The Impact of Racism and the Influence of Faith on the Mental Health of African Americans

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Revisiting one of the videos of the funeral services for Mr. George Floyd, one of the immediate factors of concern was the comfort of the family. As much of what needed to be said was expressed, as a Pastor and helping professional, the concern was the mental space within which the family was living at that moment. All of what was said by the various speakers was true – systemic racism, racial disparity, police reform, white privilege – all of these topics deserve and require dialogue. However, the mental health impact of racism is a concern that should be given equal treatment.

When reflecting on the murders of Rashard Brooks, a 27-year-old married father of four children, George Floyd, a 46-year-old African American man, Ahmaud Arbery, a 25-year-old African American man, and Breonna Taylor, a 26-year-old African American woman, there is no doubt that these deaths were horrific, unnecessary, and the result of systemic issues. But equally as horrific are the long-term mental effects associated with these types of incidents, as well as the long litany of stories that have been told and retold by family members and friends, as well as those yet to be told that share the same narrative. As horrific and tragic as these stories are, there will be other murders just as horrific and just as tragic in the days to come.

The American Journal of Public Health has concluded that continued racism has very real mental health effects, such as depression and anxiety. Dr. Laia Bécares, a public health researcher, wrote, "awareness of racial discrimination experienced by others can continue to affect the mental health of ethnic minority people.[1] Dr. Bécares suggests that we can even be impacted secondhand. Then, there are direct incidences, such as the occurrence in an area of Central Park called the Rambles, where Amy Cooper, a White woman, who was walking her unleashed dog, encountered Christian Cooper (of no relation), a Black man, who was bird-watching in a wooded area. Mr. Cooper informed Ms. Cooper that, per the ordinance of the city of New York, her dog needed to be on a leash. Ms. Cooper became agitated, called the police, and informed them that she had encountered a Black man in the park and feared for her life. Mr. Cooper, who amazingly remained calm, was guilty of nothing but informing Ms. Cooper of the law. This was an explicit example of the development of insecurities and avoidance that can be invoked by racial discrimination. Black people constantly live in a guarded state, which inevitably affects our mental, physical, and even our spiritual health.

Insecurities and avoidance are stressors that are created by racism and discrimination when, for no other reason than being in proximity of White people, there is the false assumption of danger or some other life-threatening possibility. Not only does the proximity create the opportunity of a false narrative, but it causes Black people always to be aware of the possibilities within that proximity and raises the awareness of the physiological and psychological impact of racism and discrimination. Often, just being in the same area as White people can create unrealized stress.

Mary Gregory, a nurse at the St. Vincent Medical Center in Toledo, Ohio, said, "It is important to refer to racism as a public health "crisis" instead of an "issue." Gregory's rationale was that racism met the criteria of the CDC's guidelines of a public health problem: 1) a burden on

society that continues to increase, 2) the impact on certain parts of the population more than others, 3) preventative strategies could help, but 4) nothing has been done to address the matter adequately.

Since racism is, in fact, a public health matter, the availability of and access to medical and mental healthcare must be addressed. There are obvious disparities in regards to medical and mental healthcare for African Americans, and these ethnic inequalities and race-based exclusions from both medical and mental healthcare threaten the hope and future of people of color. This is exacerbated by the stigma and lack of education in our communities on the issue of mental health. Some of the stigmatization stems from the historical context of mental health among African Americans. Racial disparities in diagnosing mental health conditions are sometimes presented as an effect of biology, but they are not. Those diagnoses were the direct result of the racist thinking that existed in psychology, which dates to at least the 18th century. *African American Stories of Oppression* recalls how slave owners and their White physicians invented psychiatric "disorders" such as "draeptomania" to explain the reason slaves felt the need to escape. These White physicians went so far as to distort statistics to suggest that freedom would be a threat to the mental stability of slaves.[2] When considering the historical context, it is reasonable to understand the apprehension of African Americans toward mental health.

In the area of mental health, Primm has suggested that African Americans have been misdiagnosed at higher rates than White patients.[3] Culturally, mental health is viewed as a weakness, which is counter-cultural to the expectation of African Americans to be survivors and overcomers. Even spiritually, African American theology insists that because God is on the side of the oppressed, our faith in God will provide for us the necessary healing. So, the slow embrace of the reality of mental illness and the importance of therapeutic approaches to mental health stems from historical encounters, cultural expectations, and religious fortitude.

The past president of the American Public Health Association accurately defines racism as "…a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources" (APHA Past-President Camara Phyllis Jones, MD, MPH, Ph.D.). We see this reenacted daily in various forms and fashions. It is primarily for this reason, this imposing of value, that African Americans are more often than not struggling with the proper valuation of worth in a society that has historically devalued us.

