necessary.

*The fact is that the bottom caste, though it bears much of the burden of the hierarchy, did not create the caste system, and the bottom caste alone cannot fix it. The challenge has long been that many in the dominant caste, who are in a better position to fix caste inequity, have often been least likely to want to.*⁵⁹

If the momentum toward change continues, many White advocates, “allies,” and “accomplices” will have a steep learning curve, starting with essential concepts and practices of “cultural humility.” Cultural humility includes:

- a respectful, other-oriented approach, rather than a self-focused approach that would consider one’s own culture superior;⁶⁰
- a focus on the aspects of an individual’s cultural identity and experience that the individual considers most important;⁶¹ and
- a “lifelong commitment to self-evaluation and self-critique.”⁶²

“Followership” is another essential skill set for allies and advocates, one that has not been a traditional characteristic of White involvement in civic projects with people of color. If this

movement is to succeed, it will have to be led by the people with the deepest and broadest knowledge and experience of the problems to be solved—and the most at stake.⁶³

Questions for “Inequitable Policies and Practices”
1. If you feel a bit overwhelmed or helpless when you think of addressing “systemic racism,” how and why might your feelings shift when you think instead of “inequitable policies and practices”?
2. Of all the policies and practices you would like to see changed, which ones do you feel most motivated to learn more about and get involved in changing, and why?
3. How might you find or connect with partners, groups, or coalitions involved in policy- and practice-change efforts—in and/or beyond your organization or system?
4. What role(s) in these efforts might be most interesting and “do-able” for you, and why?

Healing History

Where History Meets Behavioral Health Equity for African Americans

3. Gifts of the Soul

I don't know how the community has survived—and at times thrived—as much as it has been deprived for four hundred years. The history of Black America has been almost spiritual. Striving to survive the death that is racism. Living through death like spirits. Forging a soulful history. A history full of souls.

—Ibram X. Kendi
*400 Souls: A Community History of African America, 1619 to 2019*⁶⁴

Sometimes our deepest learning about the measure of the human spirit comes from looking at what it can do under the greatest adversity. When we consider the achievements of many African Americans, perhaps what we learn says wonderful things about the upper limits of the human spirit. People who are struggling with behavioral health conditions—and the many other wounds inflicted by history—have a right to name and claim these strengths.



Starting in the very early days of abduction and enslavement, many African Americans have shown remarkable resilience and exceptional skill and talent. At the time, of course, White society tended to consider those gifts aberrations, exceptions to the inferiority that they considered the rule. This is a mistake that many people of all colors and cultures still make when they consider the vast achievements of contemporary African Americans.

Given the behavioral health focus of this self-study and discussion guide, this chapter will touch on just six of the extraordinary gifts that enslaved and newly freed African Americans salvaged from suffering and offered to their communities, to the nation, and to the world: resilience, wisdom, strength, courage, the African American Spiritual, and the will to freedom and justice.

Resilience

Often described as the ability to “bounce back” from adversity or bounce forward into stronger growth, resilience has been a signature strength among African Americans—and a necessary strength for cultures steeped in oppression and hardship—for at least 400 years.

Author, presenter, and therapist Mark Sanders, editor of *Substance Use Disorders in African American Communities: Prevention, Treatment, and Recovery* and founder of the Online Museum of African American Addictions, Treatment, and Recovery,⁶⁵ has been observing and studying Black resilience throughout his 40 years in the behavioral health field. Sanders identified a number of protective factors that have traditionally added to resilience among African American individuals, families, communities, and cultures, including:

- kinship-like bonds;
- the custom of taking in non-relatives (to keep friends from being abused or homeless);
- extended family orientation;
- the ability to use affect to help cope with adversity,
- humor (generating many great African American comedians);
- advocacy;
- music (e.g., spirituals, blues, Gospel, jazz, Motown, R&B, Hip Hop), for help in every phase of the oppression;
- movement and dance (significant protective factors against trauma);
- creativity;
- the deep empathy that oppression can produce; and
- the fact that “what doesn’t kill us makes us stronger.”⁶⁶

As important as resilience is, University of Southern Mississippi Assistant Professor Leslie Anderson cautions behavioral health professionals to “...think critically about how processes of resilience may be imposing risk on families when they are expected continuously to adapt internally but, externally, their adverse environments remain unchanged.” She recommends that we blend our encouragement of resilience with positive action toward the kind of social justice measures that will eliminate disparities and create better circumstances.⁶⁷

Questions for “Resilience”

1. What are some examples of resilience in your life?

Questions for “Resilience”

2. What are some examples of resilience in the life of your culture(s)?

3. What are some examples of resilience in the lives of African Americans you know?

Wisdom, Strength, and Courage

If we start digging at the deep end of history, we can expect the treasures we find to be painful and to reflect a great deal of human depth. In *The Fire Next Time*, Baldwin wrote of the wisdom and conviction that the chronic suffering of African Americans has produced.

