Why Black Men and Women Resist Psychiatric Treatment

Treatment

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Abstract

This paper aims to show why blacks prefer to get psychiatric help from black churches rather than professional psychiatric practices. Slavery and the emancipation of slaves are the primary reasons that blacks prefer seeking psychiatric aid from black churches rather than professional practices. Although blacks were emancipated, they still received unjust treatment and perceptions about who they were. The black church served as a sanctuary to the black community where they were free to express their problems without the pressures of being labeled. The black church provides trust and a foundation in God while psychiatrists provide coping techniques and try to educate patients on how to better themselves. Both of these support systems would help the black community build trust, and become more open to seeking psychiatric help.

African-Americans have faced many adversities that have kept them oppressed and unable to escape stigmas or negative perceptions about themselves. The remainder of this paper will refer to African-Americans or their culture as "blacks" or "black culture." One stigma that blacks face is that of seeking professional help from psychiatrists or psychologists. Friends and family sometimes perceive receiving professional help negatively. Being a member of black culture makes the stigma of seeking psychiatric help weigh heavily on the individual when they must admit to friends and family that they are suffering from a mental disorder. Our culture teaches us early in life that we should push through life's difficulties no matter how hard they are while keeping your faith and solace in the Lord. Another reason for this resistance is the history of blacks in insane asylums and the treatments they received while there. History provides an understanding of the struggles that we have endured over the years, how it has affected us in the past, and how it influences our future perceptions of the mental health system. This paper aims to explore the history of how asylums treated blacks and the treatments they were given to help alleviate insanity, and by doing so, draw a conclusion as to why blacks seek aid from churches rather than mental health institutions. It will also identify problems within the black community's mental health environment and suggest innovative ways in which the system can be improved to provide adequate help. The findings from these studies will reveal issues for respondents wanting to seek help and who they believed was the best source of help. This paper will draw a conclusion about the problems of black culture, mental health, and provide some solutions to combat the stigma of seeking psychiatric help.

The history of black people in asylums starts as early as the 1800s. The representation of mentally ill black people suggests that they were incapable of sufficient humanity to experience a mental crisis or rendered mentally ill by freedom or financial security (Jackson, 2002). Dr. Samuel A. Cartwright theorized two disorders specifically for black people. Drapetomania was believed to be a mental illness that caused slaves to flee captivity. The treatment for which was to whip the slave. Dysesthesia aethiopica was a proposed theory for the cause of laziness among slaves, also known as "rascality" (Jackson, 2002). The treatment for that was also a whipping. Because of these theories, we start to see an increase between 1860 and 1890 in the amount of black people that are declared insane. Dr. T.O. Powell, Superintendent of the Georgia Lunatic Asylum, believed that the structured lives led by slaves served as protective barriers that prevented consumption and insanity. However, emancipation removed all hygienic restraints, and slaves were no longer obedient to the cruel laws of health. People believed emancipated slaves were getting into all types of vices, leading irregular lives, and having little or no control over their appetites and passions (Powell, 1895; Jackson, 2002). Factors such as poverty, disruption of family, racism, and terrorism were not considered for these high counts of insanity. As the population of blacks continued to grow, the asylum needed more accommodations. These accommodations were executed exclusively by slave labor, who were critical to the functioning of the asylum. Then issues arose for housing white and black patients in the same asylums. The problem forced the building of colored only asylums sprouting up from North Carolina, Virginia, Alabama, Maryland, and Texas, to name a few (Jackson, 2002). The production of these asylums was carried out by the so-called "insane", who were clearly intelligent and able-bodied enough to possess the skills needed to construct these asylums. In 1919, the Rusk State Penitentiary in Texas was converted into a hospital for the black insane, after which a group of young black prisoners rebelled and took over the hospital for five hours. The prisoners had specific demands of better counseling, organized exercise, the end of prisoner beatings, and to have as equal rights as the white prisoners had. The media depicted the young black man as a criminally insane Negro who liked to show off his muscles (Jackson, 2002). There was no concern for the violence that was perpetrated against the black inmates. Incidents such as these are a contributing factor for the resistance of blacks towards seeking psychiatric treatment today.

