

## COMMUNITY MENTAL HEALTH AND COMMUNITY PSYCHOLOGY: A BLACK'S PERSPECTIVE

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The increasing emphasis on the mental health of communities is of particular concern to the black people of the United States. It is to be hoped that Community Psychology will concern itself with the psychological principles involved in dealing with social systems and the determination of how lasting changes are introduced into communities so as to alleviate certain mentally unhealthy conditions. In the United States the social upheavals of the 1960's and the political activism beginning in the 1970's can be attributed (at least partially) to the inability of minority groups to gain access or to effect any type of lasting change in the existing social system. Ethnic minorities simply did not have a voice in community organization and were unable to determine spheres of influence within the various communities or to mobilize sources of power or strength within their own communities. Now, in the early 70's, it would appear that there is some increasing competence in this area on the part of minority groups, especially the blacks. The developing community psychology movement holds that the community itself should be involved in certain mental health decisions and that the population served, for example, by mental health centers should be able to express some of their mental health needs to the professionals who are presumably serving them. This raises many problems, the most prominent being whether the mental health professionals are even prepared to "listen" to their constituents.

### A SPECIAL CONCERN

My concern as a black is for the poor and for those racial and ethnic minorities that have suffered discrimination in its most cruel forms. This concern transcends race, color, sex, or other identifying characteristics. It relates to a social system that ignores or pays only "lip service" to an interest in improving the way of life for the socially, economically, and educationally deprived.

However, this writing will deal only with the black community, using the term community in an all-inclusive sense. This emphasis is chosen because it is felt that a viable approach to the improvement of the mental health problems of black people will more than adequately serve the needs of other groups already much farther up the ladder of humanity. The black population in America today reflects

the sufferings of the inhumanity of slavery. No other group was ripped from its home land, stripped of humanity, and sold on the market place. No other group had its family systematically separated—including mothers from children—for purposes of further psychological impact designed to further the economic benefit of the “owners” and to facilitate subjugation.

The psychological burden of slavery was not lifted in the post-Civil War period; in fact, it was greater. A new social system emerged—but the Blacks lacked the requisite background of experience for successfully functioning in it. Freedom was an empty term, and it is no small wonder that many or most of the ex-slaves were “tired o’ livin’ and feared o’ dying.” The deeds of the Ku Klux Klan and the indignities perpetuated against Negroes through 1925, were a discredit to any nation. It is mentioned only as a background to a future challenge to Community Psychology in the 70’s. The years from 1925 to 1954 are fraught with social pathology, but the years following 1954, and especially the present, are a special concern to our challenge.

The Supreme Court decision of 1954 heralded the end of legalized discrimination in the United States, but in the arena of equal educational opportunity it certainly did not signal the end to discriminatory practices, nor did it insure equivalence of education and opportunity. Although the employment situation for some blacks became brighter due to the Equal Employment Opportunities Act, for the average black male the picture remained bleak indeed. Crime for many of them started to become a way of life. Outraged whites and enraged blacks called for more police protection. City officials predictably sought to treat the symptom and ignore the cause, and whites remained quite unconcerned about the rising crime rates in the black communities themselves. Following the urban riots of the late 60’s, the federal government developed and financed many programs to help blacks. Community Action Programs sprang up and were financed heavily. However, most of the money was for “administrative expenses.” The poor received very few benefits originally from these programs. Foundations poured money into “grass-roots organizations” and “non-profit” corporations set up by blacks. So-called liberal whites flooded the ghetto “in an effort to help blacks.” Most of the whites, and indeed most of the poverty action programs, were unprepared for their ventures. They were ignorant of the needs of the black community and many were unaware of their own prejudices and paternalistic behaviors. Most of them were rebuffed and the shock immobilized them or left them bitter. An analysis of many of the self-help programs shows that most of them were doomed to failure from the start. Because blacks had been the victims of

deceit and paternalism for so many years, honest efforts on the part of whites to help were often viewed with suspicion or disdain. Some programs and some personal efforts actually were quick to "blame the blacks" for the failures. The frustration of the blacks turned to rage, and the white incapacity for understanding and the lack of commitment to racial equality understandably turned to fear on the part of the whites. For the rational whites who don't have the courage of their convictions, righteous indignation becomes a defense against their personal cowardice. Black rage directed outwardly towards the oppressor rather than inward adds to racial tension. As a result, inner cities are becoming in essence an angry black community core surrounded by a ring of white, frightened suburban communities. The situation continues to deteriorate, and the finding of ways to deal effectively and fairly with this situation constitutes a major challenge to the mental health of America.

#### THE CHALLENGE

How does one effect change and initiate actions to protect against the dangers of what could very well be bitter and bloody racial conflicts? There are numerous ways. Many of them have to be tried in good faith and in trust on both sides. We are dealing not simply with the incidence of emotional disturbance in its traditional sense, but rather with tens of millions of people, many of them young, for whom presently there does not seem to be much hope of their sharing in the abundance and psychological freedom that characterizes another part of America. In the past researchers have invaded the black communities in droves. They have studied families, social organizations, child behaviors, the incidence of psychoses, truancy, income level, and many other variables, singly or in combination. Most of these have been studied microscopically and not within the context of the black community and its problems. Significantly the effect of white racism on many of these variables has not been studied. No investigators have initiated scientifically based research as a means of drastically reducing, if not eliminating, the social psychological pathology of racism. It is suggested that the reduction of racism might alleviate many of the pathological conditions presently endemic in black communities.

In the area of education the racial attitudes of white teachers and white administrators towards black students should be carefully studied, and student racial attitudes and their relationships to various interpersonal variables, including the effect upon the study habits of minority peers, would make an interesting and fruitful study.

The psychopathology of the black has always been interesting to the white investigator. Charges of immorality, family break-up,

lack of standards are quickly leveled by the white ruling majority. Newspaper reports indicate a high incidence of at least questionable behavior amongst middle class white families. Key Clubs, group sex, wife-swapping, and the like are quite common. Such behavior should be studied in order to determine whether there is any relationship between these kinds of behaviors and the reported high incidence of drug abuse, sexual deviation, common law living, delinquency, venereal disease, and the like among their children. A parallel study should be made in the black community. From this could come some answers to the relationship between social milieu and certain types of deviant behavior. Amongst suburban Americans there is the pervasive "fear of blacks." A study should be made of the state of mental health of the individual with this "fear" compared with persons without this fear. Could this be an index of mental health?

There has been considerable emphasis on the difference between the needs of the blacks in America and the white population. Perhaps the differences are not so important as are the starting points for dealing with these differences. By far and large the blacks in America do not have their own professionals that they can trust. It will be many years until there is anywhere near a representative population of psychologists, psychiatrists, social workers, and other mental health professionals. This being the case, the blacks must rely upon so-called indigenous non-professionals, and the ground has to be laid for trust to develop in the community mental health center located in a predominantly black area. This is no easy matter given the conditions that I have described earlier in this paper. Nevertheless it has to be accomplished, and one of the crucial chapters of the mental health of America will be determined in how community mental health centers utilize community psychology in the development of effective mental health services for the socio-economically disadvantaged black population.