Mental Disorders of African Americans (1980)

The African American has been the victim of oppression on both the physical and the mental planes. They have endured the atrocities of physical abuse and then their mental efforts to cope have been subjected to intellectual oppression. Intellectual oppression involves the abusive use of ideas, labels and concepts geared toward the mental degradation of a people (or person). There is no area in which mental or intellectual oppression is more clearly illustrated than in the area of mental health judgments or assessments.

Traditional definitions of mental health in the Western world have been normative definitions. In the context of considerable uncertainty as to what constituted a normal human being, a kind of "democratic sanity" has been established. This "democratic sanity" essentially applies the socio-political definition of "majority rule" to the definition of adequate human functioning. As a result, the mental health practitioner determines insane behavior on the basis of the degree to which it deviated from the majority's behavior in a given context. The typical textbook in abnormal psychology such as Coleman (1972) states forth-rightly: "On a psychological level, we have no 'ideal model' or even 'normal' model of man as a base of comparison." "...the concepts of 'normal' and 'abnormal' are meaningful only with reference to a given culture: normal behavior conforms to social expectations, whereas abnormal behavior does not." The consequence of such "democratic sanity" is that entire communities of people with seriously inhuman behaviors can be adjudged sane and competent, even as exemplary human specimens, because the majority of people in that particular context either participated in the questionable behavior or refused to question the dubious behavior.

As a consequence of "democratic sanity" no one has raised a question about the mental competence of a people who enslaved as cattle, thousands of non-hostile human beings. The question of the possible mental incompetence of a people who terrorized and murdered thousands of non-hostile inhabitants in the name of exploration and geographical expansion has never been raised. The persistent oppression and support of oppression of non-hostile human beings simply on the basis of a shared hallucination of color differential has not received consideration by the world's scientists and philosophers who have studied human mental functioning.

Recently, some African American scientists, such as Wright (1975), Welsing (1972), and Clark et al., (1976) have suggested the possible pathological origin of such humanly questionable behavior. More commonly, the tendency has been to justify and explain the behavior of the victims of such insanity on the basis of the assumed sanity of the victimizers and the context of the victimization. Such efforts have proven circular in their logic, at best, and have served as the basis for continued intellectual oppression, at worst. The question of emotional disturbance among African Americans has been one of the most frequently addressed issues among many Jewish American and African American social scientists, primarily Clark (1965), Figelman (1968), Grier and Cobbs (1968), Kardiner and Ovesey (1962), Karan (1958), and many others. This preoccupation with the lack of mental health among African Americans has not only presented a distorted image of the American of African descent, but has failed to address the real problems of this substantial constituent of the American community.

The classic work from the early 1960's that tackled the issue of mental health for the African American from a scientific basis was The Mark of Oppression (1962) by two Jewish psychoanalysts, Abram Kardiner and Lionel Ovesey. This was the first literature of any great significance that even warrants serious consideration. Previously, the mental health scientists involved themselves in documentation of such dubious notions as "freed slaves showed a much greater proneness to mental disorder because by
nature the Negro required a master” (quoted by Thomas and Sillen, 1972).

The conclusion reached by Doctors Kardiner and Ovesey based on their analysis of a select number of “emotionally disturbed” African Americans was that all or most of the personality characteristics of both sane and insane African Americans could be accounted for on the basis of the experience of oppression. There is much to be said for their hypothesis because as we shall discuss below, oppression is an inhuman condition that generates unnatural human behavior. It is ultimately to a source of inhuman conditions that we can trace the roots of mental disorder. At a time when social scientists were acquiring great scholarly renown for documenting the human deficits of African Americans, these observers did attempt to provide a comprehensive psychohistorical analysis of the condition of the “Negro,” using slavery as their historical vantage point. The over-riding problem with this book and the subsequent numerous related ones is the reliance on pathological examples and case histories as the basis for their conclusions. All of the case histories presented in the Kardiner and Ovesey (1962) document suffer from some type of sexual and/or aggressive malady, not unlike any human being subjected to the Freudian microscope. The conclusion of incompetent mental functioning is reached based on the norm and the context of the “sanity democracy” standards set by middle class European Americans.