Luisah Teish is an African-American activist as well as a psychiatric survivor and she provides more insight on the thought in *That Nigger's Crazy!* She notes, "we know that if sanity is defined by white upper-middle-class standards, then we are in grave danger". For this reason, they perceive us as being crazy and believe we should be locked up" (Jackson, 2002, p. 17). In addition, other activists have been silenced and mocked by psychiatrists. This continuous suppression of their voice happened because it was not made public and the confidentiality law protects the providers rather than the patients. There were thousands of African-American activists who resisted psychiatric oppression daily, however none of these actions are recorded in history because of dominant groups suppressing these accounts of history. As survivors' stories are shared about their psychiatric treatment, in their testimonies, you can also see other factors that contributed to their communities' mental health. For example, family support is one factor that could have an impact on a patient's recovery. Sometimes even within the most supportive families there can be conflict because some family members may not know how to cope

with a loved one suffering from a mental illness. Oppressions can serve as a detriment to one's recovery as well. Class oppression plays a role in the treatment of the illness. Heterosexism within the black community is an extra force that mentally ill members of the gay, lesbian, bisexual, and transgender community must deal with. Domestic violence and child abuse can also contribute to mental illnesses.

The term "Black churches" refers to totally controlled black denominations such as African Methodist Episcopal, African Methodist Episcopal Zion, Christian Methodist Episcopal, National Baptist Convention, and Church of God in Christ to name a few. The Black church became a haven for freed blacks, which enabled them to express their native cultural, spiritual, and authentic heritage (Caldwell et al., 1992). The Black church became a haven where blacks were able to gain basic human rights benefits such as marrying their partner, earning wages to support their family, and parenting their children (Allen et al., 2010). The Black church created a community in which freed blacks could organize themselves and voice their opinion about the issues they were facing. Scholars have noted that no other institution in the United States can claim the level of loyalty and attention to African-Americans as the institution of the Black church (Boyd Franklin, 2003; Richardson, 1997; Taylor et al., 2000). The most common form of help that black individuals seek is that of a pastor or other congregants that work at the church. These individuals provide a sense of security knowing that those seeking help are talking to people from their culture and believe in the same faith. This is also a more economical way of seeking help, rather than spending money for professional care. When seeking mental health aid from the church they teach coping strategies for mental disorders or personal issues such as prayer, altar calls, and music. Seeking help from the church demonstrates loyalty to our culture (Allen et al., 2010). Nearly nine out of ten African-Americans view Black churches as having a positive influence on their lives (Aaron et al., 2003; Billingsley, 1999; Bullock, 2006; Levin et al., 1995). This is spiritual wellness. In the Black church community, a member who seeks help outside of the spiritual realm can be perceived as showing a sign of weakness in congregants or failing to have faith in God (Mattis et al., 2007). Understanding the meaning and significance of the Black church and its spiritual factors that are embedded in their culture gives understanding to why the black community seeks aid from the church before seeking professional help.

A study done to examine the use of ministerial support by African-Americans involved thirteen focus groups, which varied in size ranging from five to twelve individuals, with participants who self-identified as Christians. Seventy-eight participants were recruited for this study, which included thirty-nine males and thirty-nine females. Ten of these focus groups included males and females between eighteen and fifty-four years of age, while three smaller groups included fifty-five years of age or older (Allen et al., 2010). Eight themes evolved from these discussion groups as to why blacks tend to seek advice from their ministers. (1) Religious and spiritual development; (2) general or unspecified counseling; (3) romantic relationship counseling; (4) grief or bereavement counseling; (5) family problems such as parenting; (6) health and illness problems; (7) fertility issues; and (8) financial work related issues. This study also revealed that people do not go to their ministers for problems like marital conflicts, personal day to day living problems, erectile dysfunction, sexual violence problems, and family violence (Allen et al., 2010). Ministers are aware of these problems and they sometimes will refer the person to seek profes-

sional care. Nevertheless, the church still seems to be the black community's first source of seeking help. One group that has a hard time reaching out to the church are those of the gay/lesbian/bisexual/transgender community. They were taught "Don't Ask, Don't Tell;" this, along with being part of the black community, as well as facing division from the church, makes them a triple minority. The church and the black community can have homophobic attitudes which adds an extra layer of trauma for these individuals. Overall, with the exclusion of these groups because of the church's structure, the church seems to help individuals who are suffering from personal problems as it seems to be the only comfortable and reliable source for the black community. However, the Black church is not the cure for mental disorders or mental illnesses.

Is the church enough or does the black community need other means of counseling? This section of the paper will examine if the church itself has the skills, motivations, knowledge, and attitudes needed to implement change in people. This section will help provide information on whether there is hope that the church, and its capacity to handle different mental ailments, will improve the health of some individuals. It will also provide possible solutions to ending the racial stigmas of seeking professional help.

