

City University of New York (CUNY)

CUNY Academic Works

Capstones

Craig Newmark Graduate School of Journalism

Fall 12-13-2019

Healing the Black Mind

Vanessa Etienne

Craig Newmark Graduate School of Journalism

[How does access to this work benefit you? Let us know!](#)

More information about this work at: https://academicworks.cuny.edu/gj_etds/354

Discover additional works at: <https://academicworks.cuny.edu>

This work is made publicly available by the City University of New York (CUNY).

Contact: AcademicWorks@cuny.edu

Healing the Black Mind

A narrative piece by Vanessa Etienne

My boyfriend, Jordan, is depressed.

He grew up dealing with severe anxiety but neither he or his parents did anything about it. They thought he'd grow out of it. But as he got older, his anxiety caused him to fall into depression at 24 years old.

After Jordan's mother was diagnosed with cancer for the second time, his depression started to hit him harder than ever. One day he came over to my apartment and rang the doorbell. When I opened the door, he didn't speak or even acknowledge me. He just walked straight to my room. He sat on the bed and kept quiet. After ten minutes of sitting in silence, I started a conversation. He just stared into space, as if he wasn't really there. He didn't even hear me at first.

"What's wrong? You're acting weird."

"I just don't feel like myself. I don't feel good."

I didn't know what to do with that information. I could see his demeanor decaying more each day. He was staying awake throughout the nights, going a day or two without eating at a time, drinking bottles of alcohol alone in his bedroom in the dark, and isolating himself from anyone close to him.

I knew people who struggled with depression but never anyone this bad or this close to me. I didn't know what to do. And when his mother's health started to get better, I was surprised when his depression didn't as well. So, I asked again.

"Is everything okay?" This time he responded with a little more anger.

"I already told you this...I just don't feel like myself." He told me that he was having angry and violent thoughts. But when he told me he found himself wishing his mom's condition didn't get better, I knew whatever he was going through was a serious problem.

In a given year, about 17 million adults experience at least one depressive episode. And by the year 2030, the World Health Organization projects that more people will have disability or lost lives due to depression than war, cancer, stroke or other health conditions besides heart disease.

Attempting to be a good girlfriend, I asked Jordan how I could help. "You can't," he said. "This is something I just need to deal with myself."

I know that he can't deal with these issues on his own. No one can. He has to see a psychiatrist. I had a friend who struggled with depression and after a year or so of therapy, she was great. But I knew better than to bring the idea of therapy up to Jordan. Getting professional help was out of the question because the difference between him and my friend is that Jordan is black. And according to most black people, therapy is "white people shit." Mental health is a taboo.

African Americans are 20 percent more likely to experience mental health problems than the general population. But the 7 million African Americans who suffer from mental illnesses in the U.S. have avoided professional treatment.

“How would it look if I needed help?” Jordan asked. “How is it going to look if I’m sitting in some session with somebody I don’t know, telling them about my life? I don’t see how that’ll help.”

Jordan considered himself a strong man – a mentally strong man, especially within his family. And he felt like he should be able to handle things himself. The thought of not being able to do so was a bit embarrassing.

I don’t like confrontation and I knew that he was going through a lot so I avoided being pushy. But I was positive that therapy was the answer. I’m black too, but I wasn’t someone who thought mental health wasn’t real or worth acknowledging, especially not to the point where I would avoid mental health professionals. Jordan understands that mental illnesses are real but he wasn’t acting on it as he should.

I was of course a caring girlfriend but I was also annoyed with the complaining and the depression. I was even more annoyed by the fact that Jordan wasn’t doing what I thought was the logical decision. More of his family and friends were noticing how bad he was getting. Eventually he had gotten to a point where he felt like he had no control over his mental state anymore and it became clear to him he needed to do something.

Because African Americans are more likely to experience problems with mental health and less likely to seek treatment, the issue has continued to impact the community. A study by the Journal of Counseling and Development showed that people who experience racial microaggressions are more likely to show symptoms of anxiety and depression. Black people live under these circumstances a lot more or suffer from it.

Black people have a higher risk for mental illnesses because of a lack of access to culturally responsive mental health care, prejudice and racism in their daily environment and historical trauma.

Cultural competence is a doctor’s ability to understand how a person’s culture plays a role in their treatment and how to adapt to that in order to meet their needs. But studies show this is severely lacking in mental health care, resulting in many African Americans to not have access to quality care.

But what has mainly consumed the black community is the stigma surrounding mental health. This occurs when people have negative thoughts and beliefs with mental illnesses and mental health treatments.

Research from Mental Health America explains that black and African Americans believe that depression or anxiety would be considered “crazy” in their social circles, and having the discussion about mental illness is inappropriate, even

among family members. Mental illness is not viewed as a real medical issue or health concern. And 63 percent of African Americans believe that depression is a personal weakness.

Many black kids grow up hearing phrases like, “be strong, we all have problems” or “what happens at home stays at home.” They’re taught to brush off whatever they might be feeling to avoid showing signs of weakness and they’re taught that having mental illnesses might reflect poorly on their families, as if they can’t deal with their problems internally. And even worse, because of the oppressive history for black people, children are told they “have nothing to be depressed about” because they live a life better than their ancestors.