An indication of the severity of intellectual oppression is reflected in the fact that African American scholars have characteristically followed the lead of European American scholars in both conceptualizing and analyzing their problems. (The reader is referred to Baldwin, 1981; Hare, 1969; and Mahdubuti, 1976, for extensive descriptions of the phenomenon). Grier and Cobbs (1968) are probably the supreme examples. Their promising document of 1968 offered the opportunity for an alternative perspective to be offered by African American mental scientists about African American mental health conditions. Instead these accomplished psychiatrists presented a European American social worker’s handbook and guide to the neurotic “Negro,” on how to understand the justifiable hatred of the “blacks.”

The most frequently made criticism of the book Black Rage is its tendency to over generalize. This objection is not nearly so disturbing as is the persistence of the scholars to redefine within the traditional context of Western psychology—with its emphasis on pathology—the cause and character of the “limited” mental health and “pervasive” mental disorder facing African American communities. The assumption underlying this study by Grier and Cobbs and related ones (such as Dark Ghetto by Kenneth Clark) that to be psychologically healthy is to conduct oneself as much as possible like a middle class European American. They also assume that the behavior that produces problems for European Americans is the same behavior that produces problems for African Americans. It is further assumed that the standards set by “sanity democracy” are in fact reflective of human standards documented by thousands of years of human history.

These writers fail to address the importance of two essential variables in determining the adequacy of human behavior: (1) the historical antecedents or determinants of that behavior and (2) the effects of a functionally inhuman environment and conditions on the human being. As a result of the failure to take account of these variables, there has been a concerted effort to rehabilitate, correct, modify or resocialize many of the behaviors that have been and still are critical to the survival of the African American. There has been a systematic disregard for those special qualities of human sensitivity that have been maintained despite the humanly oppressive conditions of African-Americans, while they have almost disappeared among the historical oppressors. There has also been a failure to address those issues of intellectual oppression that persist even when the more obvious conditions of physical oppression have been reduced.

The classification and description of African American mental health has failed to utilize one of the few “universals” associated with meaningful definitions of mental health. This definition of mental health has its origin in the unalterable laws of physical life, which when transposed to mental life maintains its essential identity. Physical health is characterized by the functioning of
the naturally disposed tendency to maintain life and perpetuate the self. Physical illness is identified when forces or processes within the physical body begin to threaten the natural disposition to live. The transposition of this concept would suggest that mental health is reflected in those behaviors that foster mental growth and awareness (i.e., mental life). Mental illness would then be the presence of ideas or forces within the mind that threaten awareness and mental growth. From an ontogenetic or extended concept of self or mind (Nobles, 1972) we could conclude that mental illness is seen in any behavior or ideas which threaten the survival of the collective self (or tribe). With such a definition, we could understand the classification of an entire society as mentally ill if that society were entrenched in a set of ideas geared toward the self-destruction of the people within that society.

On the other hand, we could understand the apparently contradictory behavior of a people who have formulated their survival on the domination and limitation of others. Domination in combination with oppression, though considered insane from the survival perspective of the victim, is the very essence of sanity for the dominating oppressor who requires a victim in order to survive. When two life processes or entities are opposed in such a relationship then one is obligated to assess “health” or “sanity” from the perspective of the life process that you are seeking to understand and/or preserve. Then both processes must be subjected to the universal standard of natural law to determine which is correct in its oppositional force: is it the unprovoked attacker or is it the innocent victim of attack who must seek to define and assure its own survival in defense from such an attack?

The intent of this discussion is to classify the mental disorders of African Americans from the perspective of universal mental health— that which fosters and cultivates survival of itself. This model equips the African American community with a vehicle by which it recognizes “anti-life” forces (Moody, 1971) within itself and threatening from without. Rather than the more typical preoccupation with disorders that threaten the success and effectiveness of the predators, the focus is directed toward those ideas and behaviors that threaten the life of the victims.