As much as the professional services offered by mental health providers are needed in African American communities, the institution most often approached for assistance are faith-based institutions. The church was the first source of ownership for African Americans, and it has become the "resource center" whenever there arose a crisis in both the community and the individual; it has always been considered a place of refuge. From emotional strength to educational opportunities, to financial assistance, to simple inspiration, the Black church has been the "one-stop-shop" for African Americans. The church in the African American community embodies community values and exhibits the virtues that the community understands. Despite the current rhetoric related to the relevancy of the African American church, it was and continues to be the church that provides safety and security for African Americans when society excludes them because of race and class. In the pulpit, the pews, and the basements of African American churches, Historically Black Colleges and Universities (HBCUs) and the Civil Rights movement were birthed.

The African American church has long been a place of safety and security for Black people. In 1964, a group of Black men in Jonesboro, Louisiana, founded a group called "The Deacons for Defense," an organization purposed to protect the Congress for Racial Equality against violence from the Ku Klux Klan. The group would be noted as one of the first visible defense forces for African Americans in the South. Historically, the church has become a place where survival strategies have been developed, and protection of the rights of African Americans has been demanded. Today, the church endeavors to be a pivotal force as it redefines itself to declare that "Black lives matter forcibly." The African American church continues to provide the affirmation and dignity to people who are yet struggling for equality and justice.

It should not be considered strange that people eventually turn to their faith when the impact of racism manifests itself. The perfunctory aspects of the African American church may be somewhat antiquated, such as suggestions to simply pray or trust God; however, the power and strength that comes from the faith that is promulgated from the church have provided African Americans the mental solitude they could not get elsewhere. The theology of the African American church embodies the very character of the community. The sense of community, ritual, and discipline can be therapeutic and positively functional for one's mental health. Rush University Medical Center published a study in the Journal of Clinical Psychology observing how faith actually helps protect patients against the symptoms of depression. The study indicated that "…for patients diagnosed with clinical depression, belief in a concerned God can improve response to medical treatment."[4] The study found that persons with strong religious convictions were more likely to experience an improvement in feelings of hopefulness, measured by feelings of expectation for the future and motivation for the present. Specifically, participants who scored in the top third of the Religious Well-Being Scale were 75-percent more likely to get better with medical treatment for clinical depression. Wendy Cadge, a Brandeis university sociologist, reviewed eighteen published studies on prayer that were conducted between 1965 and 2006. From her review, she discovered the evolution of ideas about the relationship between religion and medical science. "I do not know why physicians and scientists conducted these studies," according to Cadge, "but personal religious beliefs appear to have played a significant role, along with curiosity."[5] Of course, this is no strange phenomenon in the African American community – prayer was always the "gold standard" when dealing with any issue. Faith and science need not clash but can be complimentary.

Faith does have a significant role in the conversation on racism and its view on the mental health of those who are Christians. Any truly biblically conscious individual cannot deny the fact that racism is a sin. It is a sin, like other sins, that requires a power greater than the human resolve alone to conquer. Faith, in general, and the Christian faith in particular, depends on a power greater than that which we possess.

When analyzing the impact of racism and the influence of faith on the mental health of African Americans, the outcomes are profound. The profundity is due to the systemic nature of race and how racism impacts nearly everything that touches the daily lives of African Americans – where we shop, where we bank, where we live. That does not necessarily suggest that African Americans are alone in being subjected to racism and its mental effects. We know that is not true. However, it is to suggest that in the United States, African Americans have been the most frequently targeted when it comes to racism and have suffered significant negative consequences as a result. The Bureau of Labor Statistics shows that 54% of employed Asians worked in management, professional, and related occupations — the highest-paying major occupational

category — compared with 41% of employed Whites, 31% of employed Blacks, and 22% of employed Hispanics. It is suggested that these statistics speak to the racist hiring practices that kept African Americans out of business for decades under Jim Crow. It can also be explained by more subtle forms of prejudice today. The point of racist hiring practices is further evidenced by a Harvard University study that found that when Blacks and Asians "whitened" their resumes — used "American" or "white"-sounding names — they got more callbacks for corporate interviews. Twenty-five percent of Black candidates received callbacks from their whitened resumes, while only 10% got calls when they left ethnic details on their resume. Our faith provides for us the framework to think through racism and see a path forward – but that does not come without the challenge to first see racism for what it is. Our faith becomes the lens through which we respond to the pain and brokenness and exclusion that racism has historically inflicted and justified for centuries. Our faith informs us that racism is a sin. It must be dealt with in the heart first before there can be a changing of the mindset that perpetuates racist thinking, white privilege – the historical and contemporary advantages in access to a better quality of life that is based on race – and white supremacy – the belief that White people constitute a superior race and should therefore dominate society.

How does our faith become the tool of our survival and the consolation of the disruption of our mental stability? John Calvin, in his work, "Institutes of the Christian Faith," poses two critical questions: "Who is God?" and "Who am I?" If the first question is answered incorrectly, the second question will inevitably be answered incorrectly as well.[6]

Faith, in the African American tradition, challenges the Western epistemological perspective of humanity. Faith, in the African American tradition, resists the notion of a white coded humanity as being the "correct" standard. Faith, in the African American tradition, resists the notion that Africans needed to be rescued from heathenism, barbarianism, and uncultured behavior. As much as some would decry Christianity, as with anything else, it is not Christianity that is the problem; it is the misuse of Christianity and the abuse of the name of God to justify oppression, colonialism, racism, and injustice that is the true problem.