The African American story has been one of perseverance and resilience. Depression and other mental illnesses hinder that. There’s also a stigma when it comes to the relationship with the black community and medical establishments.

In the 1800s, gynecologists would regularly purchase black women to use as surgical guinea pigs for untested surgical experiments without anesthesia because “black women don’t feel pain.”

In 1932, the infamous Tuskegee Syphilis Experiment began and 600 black men were recruited for a project by the U.S. Public Service and promised free medical care. The men – 399 who had syphilis and 201 who were free of the disease – were told they were being treated for “bad blood.” However, they were given placebos even after a cure for syphilis was found. Medical professionals gave no effective care for four decades and many men experienced severe health issues that were passed onto their children and others died.

The relationship between black people and medical professionals was regularly tainted and the stigma lingered through later generations. That, paired with the perception that mental illnesses make an individual seem weak, is what causes many black people to not deal with their mental health issues. But as more people are impacted, the more the black community is seeing the need to change their perception on the idea of mental health.

Jordan was stuck trying to figure out the best approach to getting back on his feet. And at this point, I just decided to sit back and let him deal with it on his own like he said. He told me he was going to pray to God about it for some clarity. Jordan grew up a preacher’s kid so I actually thought that’d be a nice idea for him to do.

He walked into his bedroom and sat on the bed. There was no music, no laptop and no cellphone. Because his dad was a pastor, he knew the dos and don’ts of prayer, so his conversation with God needed to be intimate with no distractions. He closed his eyes to help him focus and began his prayer. He spoke out loud to the empty room and started to explain to God why he chose to handle his pain alone – why he allowed himself to hurt for so long.

“I’m not going to sit here and ask you for a solution where I wake up tomorrow and everything’s okay,” he prayed. “I don’t want to continue to live and operate in the way I am now. Take this from me. And if you can’t take it from me, show me the steps to get better.”

After his prayer, Jordan told me that he was able to jump over a large hurdle with his depression. He realized that his mental health was deteriorating beyond his ability to fix alone.

Jordan decided to go online and sign up for a meeting with a counselor at the local health center. When he walked into the office for his appointment, the first thing he noticed were the counselor’s credentials framed and plastered on the walls. There was a chair and desk, but they sat on the sofa couches to start a very intimate (and predictable) conversation.

“How are you feeling? When did it start?” Typical. But she made Jordan feel comfortable and he was able to talk easily.

After a 50-minute session detailing his past and his feelings, the counselor explained that Jordan might not be dealing with the effects of a traumatic past experience, but rather he might have a chemical imbalance in his brain. So, she referred him to an off-campus psychiatrist.

Jordan was already skeptical about seeing any type of professional therapist, and he was always against the idea of involving medication. But now, he was at a point where he was willing to jump at that opportunity knowing that he dealt with mental health issues for so long. So, he took the referral and left.

Finding a suitable office and psychiatrist was a long process for Jordan because of paperwork and insurance details, but he finally found one a few weeks later.

He walked up to The Carter Clinic in Raleigh, NC and was buzzed in the front door by security. He was immediately reminded of a dentist’s office, surrounded by tile floors and bland walls as he sat in the waiting room hearing one name get called back after the other. After a long process of trying to find a suitable psychiatrist, he was emotionally and mentally exhausted.

I could tell he was desperate for solutions at this point and he told me he just wanted to ask the psychiatrist, “Look, can you help me or not?” His name was called and he was directed down a narrow hallway and into an office.

When his appointment began, the psychiatrist went through a series of questions about his feelings, eating habits and overall demeanor throughout different points of the day. Jordan answered each with a rating from one to 10.

“I can’t really find a pattern in your behaviors, but it sounds like a chemically induced anxiety and depression,” explained the psychiatrist. “I’m going to start you on antidepressants.”

Jordan told me that anyone who walked into the office and said, “I’m sad” probably would’ve been prescribed meds. But he left the office and immediately picked up his prescription regardless. He got home, looked at the label and it read:

Selective serotonin reuptake inhibitor. Taking it will increase levels of serotonin in the brain. For the first seven days, he was supposed to take half doses, so he grabbed a glass of water and swallowed the first pill.

Therapy was created by and for white people.

In 1896, Sigmund Freud coined the term psychoanalysis in Vienna, leading to the development of therapeutic methods such as behavioral and cognitive therapy which would expand over the next several decades to treat mental illnesses.

Meanwhile in 1896, 4,000 miles away, black people were in the midst of Plessy v. Ferguson, which upheld the constitutionality of racial segregation over the next several decades.

Historically, the black community hasn't had the luxury to think about their mental wellbeing.

"There's a history of being denigrated or dehumanized and not wanting to have one more thing be wrong," said Kevin Washington, president of the Association of Black Psychologists. "Mental health doesn't top the priorities list. "We don't have time to be sad or depressed because we have too many things we have to deal with right now."