*That man who is forced each day to snatch his manhood, his identity, out of the fire of human cruelty that rages to destroy it knows, if he survives his effort, and even if he does not survive it, something about himself and human life that no school on earth—and, indeed, no church—can teach. He achieves his own authority, and that is unshakable. This is because, in order to save his life, he is forced to look beneath appearances, to take nothing for granted, to hear the meaning behind the words.*⁶⁸

According to Baldwin, these types of experiences can also instill a great deal of strength and courage.

*If one is continually surviving the worst that life can bring, one eventually ceases to be controlled by a fear of what life can bring; whatever it brings must be borne. And at this level of experience one’s bitterness begins to be palatable, and hatred becomes too heavy a sack to carry.*⁶⁹

“...it helps to explain how they have endured and how they have been able to produce children of kindergarten age who can walk through mobs to get to school.”

—James Baldwin

Of the implications for his own violent era in history, Baldwin wrote that:

The apprehension of life here so briefly and inadequately sketched has been the experience of generations of Negroes, and it helps to explain how they have endured and how they have been able to produce children of kindergarten age who can walk through mobs to get to school.

And one more consolation:

...this past, this endless struggle to achieve and reveal and confirm a human identity, human authority, yet contains, for all its horror, something very beautiful.⁷⁰

Questions for “Wisdom, Strength, and Courage”

1. What do you think Baldwin meant when he said, “in order to save his life, he is forced to look beneath appearances, to take nothing for granted, to hear the meaning behind the words”?

2. Near the top of this page, Baldwin wrote that African Americans’ history of oppression “helps to explain how they have endured and how they have been able to produce children of kindergarten age who can walk through mobs to get to school.” If you look at Black participants in your program through that lens, how might it affect your perceptions of their challenges, their opportunities, and their coping skills?

3. In your work with African Americans, how do you—or how might you—call on hard-won gifts of chronic adversity such as wisdom, strength, and courage in individuals who are so often overwhelmed by many of the painful and exhausting consequences of adversity?

Questions for “Wisdom, Strength, and Courage”

The African American Spiritual

At the deep end of history we find lament, and the consolation of lament is that it is so often achingly beautiful. The African American Spiritual, forerunner of blues and jazz and many other genres on to the present, was a powerful instrument of hope, healing, solace, and strength. We can only imagine how many enslaved people took solidarity and inspiration from hearing the slow and somber melody:

*They crucified my Lord,
But He never said a mumblin’ word.*

And how many people, ground down by a lifetime of fear, pain, and loss, found some semblance of hope when they heard:

*There is a balm in Gilead,
To make the wounded whole.*

W.E.B. DuBois, poet-historian of the late 19th and early 20th centuries, learned much about history from the Spiritual:

The rhythmic cry of the slave stands today not simply as the sole American music but as the most beautiful expression of human experience born this side the seas. It has been neglected, it has been, and is, half despised, and above all it has been persistently mistaken and misunderstood; but notwithstanding, it still remains as the singular spiritual heritage of the nation and the greatest gift of the Negro people...I know little of music and can say nothing in technical phrase, but I know something of men, and knowing them, I know that these songs are the articulate message of the slave to the world.⁷¹

With the Civil War 40 years past, and denial of history in full swing, DuBois wrote:



The Fisk Jubilee Singers (shown here in 1887) brought the dignity of the Spirituals to an international audience.

They tell us in these eager days that life was joyous to the black slave, careless and happy. I can easily believe this of some, of many. But not all the past South, though it rose from the dead, can gainsay the heart-touching witness of these songs. They are the music of an unhappy people, of the children of disappointment; they tell of death and suffering and unvoiced longing toward a truer world, of misty wanderings and hidden ways.⁷²

Questions for “The African American Spiritual”

1. When you are grieving—or just sad—what kinds of music tend to give you the most comfort and consolation? In the music you are drawn to at those times, what do you think it is—what sounds, words, emotions, experiences—that you respond to most powerfully?

2. When you want to increase your levels of hope, courage, energy, and determination, what kinds of music tend to do that for you? In that music, what do you think it is—what sounds, words, emotions, experiences—that you respond to most powerfully?