Faith, when it is accurately and authentically practiced, provides hope in the time of mental anguish and anxiety. Faith is where we educate ourselves and unlearn false and unhealthy narratives and embrace the truth concerning who God is and who we are. Our faith creates space for us to reimagine a different world. For Christians, this is the picture of Christ on the cross, creating new possibilities and the space to become and overcome; to embrace and motivate us not to accept anything other than the truth of God – especially when people have been wounded by injustice, oppression, and suffering.

Lest we think of the space that our faith provides us as some unattainable utopia, hope provides the platform for the creation of a new agency, a new experience, and a new reality. Hope provides the strength to move beyond empty rhetoric that excites us for the moment - especially when that hope becomes intentional praxis and not just poetic pleasantries.

Faith, therefore, reinforms our experiences of racism, provides an informed perspective, and encourages us toward a more robust practice and demand for change. Our faith reinforms our experiences of racism by encouraging us to reimagine our world and work toward that renewal. By faith, we can have the "beloved community" that is based on justice, equal opportunity, and authentic and intentional love for one another. By faith, we can imagine better days and a better life. However, we are not naïve – we know that faith without works is dead.

For African Americans, faith is an incredibly important part of the context of mental health. This is evident by how we discuss or relate to mental health. When African Americans refer to mental health, usually, our faith interjects itself in the script (i.e., depressions as a loss of faith). This is why, more often than not, African Americans will reach out to their Pastor before they contact a mental health professional. This has little to do with the mental health professional, although there are some stigmas attached to the mental health profession. Consulting with their faith leader, however, has more to do with the fact that what they receive will be more aligned with their own beliefs and perspectives on mental healthiness.

Obviously, this can be problematic on both sides of the spectrum. On one side of the spectrum, some Pastors are not formally trained in mental health disciplines. On the other side of the spectrum, many times, the mental health professional may not be immediately open to the acknowledgment of a person's religious values, beliefs, and faith orientations. There is space for continued conversation on the incorporation of a faith perspective within the context of racism and its impact on mental health.

Every faith leader who is true to their calling understands the social responsibility that is required to spiritually lead people in a fallen context. It is our faith that allows us to reimagine a better, more enriching life for all people. Why? Our faith informs us that our differences extend past our ethnic and racial differences – we are all sinners who are in need of a Savior. When we recognize that we all are human beings with equal dignity who are individually struggling to become who God intended us to be, it should provoke a generous spirit, attentiveness to the inherent dignity of people who are different from us, and goodwill that reflects godliness.

Our faith informs us that "better" is possible. If we can get past the hubris of our present mindset and honestly give consideration to context, the societal wounds of racism can be adequately addressed. When we read the Gospels, we see human weakness, but we see a church and a faith that has survived. That is just one example of how faith can lead to hope despite human weakness. It is our faith that informs us of the image of God in every human being, it is our faith that helps us to understand the evil that defaces that dignity, and will be our faith that causes us to seek forgiveness when we fail. So, when we incorporate faith into our mental health perspective, it enables us to dig deep and have a potentially different conversation – a conversation that makes a difference.

Mental health has most recently confronted the faith community and insisted that it be included in conversations on faith and wellness. Although dealing with mental health has always been a part of the faith journey of African Americans, it has been cloaked in spiritual verbiage. Today, mental health must be identified and acknowledged for what it is and how it has affected African Americans both historically and currently. Despair, depression, and feelings of hopelessness are not "demonic," but are issues that require professional help. These are mental health issues that must be addressed and not merely relegated to a "deliverance service." Faith communities are now confronted with the urgency of addressing mental health.

Addressing issues of mental heath start with the faith community itself, becoming comfortable with the conversation, and destigmatizing mental health. When this occurs, more individuals will become more comfortable with discussing their struggles in real ways and not in ways that undermine their need to be directed to mental health professionals for assistance. That also means that faith leaders must acknowledge and recognize when their skills are not sufficient to help individuals who are dealing with mental health issues. The influence of faith on the mental

health of African Americans must include recognizing when people need to be referred to professionals.

The influence of the faith community concerning mental health also means educating faith communities. Educating faith communities includes raising awareness, providing congregations with ways to recognize mental health, hosting seminars, and having conversations with mental health experts. People cannot be "healed" from what they cannot recognize or acknowledge. Conversations on mental health can be part of the process of the destigmatization and lead to the normalization.

None of the above-mentioned ideas negate faith. It is our faith that has sustained us. That is why there can be no underestimation of prayer. The Bible instructs us to "…pray for each other so that you may be healed. The prayer of a righteous person is powerful and effective" – James 5:16. There is no competition between mental health professionals and the faith of believers. If nothing else, they work together to re-ignite hope and healing. The church must remind itself to do what it has historically done, and that is to listen, learn, and lament while pointing people to the reason for leaning on faith – to be made whole.

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