Black mental health was also not something that ever occurred to mental health professionals. Historically, black people have not had a presence in the mental health system or had access to mental health care such as the numerous forms of therapy that were being developed. Even today, African Americans account for only 2 percent of psychiatrists and psychologists. Although the number of black people in these fields is increasing, the majority of mental health care professionals are white people.

Because black people did not have the luxury of prioritizing matters of mental health over larger struggles the community faced, therapy is often considered "white people shit." Because historically, it was.

Therapy is often viewed as the white community trying to find ways to cope with their hardships. White identity ascends in the 20th century with so many new developments around mental health. The black community has always been several steps behind in the acknowledgement of mental health issues. Only now, as black identity has ascended over the past 10 years, is the agenda for appropriately addressing mental health issues being pushed as more and more African Americans struggle.

Taraji P. Henson, an Oscar-nominated actress, has publicly emphasized how the mental health of black people is critical and needs to be addressed. "In the African American community, it's taboo," Henson said. "For so long, it's been looked upon as a weakness in our community." After struggling with depression, she created the Boris Lawrence Henson Foundation that benefits black people who need mental

health support. “We’re letting them know they are worthy, and that they matter in a world that’s telling them they don’t right now,” Henson said.

Musician Kid Cudi openly talked about his struggle with depression and mental health as a black man. He mentioned how shame was a constant barrier for seeking treatment and announced on Facebook that he was taking time to get help. This led to a movement surrounding black men’s health with the hashtag “#YouGoodMan” trending on social media.

Rap legend Jay-Z spoke with CNN’s Van Jones when he said, “Mental health, trauma, PTSD is so rampant in our community. As scared as black folks are of the cops, we’re even more scared of therapists.” Jay-Z responded by addressing the stigma and suggesting mental health care be taught to children in schools.

The more celebrities speak out on their own experiences, the larger the conversation about mental health becomes. And the perception of mental health has started to shift in the black community.

After decades and decades of not being a part of the discussion, the mental health care of the black community is now coming to life. But although this is the case, black people are not addressing mental health issues in the same manner that white people did.

Black people aren’t necessarily spending time developing different forms of therapy or analyzing the aspects of their minds. Many aren’t necessarily spending an hour each day talking through their problems with a stranger in an office. The black community is currently in the process of establishing its own approach to mental health because they now have the luxury to discuss these issues, long after white people did. They are creating their own narrative.

An hour after taking the first dose, Jordan felt his head start to buzz. He felt as though someone took a knob and turned him down to zero.

Jordan said for the past year he felt like a horse with blinders and all he could see was himself losing the race. But by the third week, he finally felt like those blinders were opening up and he was seeing things clearly.

He used to stay up every night, unable to sleep – that stopped. He used to have violent, angry thoughts toward himself and others – that stopped. He used to have random moments where his heart rate would increase and his hands would clam up – that stopped.

After about a month, he was feeling more at ease. I joked to my mom saying, “Yay, my boyfriend’s fixed.” But in the back of my head I worried that he might revert because he only went to two counseling and therapy sessions. Once he received the prescription, he never went back. It wasn’t what I had come to know would work. It wasn’t traditional therapy.

I finally had the courage to ask him, “How do you feel right now?”

“Stable,” he said.

I stood there standing in front of Jordan in disbelief. After all this time, what I was expecting was so much more...but all he felt was stable. I stuttered my words a bit as I tried to rephrase my question to hopefully get a better response. “Do you think it has made you happier or do you feel like you’re healed at all?”

“It’s not some wonder drug that erases your problems...and the same thing with counseling not erasing your problems,” he said. “But, I’ve been feeling better and back on my feet.”

Every day I watched him take his prescription and every day I noticed him slowly get back to person I knew he was.

He came over to my apartment and rang the doorbell. When I opened the door, he greeted me with kiss and started talking about his day. I didn’t even ask. As we sat on my bed talking, Jordan mentioned that he was going to take a trip to visit some old friends at his alma mater, North Carolina A&T, a prestigious historically black university.

When he mentioned that, for some reason, I had somewhat of a ridiculous epiphany and I was reminded of the fact that Jordan is a black man. Somehow I, as a black woman, found myself assuming that what he needed was to follow white culture. Jordan was able to deal with his mental health problems in a different way. There was no shrink. There was no sitting in an office talking about his feelings for an hour to a stranger with a notepad.

He skipped it all. And I was so confused how everything I knew to be right was ultimately not right for Jordan.

As a black woman, I had fallen into the concept of white therapy – a concept that was never even created with the consideration of black minds or cultures. Here I was believing that therapeutic counseling sessions and theories developed by white men were the answers for Jordan’s problems.

I was criticizing his decision to disregard therapy and choose antidepressants when in reality, I was wrong. It struck me how Jordan’s decision mirrored black history and how we don’t fit into white culture. Because black people were never included in mental health developments throughout history, there was no need for black people to try and use those ideologies as the basis for the black community’s healing – black people have to heal their own way.

Jordan, feeling completely back to himself, noticed by my face that I was taken back by something. We sat in my room in silence for a few minutes and he then asked me, “What’s wrong? You’re acting weird.”