3. How might you use the rich and still evolving history of African American musical traditions—old and/or contemporary—to help build comfort, strength, hope, and courage in the individuals you serve? And how might you design these activities based on these individuals’ own interests, musical tastes, and preferences?

The Will to Freedom and Justice

Along with solace and healing, the Spirituals also sang of another precious gift—a life-giving, though often fatal gift—the will to freedom and justice.

“I was bred on black folk religion,” said civil rights legend Ruby Sales in a 2016 interview for the On Being Project. She spoke of a theology birthed in slavery that had carried its music and its message into the 20th and 21st centuries.

It was a religion that combined the ideals of American democracy with a theological sense of justice. It was a religion that said that people who were considered property and disposable were essential in the eyes of God and even essential in a democracy, although we were enslaved. And it was also a theology of resistance, a theology of reaffirmation: ‘I might be a slave, but I’m somebody.’ It was a theology of hope.⁷³

“It demands great spiritual resilience not to hate the hater whose foot is on your neck,” wrote Baldwin, “and an even greater miracle of perception and charity not to teach your child to hate.”⁷⁴ Sales pursued that theme:

Always there is a tension between liberation and oppression, between justice and injustice, between love and hate. It has been the balance, to talk about that kind of justice and God talk and love and right relations. That’s the meaning of the song ‘I love everybody. I love everybody in my heart,’ and ‘you can’t make me hate you, and you can’t make me hate you in my heart.’⁷⁵

“It was a religion that said that people who were considered property and disposable were essential in the eyes of God and even essential in a democracy, although we were enslaved. And it was also a theology of resistance, a theology of reaffirmation: ‘I might be a slave, but I’m somebody.’ It was a theology of hope.”

—Ruby Sales

Now that’s very powerful, because you have to understand that this Spiritual, it was an acknowledgement—not only that we control our internal lives, but also, it contested the notion of the omnipotent power of the white enslaver. That was very revolutionary and very profound.⁷⁶

In a field that is trying hard to be trauma-informed, it can be both difficult and essential to respect the ways in which the individual must weather that tension between love and hate.

- As important and empowering as something like forgiveness—or even just “not hating”—might be, forcing or faking forgiveness could be highly counterproductive to healing and recovery.⁷⁷
- When the wounds are so deep, with so much historical momentum, practitioners need as much humility as they can muster.

- These are times to remember that the world’s foremost authority on the individual is the individual, and the practitioner is privileged to be both witness and source of support.

Whatever powers emerged from the experience of slavery, they helped make Black Americans, in the words of Nikole Hannah-Jones (creator of the *New York Times 1619 Project*), “foundational to the idea of American Freedom.”

More than any other group in this country’s history, we have served, generation after generation, in an overlooked but vital role: It is we who have been the perfecters of this democracy.⁷⁸



Civil War: “Men of the 4th Regiment of U.S. Colored Troops”

No one cherishes freedom more than those who have not had it. And to this day, black Americans, more than any other group, embrace the democratic ideals of a common good. Without the idealistic, strenuous and patriotic efforts of black Americans, our democracy today would most likely look very different—it might not be a democracy at all.⁷⁹

We were told once, by virtue of our bondage, that we could never be American. But it was by virtue of our bondage that we became the most American of all.⁸⁰

Questions for “The Will to Freedom and Justice”

1. Think of the choices you have made in your own life about how to react when people have been very cruel or unfair to you or to those you loved. What kinds of questions and considerations have you had to struggle with?

2. How do you help the people you serve cope with situations where they have been subjected to cruel or unfair treatment? When the ways they have been mistreated are related to race, does that—or might that—change your approach, and if so, how?

Questions for “The Will to Freedom and Justice”

3. How do you (or might you) use concepts of liberation and justice (e.g., liberation from feelings of hopelessness, liberation from symptoms and consequences of untreated illness) to inspire recovery efforts and further the goals of your behavioral health services?

Replacing Expectation with Inspiration

One caution concerning the use of history to inspire behavioral health recovery: As oppressive as the burdens of history might be, the many gifts of history can also be a heavy lift. Like the old fallacy that African American individuals should be expected to “represent their race”⁸¹—an expectation placed on very few White people—the idea of having to live up to family or ancestral dreams and achievements might be unfair and intimidating, particularly at times of heightened vulnerability.

When one is struggling with a behavioral health condition, just learning how to do what it takes to work toward overcoming that challenge can be a significant act of liberation, a triumph of resilience, hope, and dignity. Rather than compare themselves with the heroes of history, people who are struggling might simply be offered the stories and strengths of those early heroes and assured that they are **already** carrying on that tradition of strength. They are living it—moment to moment—in their own courage, persistence, and defiance of the terms of their illnesses.