The four classifications of disorders from this perspective include (1) the alien-self disorder, (2) the anti-self disorder, (3) the self-destructive disorder, and (4) the organic disorder. We accept the basic argument of Thomas Szasz and others that mental “illness” is actually a myth. There is no particular behavior that is sick in and of itself. Therefore, one cannot assume a disease entity being present for the production of certain specific behaviors. We can accept the allegorical relationship between disorders in the body and disorders in the mind since they both signal danger to the life of their separate planes of being. We do submit, however, that there are socially, mentally and spiritually destructive patterns of behavior that we will describe here as disorders in contrast to the self-surviving and perpetuating forces which operate in an ordered mind. “Disorder” is used in this discussion in preference to “mental illness” because we stand opposed to the position of the Western psychologists who assume that man has no natural order. We claim in accord with the African scholars and scientists from the eastern part of the world that there is a “natural order” for man (Akbar, 1977).

The Alien Self Disorder

The alien-self disorder represents that group of individuals who behave contrary to their nature and their survival. They are a group whose predominant behavior patterns represent a rejection of their natural and culturally valid dispositions. They have learned to act in contradiction to their own life and well being and as a consequence they are alienated from themselves. These are the growing numbers of African Americans in recent years that have been socialized in families with primarily materialistic goals. They see themselves as basically material beings and evaluate their worth by the prevalence of material accoutrements which they possess (Braithwaite, et al., 1977). These families are usually preoccupied with materialistic goals, social affluence and rational priorities (to the exclusion of moral objectives).
These alien-self persons have been socialized to deny critical social realities particularly as they relate to issues of race and oppression. They are encouraged to ignore blatant inequities of racism and to view their lives as if slavery, racism and oppression never existed. They have learned to pretend in ways inconsistent with their valid cultural identity and their survival. They are a group characterized by behaviors that represent a rejection of themselves and anyone who is socially or culturally identifiable as being like them. These are individuals whose primary behavioral patterns contradict those things that would insure their cultural well being and the welfare of their socially and culturally appropriate group. They have learned to pretend that there is really no social difference between them and the descendants of their historical oppressors. They live in complete denial that there are forces of injustice threatening their collective survival. They are encouraged to always adopt the perspective of the dominant culture even if it means a condemnation of self.

The outcome for the alien-self disorder is a symptom picture not dissimilar to the rather traditional neurotic in Caucasian society. This is a person who conditions their natural identity and characteristics and attempts, ineffectively, to live in a dream world. Such persons are usually wracked with anxiety, tension and existential stress. They remain in conflict as to their true identity and go from one social charade to another. A typical example is the sorority socialite who becomes the miserable suburbanite playing at happiness in a glass palace. They are burdened with sexual problems and perversions because the natural sexual disposition has either been excessively restrained or accentuated for the purpose of attracting attention to themselves for the wrong reasons.

Certain types of African American homosexuals represent another example of the alien-self disorders. The evidence of this particular type does not suggest biogenetic causes but clearly psychogenic ones. The person’s confusion about their identity (ethnic and interpersonal) has generalized to their confusion about their sexual identity. These characteristics are not true of all homosexuals, but they typify the development of a certain form of homosexuality. The critical pattern is the denial of the person’s cultural and natural identity. This type of male homosexual has usually been raised to deny his own masculine disposition because the assertiveness that characterizes boyish emergence was viewed as potentially threatening by the dominant culture and by his confused family circle who points to alien (non Black) role models for him to emulate. The feminine pride that rests at the foundation of effective female identity formation becomes associated with Caucasian images of beauty that frustrate the girl’s search for identity. Both the male and female in these instances are encouraged to restrain their natural dispositions that merely generalizes to their sexuality resulting in a disorder that perpetuates a pattern disruptive to natural (reproductive) family functioning. The female homosexual has often simply retreated from the field of femininity because the standards of Caucasian “acceptability” were recognizably unattainable for a woman of African descent. Her homosexual lifestyle permits her to find acceptance of herself as a woman by being acceptable to another woman.

Another variation on this theme is the boy who becomes defiantly delinquent because of his refusal to accept the unnatural restraint required of a “good little colored boy,” and rather than relinquish his masculine identity as does the homosexual he defines his masculinity by aggressive rebellion, excessive and precocious sexual activity, criminality, etc. Such a revolt is also found in the criminal who rebels by her indulging those feminine drives that she is not “supposed to have” as a young black woman. In a white supremacist society, true manhood and womanhood are inconsistent with being an African-American person. This makes the attainment of manhood and womanhood a struggle for all members of the oppressed group. Forming an alien self-disorder is one of the ways that many people resolve this conflict presented by a racist society.

