Slavery's legacy

by Matthew Johnson in the November 22, 2000 issue

Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis Among African Americans, by Alvin Poussaint, M.D., and Amy Alexander

The legacy of slavery persists in stress-related illnesses and self-destructive forms of behavior. "Researchers believe that racism has contributed to the high rate of hypertension, heart disease and other stress related illnesses in the black community," write Harvard Medical School professor of psychiatry Alvin Poussaint and journalist Amy Alexander. "Psychologists have argued that long after emancipation and the end of legal segregation, the conflicts inherent in being black in America have led many black people to attempt to escape from the pressures of being second-class citizens through the use of drugs, alcohol and other forms of self-destructive behaviors, including suicide (and homicide)."

African Americans live within a social and cultural field of trauma that reproduces itself at psychological and even physiological levels. As Poussaint and Alexander point out, suicide is on the rise among African Americans--particularly males. For the authors, drug and alcohol abuse, high-risk sexual activity and even violent crime are strongly connected. All such behavior should perhaps be regarded as suicidal.

They also suggest that, in less obvious forms, mental health is worsening across the board for African Americans, including those who have made it into the middle class. The difficulties many middle-class African Americans have in adjusting to their changing but vaguely defined roles in America can be traced to a racism that is now more nuanced and complex.

That the mental health crisis among African Americans has developed without outcry or adequate response is itself symptomatic of the deeper causes of the problem, not the least of which, for the authors, is the failure of the mental-health establishment. Indeed, most African Americans themselves are unaware of the depth of the continuing problem. Racism, like AIDS, has an amazing capacity for adaptation and even mutation, altering its shape and changing its language within each succeeding generation and cultural configuration.

A long history of abuses, especially in the South, have made African Americans justifiably suspicious of mental-health providers and reluctant to pursue mental-health care through institutionalized means, the authors point out. And culturally embedded negative images of African Americans continue to undermine the health care they receive--from initial interviews and screening to the stage of diagnosis and prognosis.

The civil rights movement defined racism as primarily a legal problem concerning rights. As important as that struggle was, far too little attention was directed to the enormous damage done to the psyches of African Americans by three centuries of racist thinking, indoctrination and socialization. Legal and political responses to racism did little to address its deeper and less easily quantifiable effects. Consequently, the social-cultural and psychic sides of racism continued to fester and develop their own forms of pathological resistance.

Poussaint and Alexander suggest that hopelessness, however intangible or nonquantifiable, is at the heart of the crisis. People who lack hope are more likely to give in to self-destructive behavior. Hopelessness metastasizes and spreads to the family and friends of the self-destructive, who are without answers, adequate assistance or appropriate responses. The problem is too large for any one person, family or even community to deal with. The mental-health crisis is a growing part of a larger cultural crisis. To get a handle on it we must confront the depth of our society's racism and the extent of the suffering it is yet causing. Poussaint and Alexander touch on all these issues on their way to a persuasive moral indictment of the mental-health establishment for not working harder to rid itself of prejudicial images of African Americans within its own practices, and to address them in earnest in the larger society.

As I read Poussaint's anecdotes about his brothers and their struggle with severe emotional problems complicated by drug addiction, I thought of my own brother's protracted struggle--his suicidal thoughts, drug addiction, emotional crisis and, finally, premature death at age 34. On the day of my grandfather's funeral, as I was preparing to give the eulogy, my brother interrupted me to ask if I would officiate at his funeral. It would take place, he assured me, in the very near future. He didn't have to convince me. I was expecting it too. About a month later I did indeed deliver my brother's eulogy.

Recently I received a call from my mother (who has multiple sclerosis, another stress-related disease, some say, and in her case there is little doubt). She reported

on my nephew--in his early 20s--who had called her from a New Jersey state prison, where for over a month he has been refused permission to get anything from the commissary, including soap and other necessities. There is no family member in New Jersey to visit him. When he called, my nephew was at the end of his rope. His problems promptly put my mother, who has been drained of her health by previous battles, at the end of hers. So she called me, and I slid down a foot or two on mine. We are still holding our breaths, waiting for the voice at the other end of those collect calls from jail, struggling to save yet another generation.