Questions for “Replacing Expectation with Inspiration”

1. Think of your own heroes from history (e.g., your cultural history, American history, or the history of a field or discipline that you love). How have these heroes influenced your expectations of yourself? And in how many ways have they inspired you and helped you overcome adversity?

2. With the people you serve, how do you learn about and respond to their positive and negative expectations of themselves? And when family or historical figures have influenced their expectations, how does that sometimes help or complicate things?

3. How do you—or might you—introduce some of the African American heroes of history as sources of strength, inspiration, and hope?

4. Think of people you serve who have no idea how heroic their recovery efforts and other strengths are. How do you—or might you—tell or show them how strong, brave, and inspiring they already are?

Healing History

Where History Meets Behavioral Health Equity for African Americans

4. Transforming History

Indeed, more African Americans (and more Americans of all colors) need to become aware that history is ongoing. Now is always part of its flow. In every new moment, each of us creates history—through the choices and decisions we make, and the things we say and do.

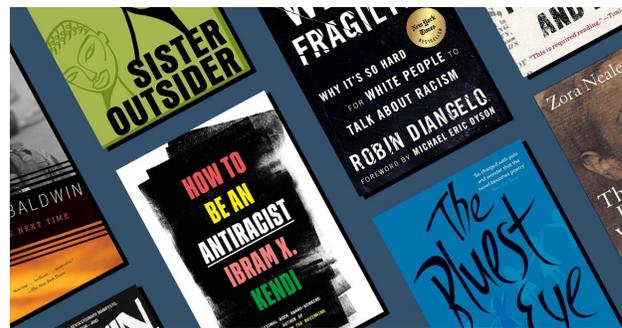
—Resmaa Menakem

*My Grandmother’s Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*⁸²

Looking at the depth, breadth, and longevity of our social, economic, health, and justice inequities, we can see, as Baldwin saw, that human beings are at once the captives of history and the tyrants who hold it hostage by our own actions and inactions.⁸³ But what if different actions can loosen some of these knots?

Timing

Because the success of behavioral health efforts depends so much on eliminating health disparities, our field might be among the most effective forces for healing the history of Black and White America.



- With centuries’ worth of looking, listening, caring, empathy, and truth-telling to draw from, we have some skills and tools to offer.
- We are quite familiar with trauma, loss, betrayal, and the other burdens of history, and our curiosity can lead us to ever-deeper insights. In conversations about the effects of history, oppression, and systemic racism—from public forums to casual conversations with family and friends—those insights might be valuable.
- If history or the prospect of change causes discomfort, there are growing numbers of resources for deepening our knowledge and understanding, working through our discomfort, and building humility, wisdom, and effectiveness.

- If some of the most important conversations on this subject are also some of the least comfortable conversations, we are ready for that. Our field has a long history of navigating uncomfortable conversations with the individuals and families we serve.
- If changing policy and practice is beyond our comfort zones, we can find partners in our own and allied fields to help, teach, encourage, lead, and inspire us.
- If our own authority structures reflect traditional patterns of White dominance, we can be among the change agents who work toward more representative leadership.

For all its pain, danger, and destruction, the current syndemic may have carved out an opportune space to nourish our efforts toward equity. For example:

- Since the data began to roll in about COVID-19, chronic health disparities and their consequences have been exposed, quantified, documented, and reported, over and over, from the peer-reviewed literature to the evening news.
- Cell phone videos keep recording and reporting crimes, indignities, and abuses of authority that were happening all along but have finally made the news cycle.
- The secrets of history have been splashed all over the mainstream and social media.

The tide is with us, though it may not be with us forever.

Questions for “Timing”
1. When you read the dot-points on “Timing” listed above, which of the challenges mentioned there seem to resonate most strongly for you as significant? What fears do those challenges raise in you, when you think about getting involved?
2. How might the opportunities mentioned there help you overcome those challenges?

Questions for “Timing”

3. What other resources—e.g., people, groups, activities, books, courses—can you think of that might help you prepare to play the roles that you are best suited to play?