This alien self-disorder is occurring with alarming frequency in middle class and professional African-American communities. The particular manifestation of this disorder in a wide range of unusual and alien forms of sexual conduct (such as molesta-
The Anti-Self Disorder

The anti-self disorder adds to the alien-self disorder overt and covert hostility towards the group of ones origin and by implications towards oneself. The anti-self disorder not only identifies with the dominant oppressor group but also identifies with the projected hostility and negativism towards their group of origin. In the terms of Frantz Fanon (1968), they represent the true "colonized mentality." They have so thoroughly identified with the colonizer or slave-master that they desire to preserve the very social structure and values that accounts for their oppression. Fanon describes the colonized mind as one who seeks to restore the system of white supremacy that existed prior to the actual liberation of that people from their colonizers.

The dangerous aspect of this group is that unlike the alien-self disorder, they feel quite comfortable with their alien identification. Most often, they exemplify the very epitome of mental health according to the standards of the "democratic sanity." They are usually the very model of stability in the context of the dominant group. They are held up as models for how the members of the oppressed group really should act. Dominant group members often compliment them by proclaiming, "you are not like those others." The danger from this group with the anti-self disorder is that they are unlikely to seek help as is the case with the previous group. The alien-self group will often seek assistance because of the discomfort and stress that they experience from trying to fit into a niche that was not made for them. The anti-self group receives such social support and reinforcement because of their rejection of their own people that they experience little of the personal discomfort of the "no man's land" dwelling alien-self person. The anti-self person is unlikely to be coerced into treatment by the legitimized authorities since they represent the real models of legitimate assimilated behavior, from the perspective of the outer group. These persons generating considerable praise and adulation from the members of the oppressor group express the characteristic hostility of the dominant group towards...
their own kind. These are the politicians who will join any faction in order to further their careers. They are elected leaders who are more committed to the “system” than to their constituency; the policemen who beat black heads with a vengeance. These are the African American scholars who are more concerned about scientific (i.e. oppressor’s) credibility than about community facility. These are the businessmen who are more concerned about their own economic solvency than they are about the communities from which they came. They promote a program of community destruction so long as their profit margin remains impressive. These are the educators and administrators who ask first if they have the approval of the dominant group and secondarily (if at all) if they have provided a service of enlightenment to their group. Included in this group are the African Americans who reach the apex of their self-rejection by carefully and deliberately selecting a marriage partner from the alien group. To the extent that a mate and one’s offspring represent the extension of oneself, their statement of who they are is reflected in the identity of that mate. The fact that such blatant betrayal of oneself is done without remorse and with excessive justification reflects the intensity of self-rejection in the anti-self disorder. There is nothing implicitly self-destructive in choosing an outer group’s marriage partner. In fact, we recognize that some of these may be genuine “love” relationships. However, when such partners have historically demonstrated themselves to be in opposition to your group’s survival then such choices are clearly self-destructive and are symptomatic of an anti-self disorder. This is especially true in instances where the person actively rejects potential partners within their own group in order to select a member of the outer group.

The anti-self disorder is more out of contact with reality than the alien self-disorder. Therefore, in terms of severity, this person is more disturbed than the alien-self group. When they have fleeting glimpses of their isolation and confusion they merely intensify their efforts for acceptability by the dominant group and become even more hostile and rejecting towards the group of their origin. This personal rejection of self for the purpose of becoming like the aggressor results in a form of psychological perversion that is at best only damaging or derisive to the African American community and at worst could be the instrument of destruction of our communities. Victims of this disorder are most vulnerable to the manipulation of unscrupulous persons who play upon their need for outer group approval and flattery as a means of utilizing them to control the self-affirmative progress of African American communities.