There has been a lot of research on how to improve the mental health system, for both blacks and whites. However, a clear majority of health professionals know that there is a severe need for improving the system for the black and minority ethnic (BME) communities. One commissioner briefed professionals on how to provide more inclusive services. They recommended that commissioners should consult BME groups about services that take cultural differences into account, commission a range of options to meet diverse needs, and lastly, provide appropriate information to empower people from BME groups (Gray, 2005). Another suggested way to improve the health care system for minorities is educating health care professionals more. As mentioned before, most of these professionals need to become more culturally aware of the specific attitudes and trends related to church leaders who have a major influence among congregants within the black community (Allen et al., 2010). For this plan to be successful, couple and family therapists should develop partnerships with church leaders to build trust. Finding ways to offer more culturally sensitive and spiritually competent mental health treatment is the first step to developing a better system. Another suggestion for making the system better is pushing for equality in the ways that black patients are treated and diagnosed. It is estimated that black people are three to ten times more likely to be diagnosed with schizophrenia and less likely to be diagnosed with depression (Gray, 2005). Black people are also more likely to be detained, under the Mental Health Act, for longer and are more likely to be given medication. They are less likely to be offered talking therapies (Gray, 2005). To push for more equality there are plans implemented that have a zero-tolerance attitude toward the mental health treatment and diagnoses of black people. Managers of these facilities need to take the lead and build the support of their teams so that racism, direct and indirect, is challenged and isolated. The plan is to implement more staff training in control and restraint and race equality to help fight indirect racism (Gray, 2005). Another remedy to shed light upon is the mistreatment of the nurses from the BME community who face direct and indirect racial abuse. There is always a need for improvement in the health care system, and

each plan will be a process because it will be hard to change attitudes that are conditioned as a product of the past.

The need to fix the inside of the system is urgent but, as stated before, it will be a long process. First, there needs to be a trusting relationship between the BME communities and the mental health facilities. One way that many people sought relief in the past was becoming an activist and standing up against the mistreatments of blacks in mental health facilities. Activists were tired of not being able to voice opinions about their problems, instead professionals were just telling them what their problem was. According to an editorial in the *American Journal of Public Health*, one black citizen, who had a brother that suffered from a mental illness, joined the civil rights movement to work on eliminating racism in America. He stated that his experience taught him that for a change to be made you must be an active citizen. To improve our mental health services, you must be an activist. To help salvage our youths and communities, we must be activist on behalf of ourselves, our youth, and our community (Jackson, 2002). Being an activist however, has not always benefitted our community. In an oral interview a woman by the name of Ola Mae Clemons chose not to give up her seat in 1963 and was arrested and thrown in jail for thirty days. After this incident, she spent the next two years involved in civil rights organizing which led to her expulsion from Albany State University. After her troubled marriage and the birth of her child, she suffered from a nervous breakdown and was admitted into Central State Hospital in Milledgeville, Georgia at the age of twenty-one. She remained in that facility for thirty-five years. In her interview she mentions that even though she was in the asylum during a period of mass deinstitutionalization, this nonviolent woman remained in the facility (Jackson, 2002). She missed being in her child's life and enjoying the benefits of her participation with activism and maintaining connections with her activist friends. She received over one hundred shock treatments during her stay. She was released in 1998 and participates in daily treatments and case management services. She is interviewed frequently about her involvement with the mental health system during the civil rights era (Jackson, 2002). In Ms. Clemons case, she could have made an impact in the community as an activist, but because of her involvement she was treated as if she were insane. The events that led up to her breakdown were not taken into consideration and thus she spent thirty-five years of her life in an asylum. Ms. Clemons was referred to as a political prisoner because her thirty-five years were spent in the asylum for agitating for social justice. This situation shows the underlying problems with the political, social, and psychiatric system because at no time during her incarceration were the issues of harassment, abuse, and discriminatory incarceration addressed as acts of racism and repression. At the end of the interview with Ms. Clemons she was asked that if she could do it all over again what she would do differently. Her response is a reflection of what oppression looks like because she stated that she would have gone and sat where the man told her to sit (Jackson, 2002).

Considering the history of blacks in asylums, it is clear why they have decided to seek help from Black churches, which is where they feel safe and among people who will not judge them, as opposed to seeking help from health care facilities. History shows that many black people have been depicted as insane, yet those that were declared "insane" were capable of building asylums that housed both black and white people. The dominant groups felt that colored asylums were a necessity, this ideology caused riots. These riots depicted black people as being insane due to the media coverage behind them. The mental health system holds negative associations in the black community which has caused their community to seek help from churches. If the mental health system developed plans where they actively go to the church and see what types of techniques pastors and congregants, who work in the church, use to assist their members, then there is a possibility of improving the system. Also, getting to know the black community and its culture is something that needs to take place in order to stop misdiagnoses and mistreatments. The cultural circumstances that blacks face seem to be a characteristic that most mental health professionals do not consider. Another suggestion is that pastors receive training on how to treat and deal with mental illness since they already have established trust within the community. This will be what brings down the resistance of blacks seeking help from mental health institutions. Until these changes are implemented and trust has been established amongst health care professionals and BME communities, then the number one source of help will continue to come from the church.

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