4. What might be a good first three steps in a direction that you think is right for you?

Courage and Responsibility

In Maya Angelou’s poem, “On the Pulse of Morning,” she offered cautious hope:

*History, despite its wrenching pain
Cannot be unlived, but if faced
With courage, need not be lived again.⁸⁴*

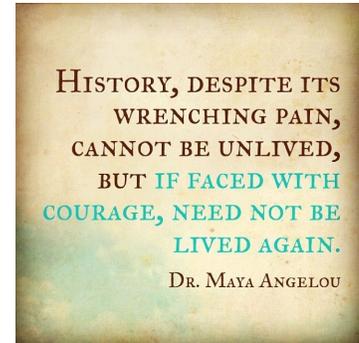
Facing history with courage does seem to play a central role in eliminating behavioral health disparities. Building equity does present a daunting set of challenges, but if we ask how much it will cost and how much discomfort the process will entail, we must also ask:

- how these disparities developed,
- how they have been maintained, and
- why they have not yet been eliminated.

And then we must remind ourselves that millions of human lives are at stake and ask whether the practical and logistical questions outweigh the moral questions, or vice versa. As Isabel Wilkerson wrote in *Caste*, “The price of privilege is the moral duty to act when one sees another person treated unfairly.”

As important as the moral questions are, though, Prof. Kendi cautioned us **not** to postpone policy change until we have convinced all the nay-sayers of the “rightness” of our cause. “To fight for mental and moral change as a prerequisite for policy change is to fight against growing fears and apathy.”⁸⁵ In other words, our efforts might fail.

The “zero-sum-game” myth described in Chapter Two has long convinced many White stakeholders that any policy that benefits people of color will reduce their own status, well-being, and belonging in their communities—even in their country. Although both Black and White scholars have begun to document why this is actually the opposite of the truth,⁸⁶ people often make political decisions based on subjective criteria, such as values, perceived identity, and emotions linked to personal or social experiences.⁸⁷ So seeing their loved ones benefit from more equitable policies might persuade some people, even if their sense of values or identity once led them to oppose those policies.



Kendi recommended changing policy first, because of the tendency of equitable policies to prove their own worth by helping **all** groups, not just the ones who have been identified as disadvantaged. “To fight for mental and moral changes after policy is changed means fighting alongside growing benefits and the dissipation of fears.”⁸⁸

Questions for “Courage and Duty”
1. When you weigh the practical, logistical, and moral questions about changing inequitable policies and practices, what are some of the most important conclusions you reach?
2. If policies that are placing many African Americans at a disadvantage are also harming the well-being of many of the White stakeholders who support those policies, how might that influence your message to those stakeholders?

Hope and Inspiration

If healing history sounds like a daunting challenge, those of us who work to eliminate inequities and disparities—no matter what our colors and cultures—might:

- make this a shared and communal process, in the spirit of cultural traditions that many enslaved people brought with them and passed down through the generations; and
- take strength and inspiration from the heroes and survivors of history.

For far too long, “Black history” has been thought of as something separate from “American history”—something that is relevant to only about 13 percent of the population. We **all** need **all** our heroes, especially those who embody things like resilience, wisdom, strength, courage, spirit, and the will to freedom and justice.

And, of course, history does not have a monopoly on heroism. Our field may have its shortcomings, but we have a fine tradition of wonder and curiosity at the strength and resilience of the individuals, families, and communities we serve. We have witnessed individual after individual—sometimes in the face of incalculable odds—surviving, loving, laughing, learning, healing, growing wise, and thriving.

If we hope to transform our systems—and someday our society—we had better hold tight to history, and to the inspiration of all these healing and transforming bodies, minds, and souls.

Dr. Angelou leaves us with one more vision, this time from “Still I Rise.”

*Out of the huts of history's shame
I rise
Up from a past that's rooted in pain
I rise
I'm a black ocean, leaping and wide,
Welling and swelling I bear in the tide.*

*Leaving behind nights of terror and fear
I rise
Into a daybreak that's wondrously clear
I rise
Bearing the gifts that my ancestors gave,
I am the dream and the hope of the slave.
I rise
I rise
I rise.⁸⁹*



Photo courtesy Kindred Hues Photography on Unsplash

Questions for “Hope and Inspiration”

1. What might be the most valuable gifts that you bring (or want to bring) to collaborative efforts to eliminate inequities and disparities?

2. What have been (or might be) your biggest challenges in collaborative efforts? How might others who have experienced similar challenges—or are still experiencing them—help you become your most effective collaborative self?

3. Think of the challenges that face you in your efforts to address health inequities and disparities for African Americans. If you were to choose one or more people to inspire you—perhaps a colleague, an inspiring figure from history, or a service participant who showed particular courage and resilience—who would you choose, and why?

4. Think of what you want to contribute to these efforts—and now think of yourself in the context of history and the hope of people you serve. What does that do to your vision?

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