The Self Destructive Disorders

Inhuman and unnatural conditions bring about insanity. Oppression in its varied and sundried manifestations constitutes one of the most severe forms of inhuman conditions. The unnatural pressures exerted on human life by the human abuse of oppression drives human beings away from reality. A system of oppression erects several critical barriers to human growth that foster a retreat from reality: (1) Oppressive systems block access to the oppressed people’s awareness of their true identity and worth. (2) The destruction of human dignity and self-respect is a component of oppressive systems. In order to operate effectively in the world of reality, human beings must see themselves as worthy and effective. (3) The systematic barriers to human development such as masculine responsibility, feminine creativity, self-determination and social productivity thwart necessary human effectiveness. (4) Systematic injustice destroys trust and predictability of the social environment fostering the inability to remain in contact with the objective world of so-called “reality.”

Victims of the self-destructive disorders are the most direct victims of oppression. These disorders represent the self-defeating attempts to survive in a society that systematically frustrates normal efforts for natural human growth. The pimps, pushers, prostitutes, addicts, alcoholics and psychotics and an entire array of conditions that are personally destructive to the individual and equally detrimental to the African American community, typify this group. These are the individuals who have usually
found the doors to legitimate self-determination blocked and out of the urgency for survival have chosen personally and socially destructive means to alleviate immediate wants such as pimping, pushing drugs, or prostituting. Black-on-black homicide and crime is an acting-out of the self-destructive disorder. The addicts, alcoholics, gang-bangers and psychotics in varying degrees of intensity have retreated from reality into their respective worlds of dreams. The addict and alcoholic find a level of inner peace in the chemically induced world of fantasy that supports the addictions and become victims of the objective problems created by the drug abuse. The psychotic, who for various direct and indirect reasons of oppression never developed sufficient involvement in the “real” world, persists in their world of fantasy, which despite all of its torment often offers greater order than the world of oppression.

These victims have refused to accept (or have not had the opportunity to develop) the alien self-identity. Often as a consequence of great struggle they have acquired an African American identity, which is inconsistent with Caucasian American achievement or success. The pimp has succeeded in maintaining an African disposition of male confidence and flamboyance. In order to do so he has had to become a sadistic brute and exploiter in order to actualize these traits in a society that had defined the concept of masculinity as inconsistent with being African American and masculine self-confidence as “nigger arrogance.” The junkie, often painfully sensitive to the realities of his environment, retreats from those realities that have defined him as zero even before he picked up a needle.

It takes the most devastating of environments to reverse the most natural trend of life, which is SURVIVAL. The conditions experienced by these self-destructive disorders have made them enemy forces to their immediate selves and to their extended selves in the African American community.

The deadliness of human degradation in the American system of human oppression is reflected in the kind of self-destructive minds that are produced. The fact that such self-destructive disorders do not only occur in oppressed communities is indicative of the shared dehumanization that occurs to the oppressor who seeks to dehumanize. We shall discuss elsewhere the nature of disorder in the Western world that makes it the exclusive producer of mass murderers, serial killers, child molesters and other perverse minds that are occurring with increased frequency within Western society. Suffice it to say that there is a universal backlash that brings the human suffering meted out back to the door of the oppressor.

The psychotic is much more complicated than might be suggested by the conciseness of these concepts. For the purpose of my argument that views sane behavior (most basically) as self-preservation and insane behavior as counter self in some form, then the psychotic clearly falls into the category of the self-destructive. Mental life is nourished by awareness of reality. Withdrawal from that reality constitutes the same kind of mental self-destructiveness that exists in physical suicide or drug abuse. Despite the rather dramatic form of many psychotic behaviors we wish to suggest that the psychotic is using mechanisms at their disposal in order to self-destruct reality just as is the alcoholic and the pimp. The alcoholic accomplishes chemically what the pimp accomplishes socially and what the psychotic accomplishes psychologically. The similarity between the psychotic and the addict is further demonstrated by the increased reliance on legal psychotropic drugs to control the mental retreat of the psychotic person. They both come to rely upon chemically induced mechanisms to protect them from their own self-destructive retreat from reality.

Organic Disorders

This group represents those conditions that, insofar as present information suggests, are primarily the result of physiological, neurological or biochemical malfunction. The group includes the severely mentally defective, organic brain disorders and most of the commonly recognized forms of schizophrenia. We are unwilling to accept that all such “organic” disorders are the results
of physical defects alone and therefore do not raise questions about the social environment. For one thing, we do not operate under the (mistaken) Western assumption of dualism whereby physical causation occurs in isolation from social and mental influences. Despite the unquestioned predominance of symptoms that suggest physical defect, we are concerned about the potentially correctable contributions made by the social, mental or physical spheres. There is growing evidence that “freaks of nature” may be freaks of society. Each year scientists are increasingly able to isolate the effects of tobacco, commonly dispensed drugs, alcohol and diet on the unborn offspring. The responsibility for life seems to extend far beyond individual survival but for generations ahead. A recent discovery that birth control pills affect the growth of tumors in second-generation female children demonstrates the long-range influence of the folly of meddling with nature’s order. The point is that the organic disorder may be the outcome of a disordered society as is the case with the three groups discussed above.

Intellectual defectives seem to be products of poor nutrition, unspecified chemical conditions such as controllable toxic intake and defective environments. Those defective environments seem to result from an increasing neglect and outright abuse of the young. In other words, the self-destructive disorders discussed above are likely to manifest their self-destructive state of mind by abusing their own flesh, in the form of their offspring which gives rise to the organic defectives of this group. Genuine poverty conditions are as much the direct cause of both poor diet and poor environment as is the physical abuse. In such instances the oppressive system remains the essential cause of mental disorder within the African American community.

Another condition that is often classified in this group of organic disorders is senility. This incapacitating disorder of the elderly is on the increase in African American communities as we increasingly adopt the alien life style of the European American. This life style requires the premature burial of our aged in homes that feed mental deterioration. The urgency of the upwardly mobile family to be freed from the inconvenience of eld-erly parents requires the disposal of this burden to a sanitary field of inactivity—a kind of living death. So an entire population of formerly active, productive and exceedingly valuable members of the community are converted as specimens for organic deterioration. Such conditions of senility don’t seem to occur in communities where the elderly remain integral and respected members of the community of Elders.

There is an increasing emphasis on the organic basis for all forms of mental disorders. It is unfortunately an effort to deny the contribution of the society in the shaping of orderly mental life or disordered mental life. It is also an effort to disavow the subtle interaction between social, psychological and physical phenomenon. The African American practitioner must maintain an awareness of the unity of these influences as they attempt to address the cause of conditions affecting all human beings.

Summary

What’s the point of another classification system for mental disorders? Why another rehearsal of the disastrous consequences of oppression? Mental disorder is a social, political, economic, philosophical, even spiritual phenomenon. Both the occurrence, its cause and its management is deeply tied into the historical, social and political status of its victims. We do ourselves a disservice to let the psychiatrists, psychologists and other so-called specialists from other cultural persuasions define our mentally disordered people for us. Paradoxical as it may sound, the ability to decide who in your community is sane or insane is one of the ultimate measures of power and community integrity. As long as this definition comes from outside of the community, one’s community is controlled by outside influences.

Any type of classification should be not only descriptive and reliable, but also functional. In the case of identifying pathology, the classification system should be able to isolate the generative conditions that give rise to disorder and it should contain implications for correcting that condition. We have attempted in this
discussion to classify mental disorders, not as the European American classify them for their convenience and protection, but as African Americans should begin to see it for the preservation of their communities. The classical “bad nigger” is classified as an assaultive paranoid by the European American psychiatrist because he actively combats oppression. The exasperated welfare mother is likely to be classified as psychotically depressed because the caseworkers can more conveniently transfer her to the psychiatric social workers.

Each of the four classifications discussed here represents separate types of danger to African American communities. Each group of disorders emanate as radial from a common axis, i.e., a psychopathic society typified by oppression and racism (See Figure 1). These disorders usually do not endanger the broader European American society. In fact, the alien self-disorder and the anti-self disorder are usually the primary agents for intransigence in the African American community.

Until African Americans are able to effectively define what is normal for our communities, we remain as subjects to an alien authority. Until we recognize the forces that operate to alienate us from ourselves, we will continue to lose our mental power and collaborate with anti-community forces. The definition of normality and abnormality is one of the most powerful indications of community power. So long as these definitions come from outside of the community, the community has no ability to grow nor can human beings within those communities realize the full power of their human potential.

References


